**ATTACHMENT 1b: RECRUITMENT SCREENER**

**OMB No.** 0920-0572

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**Paperwork Reduction Act Statement:** The public reporting burden for this information collection has been estimated to average 8 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA 0920-0572.

# A 90-Minute Focus Group With

# Nurses, Nurse Practitioners and Physician Assistants Serving Patients

# At Risk for Tuberculosis\*

**[\*NOTE TO RECRUITER: Do NOT reveal to potential focus group participants that the topic of this study is tuberculosis. We do NOT want any participants to do any personal research that may otherwise lead to altered responses regarding their knowledge of and experience with tuberculosis before the focus group discussion.]**

**RECRUITMENT SCREENER**

**Introduction**

Hello. My name is \_\_\_\_\_\_\_\_ and I’m calling from \_\_\_\_\_\_\_\_\_, an independent communications firm.

You indicated that you are interested in participating in a focus group, conducted virtually, to discuss your practices and opinions regarding disease prevention, screening, and identification. **[DO NOT DISCLOSE THE EXACT TOPIC OF DISCUSSION BEFORE THE INTERVIEW.]** The discussion will last approximately 90 minutes. The sole sponsor of this activity is the Centers for Disease Control and Prevention (CDC).

I have a few questions to start. To maintain participants’ confidentiality, we will use first names only during the discussion and your name will not be used in any study materials. CDC is not interested in any of your personal information. We will be asking you a few questions to ensure we are recruiting a mix of people, but the information will not be associated with your specific name.

**IF TERMINATED DURING SCREENING PROCESS READ**: I’m sorry, we already have enough individuals in that category. Thank you very much for your time.

**INTERVIEWER INSTRUCTION**: If individual expresses concern at any point during the screening process, please note their concern and reassure them appropriately. Remind them that their answers and participation will be completely confidential.

**Eligibility Questions**

***[RECRUIT 9 TOTAL PARTICIPANTS PER FOCUS GROUP. WE WILL SEAT 7 PARTICIPANTS. IF MORE THAN 7 PARTICIPANTS SHOW, WE WILL EXCUSE THEM. INDIVIDUALS WHO ARE EXCUSED WILL STILL RECEIVE THE INCENTIVE.]***

|  |  |  |  |
| --- | --- | --- | --- |
| **Audience** | **Los Angeles** | **Houston** | **New York** |
| Nurses, RN and LPN | Recruit for non-prescriber group | Recruit for non-prescriber group |  |
| Nurse Practitioner (NP) or Advanced Practice Nurse (APN) | Recruit for non-prescriber group | Recruit for non-prescriber group | Recruit for prescriber group |
| Physician Assistant | Recruit for prescriber group |  | Recruit for prescriber group |
| **4 Groups** | **1 prescriber group**  **1 non-prescriber group** | **1 non-prescriber group** | **1 prescriber group** |

***[THE FOLLOWING GRID ILLUSTRATES THE REQUIRED RECRUITMENT BY PROVIDER, GROUP, AND LOCATION.]***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Audience** | **Los Angeles** | | **Houston** | **New York** |
|  | *Non-prescriber group* | *Prescriber group* | *Non-prescriber group* | *Prescriber group* |
| Nurse, RN or LPN | RECRUIT 4-5 | N/A | RECRUIT 4-5 | N/A |
| Nurse Practitioner (NP) or Advanced Practice Nurse (APN) | RECRUIT 4-5 | N/A | RECRUIT 4-5 | RECRUIT 4-5 |
| Physician Assistant | N/A | RECRUIT 9 | N/A | RECRUIT 4-5 |

1. **RECORD SEX:**

|  |  |  |
| --- | --- | --- |
| Male | 🞏 | ***RECRUIT A MIX*** |
| Female | 🞏 |

1. What is your age? **[RECORD EXACT AGE:\_\_\_\_\_\_\_\_; DO NOT READ LIST]**

|  |  |  |
| --- | --- | --- |
| 39 or younger | 🞏 |  |
| 40 to 49 | 🞏 |  |
| 50-59 | 🞏 |  |
| 60 or older | 🞏 | ***LIMIT TO MAX 1 PER GROUP*** |

