CDC-Heat\_Guidance

Survey Flow

Block: Welcome (1 Question)

Standard: PERCEPTION OF HEALTH RISKS FROM EXPOSURE TO HEAT (4 Questions)

Standard: AWARENESS OF HEATRISK FORECAST TOOL (3 Questions)

Standard: FAMILIARITY WITH AND USE OF CLINICAL HEAT GUIDANCE (10 Questions)

Branch: New Branch

If

If If yes, what clinical heat guidance resources do you use? (Select all that apply) CDC’s Clinical Heat Guidance from CDC website Is Selected

Or If yes, what clinical heat guidance resources do you use? (Select all that apply) CDC’s Clinical Heat Guidance from NACHC website Is Selected

Standard: USERS -- CONTENT AND USABILITY FEEDBACK ON SPECIFIC CDC HEAT GUIDANCE MATERIALS (6 Questions)

Standard: FACILITATORS, BARRIERS, LIKELIHOOD OF RECOMMENDING (5 Questions)

Standard: RESPONDENT QUESTIONS (7 Questions)

Standard: INCENTIVE (1 Question)

Branch: New Branch

If

If Thank you for completing the survey! As a token of appreciation, we are offering a $30 Visa eGift... Yes, I want the egift card. Is Selected

EndSurvey: Advanced

Branch: New Branch

If

If Thank you for completing the survey! As a token of appreciation, we are offering a $30 Visa eGift... No, I don't want the egift card. Is Selected

EndSurvey:

Standard: NON-USERS OF CDC RESOURCES -  (5 Questions)

Standard: FACILITATORS, BARRIERS, LIKELIHOOD OF RECOMMENDING (5 Questions)

Standard: RESPONDENT QUESTIONS (7 Questions)

Standard: INCENTIVE (1 Question)

Branch: New Branch

If

If Thank you for completing the survey! As a token of appreciation, we are offering a $30 Visa eGift... Yes, I want the egift card. Is Selected

EndSurvey: Advanced

Branch: New Branch

If

If Thank you for completing the survey! As a token of appreciation, we are offering a $30 Visa eGift... No, I don't want the egift card. Is Selected

EndSurvey:

|  |  |
| --- | --- |
| Page Break |  |

Start of Block: Welcome

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).

End of Block: Welcome

Start of Block: PERCEPTION OF HEALTH RISKS FROM EXPOSURE TO HEAT

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

▼ Yes (1) ... No (2)

Display This Question:

If Do you talk to patients about protecting their health from exposure to heat? = Yes

Q2 When do you speak with your patients about heat and their health?(Select all that apply)

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

Display This Question:

If Do you talk to patients about protecting their health from exposure to heat? = Yes

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

* You (1)
* Your patient (2)
* Both (3)
* Other [please specify] (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If Do you talk to patients about protecting their health from exposure to heat? = Yes

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

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

End of Block: PERCEPTION OF HEALTH RISKS FROM EXPOSURE TO HEAT

Start of Block: AWARENESS OF HEATRISK FORECAST TOOL

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

▼ Yes (1) ... No (2)

Display This Question:

If Have you used the HeatRisk forecast tool developed by NOAA’s National Weather Service and CDC?     = Yes

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

▼ Several times a day (1) ... Never (7)

Display This Question:

If Have you used the HeatRisk forecast tool developed by NOAA’s National Weather Service and CDC?     = Yes

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

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

End of Block: AWARENESS OF HEATRISK FORECAST TOOL

Start of Block: FAMILIARITY WITH AND USE OF CLINICAL HEAT GUIDANCE

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?

