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RECRUITMENT SCREENER

Internet Focus Groups for Exploratory Research with Primary Care Physicians (DVH)

2017

Hello. My name is _____ and I'm calling from _____, an independent research firm.

You indicated that you are interested in participating in an internet focus group. We have an upcoming group to discuss your practices and opinions regarding screening guidelines. The sponsor of this group is the Centers for Disease Control and Prevention.

CDC is not interested in any personal details. We will be asking you a few questions to ensure we are recruiting a mix of people; but this information will not be shared with anyone.

1 RECORD GENDER:

Female	<input type="checkbox"/>
Male	<input type="checkbox"/>

2 What is your medical specialty? [READ LIST]

Family Physician	<input type="checkbox"/>
General Internist	<input type="checkbox"/>
General Practitioner Hospitalist	<input type="checkbox"/>
Med-Peds (Combined Internal Medicine & Pediatrics)	<input type="checkbox"/>
Other (Please Specify)	<input type="checkbox"/>

3 Do you have a subspecialty? [If yes] What is it? [RECORD ON LINE BELOW:

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

4. What year did you complete medical school? _____
5. What was the name of your medical school? _____
6. What year did you complete your residency? _____
7. Is your primary responsibility direct patient care?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

8. On average, how many hours per week do you spend in direct patient care? _____

9. Do you work or are you affiliated with any of the following?

State or local government agency such as Public Health Department	<input type="checkbox"/>
Federal government agency, such as the Veterans Administration	<input type="checkbox"/>
Academic Institution	<input type="checkbox"/>
Private Corporation such as Pharmaceutical Companies, Research Lab	<input type="checkbox"/>

10. Which best describes your practice setting?

Solo practice	<input type="checkbox"/>
Single specialty group practice	<input type="checkbox"/>
Multi-specialty group practice	<input type="checkbox"/>
Staff Model Health Maintenance Organization or HMO	<input type="checkbox"/>
Other model HMO, Managed Care Organization	<input type="checkbox"/>
Network managed care systems such as PPOs	<input type="checkbox"/>
Mixed model practice	<input type="checkbox"/>
Hospital-based practice	
Locum Tenens or temporary physician employment	<input type="checkbox"/>
Practice seeing patients in a Hospital, Rehab or Nursing home	<input type="checkbox"/>
Other: SPECIFY	<input type="checkbox"/>

11. How many times within the past 6 months have you participated in a focus group or one-on-one interviews related to your professional expertise? [DON'T READ RESPONSE CATEGORY]

None	<input type="checkbox"/>
1 or more	<input type="checkbox"/>

INVITATION

Thank you for answering all of my questions. We would like to invite you to participate in a discussion with other primary care physicians. The purpose of this discussion is to discuss screening guidelines and how they are used in everyday practice. Please note we are advising all focus group participants to use a landline and have a reliable internet connection. The discussion will last approximately 90 minutes.

If you have any questions, please call the physician recruiting coordinator for this research at 1-866-386-6163 extension 499. If you have any questions specifically about the research please contact Cynthia Jorgensen DrPH, CDC Principal Investigator at (404) 718-8534 or cxj4@cdc.gov.

**SEPARATE THIS CONTACT SHEET FROM THE RESET OF THE SCREENER
AND SHRED AT THE END OF THE STUDY**