1. In what town or city do you reside? **[RECORD CITY: \_\_\_\_\_\_] MUST RESIDE WITHIN THE NEW YORK CITY, LOS ANGELES OR HOUSTON DMAS**
2. To confirm, are you a licensed, practicing medical practitioner?

|  |  |  |
| --- | --- | --- |
| Yes | 🞏 |  |
| No | 🞏 | ***THANK AND TERMINATE*** |

1. What was the name of the school where you received your training? [**RECORD:**] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[VERIFY WHETHER THE SCHOOL IS IN THE UNITED STATES]

|  |  |  |
| --- | --- | --- |
| In the US: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 |  |
| Outside the US: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 | ***THANK AND TERMINATE*** |

1. Are you a…? **[READ LIST]**

|  |  |  |
| --- | --- | --- |
| Nurse, RN or LPN | 🞏 | ***TERMINATE IF NEW YORK*** |
| Nurse Practitioner (NP) or Advanced Practice Nurse (APN) | 🞏 |  |
| Physician Assistant (PA) | 🞏 | ***TERMINATE IF HOUSTON*** |
| Other (Please Specify) | 🞏 | ***THANK AND TERMINATE*** |

1. Do you have authority to write prescriptions?

|  |  |  |
| --- | --- | --- |
| Yes | 🞏 | ***CONTINUE FOR PRESCRIBER GROUPS IN NEW YORK/LOS ANGELES*** |
| No | 🞏 | ***CONTINUE FOR NON PRESCRIBER GROUP IN LOS ANGELES/HOUSTON/NEWYORK*** |

1. And what is the practice area in which you work? [**DO NOT READ**]

|  |  |  |
| --- | --- | --- |
| Internal medicine | 🞏 |  |
| Family medicine and general practice | 🞏 |
| Obstetrics and gynecology | 🞏 | ***THANK AND TERMINATE*** |
| Pediatrics | 🞏 |
| Anesthesiology | 🞏 |
| Allergy and immunology | 🞏 |
| Cardiology and cardiac surgery | 🞏 |
| Colon and rectal surgery | 🞏 |
| Dermatology | 🞏 |
| Emergency medicine | 🞏 |
| Endocrinology | 🞏 |
| Gastroenterology | 🞏 |
| General surgery | 🞏 |
| Hematology/oncology | 🞏 |
| Nephrology | 🞏 |
| Neurology | 🞏 |
| Ophthalmology | 🞏 |
| Orthopedic surgery | 🞏 |
| Otolaryngology (ENT) | 🞏 |
| Physical medicine and rehabilitation | 🞏 |
| Plastic and reconstructive surgery | 🞏 |
| Pulmonary disease/pulmonary and critical care | 🞏 |
| Radiation oncology/oncology | 🞏 |
| Rheumatology | 🞏 |
| Surgery | 🞏 |
| Urology | 🞏 |
| Other: WRITE IN | 🞏 |

1. Is your primary responsibility direct patient care?

|  |  |  |
| --- | --- | --- |
| Yes | 🞏 |  |
| No | 🞏 | ***THANK AND TERMINATE*** |

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

|  |  |  |
| --- | --- | --- |
| 19 hours a week or less | 🞏 | ***THANK AND TERMINATE*** |
| 20 to 39 hours a week | 🞏 |  |
| 40 or more hours per week | 🞏 |  |
| [RECORD ACTUAL HOURS] |  |  |

1. In your practice, approximately what percent of your time is dedicated to **adult** care? **[RECORD EXACT PERCENTAGE: \_\_\_\_\_\_\_]**

|  |  |  |
| --- | --- | --- |
| 50% or more | 🞏 |  |
| Less than 50% | 🞏 | ***THANK AND TERMINATE*** |

