OMB CONTROL NUMBER: XXXX-XXXX

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**AGENCY DISCLOSURE NOTICE**

The public reporting burden for this collection of information is estimated to average 60 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, East Tower, Suite 03F09, Alexandria, VA 22350-3100 [**Insert** **OMB Control Number**]. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS.**

We will collect your responses when we interview you individually or talk with you in a focus group.

*EACE Interview protocol (site = civilian rehabilitation centers and non-military sites where civilian rehabilitation providers work); Healthcare provider version*

**Brief introduction to the study**

**As part of the introduction to the study, will present the phases of rehab that we are studying in this research project.**

**Obtain informed consent**

**Background**

1. Background about interviewee – how did they prepare for this position; prior training and experience with amputee rehabilitation
2. Can you tell me about the rehabilitation process an amputee goes through starting at post-surgery and including the outpatient experience?

**Best Practices**

1. Have you seen an increase in patients over the last 15 years? [if yes] What have you changed in the last 15 years in terms of rehabilitation services offered? Are the patients you see primarily diabetic, from motor cycle accidents, those wounded during a war, or from other causes? Do the rehabilitation services vary by amputee type?
2. What makes your site unique from civilian sites in providing amputee rehabilitation? How about from VA sites? DoD sites?

**Retaining/Maintaining Skills**

1. What medical training (including specialty training) did you receive to prepare you to provide rehabilitation care for amputees?
2. Have you taken any special training to develop your skills that are specific to amputee rehabilitation skills?
3. Which provider types/services are the most integral in providing amputee rehabilitation at your site?
4. What are the primary clinical challenges in providing amputee care and how do you deal with them?
5. Do you think that providers need a certain patient volume to keep up their skills? Does this vary by provider type? How do you keep providers up to date on their skills when patient census decreases? (if census has not/does not decrease, what is their site’s plan if they encountered a census decrease)

**Care Coordination**

1. What does care coordination for rehabilitation look like at your facility (who is involved, when)?
2. What are key issues when providing rehabilitation services to amputees that we have not discussed?