

Access, Exchange, and Use of Social Determinants of Health Data in Clinical Notes (SDOH)

Clinicians and Healthcare Professionals Prescreening Questionnaire

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0955-XXXX. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.

PRESCREENING QUESTIONNAIRE-Clinicians and Healthcare Professionals

What is your name?

What is your email address?

What is your phone number?

What is your zip code?

What is your race? (can pick more than 1)

White

Black or African American

American Indian or Alaska Native

Asian

Native Hawaiian or other Pacific Islander

Other: _____

Prefer not to answer

Are you of Hispanic, Latino, or Spanish ethnicity?

Yes

No

Prefer not to answer

How do you describe yourself?

Female

Male

Transgender

Do not identify as female, male or transgender

Prefer not to answer

Are you a physician?

Yes

No

(if yes) In what specialty are you licensed to practice? (can choose more than 1)

Internal medicine/Primary care (adult)

Pediatrics

Emergency medicine

Surgery

Psychiatry

Other: _____

(if no)

Are you a: (can choose more than 1)

Registered nurse
Physician assistant
Advanced practice registered nurse
Licensed social worker
Emergency management technician
Psychologist
Physical therapist
Occupational therapist
Registered dietician nutritionist
Other: _____

Do you have any of the following roles within your organization? (can choose more than 1)

Care or case manager
Discharge planner
Community resource specialist

Which of the following best describes the setting where you provide care? (can choose more than 1)

Academic/Teaching hospital (or affiliated outpatient practice)
Private or Public Community-based hospital (or affiliated outpatient practice)
Public, Safety Net Hospital (or affiliated outpatient practice)
Private practice no hospital affiliation
Federally qualified health center
Community-based social services organization
Community-based behavioral health organization
Emergency services organization

Which of the following best describes the location where you work?

Urban
Suburban
Rural

What is the size of your organization?

Solo practice or 2 clinician practice
Small group practice (10 or fewer clinicians)
Multispecialty practice with more than 10 clinicians
Other: _____

