## 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 |

