

ATTACHMENT 1b: RECRUITMENT SCREENER

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**A 60-Minute Interview With
Physicians Serving Patients
At Risk for Tuberculosis***

[*NOTE TO RECRUITER: Do NOT reveal to potential interview 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.]

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

You indicated that you are interested in participating in a one-on-one conversation, 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 1 hour. The sole sponsor of this activity is 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 FOUR INTERVIEWS PER CITY, FOR A TOTAL OF 12 PARTICIPANTS.]

1. RECORD SEX:

Male	<input type="checkbox"/>	RECRUIT 2-3 MALES AND 1-2 FEMALES PER LOCATION
Female	<input type="checkbox"/>	

2. What is your age? [RECORD EXACT AGE: _____; DO NOT READ LIST]

39 or younger	<input type="checkbox"/>	RECRUIT A MIX
40-49	<input type="checkbox"/>	
50-59	<input type="checkbox"/>	
60 or older	<input type="checkbox"/>	LIMIT TO 1 PER LOCATION

3. In what town or city do you reside? [RECORD CITY: _____] MUST RESIDE WITHIN THE NEW YORK CITY, LOS ANGELES OR HOUSTON DMAS

4. To confirm, are you a board certified, practicing MD or DO?

MD (Medical Doctor)	<input type="checkbox"/>	
DO (Doctor of Osteopathic Medicine)	<input type="checkbox"/>	THANK AND TERMINATE

5. What is your medical specialty? **[READ LIST]**

Family Physician	<input type="checkbox"/>	RECRUIT A MIX
General Internist	<input type="checkbox"/>	
General Practitioner	<input type="checkbox"/>	
Med-Peds (Combined Internal Medicine & Pediatrics)	<input type="checkbox"/>	
Hospitalist	<input type="checkbox"/>	THANK AND TERMINATE
Other (Please Specify)	<input type="checkbox"/>	CONSULT WITH KRC. HOLD AND RECORD

6. Is your primary responsibility direct patient care?

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	THANK AND TERMINATE

7. On average, how many hours per week do you spend in direct patient care? **[RECORD ACTUAL HOURS: _____]**

19 hours a week or less	<input type="checkbox"/>	THANK AND TERMINATE
20 to 39 hours a week	<input type="checkbox"/>	
40 or more hours per week	<input type="checkbox"/>	

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

50% or more	<input type="checkbox"/>	
Less than 50%	<input type="checkbox"/>	THANK AND TERMINATE

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

Yes	<input type="checkbox"/>	THANK AND TERMINATE
No	<input type="checkbox"/>	

10. Do you have a subspecialty? **[IF YES]** What is it? *[RECORD]*

Yes	<input type="checkbox"/>	<i>RECORD:</i> TERMINATE if Gerontology
No	<input type="checkbox"/>	

11. **[IF YES:]** What percent of your practice is dedicated to your subspecialty? _____ *RECORD;*
MUST BE LESS THAN 50%; IF 50% OR MORE, THANK AND TERMINATE

12. What year did you complete medical school? **[RECORD:]** _____

13. What was the name of your medical school where you received your training?
[RECORD:] _____

[VERIFY WHETHER THE MEDICAL SCHOOL IS IN THE UNITED STATES]

In the US: _____	<input type="checkbox"/>	
Outside the US: _____	<input type="checkbox"/>	THANK AND TERMINATE

14. In approximately what year did you complete your (first) residency that is associated with your role as a primary care physician? **[RECORD:]** _____

If year is 2015 or later	<input type="checkbox"/>	THANK AND TERMINATE
Between 1980 and 2014	<input type="checkbox"/>	
If year is 1979 or earlier	<input type="checkbox"/>	LIMIT TO 1 PER LOCATION

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

State or local government agency such as Public Health Department	<input type="checkbox"/>	THANK AND TERMINATE
Private community-based health center	<input type="checkbox"/>	RECRUIT A MIX
Federally Qualified Health Center (FQHC)	<input type="checkbox"/>	
Private practice	<input type="checkbox"/>	
Academic Institution	<input type="checkbox"/>	THANK AND TERMINATE

Private Corporation such as Pharmaceutical Companies, Research Lab	<input type="checkbox"/>	THANK AND TERMINATE
None of the above	<input type="checkbox"/>	THANK AND TERMINATE

