

SURVEY OF HEALTHCARE PROFESSIONAL NETWORK

Note to reviewer: This survey will be conducted online. If necessary, paper copies will be emailed/faxed/mailed.

Thank you for enrolling in the Zika Care Connect Healthcare Professional Network. We appreciate your participation in this program and your commitment to helping infants and families affected by Zika virus. In order to improve our program, we have a few questions for you. All questions are voluntary and all answers will remain confidential. Please click here to view the informed consent information. If you have any questions please contact the Project Director, Dr. Lindsay Rechtman, 404-683-4394.

1. Have you visited the Zika Care Connect website? (If no: Skip to Q5)
 - a. Yes
 - b. No
 - c. Not Sure

2. What features have you used? (Check all that apply)
 - a. Find a Healthcare Professional
 - b. Healthcare Professional Resources
 - c. Materials Downloads
 - d. ZCC Information Tool
 - e. State and Local Resources
 - f. Laboratory Network
 - g. Member Community
 - h. FAQs
 - i. Other
 - j. Not Sure

3. What feature was the most helpful?
Insert list from Q2

4. What would you like to see added to the ZCC website? (open ended)

5. Approximately how many patients with suspected/confirmed Zika virus and/or congenital Zika virus syndrome have you seen? (If none skip to Q8)
 - a. None
 - b. Under 5
 - c. 6-10
 - d. 11-50
 - e. More than 50
 - f. Not Sure
6. Approximately what percent of these patients were seen in the last year and a half (April 2017-November 2018)?
 - a. None
 - b. Less than 25 percent
 - c. 25%-50%
 - d. 51%-75%
 - e. 76-99%
 - f. All
 - g. Not Sure
7. Approximately what percentage of your patients has mentioned Zika Care Connect? (free text)
___%
8. Please rate your familiarity with the CDC guidance for the evaluation and management of infants with Zika virus/healthcare providers caring for pregnant women with possible Zika virus.
 - a. Not at all familiar
 - b. Slightly familiar
 - c. Somewhat familiar
 - d. Moderately familiar
 - e. Extremely familiar
9. Please rate your awareness of how to coordinate care with other specialists for the management of Zika virus.
 - a. Not at all aware
 - b. Slightly aware
 - c. Somewhat aware
 - d. Moderately aware
 - e. Extremely aware
10. Please rate your familiarity with coordinating care with other specialists for the management of Zika virus.
 - a. Not at all familiar

Attachment 5 - Information Collection Instrument- Survey of Healthcare Professionals

- b. Slightly familiar
 - c. Somewhat familiar
 - d. Moderately familiar
 - e. Extremely familiar
11. Please rate your belief in your ability to provide clinical services for Zika virus.
- a. Poor
 - b. Fair
 - c. Good
 - d. Very good
 - e. Excellent
12. Please rate how ZCC improved your self-efficacy in providing clinical care for Zika virus.
- a. Not at all improved
 - b. Slightly improved
 - c. Somewhat improved
 - d. Moderately improved
 - e. Extremely improved
13. Since you enrolled in the ZCC Healthcare Professional Network, how has your confidence in following the evidenced based guidelines for the management of Zika virus changed?
- a. Increased
 - b. Stayed the Same
 - c. Decreased
14. In a few sentences please describe what role Zika Care Connect played in increasing your awareness of providing clinical services for Zika virus?
15. What is your healthcare specialty? (free text)
16. In what state do you practice? (free text)