

Attachment 3: Screening Instrument for Physicians

Asthma Education Study

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National Center for Environmental Health
Division of Environmental Hazards and Health Effects
Air Pollution and Respiratory Health Branch

Asthma Education Study

- Recruit eight (8) physicians per market
 - At least 2 Pediatricians
 - At least 2 Family Practitioners
 - At least 2 specializing in Internal Medicine
- 30-minute In-depth Interviews (IDIs)

Recruit into times indicated in table

Local Time	Activity	Local Time	Activity
12:00 – 12:30	Physician IDI	3:30 – 4:00	Physician IDI
12:30 – 1:00	Physician IDI	4:00 – 4:30	Physician IDI
1:00 – 1:30	Physician IDI	4:30 – 5:00	Physician IDI
1:30 – 2:00	Physician IDI	5:00 – 6:00	Dinner Break
2:00 – 2:30	Physician IDI	6:00 – 7:00	Nurse Focus Group
2:30 – 3:30	Break	7:15 – 8:15	Nurse Focus Group

Hello, my name is _____ with _____ a market research firm. . We are talking today with physicians in the area about a public health issue. We are not selling anything. This data collection is being sponsored by the Centers for Disease Control and Prevention. We have a few brief questions and if you qualify and are interested, we will invite you to take part in an interview that will take place at a later date. To see if you qualify for an interview, I need to ask you a few questions.

1. *Is anyone in your immediate family employed in the following industries? (IF YES TO ANY, THANK & TERMINATE)*
 - 01 Advertising or public relations
 - 02 Market research
 - 03 News media – works for a newspaper, TV station, radio station, or some other form of news media
 - 04 Federal government
 - 05 Pharmaceutical companies
 - 06 None (**CONTINUE**)

¹ Public reporting burden of this collection of information is estimated to be 5 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.

2. Which, if any, of the following describe your specialty? **(READ LIST)**
01 Pediatrician
02 Family Practice
03 Internal Medicine
04 General Practice
05 Other **(THANK AND TERMINATE)**

(DOCUMENT ON GRID)

3. Are you board-certified in your specialty?
01 Yes
02 No **(THANK AND TERMINATE)**
4. For what percentage of your patients do you act as their primary care physician?
01 50% or more
02 Less than 50% **(THANK AND TERMINATE)**
5. In a typical year, for how many patients do you provide their initial diagnosis of asthma?
01 Less than 12 **(THANK AND TERMINATE)**
02 12 or more
6. Is your primary work
01 In a private practice
02 At a hospital or university **(THANK AND TERMINATE)**
7. What is the business name of your practice?

**(NO MORE THAN 1 RESPONDENT FROM A PRACTICE)
(DO NOT RECORD PRACTICE NAME ON GRID)**

8. Would you please tell me your race?
01 American Indian or Alaska Native
02 Asian
03 Black or African American
04 Native Hawaiian or Other Pacific Islander
05 White
[DOCUMENT ON GRID; NOT A SCREENING CRITERION]
9. Would you please tell me your ethnicity?
01 Hispanic or Latino
02 Not Hispanic or Latino
[DOCUMENT ON GRID; NOT A SCREENING CRITERION]
10. **[GENDER: DOCUMENT ON GRID; NOT A SCREENING CRITERION]**

11. **[ASSESS AND VERIFY ABILITY TO SPEAK AND UNDERSTAND ENGLISH]**

Your interview will be held on _____ at _____. and will last for approximately 30 minutes. Because we know your time is valuable, at the end of the discussion we will pay you \$75 for participating.

Are you willing to attend?

- 1 Yes
- 2 No (**THANK & TERMINATE**)

Name _____

Address _____

City/State/Zip _____

Day Number _____ Night Number _____