

**Antimicrobial Resistance Communications and Media Support Services**  
Division of Healthcare Quality Promotion (DHQP)  
Screener for *C. diff* Materials Testing Interviews  
*April 12, 2024 Final*

## 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 virtual one-on-one research interview, to discuss your experiences and opinions regarding a health topic. **[DO NOT DISCLOSE THE EXACT TOPIC OF DISCUSSION BEFORE THE INTERVIEW.]** The discussion will last up to 1 hour. This activity is supported by the U.S. Centers for Disease Control and Prevention and interviews 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 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."**

**IF INDIVIDUAL EXPRESSES CONCERN DURING SCREENING: NOTE CONCERN AND REASSURE APPROPRIATELY. REMIND THAT PARTICIPATION IS VOLUNTARY, AND ANSWERS AND PARTICIPATION ARE 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

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

Recruiter: \_\_\_\_\_

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

### Recruit Summary

Eleven respondents will be recruited for this project, spread across five audiences. Below is a summary of core qualifications. All other quotas and exclusions in the screener also apply.

| Hospitalist providers                                                                                                                                                                                                            | Primary care prescribers                                                                                                                                                                                                                                                              | Emergency department prescribers                                                                                                                                                                             | Urgent care prescribers                                                                                                                                                                                                       | Dentists                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Recruit 3                                                                                                                                                                                                                        | Recruit 2                                                                                                                                                                                                                                                                             | Recruit 2                                                                                                                                                                                                    | Recruit 2                                                                                                                                                                                                                     | Recruit 2                                                                                       |
| <ul style="list-style-type: none"> <li>- MD or DO</li> <li>- Specialty: internal med., family med., or infectious diseases</li> <li>- Work involves inpatient care</li> <li>- Setting: hospital-based (non-emergency)</li> </ul> | <ul style="list-style-type: none"> <li>- MD or DO or NP or PA</li> <li>- Specialty: internal med. or family med.</li> <li>- Work involves outpatient primary care</li> <li>- Setting: comm. health center, solo primary care, group primary care, multi-specialty practice</li> </ul> | <ul style="list-style-type: none"> <li>- MD or DO or NP or PA</li> <li>- Specialty: emerg. medicine</li> <li>- Work involves emergency medicine</li> <li>- Setting: hospital emergency department</li> </ul> | <ul style="list-style-type: none"> <li>- MD or DO or NP or PA</li> <li>- Specialty: internal med. or family med.</li> <li>- Work involves outpatient urgent care</li> <li>- Setting: Urgent care or walk-in clinic</li> </ul> | <ul style="list-style-type: none"> <li>- DDS</li> <li>- Specialty: general dentistry</li> </ul> |

### Screening Questions

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

|                                            |                          |                      |
|--------------------------------------------|--------------------------|----------------------|
| Female                                     | <input type="checkbox"/> | <b>RECRUIT A MIX</b> |
| Male                                       | <input type="checkbox"/> |                      |
| Transgender, non-binary, or another gender | <input type="checkbox"/> |                      |
| Prefer not to answer/Decline               | <input type="checkbox"/> |                      |

2. Are you a...?

|                                            |                          |                                                 |
|--------------------------------------------|--------------------------|-------------------------------------------------|
| Doctor of Dental Surgery (hold a DDS)      | <input type="checkbox"/> | <b>CONTINUE, SEE INSTRUCTION BELOW QUESTION</b> |
| Medical Doctor (hold an MD)                | <input type="checkbox"/> |                                                 |
| Doctor of Osteopathic Medicine (hold a DO) | <input type="checkbox"/> |                                                 |
| Physician Associate/Assistant              | <input type="checkbox"/> |                                                 |

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|                         |  |                  |
|-------------------------|--|------------------|
| (PA)                    |  |                  |
| Nurse Practitioner (NP) |  |                  |
| Other (Please specify)  |  | <b>TERMINATE</b> |

**DENTISTS: MUST BE DDS**

**HOSPITALISTS: MUST BE MD/DO**

**PRIMARY CARE: 1 MUST BE MD or DO; 1 MUST BE PA or NP**

**EMERGENCY: 1 MUST BE MD or DO; 1 MUST BE PA or NP**

**URGENT CARE: 1 MUST BE MD or DO; 1 MUST BE PA or NP**

3. In which state do you practice? **RECORD STATE, ALSO CODE TO BELOW**

|                                |  |                                                               |
|--------------------------------|--|---------------------------------------------------------------|
| Northeast: MA, ME, PA          |  | <b>GOAL OF NO MORE THAN 1 IN<br/>EACH REGION PER AUDIENCE</b> |
| South: WV                      |  |                                                               |
| Midwest: KS, ND                |  |                                                               |
| West: HI, NM, OR               |  |                                                               |
| Another state not listed above |  | <b>TERMINATE</b>                                              |

4. **IF DENTIST (DDS)** What is your dental specialty?

|                                      |  |                  |
|--------------------------------------|--|------------------|
| General Dentist                      |  | <b>CONTINUE</b>  |
| Pediatric Dentist                    |  | <b>TERMINATE</b> |
| Orthodontist                         |  |                  |
| Periodontist                         |  |                  |
| Endodontist or Root Canal Specialist |  |                  |
| Oral Pathologist or Oral Surgeon     |  |                  |
| Prosthodontist                       |  |                  |
| Other <b>SPECIFY</b>                 |  |                  |

