**Division of Overdose Prevention Website Usability Evaluation**

**Website Usability Testing Screener - Healthcare providers**

 OMB Control No. 0920-1050

 Exp. Date 05/31/2022

Public reporting burden of this collection of information is estimated to average 5 minutes per respondent. 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 (0920-1050).

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| **Site** | **URL** |
| *Acute Pain Tool*  | <https://www.cdc.gov/acute-pain/> |
| Opioid Overdose Information for Providers  | https://www.cdc.gov/drugoverdose/providers/index.html |

**Introduction**

We are conducting usability tests on behalf of the Centers for Disease Control and Prevention (CDC). The purpose of these usability tests is to get feedback on a CDC website.

These online interviews will take about 45 minutes.

Please answer the following questions to see if you are eligible to participate.

## Acute Pain Tool Site - Opioid Overdose Information for Providers Site

1. Are you a healthcare professional?
	1. Yes (CONTINUE)
	2. No (TERMINATE)
2. What is your occupation?
	1. Physician
	2. Physician Assistant or Nurse Practitioner
	3. Nurse
	4. Midwife
	5. Dentist (skip to #4)
	6. Pharmacist (skip to #4)
	7. Other (TERMINATE)
3. What is your specialty?
	1. Family or General medicine
	2. Urgent care
	3. Internal medicine
	4. Obstetrics/Genecology
	5. Pain management
	6. Orthopedic
	7. Rheumatology
	8. Physiatry or Rehabilitation
	9. Other (specify)
4. How old are you?
	1. 17 years and younger (TERMINATE)
	2. 18 to 24 years (CONTINUE)
	3. 25 to 34 years (CONTINUE)
	4. 35 to 44 years (CONTINUE)
	5. 45 to 54 years (CONTINUE)
	6. 55 to 64 years (CONTINUE)
	7. 65 and older (CONTINUE)
5. Which state do you currently live in?
6. Over the past year, have you or someone you work with prescribed opioids to patients?
7. Yes (CONTINUE)
8. No (TERMINATE)
9. Do not know/Refuse to answer (TERMINATE)
10. Ethnicity
	1. Hispanic or Latino
	2. Not Hispanic or Latino
11. Race (select all that apply):
	1. American Indian or Alaska Native
	2. Asian
	3. Black or African American
	4. Native Hawaiian or Other Pacific Islander
	5. White
12. What sex were you assigned at birth, on your original birth certificate?
	1. Male
	2. Female
	3. Refused
	4. I don’t know

1. Have you ever worked for any of the following?

|  | Yes | **No** | **Do not know/Refuse to answer** |
| --- | --- | --- | --- |
| 1. In marketing, advertising, public relations, digital media, or any other communication field
 | (TERMINATE) | (CONTINUE) | (TERMINATE) |
| 1. In public health, or with individuals with substance use disorders
 | (TERMINATE) | (CONTINUE) | (TERMINATE) |
| 1. Pharmaceutical companies
 | (TERMINATE) | (CONTINUE) | (TERMINATE) |
| 1. Any federal agency
 | (TERMINATE) | (CONTINUE) | (TERMINATE) |

1. Do you have access to a computer with high-speed internet (e.g., not dial-up) that you can use to participate in the interview and view the website?
2. Yes (CONTINUE)
3. No (TERMINATE)

## Invitation

ELIGIBLE: Based on your responses you are eligible to participate in the usability testing. Your input will help us improve the website. Your participation will be very important.

* Please provide an email address and phone number best to reach you so we may set up a date/time for the interview:

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INELIGIBLE: Unfortunately, you are not eligible to participate. Thank you for your interest.