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.