

“Formative Research to Develop HIV Social Marketing Campaigns for Healthcare Providers”

Attachment 9: Provider Screener

Screening Instrument

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, 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 D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-New)

Hello, my name is _____ and I'm from (name of company). We are calling on behalf of _____ (insert contractor name) and the Centers for Disease Control and Prevention. We are not selling or promoting any product. We are calling to recruit physicians to take part in a research study about HIV testing and prevention.

The purpose of the research is to learn physicians' thoughts on a communication campaign being developed for health care providers and involves participating in an interview. To see if you are eligible for this study, I need to ask you some questions. If you are eligible and choose to be in the study, all of your comments will be kept private. In appreciation for your participation, you will receive \$__ [INSERT AMOUNT] as a token of appreciation.

My questions will only take a few minutes. May I proceed?

1. First, does any member of your household or immediate family work for or receive any compensation from:

A market research company _____
An advertising agency or public relations firm _____
The media (TV/radio/newspapers/magazines) _____
The CDC _____
MAX. 1 OR 2 → A pharmaceutical company _____

[IF "YES" TO ANY → GET SPECIFICS AND HOLD. RECRUITMENT FACILITY SHALL CONTACT RTI TO DETERMINE WHETHER TO RECRUIT THE INDIVIDUAL]

2. Have you attended a focus group discussion or interview in the last six months about HIV?
- By focus group, we mean an informal, round-table discussion, conducted by a facilitator, in which you were asked your professional opinions regarding something related to HIV.
 - By interview we mean an informal, one-on-one discussion and by focus group we mean an informal, round-table discussion, conducted by a facilitator, in which you were asked your professional opinions regarding something related to HIV

Yes → **TERMINATE**
No → **CONTINUE**

3. Are you licensed to practice medicine or nursing in the US?

NO → **TERMINATE**
 YES → **CONTINUE**

4. How many years have you been practicing medicine or nursing? _____

Are you one of the following:

Physician (MD, DO)	<input type="checkbox"/>	→ CONTINUE TO Q6
Nurse (RN)	<input type="checkbox"/>	→ SKIP TO Q8
Nurse Practitioner	<input type="checkbox"/>	→ SKIP TO Q8
Physician's Assistant	<input type="checkbox"/>	→ SKIP TO Q8
Other health care provider (SPECIFY)	<input type="checkbox"/>	→ SKIP TO Q8
Not a health care provider	<input type="checkbox"/>	→ TERMINATE

5. What is your specialty?

Family Medicine	<input type="checkbox"/>	→ CONTINUE TO Q7A
Internal Medicine	<input type="checkbox"/>	→ CONTINUE TO Q7A
Infectious Disease	<input type="checkbox"/>	→ CONTINUE TO Q8
Other	<input type="checkbox"/>	→ CONTINUE TO Q8

<p>ASK FAMILY PRACTICE AND <u>INTERNAL MEDICINE</u> DOCTORS ONLY</p> <p>7A. Do you have a sub-specialty? Yes _____ → CONTINUE TO Q7B No _____ → CLASSIFY AS PCP AND CONTINUE TO Q8</p> <p>7B. What is your sub specialty? _____ [Check all that apply]</p> <ul style="list-style-type: none"> € Adolescent medicine € Allergy and immunology € Cardiology € Endocrinology € Gastroenterology € Geriatrics € Hematology € HIV Medicine € Nephrology € Oncology € Pulmonology € Rheumatology € Sports medicine € Other: _____



8. In what setting do you see patients? (**RECORD ALL THAT APPLY**)

Private practice (By private practice, we mean a private physician's office or group practice.)	<input type="checkbox"/>
Community Hospital	<input type="checkbox"/>
HMO (such as Kaiser)	<input type="checkbox"/>
Academic/University-affiliated hospital	<input type="checkbox"/>
Community Clinic/Health Center	<input type="checkbox"/>
Government/Military Facility	<input type="checkbox"/>
Other	<input type="checkbox"/>

IF YES, GO TO 8A.

