

WS-CDC ARX - Focus Group Screener

Form Approved
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Antimicrobial Resistance Communications and Media Support Services Focus Group Screener for Healthcare Providers *February 20, 2024 V4*

Introduction

Hello. My name is _____ and I'm calling from _____, an independent communications firm.

You indicated that you are interested in participating in a group discussion, conducted virtually, to discuss your experiences and opinions regarding some health topics. **[DO NOT DISCLOSE THE EXACT TOPIC OF DISCUSSION BEFORE THE INTERVIEW.]** The discussion will last up to 1 hour and 30 minutes. This activity is supported by the U.S. Centers for Disease Control and Prevention and focus groups are being conducted by their contractual partner KRC Research.

I have a few questions to start. But first, to maintain participants' confidentiality, we will use first names only during the focus group and your name will not be used in any study materials. CDC will not receive any personally identifying information that you provide. We will be asking you a few questions to ensure we are recruiting a variety of people, but the information will not be associated with your specific name.

IF TERMINATED DURING SCREENING PROCESS, READ: I'm sorry, we already have enough individuals in that category. Thank you very much for your time.

INTERVIEWER INSTRUCTION: If individual expresses concern at any point during the screening process, please note their concern and reassure them appropriately. Remind them that their participation is voluntary, and both their answers and participation will be completely confidential.

Name: _____

Address (residence): _____

City, State, Zip: _____

Phone: _____

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data 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 Reports Clearance Officer, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA 0920-1154



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Email: _____

Recruiter: _____

**SEPARATE CONTACT SHEET FROM THE REST OF THE SCREENER AND SHRED
AT THE END OF THE PROJECT.**

Recruit Summary

Group	Audience	Number to Recruit
1	Primary care physicians	8
2	Primary care physician assistants/associates (PAs) & nurse practitioners (NPs)	8
3	Hospitalist physicians	8
4	Hospital PAs and NPs	8

Screening Questions

1. How do you currently describe yourself? Mark all that apply.

Female		RECRUIT MIX WITHIN EACH GROUP
Male		
Transgender		
I use a different term [free-text]		
Prefer not to answer/decline		

2. Are you a...?

Medical Doctor (hold an MD)		MAX 2 DO PER PHYSICIAN GROUP
Doctor of Osteopathic Medicine (hold a DO)		
Physician Assistant/Associate (PA)		MAX 5 EACH PER PA-NP GROUP
Nurse Practitioner (NP)		
Other (Please specify)		TERMINATE ALL

3. What is your medical specialty?

Internal medicine		PRIMARY CARE GROUPS #1-2: REQUIRED
Family medicine		
Combined internal medicine and pediatrics (med-peds)		
Infectious diseases		CONTINUE
Something else		TERMINATE ALL

4. In which state do you practice? **RECORD STATE, RECRUIT MIX**

Northeast		MAX 4 IN ANY ONE REGION PER GROUP
South		
Midwest		
West		

5. Is direct patient care one of your primary responsibilities? (Direct contact with patients for the purpose of diagnosis, treatment, and monitoring)

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Yes		CONTINUE
No		TERMINATE ALL

6. Which of the following best describes your main role?

Comprehensive <u>outpatient</u> <u>primary care</u> , including health services that cover a range of prevention, wellness, and treatment for common illnesses		PRIMARY CARE GROUPS #1-2: REQUIRED
Comprehensive <u>inpatient</u> <u>medical care</u> for hospitalized patients		HOSPITAL GROUPS #3-4: REQUIRED
Other SPECIFY		TERMINATE ALL

7. On average, how many hours per week do you spend in direct patient care of any kind? **RECORD ACTUAL HOURS**

20+ hours		CONTINUE
Less than 20 hours		TERMINATE ALL

8. Of those hours spent in direct patient care, what percentage is dedicated to adult care?

50% or more		CONTINUE
Less than 50%		TERMINATE ALL

9. Which of the following best describes your practice setting?

Hospital		HOSPITAL GROUPS #3-4: REQUIRED PRIMARY CARE GROUPS #1-2: MAX 2/GP.
Urgent care or immediate care clinic		TERMINATE ALL
Community health center		PRIMARY CARE GROUPS #1-2: MIN 2/GP.
Solo primary care practice		PRIMARY CARE GROUPS #1-2: MAX 3/GP.
Primary care group practice		PRIMARY CARE GROUPS #1-2: MAX 3/GP.
Multi-specialty group practice		PRIMARY CARE GROUPS #1-2: MAX 3/GP.
Other SPECIFY		PRIMARY CARE GROUPS #1-2: MAX 2/GP.