▼ Yes (1) ... No (2)

Display This Question:

If Do you use or are you familiar with any clinical heat guidance resources for clinicians and/or pa... = No

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

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

Display This Question:

If Do you use or are you familiar with any clinical heat guidance resources for clinicians and/or pa... = Yes

Q10 If yes, what clinical heat guidance resources do you use? (Select all that apply)

* CDC’s Clinical Heat Guidance from CDC website (1)
* CDC’s Clinical Heat Guidance from NACHC website (2)
* Harvard/Americares Clinical Heat Guidance (3)
* Heat.gov (4)
* State or local health department guidance (5)
* Guidance from medical association (please specify from whom) (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other sources (please specify) (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If If yes, what clinical heat guidance resources do you use? (Select all that apply) = CDC’s Clinical Heat Guidance from CDC website

Or If yes, what clinical heat guidance resources do you use? (Select all that apply) = CDC’s Clinical Heat Guidance from NACHC website

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

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

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

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

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

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

Display This Question:

If Do you use or are you familiar with any clinical heat guidance resources for clinicians and/or pa... = Yes

Q14 What prompts your use of any heat clinical guidance? (Select all that apply)

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

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

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

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

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

Display This Question:

If If yes, what clinical heat guidance resources do you use? (Select all that apply) = CDC’s Clinical Heat Guidance from CDC website

Or If yes, what clinical heat guidance resources do you use? (Select all that apply) = CDC’s Clinical Heat Guidance from NACHC website

Q17 Please indicate which specific materials you have used among CDC’s clinical heat guidance documents (Select all that apply)

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

End of Block: FAMILIARITY WITH AND USE OF CLINICAL HEAT GUIDANCE

Start of Block: USERS -- CONTENT AND USABILITY FEEDBACK ON SPECIFIC CDC HEAT GUIDANCE MATERIALS

Block 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!

Display This Question:

If Please indicate which specific materials you have used among CDC’s clinical heat guidance documen... = Clinical Overview of Heat

Or Please indicate which specific materials you have used among CDC’s clinical heat guidance documen... = Heat and Children and Teens with Asthma

Or Please indicate which specific materials you have used among CDC’s clinical heat guidance documen... = Heat and Pregnancy

Or Please indicate which specific materials you have used among CDC’s clinical heat guidance documen... = Heat and Cardiovascular Disease

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree (1) | Disagree (2) | Neutral (3) | Agree (4) | Strongly Agree (5) | NA (6) |
| I can quickly and easily access the Heat and Pregnancy page in a clinical setting. (1) |  |  |  |  |  |  |
| The Heat and Pregnancy guidance page is easy to use. (2) |  |  |  |  |  |  |
| The information presented on the Heat and Pregnancy guidance page is clear. (3) |  |  |  |  |  |  |
| The Heat and Pregnancy guidance page presents an appropriate amount of information. It does not feel overwhelming. (4) |  |  |  |  |  |  |
| Overall, the content on the Heat and Pregnancy is useful. (5) |  |  |  |  |  |  |

Display This Question:

If Please indicate which specific materials you have used among CDC’s clinical heat guidance documen... = Quick Start Guide for Clinicians on Heat and Health

Q19 Thinking about the Quick Start Guide, please indicate how much you disagree or agree with the following statements. Quick Start Guide for Clinicians on Heat and Health

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree (1) | Disagree (2) | Neutral (3) | Agree (4) | Strongly Agree (5) | NA (6) |
| I can quickly and easily access the Quick Start Guide in a clinical setting. (1) |  |  |  |  |  |  |
| The Quick Start Guide is easy to use. (2) |  |  |  |  |  |  |
| The information presented on the Quick Start Guide is clear. (3) |  |  |  |  |  |  |
| The Quick Guide presents an appropriate amount of information. It does not feel overwhelming. (4) |  |  |  |  |  |  |
| Overall, the content on the Quick Start Guide is useful. (5) |  |  |  |  |  |  |

Display This Question:

If Please indicate which specific materials you have used among CDC’s clinical heat guidance documen... = CHILL'D-Out: A Heat and Health Risk Factor Screening Questionnaire

Q20 Thinking about the CHILL’D OUT Screening Questionnaire, please indicate how much you disagree or agree with the following statements. CHILL'D-Out: A Heat and Health Risk Factor Screening Questionnaire

