FINAL - DHQP and NCEZID cleared.

**Antibiotic Use Educational Effort – Recruitment Screener**

**Healthcare Provider (HCP) – Dentists**

Hello. My name is\_\_\_\_\_\_\_\_\_\_ and I work for [recruiting firm]. We are working with ICF, a consulting firm in Atlanta, Georgia, and the Centers for Disease Control and Prevention (CDC) to gather feedback from healthcare providers on CDC materials for a specific health topic. The interview will be online and last about one hour.

Do you think that you might be interested in participating in this type of interview?

* **Yes**
* No (Thank person for their time and end the conversation)

May I ask you a few questions in order to determine whether you are a good fit to participate in the interview?

* **Yes**
* No (Thank person for their time and end the conversation)

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| **NOTE TO RECRUITER:** Please terminate individuals as soon as they provide a response that makes them ineligible for participation. Please use the termination script below:  *“We appreciate your willingness to answer each of the questions. Unfortunately, you do not meet all of the required criteria to participate in the interview. Thank you for your time.”*  For those who are eligible for participation, move on to the next question.  **Record and keep all screened data.** |

1. Are you a licensed DDS or DMD currently working in **general dentistry**?

* **Yes**
* No [including for specialists (e.g. pediatric dentists, orthodontists, periodontists)] (Thank person for their time, read termination script, and end the conversation.)

How many years have you been working as a dentist? \_\_\_\_\_\_ years **(recruit a mix, if possible)**

* + Less than 1 year (Thank person for their time, read termination script, and end the conversation.)
  + **1 – 10 years**
  + **More than 10 years**

1. How would you describe your primary role as a dentist?

* **Direct care provider**
* Administrator (Thank person for their time, read termination script, and end the conversation.)
* Academic researcher(Thank person for their time, read termination script, and end the conversation.)

1. Do you work in the VA health system?

* Yes (Thank person for their time, read termination script, and end the conversation.)
* **No**

1. In what type of dentistry practice/clinic do you work? **(recruit a mix, if possible)**

* **Independently owned and operated practice**
* **Corporate dental chain**
* **Academic- or university-affiliated practice (Can recruit 1)**
* Other (Thank person for their time, read termination script, and end the conversation.)

1. What age patients do you see?

* **Adults only**
* **Adults and children**
* Children/pediatric patients only (<18 years of age) (Thank person for their time, read termination script, and end the conversation.)

1. What state do you work in? **(Recruit a mix of locations; including from a mix of urban and rural areas within the state)**
   * **Alabama**
   * **Arkansas**
   * **Georgia**
   * **Iowa**
   * **Kentucky**
   * **Louisiana**
   * **Mississippi**
   * **Missouri**
   * **Nebraska**
   * **Tennessee**
   * **Texas**
   * **West Virginia**
   * Other (Thank person for their time, read termination script, and end the conversation.)
2. Do you have access to a phone, computer, and reliable internet to participate in the discussion?
   * Yes
   * No (Thank person for their time, read termination script, and end the conversation.)
3. Thank you for answering those questions. You are eligible to participate in the interview. We will provide a $XX token of appreciation for participating in this discussion. Are you still interested in participating?
   * **Yes**
   * No (Thank person for their time, read termination script, and end the conversation.)

I’m glad that you are willing to participate! I have just a couple more questions and then will need to find the best time to schedule the discussion.

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| **NOTE TO RECRUITER:** Questions 9-13 do not affect eligibility, but aim to recruit a mix of participants by response category when noted. |

1. Are you the owner or part owner of the practice?
   * Yes
   * No
2. What is your sex?

* Male
* Female
* Did not provide a response (Do not read as a response option)

1. Would you describe yourself as Hispanic or Latino?

* Yes
* No
* Did not provide a response (Do not read as a response option)

1. How would you describe your racial background? Select all that apply. **(recruit a mix, if possible)**

* American Indian or Alaska Native
* Asian
* Black or African American
* Native Hawaiian or other Pacific Islander
* White
* Did not provide a response (Do not read as a response option)

1. Are you available at any of the following dates and times?

\*Actual dates and timeslots TBD – dependent on CDC/ICF/moderator availability.

Thank you. We will send you an invitation with a link to join the interview online and a telephone number to call in. Please join online AND dial in at your scheduled time. Now, please confirm the following contact information:

|  |  |
| --- | --- |
| **Name** |  |
| **Mailing Address** |  |
| **Home Telephone** |  |
| **Cell Phone** |  |
| **Email** |  |

We will send reminders about this interview to your phone and email address. We will send you a confirmation notification via email, mail, and/or mobile device. Two days before the interview, we will send you a reminder email along with an informed consent form. Please read this form and return a signed copy before the scheduled interview. The day before the interview, we will call to remind you about this interview and send a reminder via text message. After the interview is over, we will send your token of appreciation to the mailing address that you provided.

Thank you for your time. Please contact [Recruiter] at [Phone Number] if you have questions or if your plans change and you are no longer able to participate in the discussion. Otherwise, we’ll look forward to talking with you on [Month/Day/Year] at [Time].