

## WS-CDC ARX - DFWED Focus Group Screener

Form Approved  
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### **Antimicrobial Resistance Communications and Media Support Services** Focus Group Screener for Providers on Endemic Mycoses *FINAL: January 3, 2024*

#### **Introduction**

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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 practices and opinions regarding some diseases and conditions. **[DO NOT DISCLOSE THE EXACT TOPIC OF DISCUSSION BEFORE THE INTERVIEW.]** The discussion will last up to 1 hour and 30 minutes. The sole sponsor of this activity is the Centers for Disease Control and Prevention (CDC).

I have a few questions to start. But first, to maintain participants' confidentiality, we will use first names only during the interview 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 answers and participation will be completely confidential.

Name: \_\_\_\_\_

Address (residence): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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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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 (PAs) & nurse practitioners (NPs)	8
3	Urgent care physicians	8
4	Urgent care PAs and NPs	8
5	Emergency care physicians	8
6	Emergency care PAs and NPs	8

## Screening Questions

1. Are you a...?

Medical Doctor (hold an MD)		<b>REQUIRED FOR PHYSICIAN GROUPS MAX 2 DO PER PHYSICIAN GROUP</b>
Doctor of Osteopathic Medicine (hold a DO)		
Physician Assistant (PA)		<b>REQUIRED FOR PA/NP GROUPS MAX 5 EITHER TYPE PER GROUP</b>
Nurse Practitioner (NP)		
Pharmacist (hold a PharmD)		<b>TERMINATE ALL</b>
Other (Please specify)		<b>TERMINATE ALL</b>

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

Northeast		<b>MAX 4 IN ANY ONE REGION PER GROUP</b>
South		
Midwest		
West*		

**\*MAXIMUM 2 PER GROUP IN ANY OF ALASKA, COLORADO, HAWAII, IDAHO, OREGON, MONTANA, WYOMING. (PRIORITY FUNGAL INFECTIONS OF BLASTOMYCOSIS, COCCIDIOIDOMYCOSIS, AND HISTOPLASMOSIS ARE NOT ENDEMIC TO THESE STATES.)**

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

Yes		<b>CONTINUE</b>
No		<b>TERMINATE ALL</b>

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4. On average, how many hours per week do you spend in direct patient care?

**RECORD ACTUAL HOURS**

20+ hours		<b>CONTINUE</b>
Less than 20 hours		<b>TERMINATE ALL</b>

5. Of those hours, what percentage is dedicated to
- adult
- care?

50% or more		<b>CONTINUE</b>
Less than 50%		<b>TERMINATE ALL</b>

6. What is your medical specialty?

Primary care, internal medicine, or family medicine		<b>CONTINUE</b>
Emergency medicine		
Urgent care		
Something else (please specify)		

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

Hospital-based clinic or practice		<b>CONTINUE</b>
Hospital emergency department		
Urgent care or immediate care clinic		
Community health center		
Solo practice		
Primary care		
Specialty clinic		
Single specialty group practice		
Multi-specialty group practice		
Other (specify)		

- 8.
- IF HOSPITAL-BASED CLINIC OR HOSPITAL-BASED EMERGENCY  
DEPARTMENT**
- Is your hospital setting an academic medical center or
- 
- teaching hospital?

Yes		<b>CONTINUE</b>
No		

**PRIMARY CARE GROUPS:**

- **MUST HAVE "PRIMARY CARE, INTERNAL MEDICINE, OR FAMILY MEDICINE" AS SPECIALTY**
- **SETTING MUST NOT BE "HOSPITAL BASED-EMERGENCY DEPARTMENT" OR "URGENT CARE OR IMMEDIATE CARE CLINIC"**
- **RECRUIT MIX OF OTHER SETTINGS WITHIN EACH GROUP**
- **RECRUIT 1-2 FROM ACADEMIC MEDICAL CENTER OR TEACHING HOSPITAL PER GROUP**

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### URGENT CARE GROUPS:

- **MUST HAVE "URGENT CARE OR IMMEDIATE CARE CLINIC" AS SETTING**

### EMERGENCY CARE GROUPS:

- **MUST HAVE "EMERGENCY MEDICINE" AS SPECIALTY**
- **MUST HAVE "HOSPITAL-BASED EMERGENCY DEPARTMENT" AS SETTING**
- **RECRUIT MIN 1-2 FROM ACADEMIC MEDICAL CENTER OR TEACHING HOSPITAL PER GROUP**

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

Pharmaceutical company or research lab		<b>TERMINATE ALL</b>
None of the above		<b>CONTINUE</b>

10. Are you able to order diagnostic tests?

Yes		<b>CONTINUE</b>
No		<b>TERMINATE ALL</b>

11. Are you required to report diagnoses or tests to your local or state health department?

Yes		<b>CONTINUE</b>
No		

12. **IF NP OR PA:** Do you have prescribing authority?

Yes		<b>CONTINUE</b>
No		<b>TERMINATE ALL</b>

13. Here is a list of some diseases or infections. How familiar are you with each of the following as they relate to your work? Are you very familiar, somewhat familiar, or not familiar? **RANDOMIZE ORDER, RECORD ANSWER FOR EACH**

Coccidioidomycosis (valley fever)		<b>RECRUIT 2-3 PER GROUP WHO ARE <u>NOT</u> FAMILIAR WITH ALL 3 OF THESE.</b>
Histoplasmosis		
Blastomycosis		<b>RECRUIT 5-6 WHO ARE <u>VERY</u> / <u>SOMEWHAT</u> FAMILIAR WITH 1 OR MORE.</b>
Latent tuberculosis		<b>CONTINUE (DUMMY TOPICS TO MASK SUBJECT OF THE GROUPS)</b>
Diphtheria		
Rubella		

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14. Have you ever screened or tested patients for any of the following before?

**RANDOMIZE ORDER, RECORD YES/NO ANSWER FOR EACH**

Coccidioidomycosis (valley fever)		<b>RECRUIT 2-3 PER GROUP WHO SAY YES TO <u>ANY</u> OF THESE THREE</b>
Histoplasmosis		
Blastomycosis		
Latent tuberculosis		<b>CONTINUE (DUMMY TOPICS TO MASK SUBJECT OF THE GROUPS)</b>
Diphtheria		
Rubella		

15. How often do you diagnose or empirically treat community-acquired pneumonia, or CAP, in your patients?

Often		<b>CONTINUE</b>
Occasionally		
Rarely		
Never		<b>TERMINATE ALL</b>

16. 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		<b>CONTINUE</b>
1 or more		<b>TERMINATE ALL</b>

17. How would you describe the location where you work?

Urban		<b>RECRUIT MIX WITHIN EACH GROUP</b>
Suburban		
Small town		
Rural		

18. Are you...? **MARK ALL THAT APPLY**

Female		<b>RECRUIT MIX WITHIN EACH GROUP</b>
Male		
Transgender, non-binary, or another gender		
Prefer not to answer/Decline		

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

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

20. Are you of Hispanic, Latino, or Spanish origin?

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Yes		<b>CONTINUE</b>
No		

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

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

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

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### Invitation

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Thank you for answering all of 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, reported in the aggregate only, never in association with your name or identity. To make sure we capture your remarks accurately, we will record the interview. 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		<b>CONTINUE</b>
No		<b>THANK AND TERMINATE</b>

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 interview to make sure all the technology needed for the interview is working properly. Is this focus group something you are interested in and comfortable with?

Yes		<b>CONTINUE</b>
No		<b>THANK AND TERMINATE</b>

### 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**