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree (1) | Disagree (2) | Neutral (3) | Agree (4) | Strongly Agree (5) | NA (6) |
| I can quickly and easily access the CHILL’D-Out tool in a clinical setting. (1) |  |  |  |  |  |  |
| The CHILL’D-Out tool is easy to use. (2) |  |  |  |  |  |  |
| The information presented in CHILL’D-Out tool is clear. (3) |  |  |  |  |  |  |
| The CHILL’D-Out tool presents an appropriate amount of information. It does not feel overwhelming. (4) |  |  |  |  |  |  |
| Overall, the content on the CHILL’D-Out tool is useful. (5) |  |  |  |  |  |  |

Display This Question:

If Please indicate which specific materials you have used among CDC’s clinical heat guidance documen... = Tips and Action Plan for Children with Asthma

Or Please indicate which specific materials you have used among CDC’s clinical heat guidance documen... = Tips and Action Plan for Teens with Asthma

Or Please indicate which specific materials you have used among CDC’s clinical heat guidance documen... = Tips and Action Plan for Pregnant Women

Or Please indicate which specific materials you have used among CDC’s clinical heat guidance documen... = Tips and Action Plan for People with Cardiovascular Disease

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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree (1) | Disagree (2) | Neutral (3) | Agree (4) | Strongly Agree (5) | NA (6) |
| The Tips and Action Plan for Teens with Asthma is easy for my patients to access online. (1) |  |  |  |  |  |  |
| The Tips and Action Plan for Teens with Asthma is useful for my pediatric or teen patients with asthma. (2) |  |  |  |  |  |  |
| The Tips and Action Plan for Teens with Asthma is easy for my patients to use (3) |  |  |  |  |  |  |
| The information presented in the Tips and Action Plan Teens with Asthma is clear to my patients. (4) |  |  |  |  |  |  |
| The Tips and Action Plan for Teens with Asthma presents an appropriate amount of information. (5) |  |  |  |  |  |  |

Display This Question:

If Please indicate which specific materials you have used among CDC’s clinical heat guidance documen... = Heat Action Plan Infographic

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree (1) | Disagree (2) | Neutral (3) | Agree (4) | Strongly Agree (5) | NA (6) |
| The Heat Action Plan Infographic is easy for my patients to access online. (1) |  |  |  |  |  |  |
| The Heat Action Plan Infographic is useful for my patients (2) |  |  |  |  |  |  |
| The Heat Action Plan Infographic is easy for my patients to use. (3) |  |  |  |  |  |  |
| The information presented Heat Action Plan Infographic is clear to my patients. (4) |  |  |  |  |  |  |
| The Heat Action Plan Infographic presents an appropriate amount of information. (5) |  |  |  |  |  |  |

End of Block: USERS -- CONTENT AND USABILITY FEEDBACK ON SPECIFIC CDC HEAT GUIDANCE MATERIALS

Start of Block: FACILITATORS, BARRIERS, LIKELIHOOD OF RECOMMENDING

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

▼ Too much information (1) ... Not enough information (3)

Q28 Are there specific formats or tools that would increase your use of this guidance with your patients? (Select all that apply)

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

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? (Select all that apply)

* Bengali (1)
* French (2)
* Gujarati (3)
* Hindi (4)
* Italian (5)
* Japanese (6)
* Korean (7)
* Polish (8)
* Swahili (9)
* Tagalog (10)
* Urdu (11)
* Other (please specify) (12) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q30 As currently designed, would you recommend or share CDC’s heat guidance with other health care professionals? (Select the best answer)

▼ Yes (1) ... Not sure (3)

Q35 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?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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End of Block: FACILITATORS, BARRIERS, LIKELIHOOD OF RECOMMENDING

Start of Block: RESPONDENT QUESTIONS

Block Intro 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.

Q1: City Clinic Loc In what city is your clinic located?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q2 In what state is your clinic located?

▼ Alabama (1) ... I do not reside in the United States (53)

Q3: Name Information What is your health center name?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q42 What is your role at the CHC?

