**Attachment 1. Survey for Community Health Center Physicians and Non-Physicians on CDC’s Clinician Heat Guidance**

**11.15.24 DRAFT**

[Survey Intro]

In April 2024, CDC released first-ever federal resources to enable clinicians to help their patients take protective health actions related to heat, including heat guidance. A primary user group for CDC’s heat guidance is the nation’s qualified health centers/community health centers (referred to here as “CHCs”) where the guidance is intended to help clinicians counsel patients on preventing health harms from heat before and during the heat season. Other non-physician CHC staff – such as community health workers, health and safety team members, patient educators, patient navigators, and/or call center staff – may also be using CDC’s heat guidance to counsel patients on heat protective measures.

This data collection is seeking feedback from clinicians and non-clinician staff at CHCs nationwide on the content and usability of this heat guidance.

As a token of appreciation for your time, we are offering you a $30 Visa e-gift card upon completion of the survey.

By continuing to the survey, you are indicating your consent for us to collect the information you provide in your responses.

CDC estimates the public reporting burden of this collection of information as 15 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 D-74, Atlanta, Georgia 30333 ATTN: PRA (0920-1154).

**//Perception of HeaLth risks from Exposure to Heat//**

**Question Type:** Single Response Drop Down

1. **Q1**. Do you talk to patients about protecting their health from exposure to heat?

**Variable Label:** Q1: Conversations about Heat and Health with Patients

1. Yes **[IF YES, CONTINUE TO Q2]**
2. No **[IF NO, GO TO Q5]**

**Question Type:** Multi Response Drop Down

1. **Q2.** Whendo you speak with your patients about heat and their health? (Select all that apply)

**Variable Label:** Q2: Conversations about Heat and Health with Patients

* 1. At every visit?
  2. At visits during warmer months?
  3. During extreme heat days/events
  4. At visits for high-risk patients?
  5. If the patient brings it up.
  6. Other [please specify]
  7. Never?

**Question Type:**  Single Response Drop Down

1. **Q3** Who typically raises the issue of heat? (Select single best answer)

**Variable Label:** Q3: Clinical Appointment Heat Conversations

* 1. You
  2. Your patient
  3. Both
  4. Other [please specify]

**Question Type: Multi Response Drop Down**

1. **Q4.** What are patients most concerned about when they express concerns about hot weather and their health? (Select all that apply)

**Variable Label:** Q4: Patient Concerns about Heat

* 1. Lack of cooling options in their home (no air conditioning or fan)
  2. Lack of money to pay for utility bill for cooling their home
  3. Indoor or outdoor hot working conditions
  4. Impact of heat on elderly family members
  5. Impact of heat on children and/or vulnerable family members
  6. Patients do not raise any concerns
  7. Other [please specify]

**//Awareness of HeatRISK FORECAST TOOL//**

**Question Type:** Single Response Drop Down

1. **Q5.** Have you used the HeatRisk forecast tool developed by NOAA’s National Weather Service and CDC?

**Variable Label:** Q5: HeatRisk Familiarity

* 1. Yes **[IF YES, CONTINUE TO Q6]**
  2. No **[IF NO, SKIP TO Q8]**

**Question Type:** Single Response Drop Down

1. **Q6.** How often do you use the HeatRisk forecast tool? (Select single best answer)

**Variable Label:** Q6: Frequency of HeatRisk Use

1. Several times a day
2. Daily
3. Several times a week
4. Weekly
5. Seasonally
6. Rarely
7. Never

**Question Type:** Multi Response Drop Down

1. **Q7.** What prompts you to use the HeatRisk forecast tool? (Select all that apply)

**Variable Label:** Q7: Reason for HeatRisk Use

1. I was outside and it was hot
2. Extreme heat events
3. Heat alert from another source
4. Heat in the news
5. Attended a webinar
6. Use it daily
7. To inform CHC operation/outreach
8. Other (please specify)

**//familiarity with and use of CLINICAL Heat Guidance//**

**Question Type:** Single Response Drop Down

1. **Q8. Do you use or are you familiar with any clinical heat guidance resources for clinicians and/or patients related to the prevention of heat-related illness?**

**Variable Label:** Q8: Preventive Heat Resources Used with Patients

* 1. Yes **[IF YES, SKIP TO Q10]**
  2. No **[IF NO, CONTINUE TO Q9]**

**Question Type:** Multi-Response Drop Down/Open Ended Response

1. **Q9.** If no, why don’t you use guidance resources in discussions about heat with patients? (Select all that apply)