10. **IF HOSPITAL SETTING** Do you work in an emergency department?

Yes		TERMINATE ALL
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No		CONTINUE
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11. **IF HOSPITAL SETTING** Do you mainly work in any of the following types of hospitals? Select all that apply.

Academic medical center or teaching hospital		MAX 2 TOTAL ACROSS ALL 4 GROUPS
Community hospital		HOSPITAL GROUPS #3-4: MIN 4/GP.
Critical access hospital		HOSPITAL GROUPS #3-4: MIN 2/GP.
None of these		CONTINUE

12. Is the practice where you work best described as...?

Urban		MAX 5 PER GROUP
Suburban		CONTINUE
Small town		
Rural		MIN 2 PER GROUP

13. Do you work at or are you affiliated with any of the following?

Pharmaceutical company or research lab		TERMINATE ALL
Federal or state government agency, including a public health department		TERMINATE ALL
None of the above		CONTINUE

14. How many times within the past three months have you participated in a focus group or one-on-one interview related to your professional expertise?
DO NOT READ LIST

None		CONTINUE
1 or more		TERMINATE ALL

15. What is your age? **RECORD EXACT AGE; DO NOT READ LIST**

39 or younger		RECRUIT MIX WITHIN EACH GROUP
40-49		
50-59		
60 or older		MAX 3 PER GROUP

16. Are you...?

Hispanic or Latino		CONTINUE
Not Hispanic or Latino		
Prefer not to answer/Decline		

17. What is your race? Select all that apply.

American Indian or Alaska Native		CONTINUE
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
Prefer not to answer/Decline		

**RECRUIT MINIMUM 2 WHO ARE HISPANIC OR LATINO OR NON-WHITE
PER GROUP**

SUMMARY QUALIFICATIONS FOR GROUP 1: PRIMARY CARE PHYSICIANS

- MD or DO
- Specialty in internal medicine, family medicine or med-peds
- Outpatient primary care role
- All other exclusions and per-group quotas as specified

SUMMARY QUALIFICATIONS FOR GROUP 2: PRIMARY CARE PA & NP

- PA or NP
- Specialty in internal medicine, family medicine or med-peds
- Outpatient primary care role
- All other exclusions and per-group quotas as specified

SUMMARY QUALIFICATIONS FOR GROUP 1: HOSPITALIST PHYSICIANS

- MD or DO
- Specialty in internal medicine, family medicine, med-peds, or infectious diseases
- Inpatient care role for hospitalized patients
- Hospital setting
- All other exclusions and per-group quotas as specified

SUMMARY QUALIFICATIONS FOR GROUP 1: HOSPITAL PA & NP

- PA or NP
- Specialty in internal medicine, family medicine, med-peds, or infectious diseases
- Inpatient care role for hospitalized patients
- Hospital setting
- All other exclusions and per-group quotas as specified

Invitation

Thank you for answering all my questions. As I mentioned, we respect your privacy and understand this information is confidential, and we will not disclose this information to anyone. We asked these questions because we want to speak with a wide variety of people who can review important information and provide their feedback. Based on your answers to the questions, we would like to invite you to participate in a virtual focus group that will last approximately 90 minutes. During the virtual discussion, you will need to have a reliable internet connection and use a desktop or laptop computer.

You will receive \$75 as a token of appreciation for your participation, which will be provided to you after you complete the discussion.

All of your feedback will be confidential and will never be reported in association with any personally identifying details like your name. To make sure we capture your remarks accurately, we will record the focus group. The purpose of the audio recording is to make sure we report accurately, but without any personally identifying information. Is this something you are interested in and comfortable with?

Yes		CONTINUE
No		THANK AND TERMINATE

The discussion is virtual, meaning that you can participate from the comfort of your home or office. You will not need to come to a facility and can meet us from wherever you are, but you will need to be in front of a computer or tablet with internet access. The information or materials you will review could include reading and visual content, so we request that you do not participate using a cell phone. You will also have to be in a quiet place. Someone will call you before the focus group to make sure all the technology needed for the focus group is working properly. Is this focus group something you are interested in and comfortable with?

Yes		CONTINUE
No		THANK AND TERMINATE

CONFIRM DATE AND TIME OF FOCUS GROUP

Please provide the best telephone number to reach you:

RECORD PHONE NUMBER

Please indicate how you would like us to confirm with you:

PHONE OR EMAIL, RECORD EMAIL IF PREFERENCE

SEPARATE THE LAST PAGE (CONTACT SHEET) AND SHRED AT THE END OF THE PROJECT