

Form Approved
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Clinician Preferences for CDC Clinical Guidelines

Clinician Interview Screening Tool

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Introduction

Good morning/afternoon, my name is _____ and I'm contacting you from [insert vendor name] on behalf of Deloitte, a private contracting organization, and the US Centers for Disease Control and Prevention.

We are contacting clinicians to take part in phone interviews to get opinions and feedback on clinical guidance. You do not need to do anything to prepare for this interview. If you are eligible and choose to participate in the interview, you will receive a token of our appreciation for participating in this interview.

To see if you are eligible to participate, I have some questions to ask you. You can decide whether or not you want to answer the questions and can stop at any time. All answers you provide will be kept private.

If you are not eligible and/or choose not to be part of the interview, all responses you give me today will be destroyed and you will not be contacted again regarding this project.

These questions should only take a couple of minutes. Do you want to proceed?

₁ Yes

₀ No [END SCREENING QUESTIONS]

Note to screeners: Please only record information for the questions asked in the screener. If a clinician shares additional personal information, thank them, and guide them back to the screener questions—"That is interesting to learn, but can I now ask you about. . ."

Screener and Demographic Questions

1. Are you comfortable with the interview being conducted in English?

₁ Yes

₂ No [END SCREENING QUESTIONS]

2. What type of clinical are you? (Screen out if desired number per category has been reached)

₁ Primary care/general practice

₂ OBGYN

₃ Pediatrician

₄ Other [END SCREENING QUESTIONS]

3. In what state do you currently practice? _____ [SCREEN OUT WILL DEPEND ON CONFIRMED INTERVIEWS FOR CLINICIAN TYPE PER US REGION]

4. How many years have you been a practicing clinician? _____ [RECORD YEARS]

5. What is your age? _____ [RECORD AGE]

6. What is your gender?

- ₁ Male
- ₂ Female
- ₉₉ Prefer not to answer

7. Are you Hispanic or Latino/a?

- ₁ Yes
- ₀ No
- ₉₉ Prefer not to answer

8. What is your race? [ONE OR MORE CATEGORIES MAY BE SELECTED]

- ₁ White/Caucasian
- ₂ Black or African American
- ₃ American Indian or Alaska Native
- ₄ Asian
- ₅ Native Hawaiian or Other Pacific Islander
- ₆ Other [SPECIFY:_____]
- ₉₉ Prefer not to answer

Closing for Ineligible Participants

Thank you for answering my questions. Based on your responses, you are not eligible to take part in this interview. Thank you for being willing to help us. *[Please do not provide reasons for ineligibility.]*

Invitation

Based on your answers, you are eligible to participate in the interview. As I mentioned earlier, we are talking to clinicians about clinical guidance and we would like to include your opinions. We would like to invite you to take part in an interview that will last about one hour. You will not be asked to buy anything. You will be contacted one day before your interview to remind you of your appointment. Any information that you provide to us will be kept private. We're simply interested in your opinions. There is no preparation needed for this interview. For participating in the interview/focus group, you will receive [INSERT OMB APPROVED AMOUNT] as a token of our appreciation. Will you be able to join us for an interview/focus group?

- ₁ Yes [SKIP TO TEXT BELOW]
- ₀ No (Refuse to participate) [THANK AND END]

We will be audio recording the interview and some project staff from Deloitte and CDC may be listening to the interview remotely using a conference line or audio stream. In order to participate in the interview, you must agree to being recorded so your responses can be used for analysis once all interviews are complete. The recordings will have your names and personal information removed and will be stored by CDC at the end of the project. Staff from Deloitte and CDC will

be listening to the interview as it is conducted. If you do not wish to be audio-recorded, or if you do not wish for Deloitte and CDC staff to listen to the interview as it is conducted, you should not take part in this project.

As I said, if you choose to participate, whatever you say will be kept private. We will never link your name with any comment you make in the interview in any report that we write.

Are you ok with being recorded and the interview being observed?

- 1 Yes [SKIP TO TEXT BELOW]
- 0 No (Refuse to participate) [THANK AND END]

[Proceed to schedule interview time, record below.]

In order for us to call to remind you of your appointment time, I need to ask for your contact information. We will destroy this information after the interview is over. [Record below.]

Your opinions are very important. If for some reason you will not be able to participate in the interview at the scheduled time, please let us know right away. If possible, we will reschedule your interview. You can contact us anytime at [insert phone number]. If no one answers the phone, please leave a message. You can also contact us if you have any questions. Thank you.

Participant Information

Name: _____ Interview Date/Time: _____

Phone 1: _____ Phone 2: _____

What is the best time to reach you? _____

If you do not answer, is it ok to leave a message at the phone number(s) you provided? Y/N ____

Day before confirmation call completed? Y/N: _____