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

Q5: Provider Spec If applicable, please indicate your specialty or sub-specialty (optional)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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)

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

End of Block: RESPONDENT QUESTIONS

Start of Block: INCENTIVE

incentive Thank you for completing the survey! As a token of appreciation, we are offering a $30 Visa eGift card. If you would like to receive it, please select "Yes." On the next screen, you will be prompted to enter your email address. Your email address will be stored separately from your survey responses.

* Yes, I want the egift card. (1)
* No, I don't want the egift card. (2)

End of Block: INCENTIVE

Start of Block: NON-USERS OF CDC RESOURCES -

Block Intro 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.

Q23 Thinking about the Quick Start Guide, please indicate how much you disagree or agree with the following statements. Quick Start Guide for Clinicians on Heat and Health

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree (1) | Disagree (2) | Neutral (3) | Agree (4) | Strongly Agree (5) | NA (6) |
| I can quickly and easily access the Quick Start Guide in a clinical setting. (1) |  |  |  |  |  |  |
| The Quick Start Guide is easy to use. (2) |  |  |  |  |  |  |
| The information presented on the Quick Start Guide is clear. (3) |  |  |  |  |  |  |
| The Quick Guide presents an appropriate amount of information. It does not feel overwhelming. (4) |  |  |  |  |  |  |
| Overall, the content on the Quick Start Guide is useful. (5) |  |  |  |  |  |  |

Q24 Thinking about the CHILL’D OUT Screening Questionnaire, please indicate how much you disagree or agree with the following statements. CHILL'D-Out: A Heat and Health Risk Factor Screening Questionnaire

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree (1) | Disagree (2) | Neutral (3) | Agree (4) | Strongly Agree (5) | NA (6) |
| I can quickly and easily access the CHILL’D-Out tool in a clinical setting. (1) |  |  |  |  |  |  |
| The CHILL’D-Out tool is easy to use. (2) |  |  |  |  |  |  |
| The information presented in CHILL’D-Out tool is clear. (3) |  |  |  |  |  |  |
| The CHILL’D-Out tool presents an appropriate amount of information. It does not feel overwhelming. (4) |  |  |  |  |  |  |
| Overall, the content on the CHILL’D-Out tool is useful. (5) |  |  |  |  |  |  |

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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree (1) | Disagree (2) | Neutral (3) | Agree (4) | Strongly Agree (5) | NA (6) |
| The Tips and Action Plan for People with Cardiovascular Disease is easy for my patients to access online. (1) |  |  |  |  |  |  |
| The Tips and Action Plan for People with Cardiovascular Disease is useful for my pediatric or teen patients with asthma. (2) |  |  |  |  |  |  |
| The Tips and Action Plan for People with Cardiovascular Disease is easy for my patients to use (3) |  |  |  |  |  |  |
| The information presented in the Tips and Action Plan for People with Cardiovascular Disease is clear to my patients. (4) |  |  |  |  |  |  |
| The Tips and Action Plan for People with Cardiovascular Disease presents an appropriate amount of information. (5) |  |  |  |  |  |  |

Q26 Thinking about the Heat Action Plan Infographic, please indicate how much you disagree or agree with the following statements. Heat Action Plan Infographic

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree (1) | Disagree (2) | Neutral (3) | Agree (4) | Strongly Agree (5) | NA (6) |
| The Heat Action Plan Infographic is easy for my patients to access online. (1) |  |  |  |  |  |  |
| The Heat Action Plan Infographic is useful for my patients (2) |  |  |  |  |  |  |
| The Heat Action Plan Infographic is easy for my patients to use. (3) |  |  |  |  |  |  |
| The information presented Heat Action Plan Infographic is clear to my patients. (4) |  |  |  |  |  |  |
| The Heat Action Plan Infographic presents an appropriate amount of information. (5) |  |  |  |  |  |  |

End of Block: NON-USERS OF CDC RESOURCES -