

Provider Based Sampling Frame Questionnaire

(Jefferson County)

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| **Event:** | Provider Based Recruitment |
| **Participant:****Respondent:** | ProviderProvider |
| **Domain:** | Questionnaire |
| **Type of Document:****Allowable Mode:****Allowable Method:** | Self-Administered QuestionnaireIn Person, Telephone, MailPAPI |
| **Recruitment Groups:** | PBS |
| **Version:** | 1.0 |
| **Release:** | MDES 3.0 |

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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 # (Jefferson County): 20000223Practice #: 🞏🞏🞏Location #: 🞏🞏🞏 |
| 1. Date Questionnaire is completed: 🞏🞏 / 🞏🞏 / 🞏🞏🞏🞏

 M M / D D / Y Y Y Y |
| 1. Name of practice (This could be the doctor’s name, the clinic name, the practice name, etc.)

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| 1. Address of practice location/office:

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Suite/Unit#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: 🞏🞏 Zip Code: 🞏🞏🞏🞏🞏 - 🞏🞏🞏🞏  |
| 1. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Total number of providers of prenatal care at location/office:

🞏🞏🞏 Total providers |
| 1. 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. 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. |
| 1. 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 |
| 1. 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 ofthe total visits listed in *Question #9.)*

🞏🞏🞏🞏 *First* prenatal care visits |
| 1. 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 Jefferson county? (This number is *a subset of* the first prenatal care visits listed in *Question #10.)*

🞏🞏🞏🞏 *First* prenatal care visits of *Jefferson county residents* |
| 1. 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: 🞏🞏🞏% |
| 1. 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 🞏🞏🞏% |
| 1. 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: 🞏🞏🞏%  |
| 1. 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:) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. 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: 🞏🞏🞏% |
| 1. Is this location part of a larger practice with multiple locations?

\_\_\_ Yes \_\_\_ No *→ End of Questionnaire.* |
| 1. Name of the larger practice referenced in Question 17: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Number of locations in the practice where prenatal services are provided:

🞏🞏 Total Locations |
| 1. Number of births per year for all providers/clinicians in the practice listed in *Question #18*:

🞏🞏🞏🞏 Total Births |
| 1. Number of births per year for all providers in the practice from women who reside in Jefferson County. (This is a subset of *Question #21*).

🞏🞏🞏🞏 Total Births In Jefferson County |