

Screening Questions for Potential Focus Group Participants

Form Approved
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Public reporting burden of this collection of information is estimated to average 3 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

The Centers for Disease Control and Prevention (CDC) is conducting a formative research study exploring clinician experiences with the diagnosis, treatment, and management of traumatic brain injury (TBI) in rural settings. This study is authorized by Section 301 of the Public Health Service Act (42 U.S.C.241), which provides the legislative means for CDC to conduct research to advance public health across the lifespan and to reduce health disparities. CDC is collaborating with the Walsh Center for Rural Health Analysis at NORC at the University of Chicago (NORC)—a not-for-profit research organization—to conduct this study.

We would like to confirm that you are eligible to participate in a focus group for this study. Please answer the following questions.

1. What is your profession?
 - Physician (MD, DO)
 - Nurse Practitioner
 - Physician Assistant
 - Other (specify) [NOT ELIGIBLE]

2. What is your primary specialty? (PLEASE SELECT ONE)
 - Family Medicine
 - General Practice
 - Internal Medicine
 - Pediatrics
 - Emergency Medicine
 - Other primary specialty (SPECIFY) _____ [NOT ELIGIBLE]
 - Not applicable, no license or certified specialty [NOT ELIGIBLE]

Attachment 5. Focus Group Screening Questions

3. How would you describe the health care setting you practice in? (SELECT ALL THAT APPLY)
- Emergency Department
 - Primary Care Practice
 - Other (SPECIFY) _____ [NOT ELIGIBLE]
4. What is the State and County in which you practice most of the time (e.g., more than 50% of your time)?
- State: _____
- County: _____
- [VERIFY THAT COUNTY IS DESIGNATED AS MICROPOLITAN OR NON-CORE.ⁱ IF NOT, NOT ELIGIBLE]

ⁱ As defined by the NCHS Urban-Rural Classification Scheme for Counties.