**Variable Label:** Q9: IF NO for using preventive heat resources, why not

* 1. I am not aware of any available clinical heat guidance
  2. I don’t have time to access guidance during patient visits
  3. The guidance available is not helpful for the concerns of patients
  4. The format of the guidance is not accessible for me
  5. The resources are not accessible for patients
  6. The patient is already receiving other information on priority topics
  7. Other [describe]

**Question Type:** Multiple Select/Select all that apply/Open Ended Response

1. **Q10.** If yes, what clinical heat guidance resources do you use? (Select all that apply) [ADD IMAGES of guidance resources]

**Variable Label:** Q10: IF YES for using preventive heat guidance/resources, which

* 1. CDC’s Clinical Heat Guidance from CDC website **[IF CHECKED THIS - GO TO Q11]**
  2. CDC’s Clinical Heat Guidance from NACHC website **[IF CHECKED THIS - GO TO Q11]**
  3. Harvard/Americares Clinical Heat Guidance [**IF NO TO A AND/OR B – SKIP TO Q12]**
  4. Heat.gov [**IF NO TO A AND/OR B – SKIP TO Q12]**
  5. State or local health department guidance [**IF NO TO A AND/OR B – SKIP TO Q12]**
  6. Guidance from medical association (please specify from whom) [**IF NO TO A AND/OR B – SKIP TO Q12]**
  7. Other sources (please specify) [**IF NO TO A AND/OR B – SKIP TO Q12]**

**Question Type:** Single-Response Drop Down/Open Ended Response

1. **Q11.** If you are using or are familiar with CDC’s clinical heat guidance, how did you learn about it? (Select single best answer.)

**Variable Label:** Q11**: Use & Familiarity of CDC Heat Guidance**

* 1. During CDC’s April 22, 2024 launch
  2. From NACHC Newsletter/Email
  3. From national news
  4. From CDC’s website
  5. From a webinar
  6. From a colleague
  7. Other (please specify)

**Question Type:** Single-Response Drop Down/Open Ended Response

1. **Q12.** Who in the CHC is **most** likely to use CDC’s clinical heat guidance with clinic patients? (Select single best answer)

**Variable Label:** Q12: Primary Messenger to Patients

* 1. Physician
  2. Nurse Practitioner
  3. Physician Assistant
  4. Nurse
  5. Medical Assistant
  6. Clinic Manager
  7. Social Worker
  8. Case Manager
  9. Community Health Worker
  10. Patient educator
  11. Patient Navigator
  12. Administrative/operations staff
  13. Behavioral health specialist
  14. Pharmacists/pharmacy technician
  15. Psychologist/ Mental Health Professional
  16. Don’t know/Unsure
  17. Other (please specify)
  18. No one uses CDC’s clinical heat guidance

**Question Type:** Multiselect Drop Down/Open Ended Response

1. **Q13.** Do any other staff in your CHC discuss CDC’s clinical heat guidance with patients? (Select all that apply)

**Variable Label:** Q13: Other messengers?

* 1. Physician
  2. Nurse Practitioner
  3. Physician Assistant
  4. Nurse
  5. Medical Assistant
  6. Clinic Manager
  7. Social Worker
  8. Case Manager
  9. Community Health Worker
  10. Patient educator
  11. Patient Navigator
  12. Administrative/operations staff
  13. Behavioral health specialist
  14. Pharmacists/pharmacy technician
  15. Psychologist/ Mental Health Professional
  16. Don’t know/Unsure
  17. Other (please specify)

No one uses CDC’s clinical heat guidance

**[FOR USERS ONLY – if answered yes to A-G in Q10]**

**Question Type:** Multi-Response Drop Down

1. **Q14.** What prompts your use of any heat clinical guidance? [select all that apply]

**Variable Label: Q14:** Guidance Prompt

1. HeatRisk Forecast tool
2. Heat alert from another source
3. Heat in the news
4. Media or social media
5. I was outside and it was hot
6. Extreme heat events
7. Concern raised by patients
8. Attended a webinar attention
9. Other (please specify)

**Question Type:** Multi-Response Drop Down/Open Ended Response

1. **Q15.** How is the guidance typically being shared by any staff with patients in your CHC?(Select all that apply)

