

FINAL - DHQP and NCEZID cleared.

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## ANTIBIOTIC USE EDUCATIONAL EFFORT - RECRUITMENT SCREENER HEALTHCARE PROVIDER (HCP) - HOSPITALISTS

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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.)

**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 MD or DO currently serving as a hospitalist as your full-time role?
  - Yes
  - No (Thank person for their time, read termination script, and end the conversation.)
  
2. How many years have you been working as a hospitalist? \_\_\_\_\_ years
  - Less than 1 year (Thank person for their time, read termination script, and end the conversation.)
  - 1 – 10 years
  - More than 10 years

Public reporting burden of this collection of information is estimated to average 5 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. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. 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: PRA 0920-0572

3. Would you describe your primary role as an administrator or as a direct care provider to patients?
  - Administrator (Thank person for their time, read termination script, and end the conversation.)
  - Direct care provider**
  
4. Do you work exclusively in an inpatient setting?
  - Yes**
  - No (Thank person for their time, read termination script, and end the conversation.)
  
5. Are you a pediatric hospitalist?
  - Yes (Thank person for their time, read termination script, and end the conversation.)
  - No**
  
6. What is the size of the hospital in which you work? (**recruit a mix**)
  - Less than 50 beds
  - 51-200 beds
  - More than 200 beds
  
7. 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.)
  
8. 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 conversation.)
  
8. 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.

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

9. Are you a nocturnist or a hospitalist who works night shifts only?

- Yes (**recruit 1-2**)
- No

10. Do you work in an academic setting? (**recruit a mix of hospitalists from academic and non-academic settings, if possible**)

- Yes
- No

11. What is your sex?

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

12. Would you describe yourself as Hispanic or Latino?

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

13. How would you describe your racial background? Select all that apply.

- 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**)

14. 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:

<b>Name</b>	
<b>Mailing Address</b>	
<b>Home Telephone</b>	
<b>Cell Phone</b>	
<b>Email</b>	

We will send reminders about this interview to you. 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 after the interview is over 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].