

## Attachment 1: Treating clinician screener

IDI Set	Characteristic of Note	# of IDIs
Set 1	Located in areas with recent Legionnaires' outbreaks, (e.g., New York City, Illinois, Michigan, Pittsburgh, California)	8
Set 2	Located in areas without recent Legionnaires' outbreaks	8

### Screener

Hi, my name is \_\_\_\_\_. I am an independent contractor with the Hannon Group. We are conducting research with doctors to talk about legionellosis, often called Legionnaires' disease or Pontiac fever. We are conducting this work on behalf of the Centers for Disease Control and Prevention, also known as CDC. The purpose of our discussion is to help CDC better understand legionellosis diagnosis and reporting practices in hospitals.

We are not selling or promoting any product or service. If you meet the eligibility criteria and complete the interview, you will receive \$200 as a token of appreciation. The interview will be conducted by telephone and using a computer. It will last no more than 60 minutes.

To see if you meet the eligibility criteria to participate, I would like to ask you a few questions. These questions will take less than 5 minutes to answer. Is that okay?

- Agreed to answer screening questions.....Continue
- Did not agree to answer screening questions.....Thank and Terminate

#### Please use the following language for termination of screening:

**"Thank you very much for your time today. We are looking to recruit a wide variety of healthcare professionals to help with this study, and we have already recruited enough people with backgrounds similar to yours. Again, thank you for your interest."**

#### 1. Record Sex

- ( ) a. Male
- ( ) b. Female

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D74, Atlanta, Georgia 30333; ATTN: PRA (0920-0800)

2. Are you a MD or DO who diagnoses and treats patients in a hospital?  
 a. Yes .....Continue  
 b. No .....Thank and Terminate
3. What is your specialization? For example: emergency room doctor, internist, other?  
 a. ER Doctor.....Continue  
 b. Internist..... Continue  
 c. Other [RECORD SPECIALTY].....Continue
4. How many years have you been in practice? [RECRUIT A MIX]  
 \_\_\_\_\_ Number of years [CATEGORIZE RESPONSE]  
 a. Under 5 years .....Continue  
 b. 5-10 years .....Continue  
 c. More than 10 years .....Continue
5. Approximately what percent of your time do you spend diagnosing and treating patients in a hospital setting?  
 \_\_\_\_\_ % [CATEGORIZE RESPONSE]  
 a. 0-19% .....Thank and terminate  
 b. 20-100% .....Continue
6. How frequently do you diagnose and treat patients with respiratory diseases like pneumonia?  
 a. Never .....Thank and terminate  
 b. Rarely..... Thank and terminate  
 c. Sometimes..... Continue  
 d. Often.....Continue
7. Have you ever tested a patient for Legionnaires' disease or Pontiac fever?  
 a. Yes .....Continue  
 b. No.....Continue [RECRUIT NO MORE THAN 3]
8. What is the name of the main hospital in which you have privileges?  
 \_\_\_\_\_
9. In what city is the hospital where you work? If you work in more than one hospital, please tell me the name of the city where each is located.  
 \_\_\_\_\_ [CATEGORIZE RESPONSE AND RECRUIT 8 PER AREA]  
 a. Areas with recent or high profile outbreaks: New York City Michigan, Pittsburgh, Illinois, California.....Continue  
 b. Other.....Continue [RECRUIT 2 FROM EACH U.S. CENSUS REGION]
10. How many inpatient beds does this hospital have? [RECRUIT A MIX BY CATEGORY]  
 \_\_\_\_\_  
 a. 150 beds or less (small)  
 b. More than 150 beds (large)

- 11. Will you be able to be interviewed by telephone and view materials on a computer screen at the same time?**  
 a. Yes .....Continue  
 b. No .....Continue
- 12. Are you able to use screen sharing packages, such as GoToMeeting on your computer? If you haven't done this, are you willing to spend about 10 minutes with a technician before our scheduled call to work out any issues?**  
 a. Yes .....Continue  
 b. No .....Continue (E-mail materials prior to call)

**Invitation**

Thank you for answering my questions. We would like to invite you to participate in an interview that will last no more than 60 minutes. You will receive \$200 as a token of appreciation. Some researchers may listen and observe the interview through an online screen sharing platform. The interview will be audiotaped, but your name will not be used in connection to the research or any reports that are written.

Are you willing to participate?

- a. Yes .....[SCHEDULE INTERVIEW TIME]  
 b. No .....Thank and Terminate

**Please use the following language for termination of screening:  
 "Thank you very much for your time today."**

**For Scheduling Interviews**

We will send you a confirmation letter, consent form, and information about the interview. What is your mailing address so we can send you the materials?

Name\_\_\_\_\_

Address\_\_\_\_\_

City/State/Zip\_\_\_\_\_

Day Phone Number\_\_\_\_\_

Night Phone Number\_\_\_\_\_

E-mail address\_\_\_\_\_

What is the best number to reach you? \_\_\_\_\_

So that we can start and end on time, please plan to have your computer on and loaded to the website address provided and be dialed into the call at least (5 minutes before the scheduled start time). Additionally, we will be sending you some brief materials before this interview. We would appreciate your spending a brief amount of time (no more than 10 minutes) reviewing them before our discussion. We are counting on your participation, so please be sure to contact us as soon as possible if something

comes up and you cannot be part of the interview. [PROVIDE NAME AND PHONE NUMBER]

Also, do you wear glasses or use a hearing aid? If so, please remember to have them for our discussion. Some activities will involve reading.

a. Has hearing aid

b. Has glasses

**Thanks again for your time and we'll talk with you at [date/time]**