**Variable Label:** Q15: Modality of Dissemination of Materials to Patients

* 1. Verbally, during the check-in process
  2. Verbally, by a nurse/technician during the physician visit
  3. Verbally, by the physician during the patient visit
  4. Verbally, by a social worker during the visit
  5. Verbally, by a nurse/technician after the visit
  6. Verbally, by a social worker after the visit
  7. Verbally, by other staff in the clinic (please specify)
  8. Verbally, in a community setting individually
  9. Verbally, in small groups
  10. Through the patient portal
  11. Posted in the waiting room
  12. On a tv in the waiting room
  13. Via handout or pamphlet
  14. Other (please specify

**Question Type:** Multi-select drop down

1. **Q16.** What barriers prevent more frequent use of heat guidance resources with your patients? (Select all that apply)

**Variable Label:** Q16: Barriers to Clinical Guidance Usage

1. Accessibility of language
2. Patient literacy level
3. Difficult online navigation
4. Format of materials not helpful
5. Unclear how to use materials
6. Time restraints
7. Other (please specify)

**Question Type: Multi-Select Drop Down**

1. **Q17.** Please indicate which specific materials you have used among CDC’s clinical heat guidance documents [select all that apply]. **ONLY ANSWER THIS QUESTION IF THEY INDICATED THEY USE CDC MATERIALS IN Q10**

**Variable Label:** Q17: Usage of CDC Materials

* 1. Clinical Overview of Heat
  2. Heat and Children and Teens with Asthma
  3. Heat and Pregnancy
  4. Heat and Cardiovascular Disease
  5. How to Use the HeatRisk Tool and Air Quality Index
  6. Quick Start Guide for Clinicians on Heat and Health
  7. CHILL'D-Out: A Heat and Health Risk Factor Screening Questionnaire
  8. Heat and Medications – Guidance for Clinicians
  9. Tips and Action Plan for Children with Asthma
  10. Tips and Action Plan for Teens with Asthma
  11. Tips and Action Plan for Pregnant Women
  12. Tips and Action Plan for People with Cardiovascular Disease
  13. Heat Action Plan Infographic

**//CONTENT AND USABILITY FEEDBACK ON SPECIFIC CDC HEAT GUIDANCE MATERIALS//**

**//TEXT Intro:** Thank you for your responses thus far. The next few questions will ask for your perspective on specific components of the CDC’s heat and health guidance. Your feedback will help us revise and improve materials for use. Thank you in advance!//

**\*\*\*TABLES FOR *USERS* OF CDC RESOURCES\*\*\* à ONLY ANSWER THE *USER* TABLES IF THEY INDICATED THEY USE CDC MATERIALS IN Q10**

**Q18 if they answer a,b,c, or d on Q17**

**Question Type:** Multi-Select Table

1. **Q18.** Please see one example below of CDC’s clinical overview materials and indicate how much you disagree or agree with the following statement.

**Variable Label:** Q18: *Heat and Pregnancy* Page Navigability/Usability

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I can quickly and easily access the *Heat and Pregnancy* page in a clinical setting. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The *Heat and Pregnancy* guidance page is easy to use. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The information presented on the *Heat and Pregnancy* guidance page is clear. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The *Heat and Pregnancy* guidance page presents an appropriate amount of information. It does not feel overwhelming. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| Overall, the content on the *Heat and Pregnancy* is useful. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |

**Question 19; IF they answered f on Q17**

**Question Type:** Multi-Select Table

1. **Q19.** Thinking about the *Quick Start Guide*, please indicate how much you disagree or agree with the following statements.

**Variable Label:** Q19: Quick Start Guide Navigability/Usability

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I can quickly and easily access the *Quick Start Guide* in a clinical setting. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The Quick Start Guide is easy to use. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The information presented on the Quick Start Guide is clear. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The Quick Guide presents an appropriate amount of information. It does not feel overwhelming. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| Overall, the content on the *Quick Start Guide* is useful. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |

**Question 20, IF they answered g on Q17**

**Question Type: Multi-Select Table**

1. **Q20.** Thinking about the *CHILL’D OUT Screening Questionnaire*, please indicate how much you disagree or agree with the following statements.

