

PRACTICE CHARACTERISTICS QUESTIONS

1. [SCREENER QUESTION] Does your clinic, [Clinic Site name], have adult and child care (*We are including practices primarily serving adults (excluding Pediatrics only practices)*)?
 - a. Adult only
 - b. Both Adult and Child
 - c. Child only / Pediatrics [**If YES, then Thank and End Call**]
2. How many primary care physicians work at [Clinic Site name]? _____
3. How many specialists? _____ And of what type?
4. What types of specialties does the clinic offer? _____
Types of specialties (e.g. cardiologists, women's health):
5. Is there an in-house pharmacy? (Yes/No)
 - a. If Yes, since when (MONTH/YEAR)
6. Does the clinic have access to or work with a Clinical Pharmacist? (Yes/No/Don't Know)
 - a. If Yes, since when (MONTH/YEAR)
7. Does the clinic have extended hours? (Yes/No)
 - a. If Yes, since when (MONTH/YEAR)
8. Does the clinic have an urgent care? (Yes/No)
 - a. If Yes, since when (MONTH/YEAR)
9. What is the ownership of your practice? *Please select one:*
 - a. Hospital affiliated practice group
 - b. Health system affiliated practice group
 - c. Medical/Academic Health Center
 - d. Health Management Organization (HMO)
 - e. Federally Qualified Health Center (FQHC)
 - f. Privately owned - small (less than or =9 physicians)
 - g. Privately owned - med/large (more than 9 physicians)
 - h. Military treatment practice group (NOTE: FLAG THESE FOR VERIFICATION)
 - i. Other? _____

Public reporting burden for this collection of information is estimated to average 2 minutes per response, the estimated time required to complete the survey. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-0XXX, expires XX/XX/20XX), AHRQ, 5600 Fishers Lane, # 07W41A, Rockville, MD 20857.

10. Are you a STAND ALONE PRACTICE or part of a network or medical group?
What is the name of your organization? For, example, the name of the network or medical group that the site is affiliated with? _____

11. Affiliated with any hospitals? Yes _____ (Name: _____) No _____

NEXT: RESUME at Q3 of the intro OFFICE MANAGER SCRIPT