1. Are your patients primarily comprised of those in a hospital, rehab facility, assisted living or nursing home?

|  |  |  |
| --- | --- | --- |
| Yes | 🞏 | ***THANK AND TERMINATE*** |
| No | 🞏 |  |

1. Is the primary practice setting you work in a…?  **[READ LIST]**

|  |  |  |
| --- | --- | --- |
| State or local government agency such as Public Health Department | 🞏 | ***THANK AND TERMINATE*** |
| Private community-based health center | 🞏 | ***RECRUIT A MIX*** |
| Federally Qualified Health Center (FQHC) | 🞏 |
| Private practice | 🞏 |
| Academic Institution | 🞏 | ***THANK AND TERMINATE*** |
| Private Corporation such as Pharmaceutical Companies, Research Lab | 🞏 | ***THANK AND TERMINATE*** |
| None | 🞏 | ***THANK AND TERMINATE*** |

1. Which best describes your practice setting?

|  |  |  |
| --- | --- | --- |
| Solo practice | 🞏 |  |
| Single specialty group practice | 🞏 |  |
| Multi-specialty group practice | 🞏 |  |
| Staff Model Health Maintenance Organization or HMO | 🞏 | ***LIMIT TO ONE*** |
| Other model HMO, Managed Care Organization | 🞏 |
| Network managed care systems such as PPOs | 🞏 |  |
| Mixed model practice | 🞏 |  |
| Hospital-based practice | 🞏 | ***THANK AND TERMINATE*** |
| Indigent care facility | 🞏 |  |
| Publicly managed and funded clinic | 🞏 |  |
| Locum Tenens or temporary physician employment | 🞏 | ***THANK AND TERMINATE*** |
| Other: SPECIFY: | 🞏 | ***CONSULT WITH KRC.  HOLD AND RECORD*** |

1. Do you serve any of the following patient populations at your practice?  **[READ LIST]**

|  |  |  |
| --- | --- | --- |
| Indians born in India | 🞏 |  |
| Filipinos born in the Philippines | 🞏 |  |
| Chinese born in mainland China (Mandarin speaking) | 🞏 |  |
| Vietnamese born in Vietnam | 🞏 |  |
| Mexican born in Mexico | 🞏 | ***THANK AND TERMINATE IF SERVING MEXICAN AND/OR GUATEMALAN ONLY*** |
| Guatemalan born in Guatemala | 🞏 |
| None | 🞏 | ***THANK AND TERMINATE*** |

1. You serve **[INSERT LIST OF GROUP(S) FROM Q15].** Altogether, approximately how many **[INSERT LIST OF GROUP(S) FROM Q15]** patients combined do you personally serve each week? **[RECORD EXACT NUMBER: \_\_\_\_\_\_\_]**

|  |  |  |
| --- | --- | --- |
| 19 or less | 🞏 | ***THANK AND TERMINATE*** |
| 20-29 | 🞏 |  |
| 30-39 | 🞏 |  |
| 40+ | 🞏 |  |

1. Does your practice communicate with your patients in other languages besides English? This could include language services, but also patient materials.

|  |  |  |
| --- | --- | --- |
| Yes | 🞏 |  |
| No | 🞏 | ***THANK AND TERMINATE*** |

1. Does your practice communicate with your patients in any of the following languages?

|  |  |  |
| --- | --- | --- |
| Hindi | 🞏 |  |
| Tagalog | 🞏 |  |
| Mandarin | 🞏 |  |
| Vietnamese | 🞏 |  |
| Spanish | 🞏 |  |
| Other: SPECIFY | 🞏 |  |
| None | 🞏 | ***THANK AND TERMINATE*** |

1. Specifically, which communication services does your practice offer?

|  |  |  |
| --- | --- | --- |
| Bilingual or multilingual healthcare providers | 🞏 |  |
| Interpreters | 🞏 |  |
| Language lines | 🞏 |  |
| In-language patient education materials | 🞏 |  |
| Other: SPECIFY | 🞏 |  |
| None | 🞏 | ***THANK AND TERMINATE*** |