**Variable Label:**  Q20: *CHILL’D-Out Screening Questionnaire* Navigability/Usability

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I can quickly and easily access the *CHILL’D-Out tool* in a clinical setting. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The *CHILL’D-Out* tool is easy to use. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The information presented in *CHILL’D-Out* tool is clear. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The *CHILL’D-Out tool* presents an appropriate amount of information. It does not feel overwhelming. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| Overall, the content on the *CHILL’D-Out tool* is useful. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |

**Question 21 IF they answered I, j ,k, l on Q17**

**Question Type:** Multi-Select Table

1. **Q21.** Please see one example below of CDC’s patient tip sheets and action plans and indicate how much you disagree or agree with the following statement.

**Variable Label:** Q21: *Patient Toolkits* Navigability/Usability

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| The *Tips and Action Plan for Teens with Asthma* is easy for my patients to access online. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The *Tips and Action Plan for Teens with Asthma* is useful for my pediatric or teen patients with asthma. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The *Tips and Action Plan for Teens with Asthma* is easy for my patients to use | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The information presented in the *Tips and Action Plan Teens with Asthma* is clear to my patients. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The *Tips and Action Plan for Teens with Asthma* presents an appropriate amount of information. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |

**Q22, IF they answered m on Q17**

**Question Type:** Multi-Select Table

1. **Q22.** Thinking about the *Heat Action Plan Infographic,* please indicate how much you disagree or agree with the following statements.

**Variable Label:** Q22: Navigability/Usability

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| The *Heat Action Plan Infographic* is easy for my patients to access online. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The *Heat Action Plan Infographic* is useful for my patients | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The *Heat Action Plan Infographic* is easy for my patients to use. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The information presented *Heat Action Plan Infographic* is clear to my patients. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The *Heat Action Plan Infographic* presents an appropriate amount of information. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |

**\*\*\*TABLES FOR *NON-USERS* OF CDC RESOURCES\*\*\* à ONLY ANSWER THESE TABLES IF THEY INDICATED THEY DID NOT USE AND WERE NOT FAMILIAR WITH CDC MATERIALS IN Q10**

**//Text Introduction:** Even though you indicated you are not currently using CDC’s clinical heat guidance, your feedback is still very helpful! Please follow the links in the next section and indicate how much you disagree or agree with the following statements based on immediate impressions of CDC’s clinical heat guidance and resources.//

**Question Type:** Multi-Select Table

1. **Q23.** Based on your immediate impression of the *Quick Start Guide*, please indicate how much you disagree or agree with the following statements.

**Variable Label:** Q23: Quick Start Guide Navigability/Usability

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I can quickly and easily access the *Quick Start Guide* in a clinical setting. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The Quick Start Guide is easy to use. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The information presented on the Quick Start Guide is clear. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The Quick Guide presents an appropriate amount of information. It does not feel overwhelming. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| Overall, the content on the *Quick Start Guide* is useful. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |

**Question Type: Multi-Select Table**

1. **Q24.** Based on your immediate impression of the *CHILL’D OUT Screening Questionnaire*, please indicate how much you disagree or agree with the following statements.

**Variable Label:**  Q24: *CHILL’D-Out Screening Questionnaire* Navigability/Usability

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I can quickly and easily access the *CHILL’D-Out tool* in a clinical setting. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The *CHILL’D-Out* tool is easy to use. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The information presented in *CHILL’D-Out* tool is clear. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The *CHILL’D-Out tool* presents an appropriate amount of information. It does not feel overwhelming. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| Overall, the content on the *CHILL’D-Out tool* is useful. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |

**Question Type:** Multi-Select Table

1. **Q25.** Based on your immediate impression of the *Tips and Action Plan for People with Cardiovascular Disease* (which is just one example of CDC’s Patient Toolkits), please indicate how much you disagree or agree with the following statements.

**Variable Label:** Q25: *Patient Toolkits* Navigability/Usability

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| The *Tips and Action Plan for People with Cardiovascular Disease* is easy for my patients to access online. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The *Tips and Action Plan for People with Cardiovascular Disease* is useful for my pediatric or teen patients with asthma. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The *Tips and Action Plan for People with Cardiovascular Disease* is easy for my patients to use | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The information presented in the  *Tips and Action Plan for People with Cardiovascular Disease* is clear to my patients. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The  *Tips and Action Plan for People with Cardiovascular Disease* presents an appropriate amount of information. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |

**Question Type:** Multi-Select Table

1. **Q26.** Based on your immediate impression of the *Heat Action Plan Infographic,* please indicate how much you disagree or agree with the following statements.

