## 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 and will take approximately 15 minutes to complete. Participation in the survey is voluntary.

**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
* Native Hawaiian or Other Pacific Islander
 |
| **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 |

This survey is authorized under 42 U.S.C. 299a. The confidentiality of your responses to this survey is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)].  Information that could identify you will not be disclosed unless you have consented to that disclosure. Public reporting burden for this collection of information is estimated to average 15 minutes per response, the estimated time required to complete the survey. 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: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 5600 Fishers Lane, Room #07W42, Rockville, MD 20857.