**Attachment 5a: Interview and Focus Group Respondent Information Form**

**Respondent Information for Interview and Focus Group Participants**

1. Please provide the names and contact information for two to three individuals to receive the Key Informant Interview. These individuals may be the Oncology Service Line Administrator, Director of Quality Improvement, Psychosocial Service Coordinator, or someone who is knowledgeable about distress screening policies and practices at your healthcare facility.

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| Name | Title | Email | Phone number |
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1. Please provide the names and contact information for two or three individuals under each position/title to participate in a Focus Group. We are looking for individuals who interface with distress screening processes on a day-to-day basis.

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| Position/Title | Name | Email | Phone number |
| Oncology Social Worker |  |  |  |
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| Physician |  |  |  |
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| Mid-level Nurse Practitioner/Physician’s assistant |  |  |  |
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| Clinical Nurse |  |  |  |
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| Mental Health Professional |  |  |  |
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| Palliative Care Consult |  |  |  |
|  |  |  |
| Spiritual Care Consult |  |  |  |
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| Dietician |  |  |  |
| Pharmacist |  |  |  |
| Other |  |  |  |
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