**SURVEY OF PRIMARY CARE PHYSICIANS ON ORAL HEALTH**

**TELEPHONE SCREENER**

1. Hello, have I reached Dr. {PHYSICIAN NAME}’s office?

YES 1 (GO TO 4)

NO 2

WRONG NUMBER 3

NO LONGER WORKS HERE 4 (GO TO 3)

DECEASED 5 (END STATEMENT 1)

RETIRED 6 (END STATEMENT 1)

NOT IN PRACTICE 7 (END STATEMENT 1)

NOT AVAILABLE DURING FIELD PERIOD 8 (END STATEMENT 1)

REFUSED -7

2. I’m trying to reach the office of Dr. {PHYSICAN’S NAME} on {STREET} in {CITY, STATE}. Do you know {him/her}?

[IF NEEDED: Do you know {his/her} telephone number/address/the name of a person who might know how to reach {him/her}?]

YES 1 (FOLLOW LEADS, THEN RESTART)

NO 2 (END STATEMENT 1, THEN TO TRACING)

3. Do you have a forwarding telephone number and address for the doctor?

[IF NEEDED: Do you know the name of a person who might know how to reach {him/her}?]

YES 1 (FOLLOW LEADS, THEN RESTART)

NO 2 (END STATEMENT 1, THEN TO TRACING)

4. This is {INTERVIEWER NAME}. I am calling on behalf of the Office on Women’s Health at the Department of Health and Human Services regarding a study of physicians. Is Dr. {PHYSICIAN NAME}’s specialty {SPECIALTY}?

YES 1 (GO TO 6)

NO 2

REFUSED -7 (GO TO 6)

DON’T KNOW -8 (GO TO 6)

5. What is {his/her} specialty?

FAMILY PRACTICE/FAMILY MEDICINE 1

INTERNAL MEDICINE/GENERAL INTERNAL MEDICINE/INTERNIST 2

OTHER, SPECIFY 91 (END STATEMENT 2)

REFUSED -7

DON’T KNOW -8

6. I’d like to confirm that I have the correct name for Dr. {PHYSICIAN’S NAME}.

[VERIFY SPELLING AND RECORD ANY CHANGES.]

FIRST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MIDDLE NAME/INITIAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JR/SR/III\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -7

DON’T KNOW -8

7. I’d like to confirm that I have the correct office address for Dr. {PHYSICIAN’S NAME}.

[VERIFY ADDRESS AND RECORD ANY CHANGES.]

PRACTICE/CLINIC NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PO BOX/SUITE/ROOM/DEPT/BLDG\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -7

DON’T KNOW -8

8. Does {PHYSICIAN’S NAME} see all {his/her} patients in an urgent or immediate care center?

[IF NEEDED: **All** patients or only some patients?]

YES 1 (END STATEMENT 2)

NO 2

REFUSED -7

DON’T KNOW -8

9. Does {PHYSICIAN’S NAME} see all {his/her} patients in a Federal facility such as a VA office, a military clinic, or a Public Health Service or Indian Health Service clinic?

[IF NEEDED: **All** patients or only some patients?]

YES 1 (END STATEMENT 2)

NO 2

REFUSED -7

DON’T KNOW -8

10. [TO BE ASKED ONLY IF LOAD FILE INDICATES THIS MAY BE RELEVANT]

Does Dr. {PHYSICIAN’S NAME} see all {his/her} patients in a nursing home, rehabilitation center or correctional facility?

[IF NEEDED: **All** patients or only some patients?]

YES 1 (END STATEMENT 2)

NO 2

REFUSED -7

DON’T KNOW -8

11. Is {PHONE NUMBER} the best phone number at which to reach Dr. {PHYSICIAN’S NAME}’s office?

[VERIFY AND RECORD ANY CHANGES]

TELEPHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (END STATEMENT 2)

REFUSED -7 (END STATEMENT 2)

DON’T KNOW -8 (END STATEMENT 2)

END STATEMENT 1: Thank you for your time.

END STATEMENT 2: Those are all the questions I have for you. Thank you for your help.