**Variable Label:** Q26: Navigability/Usability

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| The *Heat Action Plan Infographic* is easy for my patients to access online. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The *Heat Action Plan Infographic* is useful for my patients | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The *Heat Action Plan Infographic* is easy for my patients to use. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The information presented *Heat Action Plan Infographic* is clear to my patients. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |
| The *Heat Action Plan Infographic* presents an appropriate amount of information. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | NA |

***//FACILITATORS, BARRIERS, LIKELIHOOD OF RECOMMENDING TO OTHERS, RECOMMENDED ADDITIONS//***

***All respondents will receive the following questions***

**Question Type:** Single Response Drop Down

1. **Q27.** To adequately address prevention of heat risk for my patients, the CDC Heat Guidance materials in total presents… (Select the best answer)

**Variable Label:** Q27: Amount of Information in Heat Guidance

* 1. Too much information
  2. Just enough information
  3. Not enough information

**Question Type:** Multiselect

1. **Q28.** Are there specific formats or tools that would increase your use of this guidance with your patients? [Select all that apply.]

**Variable Label:** Q28: Future Modalities of Guidance to Increase Usage

1. Text prompts for patients
2. Heat counseling talking points
3. Posters
4. Short videos
5. Social Media graphics and messaging
6. Other (please specify)

**Question Type:** Open Ended

1. **Q29**. CDC’s clinical heat guidance will be available in these 11 languages by Spring 2025 (English, Spanish, Haitian Creole, Russian, Portuguese, Traditional Chinese, Simplified Chinese, Marshallese, Arabic, Hmong, Vietnamese). What additional languages should these materials be made available in?

**Variable Label**: Q29: Additional Languages

**Question Type:** Single Response Drop Down

1. **Q30.** As currently designed, would you recommend or share CDC’s heat guidance with other health care professionals? [Select the best answer]

**Variable Label:** Q30: Recommendation of Guidance to Healthcare Peers

* 1. Yes
  2. No
  3. Not sure

**Question Type:** Open Ended Response

1. **Q31.** Is there content that you would like to see included in future versions of this guidance, including for additional patient populations, additional health conditions, or additional healthcare settings?

**Variable Label:** Q31: Future Expansion of Guidance

**//Respondent Questions//**

**//TEXT//**

Your identity and anything you say here will remain anonymous. To ensure we are gathering feedback from diverse settings and roles, we are asking for clinic and specialty information. When we summarize this survey, we might reference your type of clinic (or specialty) when analyzing general discussion trends, but no identifying information will be shared.

**Question type:** Open End Response

1. **Q1.** In what city is your clinic located?

**Variable Label:** Q1: City Clinic Location

**Question Type:** Single Response Drop Down

1. **Q2.** In what state is your clinic located?

**Variable Label:** Q2: State Clinic Information

**Question Type:** Open End Response

1. **Q3.** What is your health center name?

**Variable Label:** Q3: Name Information

**Question Type:** Single Response Drop Down

1. **Q4.** What is your role at the CHC?

**Variable Label:** Q4: Provider RoleInformation

1. Physician
2. Nurse Practitioner
3. Physician Assistant
4. Nurse
5. Medical Assistant
6. Clinic Manager
7. Social Worker
8. Case Manager
9. Community Health Worker
10. Patient educator
11. Patient Navigator
12. Administrative/operations staff
13. Behavioral health specialist
14. Pharmacists/pharmacy technician
15. Psychologist/ Mental Health Professional
16. Other (please specify)

**Question Type:** Open End Response

1. **Q5.** If applicable, please indicate your specialty or sub-specialty (optional)

**Variable Label:** Q5: Provider Specialty/Sub-SpecialtyInformation

**Question Type:**  Multi-SelectDrop Down

1. **Q6**. Do you currently provide care to any of the following patient populations who are increased risk for health harms from heat? [Select all that apply]

**Variable Label:** Q6: Patient PopulationInformation

* 1. Pregnant people
  2. Children or teens with asthma
  3. Adults with cardiovascular diseases
  4. Older Adults
  5. Emergency Responders
  6. Outdoor Workers
  7. People with Disabilities
  8. People experiencing homelessness
  9. Other (please specify)

**//INCENTIVE//**

**//TEXT//**

As a token of appreciation for your time, we are offering a $30 Visa e-gift card. Please provide your email address below where the e-gift card will be sent. [open ended] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**//END OF SURVEY//**