## Appendix B – Individual Respondent Characteristics (Providers)

**Diagnostic Safety Capacity Building – TeamSTEPPS® Resource**

Form Approved
OMB No. xxxx-xxxx
Exp. Date xx/xx/20

Please complete the following information about yourself. This document is completed at the time of recruitment/interview/focus group

**Individual Respondent Characteristics Survey (Provider)**

|  |  |
| --- | --- |
| **Characteristic** | **Response Option\*** |
| **Participant Category** | * Provider
* Staff
* Administrator
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Sex** | * Male
* Female
 |
| **Race** | Check all that apply:* White
* Black or African American
* American Indian or Alaska Native
* Asian
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Ethnicity** | * Hispanic or Latino
* Not Hispanic or Latino
 |
| **Education Level** | * Elementary
* High School Diploma
* Some College
* Associate degree
* Bachelor’s degree
* Master’s degree
* Professional Degree
* Doctorate
 |
| **Age** | Age (years): \_\_\_\_\_\_\_\_\_\_\_ |
| **Location** | City, State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Setting Type** | * Office-based practice
	+ Primary Care
	+ Specialty Care
	+ FQHC
	+ Multispecialty
* Urgent Care Center
* Skilled Nursing Facility
* Hospital
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| \*Each characteristic must include an option for did not respond/did not provide an answer |

