
RECRUITMENT SCREENER
In-Depth Interviews with Travel Medicine Specialists
July 2024

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

You indicated that you are interested in participating in a one-on-one conversation, conducted virtually, to discuss your practices and opinions regarding your profession. **DO NOT DISCLOSE THE EXACT TOPIC OF DISCUSSION BEFORE THE INTERVIEW.** The discussion will last approximately 1 hour. The sole sponsor of this activity is the Centers for Disease Control and Prevention (CDC).

I have a few questions to start. But first, remember that participating is completely voluntary. You can choose not to answer any questions and stop at any time. To maintain participants' confidentiality, we will use first names only during the discussion and your name will not be used in any study materials. CDC is not interested in any of your personal information. 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: Confirm willingness to continue before beginning the screening process. If individual expresses concern at any point during the screening process, please note their concern and reassure them appropriately. Remind them that that participation is voluntary, they can choose not to answer any questions, and their answers and participation will be completely confidential.

Name: _____

Address (residence): _____

City, State, Zip: _____

Phone: _____

Email: _____

Recruiter: _____

RECRUIT 8 PARTICIPANTS TOTAL. SEPARATE CONTACT SHEET FROM THE REST OF THE SCREENER AND SHRED AT THE END OF THE PROJECT.

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.

SCREENER

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

Under 18	☐	TERMINATE
19-39	☐	RECRUIT A MIX
40-49	☐	
50-59	☐	
60 or older	☐	

2. Do you have access to a reliable internet connection and a desktop or laptop computer?

Yes	☐	CONTINUE
No	☐	TERMINATE

3. What sex were you assigned at birth, on your original birth certificate?

Female	☐	CONTINUE
Male	☐	
Unknown	☐	

4. How do you describe your current gender? You can select all that apply.

Male	☐	MIN 2
Female	☐	MIN 2
Transgender	☐	CONTINUE
Something else	☐	

5. **IF Q1 RESPONSE DOES NOT MATCH Q2 RESPONSE** Just to confirm, you were assigned **[Q1 RESPONSE]** at birth and now you describe yourself as **[Q2 RESPONSE]**. Is that correct?

Yes	☐	CONTINUE
No	☐	REPEAT Q1 and Q2

6. 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? **DON'T READ LIST**

0 or 1	☐	CONTINUE
2 or more	☐	TERMINATE

7. Are you a...?

M.D. (Medical Doctor)	☐	MIN 4
D.O. (Doctor of Osteopathic Medicine)	☐	
Physician Assistant	☐	CONTINUE
Nurse Practitioner	☐	

Other (Please specify)	☐	TERMINATE
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8. Is your primary responsibility direct patient care? (Hands on, face-to-face or virtual contact with patients for the purpose of consultations, diagnosis, and treatment)

Yes	☐	CONTINUE
No	☐	TERMINATE

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

19 hours a week or less	☐	TERMINATE
20+ hours a week	☐	CONTINUE

10. And what is your specific degree or degrees? **RECORD**

11. Do you have any formal training in any of the following specialties?

Travel Medicine	☐	CONTINUE
Plastic Surgery	☐	TERMINATE
Radiology	☐	TERMINATE
None of these	☐	TERMINATE

12. Are you a member of, or credentialed by, any professional travel medicine organizations? Which one(s)? **RECORD**

International Society of Travel Medicine (ISTM)	☐	CONTINUE
American Society of Tropical Medicine and Hygiene (ASTMH)	☐	
Other (Please specify)	☐	KRC WILL MONITOR
No	☐	TERMINATE

13. On average, how many patients do you see for travel-related care or consultations per week? **RECORD EXACT NUMBER**

0-9	☐	TERMINATE
10+	☐	CONTINUE

14. In approximately what year did you complete your advanced medical degree that is associated with your role as a physician **OR** Nurse Practitioner **OR** Physician Assistant? **RECORD**

If year is 2023 or later	☐	TERMINATE
Between 2018 and 2022	☐	CONTINUE
Between 1996 and 2017	☐	
Between 1980 and 1995	☐	
If year is 1979 or earlier	☐	MAX 2

15. Do you work with or are you affiliated with any of the following? **READ LIST**

Federal government agency, such as a federally qualified health center or Veterans Administration	☐	MAX 2
Private corporation such as a pharmaceutical company or research lab	☐	TERMINATE
A state or local government agency such as public health department	☐	TERMINATE
None of these	☐	CONTINUE

16. Which best describes your practice setting?

Solo practice	☐	RECRUIT A MIX
Large health maintenance organization or HMO (IF NEEDED: a network or organization that provides health insurance coverage for a monthly or annual fee)	☐	
Mixed model practice	☐	
Hospital-based practice	☐	
Community health clinic/Federally Qualified Health Center	☐	
Indigent care facility or publicly managed and funded clinic	☐	
Single specialty group practice	☐	
Multi-specialty group practice	☐	
Locum Tenens or temporary physician employment	☐	TERMINATE
None of these SPECIFY	☐	RECORD, CONSULT KRC

17. In what town or city and state do you practice? **RECORD CITY & STATE; RECRUIT A MIX OF NORTHEAST, SOUTHEAST, MIDWEST, WEST.**

18. How would you describe the location where you practice?

Urban (a densely populated area or city)	☐	RECRUIT A MIX
Suburban (a residential area near a city)	☐	
Small town (a few hundred to a few thousand people not near a city)	☐	
Rural (an open area with few homes or other buildings)	☐	

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

American Indian or Alaska Native <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>	☐	RECRUIT A MIX
Asian <i>For example, Chinese, Asian Indian, Filipino, Vietnamese, Korea, Japanese, etc.</i>	☐	
Black or African American <i>For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.</i>	☐	
Hispanic or Latino <i>For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.</i>	☐	
Middle Eastern or North African <i>For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.</i>	☐	
Native Hawaiian or Pacific Islander <i>For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.</i>	☐	
White <i>For example, English, German, Irish, Italian, Polish, Scottish, etc.</i>	☐	

RECRUIT MINIMUM 3 WHO SELECT SOMETHING OTHER THAN WHITE

INVITATION

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 one-hour virtual interview.

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

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 audio and video record the interview (over Microsoft Teams). The purpose of the recording is to make sure we report accurately, but without any personally identifying information. After the recording has been transcribed and checked and the project is complete, it will be destroyed. Is this discussion something you are interested in and comfortable with?

Yes	☐	SHARE DATE AND TIME OF INTERVIEW
No	☐	TERMINATE

Additionally, the interview 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 so you can review information. The information you will review includes reading, so it is best that you don't 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 discussion is working properly. Is this something you are interested in and comfortable with?

Yes	☐	CONTINUE
No	☐	TERMINATE

FOR SCHEDULED PARTICIPANTS:

The discussion can occur during the weeks of **INSERT WEEKS**, during the hours of **INSERT HOURS**. What date and time works best for you within that timeframe? Before your scheduled discussion, we will send you a confirmation with all the necessary logistical and technology information. If you wear reading glasses or use a hearing aid, please remember to have those with you at the interview.

If you must cancel, please let us know immediately, so we can find someone to take your place. My name is _____ and you can reach me at _____.

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