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CureTB Partner Feedback

Please tell us about your experience working with CureTB for this current referral with this survey that should take less than 10 minutes. You will receive a link to this survey for each patient you refer to CureTB. Your feedback will help us improve working with our partners. This feedback is completely voluntary, and all questions are optional. You may answer the survey multiple times. Do not include personal information (PII) about yourself or a specific patient in this questionnaire. If you have questions or would like to discuss a particular patient, please contact the CureTB program at curetb@cdc.gov.

1 Did you have any challenges contacting CureTB to make this current referral? No *If yes, question 2 will appear.*
 Yes *If no, next question is 6.*

2 What method did you use to contact CureTB? Phone *If other, question 3 & 4 will appear.*
 Email
 Fax *If any other option selected, next question is 4.*
 Other

3 Please specify the method you used to contact CureTB.

4 What challenge or challenges did you face? (Select all that apply.) Difficult to find the CureTB contact information
 Delayed response from CureTB
 Initial CureTB contact information was inaccurate
 Other *If any selected, question 5 will appear.*

5 Please tell us more about the challenge(s) you faced contacting CureTB.

6 Did you have any challenges sending the referral form to CureTB? No *If yes, questions 7 will appear.*
 Yes *If no, next question is 9.*

7 What challenge or challenges did you face? (Select all that apply.) Difficult to find the CureTB referral form
 Not sure of the best way to send the CureTB referral form
 Difficult to find the CureTB email address
 Did not have all the information to complete the CureTB referral form
 Difficulty sending a HIPAA compliant referral
 Other *If any selected, question is 8 will appear.*

8 Please tell us more about the challenge(s) you faced making a referral to CureTB.

- 9 Did you receive a prompt call from a CureTB referral manager after sending your referral form? No *If no, question 10 will appear.*
 Yes *If yes, next question is 11.*
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- 10 Please tell us more about the delay in receiving a call from a CureTB referral manager. _____
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- 11 Was the information provided by the CureTB referral manager explained clearly? Yes *If no or partially, question 12 will appear.*
 Partially
 No *If yes, next question is 13.*
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- 12 Please tell us what would have made the information more clear. _____
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- 13 Was the CureTB referral manager helpful? Yes *If no or partially, question 14 will appear.*
 Partially
 No *If yes, next question is 15.*
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- 14 Please tell us how the CureTB referral manager could have been more helpful. _____
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- 15 What suggestions do you have for improving the CureTB referral process? _____
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- 16 How many referrals have you sent to CureTB in the last 12 months? This is my first CureTB referral
 1-5 referrals
 6-10 referrals
 More than 10 referrals

CDC estimates the average public reporting burden for this collection of information as 10 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1186).