



## Provider Based Sampling Frame Questionnaire (Harris County)

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<b>Participant:</b>	Provider
<b>Respondent:</b>	Provider
<b>Domain:</b>	Questionnaire
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# Provider-Based Sampling Frame Questionnaire

## DEFINITIONS:

- Practice Location/Office: The physical site where the patient care services are delivered; is staffed by one or more health care providers.
- Provider: A licensed clinician (e.g., physician, nurse, mid-wife, etc) who provides prenatal health care services at one or more locations within the practice.

### 1. For Office Use Only:

PSU ID # (Harris County): **20000262**

Practice #:

Location #:

2. Date Questionnaire is completed:  /  /   
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3. Name of practice (This could be the doctor's name, the clinic name, the practice name, etc.)

\_\_\_\_\_

### 4. Address of practice location/office:

Street Address: \_\_\_\_\_

Suite/Unit#: \_\_\_\_\_

City: \_\_\_\_\_

State:  Zip Code:  -

**5. Name and contact information for practice location/office contact person:**

Name: \_\_\_\_\_

Position/Role: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suite/Unit#: \_\_\_\_\_

City: \_\_\_\_\_

State:  Zip Code:  -

Email Address: \_\_\_\_\_

Phone Number: ()  -  Ext:

Preferred method of contact: \_\_\_\_\_

**6. Total number of providers of prenatal care at location/office:**

Total providers

**7. Practice location/office provider mix (number of each provider type):**

*(The total number of providers listed below should equal the number of total providers in **Question #6.**)*

Number of Obstetrics/Gynecology (OB/GYN) providers

Number of Obstetrics (OB) providers only

Number of Gynecology (GYN) providers only

Number of Family Medicine Providers (that provide prenatal care)

Number of Midwives

Number of Other Providers. (such as Nurse Practitioners)

Other (Specify): \_\_\_\_\_

**8. Type of practice:**

- Private with no health system or university affiliation
- Private with health system or university affiliation
- Health system with no university affiliation
- Academic medical center
- Federally qualified health center
- Public clinic with no university/academic affiliation
- Public clinic with university/academic affiliation
- Other. (Specify): \_\_\_\_\_

**For Questions #9 through #11 below, if you do not have precise numbers, please provide your best estimates.**

**9. In 2011, or the last year for which you have 12 months of complete data, what was the number of all prenatal care visits across all providers within this location/office?**

*All prenatal care visits*

**10. In 2011, or the last year for which you have 12 months of complete data, what was the number of first prenatal care visits across all providers within this location/office? (This number is a subset of the total visits listed in **Question #9.**)**

*First prenatal care visits*

**11. In 2011, or the last year for which you have 12 months of complete data, what was the number of first prenatal care visits across all providers within this location/office of patients who reside in Harris county? (This number is a subset of the first prenatal care visits listed in **Question #10.**)**

*First prenatal care visits of **Harris county residents***

**12. Approximate payer mix:**

For the list of payers that follows, regarding the approximate payer mix for this practice location/office, list the percent for each payer. Please provide an estimate if the exact percent is not known. The total percentage for all payers cannot be greater than 100%.

Tricare: %

Medicaid: %

Commercial: %

HMO: %

Self Pay: %

**13. Observed or reported ethnicity of first prenatal care visits:**

For the first prenatal care visit patients at this medical practice location/office, please indicate the percent of those patients with the following observed or reported ethnicity. Please provide an estimate if the exact percent is not known.

Hispanic, Latina, or Spanish origin %

**14. Observed or reported primary race of first prenatal care visit patients:**

Using the following categories, list the observed or reported primary race of patients at this medical practice location/office. Again, the focus is on patients seen at the first prenatal care visit. Please provide an estimate if the exact percent is not known. The total percentage for all races cannot be greater than 100%.

White: %

Black or African American: %

American Indian or Alaska Native: %

Asian: %

Native Hawaiian/ other Pacific Islander: %

**15. Observed or reported primary language preferred by first prenatal care visit patients, by percent:**

Using the following options, indicate the reported **primary language** of first prenatal care visit patients at this medical practice location/office. Please estimate if the exact percent is not known. The total percentage for all languages cannot be greater than 100%.

English: %

Spanish: %

Other: %

(If other, Specify:)

**16. Reported age of first prenatal care visit patients by percent:**

For the following groups, indicate the reported **age** of *first prenatal care visit* patients at this medical practice location/office. Please provide an estimate if the exact percent is not known. The total percentage for all ages cannot be greater than 100%.

Patients under 20 years old: %

Patients between 20 – 24 years old: %

Patients between 25 – 29 years old: %

Patients 30 or more years old: %

**17. Is this location part of a larger practice with multiple locations?**

Yes  No → **End of Questionnaire.**

**18. Name of the larger practice referenced in Question 17:** \_\_\_\_\_

**19. Name and contact information for Administrative contact (Medical Director, CEO, etc.) for this larger practice:**

Same as Question 5 → **Go to Question 20.**

Name: \_\_\_\_\_

Position/Role: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suite/Unit#: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: (□□□) □□□ - □□□□ Ext: □□□□

Preferred mode of contact: \_\_\_\_\_

**20. Number of locations in the practice where prenatal services are provided:**

Total Locations

**21. Number of births per year for all providers/clinicians in the practice listed in Question #18:**

Total Births

**22. Number of births per year for all providers in the practice from women who reside in Harris County. (This is a subset of Question #21).**

Total Births In Harris County