9. Does your clinic receive Ryan White funding?

No	<input type="checkbox"/>	→ CONTINUE
Yes	<input type="checkbox"/>	→ CONTINUE

10. Do you accept any of the following payment options? (**RECORD ALL THAT APPLY**)

Medicaid	<input type="checkbox"/>
Medicare	<input type="checkbox"/>

11. In which of the following settings do you see the largest number of patients? Provide estimated percentages for each that apply. (**RECORD ALL THAT APPLY**)

Private practice (By private practice, we mean a private physician's office or group practice)	<input type="checkbox"/>
Community Hospital	<input type="checkbox"/>
HMO (such as Kaiser)	<input type="checkbox"/>
Academic/University-affiliated hospital	<input type="checkbox"/>
Community Clinic/Health Center	<input type="checkbox"/>
Government/Military Facility	<input type="checkbox"/>
Other	<input type="checkbox"/>

12. Approximately how many patients do you have in your current caseload? _____*

13. Thinking about your current caseload, how many patients that you regularly see in your practice do you treat for HIV or AIDS? _____

13a. What percentage of patients in your total caseload are HIV infected? _____*

How would you describe your racial/ethnic background? [READ LIST for Q14Q14. IF NECESSARY]

14. Are you Hispanic or Latino/a?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>
Refused	<input type="checkbox"/>

15. What is your race? (One or more categories may be selected)

White	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
Refused	<input type="checkbox"/>

16. Are you currently prescribing antiretroviral medications for your patients living with HIV?*

Yes	<input type="checkbox"/>	→ CONTINUE
No	<input type="checkbox"/>	→ TERMINATE

12a. How many prescriptions do you write a month? _____

17. Had you heard of the [INSERT CAMPAIGN HERE] before we contacted you about this study? [may repeat to series of items to address multiple campaigns]

Yes	<input type="checkbox"/>	→ SKIP TO QUESTION 16A.
No	<input type="checkbox"/>	→ CONTINUE

17a. Are you or had you been directly involved in the campaign's development or publicity?

Yes	<input type="checkbox"/>	→ TERMINATE
No	<input type="checkbox"/>	→ CONTINUE [SPECIFY – How have you previously heard of [INSERT CAMPAIGN HERE]? _____]

If working in a private practice setting, approximately how many total of the following staff are in your office?

Physicians	<input type="text"/>
Nurses (RN/LPN)	<input type="text"/>
Nurse Practitioners	<input type="text"/>
Physician Assistants	<input type="text"/>

18. What is the name of your (*practice, hospital, clinic, or HMO* system)?

19. What is the postal zip code where you primarily practice?

Six-eight digits	<input type="text"/>
Refused	<input type="text"/>

20. Please tell me your age. _____ **[TERMINATE IF LESS THAN 18, GREATER THAN 99]**

21. Do you consider yourself to be male, female, or transgender? (check only one)

- ₁ Male
- ₂ Female
- ₃ Transgender Man (or Transmale or Transman)
- ₄ Transgender Woman (or Transfemale or Transwoman)
- ₈ Don't know
- ₉ Prefer not to answer

Invitation:

Thank you for answering all of my questions. As I mentioned earlier, we are conducting a research study on behalf of the CDC regarding a communications campaign under development for providers and would like to hear your professional views. In order to hear them first-hand, we would like to invite you to take part in an informal, personal interview. The interviews are being scheduled on [DAYS/DATE TBD]. The discussion will last about 1 hour. No one will attempt to sell you anything. As a token of appreciation, you will receive [INSERT INCENTIVE AMOUNT] at the time of the interview. The interviews will be audio-recorded, and CDC staff may observe the interview. Can we schedule your attendance?

Closing for Ineligible Participants:

Thank you for answering my questions. At this time you are not eligible to be in this study because... We value your interest in this research study. Thank you for being willing to help us.

**NOTE TO RECRUITING FACILITY – AT THE COMPLETION OF RECRUITMENT
DETACH THIS PAGE BEFORE RETURNING THE SCREENERS TO RTI**

CONTACT INFORMATION

Now, let me confirm the spelling of your name, address, and phone number so we can send you directions and a reminder before your scheduled interview time.

RECORD RESPONDENT'S INFORMATION

Name: _____ Preferred Telephone: _____

Address: _____

City, State: _____ Zip: _____

If you would like, I can also send you a reminder by e-mail.

IF YES: What e-mail address should I use? _____

If you have any questions or find that you can't attend, please call us right away at [phone number] so that we can find a replacement. Thank you for your time and for agreeing to help with this important research study.