1. Have any of your patients been diagnosed with any of the following conditions in the last year?

|  |  |  |
| --- | --- | --- |
| Hepatitis A, B, or C | 🞏 |  |
| HIV/AIDS | 🞏 |  |
| Tuberculosis Disease or Latent Tuberculosis Infection | 🞏 |  |
| Diabetes | 🞏 |  |

1. Are you Hispanic, Latino/a, or Spanish origin?

|  |  |  |
| --- | --- | --- |
| No, not of Hispanic, Latino/a, or Spanish origin | 🞏 | ***RECRUIT 3 NON-CAUCASIANS AND 3 MUST BE ASIAN/PACIFIC ISLANDER (Q22) TO CONTINUE*** |
| Yes, Mexican American, Chicano/a | 🞏 |
| Yes, Puerto Rican | 🞏 |
| Yes, Cuban | 🞏 |
| Yes, another Hispanic, Latino/a or Spanish origin | 🞏 |

1. **[IF NO TO Q21]:** What is your race?  **[READ LIST]**

|  |  |  |
| --- | --- | --- |
| White | 🞏 |  |
| Black or African American | 🞏 |  |
| American Indian or Alaska Native | 🞏 |  |
| Asian Indian | 🞏 | **RECRUIT AT LEAST 1 PER GROUP** |
| Chinese | 🞏 | **RECRUIT AT LEAST 1 PER GROUP** |
| Filipino | 🞏 | **RECRUIT AT LEAST 1 PER GROUP** |
| Japanese | 🞏 |  |
| Korean | 🞏 |  |
| Vietnamese | 🞏 | **RECRUIT AT LEAST 1 PER GROUP** |
| Other Asian | 🞏 |  |
| Native Hawaiian | 🞏 |  |
| Guamanian or Chamorro | 🞏 |  |
| Samoan | 🞏 |  |
| Other Pacific Islander | 🞏 |  |

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

|  |  |  |
| --- | --- | --- |
| None | 🞏 |  |
| 1 or more | 🞏 | ***THANK AND TERMINATE*** |

**INVITATION**

Thank you for answering all of my questions. As I mentioned, we respect your privacy and understand this information is confidential. We asked these questions because we want to speak with a wide variety of people who can review important information and provide their feedback. Based on your answers to the questions, we would like to invite you to participate in a focus group discussion that will be approximately 90 minutes.

You will receive $75 as a token of appreciate for your participation, which will be provided to you after you complete the discussion.

All of your feedback will be confidential, reported in the aggregate only, never in association with your name or identity. To make sure we capture your remarks accurately, we will audio and video-record the discussion. The purpose of the recording is to make sure we report accurately, but without any personally identifying information.

Is this discussion something you are interested in and comfortable with?

|  |  |  |
| --- | --- | --- |
| Yes | 🞏 | ***SHARE DATE AND TIME OF GROUP*** |
| No | 🞏 | ***THANK AND TERMINATE*** |

Additionally, groups are virtual, meaning that you can participate from the comfort of your home, but you will need to be in front of a computer with internet access so you can review information, as well as on a telephone. To better simulate an in-person group, you would also need to be visible to the other participants via web camera. If you do not have a web camera on your computer that streams images in real time or a web camera, we will send you an external one. Someone will call you before the group to help you get set up with the web camera and make sure all the technology needed for the discussion is working properly.

Is this something you are interested in and comfortable with?

|  |  |  |
| --- | --- | --- |
| Yes |  |  |
| No |  | ***THANK AND TERMINATE*** |

**FOR SCHEDULED PARTICIPANTS:**

The discussion has been scheduled on *Month Day, 2019 at X:XX a.m./p.m. -- X:XX a.m./p.m*. Before your scheduled session, we will send you a confirmation text and/or email with all the required logistical and technology information. And, we will call you the day before the discussion session to make sure that your computer, webcam and phone are working properly.

If you wear reading glasses or use a hearing aid, please remember to bring those to the discussion session. Some of our activities will involve reading.

If you must cancel, please let us know immediately, so we can find someone to take your place. My name is \_\_\_\_\_\_\_\_\_\_\_ and you can reach me at \_\_\_\_\_\_\_\_\_\_\_\_\_.