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COGNITIVE TESTING SCREENER

Hello _____;

Thank you for your interest in participating in the NAMCS Supplement on Primary Care Policies. I will need some background information from you to see if you qualify.

(Ask if not known)

1. Is this a primary care practice that treats adults?
2. What is the name of your primary care practice?
3. What is the address for the practice location where you work the most?
4. Is your practice:
single specialty primary care,
multispecialty with at least one primary care physician, or
other?

5. Is your practice multisite or single site?
6. If multisite, how many practice locations?
7. Which one of the following best describes your position in this medical practice?
Physician practice owner or partner,
head of practice,
family practice physician,
internal medicine physician specializing in primary care,
physician not specializing in primary care,
physician not specializing in primary care,
medical resident, or
other?
8. How many primary care physicians work in your practice (across all locations)?
9. Who owns this practice?
A physician or physician group,
hospital or hospital system,
health maintenance organization (HMO),
insurance company,
university or medical school,
state or local government, or
other?
10. How long have you worked in this practice?
11. In what year did you receive your medical degree?
12. What is your sex?
13. How did you hear about this study?
14. Would you prefer to be contacted via telephone or email to follow up on this study?

15. What is the best phone number and/or email at which to reach you?

16. What is the best time to contact you if reaching you by phone?

17. Once the data collection is completed the information will be transferred to NCHS.

We are currently compiling a list of possible interview candidates. Once that is complete, we will begin scheduling interviews, and get back to you as soon as possible.

I look forward to hearing from you. Thank you again for your assistance!