## 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 | |

