## Appendix A – Individual Respondent Characteristics

**Diagnostic Safety Capacity Building – Calibration 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.

**Individual Respondent Characteristics Survey**

|  |  |
| --- | --- |
| **Characteristic** | **Response Option\*** |
| **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 |
| **Age in years** |  |
| **Professional Background** | * Physician (MD/DO) * Physician Assistant * Nurse Practitioner |
| **Specialty and/or board certification(s)** |  |
| **Number of years in practice (since licensure)** |  |
| **Location** | City, State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Practice Setting(s)** | * Office-based practice   + Primary Care   + Specialty Care   + FQHC   + Multispecialty * Urgent Care Center * Emergency Room * Hospital * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Organization type** |  Academic medical center   Other not-for-profit   For-profit |
| **Do you hold an academic appointment or affiliation?** | * Yes * No |
| **Are you involved in training learners in your discipline (e.g., medical students, interns, residents, and/or fellows)?** | * Yes * No |
| \*Each characteristic must include an option for did not respond/did not provide an answer | |