16. 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"/>	LIMIT TO ONE
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	<input type="checkbox"/>	THANK AND TERMINATE
Indigent care facility	<input type="checkbox"/>	
Publically managed and funded clinic	<input type="checkbox"/>	
Locum Tenens or temporary physician employment	<input type="checkbox"/>	THANK AND TERMINATE
Other: SPECIFY:	<input type="checkbox"/>	CONSULT WITH KRC. HOLD AND RECORD

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

Indians born in India	<input type="checkbox"/>	
Filipinos born in the Philippines	<input type="checkbox"/>	

Chinese born in mainland China (Mandarin speaking)	<input type="checkbox"/>	
Vietnamese born in Vietnam	<input type="checkbox"/>	
Mexican born in Mexico	<input type="checkbox"/>	THANK AND TERMINATE IF SERVING MEXICAN AND/OR GUATEMALAN ONLY
Guatemalan born in Guatemala	<input type="checkbox"/>	
None	<input type="checkbox"/>	THANK AND TERMINATE

18. You serve **[INSERT LIST OF GROUP(S) FROM Q17]**. Altogether, approximately how many **[INSERT LIST OF GROUP(S) FROM Q17]** patients combined do you personally serve each week? **[RECORD EXACT NUMBER: _____]**

19 or fewer	<input type="checkbox"/>	THANK AND TERMINATE
20-29	<input type="checkbox"/>	
30-39	<input type="checkbox"/>	
40 or more	<input type="checkbox"/>	

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

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	THANK AND TERMINATE

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

Hindi	<input type="checkbox"/>	
Tagalog	<input type="checkbox"/>	
Mandarin	<input type="checkbox"/>	
Vietnamese	<input type="checkbox"/>	
Spanish	<input type="checkbox"/>	
Other: SPECIFY	<input type="checkbox"/>	
None	<input type="checkbox"/>	THANK AND TERMINATE

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

Bilingual or multilingual healthcare providers	<input type="checkbox"/>	
Interpreters	<input type="checkbox"/>	
Language lines	<input type="checkbox"/>	
In-language patient education materials	<input type="checkbox"/>	
Other: SPECIFY	<input type="checkbox"/>	
None	<input type="checkbox"/>	THANK AND TERMINATE

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

Hepatitis A, B, or C	<input type="checkbox"/>	
HIV/AIDS	<input type="checkbox"/>	
Tuberculosis Disease or Latent Tuberculosis Infection	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	

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

No, not of Hispanic, Latino/a, or Spanish origin	<input type="checkbox"/>	
Yes, Mexican American, Chicano/a	<input type="checkbox"/>	
Yes, Puerto Rican	<input type="checkbox"/>	
Yes, Cuban	<input type="checkbox"/>	
Yes, another Hispanic, Latino/a or Spanish origin	<input type="checkbox"/>	

24. [IF NO TO Q23]: What is your race? [READ LIST] **RECRUIT 1 NON-WHITE**

White	<input type="checkbox"/>	
Black or African American	<input type="checkbox"/>	

American Indian or Alaska Native	<input type="checkbox"/>	
Asian Indian	<input type="checkbox"/>	
Chinese	<input type="checkbox"/>	
Filipino	<input type="checkbox"/>	
Japanese	<input type="checkbox"/>	
Korean	<input type="checkbox"/>	
Vietnamese	<input type="checkbox"/>	
Other Asian	<input type="checkbox"/>	
Native Hawaiian	<input type="checkbox"/>	
Guamanian or Chamorro	<input type="checkbox"/>	
Samoan	<input type="checkbox"/>	
Other Pacific Islander	<input type="checkbox"/>	

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

None	<input type="checkbox"/>	
1 or more	<input type="checkbox"/>	<i>THANK AND TERMINATE</i>

INVITATION

Thank you for answering all of my questions. As I mentioned, we respect your privacy and understand this information is confidential, and we will not disclose this information to anyone. 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 one-hour virtual interview.

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

All of your feedback will be anonymous and 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-record the interview. The purpose of the audio 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	<input type="checkbox"/>	SHARE DATE AND TIME OF INTERVIEW
No	<input type="checkbox"/>	THANK AND TERMINATE

Additionally, the interview is 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. Someone will call you before the group to make sure all the technology needed for the discussion is working properly.

Is this something you are interested in and comfortable with?

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	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 with all the required logistical and technology information. And, we will call you the day before the interview to make sure that your computer and phone are working properly.

If you wear reading glasses or use a hearing aid, please remember to bring those to the interview. 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 _____.