**RECRUITMENT SCREENER**

Project: ACOG – Provider Attitudes & Behaviors Regarding Zika

Audience: Ob-gyns, Pediatricians, Nurse Practitioners, and Certified Nurse-Midwives

Method: Online focus groups

**RECRUITMENT OBJECTIVE:** The target audience is ob-gyns, pediatricians, nurse practitioners, and certified nurse-midwives. For each group, we will recruit up to 20 participants, with the expectation that we will likely lose a few participants on the day of the group, but the group will not proceed without a minimum of 8 participants.

Group 1 will consist solely of pediatricians.

Group 2 will consist solely of ob-gyns.

Group 3 will be a mix of ob-gyns and pediatricians from geographic areas where Zika is an emerging health threat (with equal representation from Florida, Texas, New York, and California).

Group 4 will be a mix of general, women’s health, and pediatric nurse practitioners and certified nurse-midwives.

**Welcome screen**

Thank you for your participation in this survey. The purpose of this research study is to understand your perceptions of important issues facing the United States.

***Your participation is very important.*** Every opinion is important!

***All responses are confidential.*** No individual comments recorded in the survey will be released; all information will only be reported in the aggregate.

**Termination screen**

Thank you for your interest in this survey. We ask a variety of questions to make certain we have a representative sample. Your responses indicate that you fall into a group that is full. Again, thank you for your interest in the survey.

**End Screen**

You have successfully completed the survey. Thank you for your participation!

If you are satisfied with all of your responses please click on the submit button below to confirm that your survey has been submitted.

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| Q1. Which of the following best describes your profession: [SELECT ONE] |
| * Doctor
 | CONTINUE |
| * Nurse or Nurse Practitioner
 | CONTINUE |
| * Midwife
 | CONTINUE |
| * Pharmacist
 | TERMINATE |
| * None of the above
 | TERMINATE |
| * Other
 | TERMINATE |

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| Q2. [ASK DOCTORS ONLY] Please tell me what your primary medical specialty is: [RANDOMIZE] [SELECT ONE] |
| * Pediatrics
 | Group 1 QUOTA: 20Group 2 QUOTA: 0Group 3 QUOTA: 10 |
| * Obstetrics/gynecology
 | Group 1 QUOTA: 0Group 2 QUOTA: 20Group 3 QUOTA: 10 |
| * Cardiology
 | TERMINATE |
| * Infectious Diseases
 | TERMINATE |
| * Oncology
 | TERMINATE |
| * Other
 | TERMINATE |

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| Q3. [ASK OBGYNs ONLY] Which of the following best describes the scope of your practice: [SELECT ONE] |
| * I treat only pregnant women (obstetrics only)
 | CONTINUE |
| * I treat both pregnant women and those who may consider or are planning pregnancy (obstetrics and gynecology)
 | CONTINUE |
| * I treat only women not currently pregnant but who may consider pregnancy in the future (gynecology only)
 | CONTINUE |
| * I treat only women not currently pregnant **and** who are NOT planning for future pregnancy
 | TERMINATE |
| * Other (such as gynecological oncology, urogynecology, etc.)
 | TERMINATE |

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| Q4. [ASK PEDIATRICIANS ONLY] Which of the following best describes your area of practice within the field of Pediatrics: [RANDOMIZE] [SELECT ONE] |
| * Generalist
 | CONTINUE |
| * Pediatric Infectious Disease
 | CONTINUE |
| * Pediatric Endocrinologist
 | TERMINATE |
| * Pediatric Gastroenterologist
 | TERMINATE |
| * Pediatric Oncologist
 | TERMINATE |
| * Pediatric Cardiologist
 | TERMINATE |
| * Other
 | TERMINATE |

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| Q5. [ASK OBGYNS AND PEDIATRICIANS ONLY] Are you currently a member of any of the following groups: [RANDOMIZE]  |
|  | Yes | No |
| * The American Congress of Obstetricians and Gynecologists (ACOG)
 | 1 | IF OBGYN: TERMINATE ELSE: CONTINUE |
| * The American Medical Association (AMA)
 | 1 | 2 |
| * American Academy of Pediatrics
 | 1 | IF PED: TERMINATEELSE: CONTINUE  |
| * American Association of Nurse Practitioners (AANP)
 | 1 | 2 |

