

Form Approved
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Virtual Focus Groups with Primary Care Physicians and OBGYNs:
Attitudes about Proposed Hepatitis C Screening Guidelines
DVH 2019

Generic Information Collection under Formative Research and Tool Development
OMB #0920-0840

Attachment #3

Recruitment Screener

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RECRUITMENT SCREENER

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Text for telephone screening:

Hello. My name is _____ and I'm calling from Reckner. You indicated that you are interested in participating in a virtual focus group. We have an upcoming group to discuss your practices and opinions regarding screening guidelines. The group will be conducted by KRC Research. 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.

INTERVIEWER INSTRUCTION: If respondent expresses concern at any point during the interview, please note their concern and discuss with the sponsor. Remind them that their answers and participation will be completely confidential.

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Recruiter: _____

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

Screening questions to be read or filled out online.

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	<input type="checkbox"/>
Med-Peds (Internal Medicine & Pediatrics)	<input type="checkbox"/>
Obstetrician/Gynecologist	<input type="checkbox"/>
If OB/GYN, confirm they are actively practicing obstetrics.	<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	<input type="checkbox"/>
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. Do you accept Medicaid?

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

12. 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 virtual focus group discussion with other physicians. The purpose is to discuss screening guidelines and how they are used in everyday practice. The discussion will last approximately 75 minutes.

You will receive [\$100] as a token of appreciate for your participation, which we will provide to you in the form or a check or gift card after your participation in the group.

The groups are virtual, meaning that you can participate from the comfort of your home or office, 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. We advise all focus group participants to use a landline and have reliable internet connection. To better simulate an in-person group, you will need to be visible to the other participants via web camera. If you do not have a video camera on your computer that streams images in real time or a webcam, we will send you an external one. We can call you before the group to help you get set up with the webcam and make sure all the technology needed for the discussion is working properly.

This study is for research purposes only, and all of your feedback during the group will be confidential, reported in the aggregate only. To preserve the integrity of your remarks for accurate reporting, the discussion will be recorded.

Is this something you are interested in and comfortable with?

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

Great! I'm going to read you the times and dates we have open. Please let me know which ones works best with your schedule. [INSERT SCHEDULE]

Do you have a video camera or webcam on your computer that streams images in real time?

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

We will send a confirmation letter confirming the details.

If you have any questions, please call the physician recruiting coordinator for this research at 1-866-386-6163 extension 499.