

## **Attachment C: Questions to be asked of all participants during each phone interview**

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### **Consent Form**

Form approved  
OMB No. 0920-0879  
Expiration Date: 03/31/2014

Thank you again for agreeing to help the Centers for Disease Control and Prevention (CDC) Division of Injury Response assess the impact of the 2006 Field Triage Decision Scheme (*Guideline*). Your feedback is extremely important. We anticipate that this phone interview will take approximately 20 minutes.

We are trying to understand any potential barriers or successes to state adoption and implementation of the 2006 *Guideline*.

Your responses to the questions will be kept in a secure manner. No personal identifiers will be recorded. All information is used for evaluation purposes only.

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Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879)

### **For all states**

1. Are you aware of the current national field triage guidelines as published by the American College of Surgeons Committee on Trauma in 2006 and the CDC in 2009?
2. Is your state utilizing the 2006 field triage guidelines? If so, in what capacity (e.g. statewide protocol, model, etc.)?
3. Are there regulations/laws in your State that mandates the use of statewide protocols, such as the *Guideline* for field triage?
4. If available, would you please provide us with a copy of your State's current field triage protocol algorithm?

### **For states utilizing the guidelines in some capacity:**

5. Why did you decide to adopt the field triage guidelines?
6. Are you using the guidelines as originally published or have you modified the guidelines for local and regional variations pertinent to your state?
7. What process did you use to implement the field triage guidelines? What was required to make this happen?
8. What are/were the barriers and successes you had in implementing the field triage guidelines?
9. What educational tools have you used or do you need to implement field triage?
10. Since time of adoption, can you estimate how much of your state is covered by some version (full or modified) of the field triage guidelines?

11. Have the CDC communication materials been helpful for implementation? If so, can you tell me how?

**For states not utilizing the guidelines:**

12. Why did your state decide not to adopt the field triage guidelines?

13. Are there specific barriers to implementation in your state? Examples: political, authority, resources, triage criteria, etc.

14. How would you suggest CDC support adoption of the 2006 field triage guidelines within your state?

15. What protocol, if any, do you use for field triage?

***Additional Comments***

If you have any additional feedback on the “Field Triage Decision Scheme: The National Trauma Triage Protocol” materials, please provide it here:

***Thank you for your time!***