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| Q6. [MIDWIVES ONLY] Which of the following best describes your highest level of certification: [RANDOMIZE] [SELECT ONE] |
| * Certified Nurse Midwife (CNM)
 | CONTINUE |
| * Certified Midwife (CM)
 | TERMINATE |
| * Certified Professional Midwife (CPM)
 | TERMINATE |
| * Direct-Entry Midwife (DEM)
 | TERMINATE |
| * Lay Midwife
 | TERMINATE |
| * None of the above
 | TERMINATE |
| * Other
 | TERMINATE |

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| Q7. [NURSES ONLY] Which of the following best describes your highest level of certification: [RANDOMIZE] [SELECT ONE] |
| * Certified Nursing Assistant (CNA)
 | TERMINATE |
| * Licensed Practical Nurse (LPN)
 | TERMINATE |
| * Registered Nurse (RN)
 | TERMINATE |
| * Nurse Practitioner (NP)
 | CONTINUE |
| * None of the above
 | TERMINATE |
| * Other
 | TERMINATE |

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| Q8. [NURSES ONLY] Which of the following best describes the scope of your practice: [RANDOMIZE] [SELECT ALL THAT APPLY] |
| * Emergency
 | TERMINATE |
| * Family
 | CONTINUE |
| * Neonatal intensive care
 | CONTINUE |
| * Pediatrics
 | CONTINUE |
| * Women’s health
 | CONTINUE |
| * Perinatal
 | CONTINUE |
| * Midwifery
 | CONTINUE |
| * None of the above
 | TERMINATE |
| * Other
 | TERMINATE |

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| Q9. How many years have you been practicing medicine?  |
| * 3 years or less
 | RECRUIT A MIX |
| * 4-10 years
 |
| * 11-15 years
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| * 16-20 years
 |
| * 21-25 years
 |
| * 25 or more years
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| Q10. What percent of your professional time is spent treating patients, as opposed to non-clinical activities, such as research or technology?  |
| \_\_\_\_\_\_\_\_\_\_\_ % of time spent in patient care | IF < 75% TERMINATE; ELSE=CONTINUE |

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| Q11. Where do you spend the most time practicing medicine? [RANDOMIZE] [SELECT ONE] |
| * Hospital – academic or university affiliation
 | CONTINUE |
| * Hospital – community hospital
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| * Office or clinic affiliated with or owned by a hospital or health system
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| * Private office or clinic not affiliated with or owned by a hospital or health system
 |
| * Other (please specify \_\_\_\_\_\_)
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| Q12. How frequently do you have discussions with your patients about the following medical conditions: [RANDOMIZE] |
|  | Frequently | Sometimes | Rarely | Never |
| Zika virus | 1 | 2 | 3 | GROUPS 1,2,4: MAX 4GROUP 3: TERMINATE |
| HPV | 1 | 2 | 3 | 4 |
| MRSA | 1 | 2 | 3 | 4 |

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| Q13. **[FOR GROUP 3 RECRUITMENT ONLY]** Is your practice located in any of the following states?  |
| * California
 | RECRUIT A MIX |
| * Florida
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| * Texas
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| * New York
 |  |
| * Not located in one of these states
 | TERMINATE |

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| Q14. Which of the following categories includes your age:  |
| * Less than 25 years of age
 | TERMINATE |
| * 25 to 34
 | CONTINUE |
| * 35 to 44
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| * 45 to 54
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| * 55 to 60
 |
| * Over 60
 | TERMINATE |

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| Q15. Which of the following best describes your ethnic background?  |
| * Caucasian or White
 | **MAX 13** |
| * African American
 | CONTINUE |
| * Hispanic or Latino
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| * Asian American
 |
| * Indian American
 |
| * Native American
 |
| * Other/Several backgrounds
 |
| * Prefer not to answer
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| Q16. What is your gender?  | Male | Female |
| RECRUIT A MIX |