5. **ALL EXCEPT DENTISTS** What is your medical specialty?

|                                      |  |                                                     |
|--------------------------------------|--|-----------------------------------------------------|
| Internal medicine or family medicine |  | <b>PRIMARY CARE &amp; URGENT CARE:<br/>REQUIRED</b> |
| Infectious diseases                  |  | <b>HOSPITALISTS: CONTINUE</b>                       |
| Emergency medicine                   |  | <b>HOSPITALISTS: CONTINUE</b>                       |
| Something else                       |  | <b>EMERGENCY: REQUIRED</b>                          |
|                                      |  | <b>TERMINATE</b>                                    |

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

|     |  |                  |
|-----|--|------------------|
| Yes |  | <b>CONTINUE</b>  |
| No  |  | <b>TERMINATE</b> |

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7. 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</b> |

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

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

9. **ALL EXCEPT DENTISTS** Does your work primarily involve...

|                                                                                                                                         |  |                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|
| Outpatient <u>primary care</u> including health services that cover a range of prevention, wellness, and treatment for common illnesses |  | <b>PRIMARY CARE: REQUIRED</b>                 |
| Outpatient <u>urgent care</u> including health services that cover a range of non-life-threatening injuries and illnesses               |  | <b>URGENT CARE: REQUIRED</b>                  |
| Inpatient care for hospitalized patients <u>or</u> emergency medicine                                                                   |  | <b>HOSPITALISTS &amp; EMERGENCY: REQUIRED</b> |
| Other specialty care                                                                                                                    |  | <b>TERMINATE</b>                              |

10. **ALL EXCEPT DENTISTS** Which of the following best describes your practice setting?

|                                        |  |                               |
|----------------------------------------|--|-------------------------------|
| Hospital-based setting (non-emergency) |  | <b>HOSPITALIST: REQUIRED</b>  |
| Hospital emergency department          |  | <b>EMERGENCY: REQUIRED</b>    |
| Urgent care facility or walk-in clinic |  | <b>URGENT CARE: REQUIRED</b>  |
| Community health center                |  | <b>PRIMARY CARE: REQUIRED</b> |
| Solo primary care practice             |  |                               |
| Group primary care practice            |  |                               |
| Multi-specialty group practice         |  |                               |
| Other <b>SPECIFY</b>                   |  | <b>TERMINATE</b>              |

11. **IF HOSPITAL-BASED CLINIC OR PRACTICE / HOSPITAL EMERGENCY DEPARTMENT** Is the hospital where you primarily work classified as any of the following? Select all that apply. **MULTISELECT**

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|                                              |  |                                                 |
|----------------------------------------------|--|-------------------------------------------------|
| Academic medical center or teaching hospital |  | <b>HOSPITALIST &amp; EMERGENCY: MAX 1 EACH</b>  |
| Community hospital                           |  | <b>HOSPITALIST &amp; EMERGENCY: MIN 1 TOTAL</b> |
| Critical access hospital                     |  | <b>HOSPITALIST &amp; EMERGENCY: MIN 1 TOTAL</b> |
| None of these                                |  | <b>CONTINUE</b>                                 |

Now, a few final questions to help us ensure we have a mix of backgrounds and experiences.

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

|            |  |                      |
|------------|--|----------------------|
| Urban      |  | <b>RECRUIT A MIX</b> |
| Suburban   |  |                      |
| Small town |  |                      |
| Rural      |  |                      |

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

|                                                                          |  |                  |
|--------------------------------------------------------------------------|--|------------------|
| Pharmaceutical company or research lab                                   |  | <b>TERMINATE</b> |
| Federal or state government agency, including a public health department |  |                  |
| None of these                                                            |  | <b>CONTINUE</b>  |

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

|               |  |                    |
|---------------|--|--------------------|
| 39 or younger |  | <b>CONTINUE</b>    |
| 40-49         |  |                    |
| 50-59         |  |                    |
| 60 or older   |  | <b>MAX 3 TOTAL</b> |

15. What is your race and/or ethnicity? Select all that apply. **MULTISELECT**

|                                                                                                                                                                                                                                          |  |                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|
| American Indian or Alaska Native<br><i>For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.</i> |  | <b>RECRUIT A MIX</b> |
| Asian<br><i>For example, Chinese, Asian Indian, Filipino, Vietnamese, Korea, Japanese, etc.</i>                                                                                                                                          |  |                      |

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|                                                                                                                                 |  |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|--|
| Black or African America<br><i>For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.</i>          |  |  |
| Hispanic or Latino<br><i>For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.</i>                 |  |  |
| Middle Eastern or North African<br><i>For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.</i>                |  |  |
| Native Hawaiian or Pacific Islander<br><i>For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.</i> |  |  |
| White<br><i>For example, English, German, Irish, Italian, Polish, Scottish, etc.</i>                                            |  |  |

### **RECRUIT MINIMUM 3 TOTAL WHO SELECT SOMETHING OTHER THAN WHITE**

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**

|           |  |                  |
|-----------|--|------------------|
| 0 or 1    |  | <b>CONTINUE</b>  |
| 2 or more |  | <b>TERMINATE</b> |

**Invitation**

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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 provide their opinions and experiences. Based on your answers to the questions, we would like to invite you to participate in a virtual interview that will last approximately 60 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 audio and video record the interview. The purpose of the 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 will 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 interview something you are interested in and comfortable with?

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

**CONFIRM DATE AND TIME OF INTERVIEW**

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**