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**CDC Division of Vector-Borne Diseases**  
Interview Screener for Providers on Alpha-Gal Syndrome  
Updated: December 14, 2023

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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 an interview on topics that may matter or be interesting to you. **[DO NOT DISCLOSE THE EXACT TOPIC OF DISCUSSION BEFORE THE INTERVIEW.]** The discussion will last approximately 60 minutes. The sole sponsor of this activity is the Centers for Disease Control and Prevention (CDC). To maintain participants' confidentiality, the interviewer will use first names only during the discussion, and no part of your name be used in any transcripts or reports available to CDC. CDC is not interested in any of your personal information. At this stage, we will be asking you a few questions to ensure we are recruiting a variety of people only.

I have a few questions to start.

**[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 an 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: \_\_\_\_\_

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

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

## Recruit Summary

Segment	Audience	Number to Recruit
A	Adult primary care physicians	3
B	Emergency care physicians	2
C	Gastroenterology physicians	2
D	Allergist or immunology physicians	2

## Screening Questions

1. Are you...?

Female		<b>MAX 5 EITHER GENDER</b>
Male		
Transgender, non-binary, or another gender		

2. Are you a...?

Medical Doctor (MD)		<b>CONTINUE MAX 1 DO PER PHYSICIAN AUDIENCE</b>
Doctor of Osteopathic Medicine (DO)		
Physician Assistant (PA)		<b>TERMINATE ALL</b>
Nurse Practitioner (NP)		
Pharmacist (hold a PharmD)		
Other (Please specify)		

3. What is your medical specialty?

Primary care, internal medicine, or family medicine (specify if so)		<b>CONTINUE</b>
Gastroenterology		
Emergency medicine		
Allergy or immunology		
Something else (please specify)		<b>TERMINATE ALL</b>

4. Do you have a sub-specialty in addition to your specialty? If so, what is it? **RECORD**

5. What percent of your time is dedicated to your sub-specialty?

Less than 25%		<b>TERMINATE ALL</b>
Between 25% and 75%		
75% or more		

6. Are you currently in residency or a fellowship program as part of your training in your specialty or subspecialty?

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

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

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

8. 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>

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

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

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

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

- **PRIMARY CARE:**
  - o Must have primary care, internal, medicine, or family medicine as specialty.
  - o Must not work in emergency department.
- **GASTROENTEROLOGY:**
  - o Must have gastroenterology as specialty.
  - o Must not work in emergency department.
- **EMERGENCY CARE:**
  - o Must have emergency medicine as specialty.
  - o Must work in emergency department.
- **ALLERGIST:**
  - o Must have allergy or immunology as specialty.
  - o Must not work in emergency department.

11. In which state do you practice? **RECORD STATE**

Northeast		<b>MAX 4 IN ANY ONE REGION TOTAL. NO DUPLICATE REGIONS PER PROVIDER AUDIENCE.</b>
South		
Midwest		
West		
		<b>TERMINATE ALL</b>

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

A public health department		<b>TERMINATE ALL</b>
Federal or state government		
Pharmaceutical company or research lab		
None of the above		<b>CONTINUE</b>

13. The following is a list of medical conditions. For each one, please tell me whether you are very familiar, somewhat familiar, not familiar but aware, or not at all aware. **READ IN RANDOM ORDER, RECORD FOR EACH**

Alpha-gal syndrome, or any of alpha-gal allergy, red meat allergy, or tick bite meat allergy		<b>MUST BE "VERY," "SOMEWHAT," OR "NOT FAMILIAR BUT AWARE" TO QUALITY</b>
Coccidioidomycosis, also called valley fever		<b>CONTINUE (DUMMY TOPICS TO MASK SUBJECT)</b>
Chikungunya virus		
Mpox, also called monkeypox		
Shigellosis		

14. In what year did you receive your highest medical degree?

1973 or before		<b>MAX 2</b>
1974-1983		<b>CONTINUE</b>
1984-1993		
1994-2003		
2004-2013		
2014-2019		
2019 or after		<b>MAX 2</b>

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

Urban		<b>MAX 5 URBAN + SUBURBAN</b>
Suburban		
Small town		<b>MAX 5 SMALL TOWN + RURAL</b>
Rural		

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

Yes		<b>CONTINUE</b>
No		

17. What is your race? Choose all that apply.

American Indian or Alaska Native		<b>CONTINUE</b>
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
Another race		

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

18. Which of the following is the most common insurance status for your patients?

Covered by private insurance		<b>CONTINUE</b>
Covered by public insurance		<b>MAX 3</b>
Uninsured		<b>MAX 2</b>

19. 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>

## 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 outside of the project team. 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 60-minute 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, never in association with 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, we will not include your name in the transcript. After approval of the final report, recordings will be deleted. Is this interview something you are interested in and comfortable with?

Yes	<input type="checkbox"/>	<b>SHARE DATE AND TIME OF INTERVIEW</b>
No	<input type="checkbox"/>	<b>TERMINATE ALL</b>

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 and camera so you can be on screen. 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, and do you have access to a computer or tablet to fulfill these requirements?

Yes	<input type="checkbox"/>	<b>CONTINUE</b>
No	<input type="checkbox"/>	<b>TERMINATE ALL</b>

### FOR SCHEDULED PARTICIPANTS:

The interview will occur on **DATE**, at **TIME**. Before your scheduled discussion, we will send you confirmation with all the required logistical and technological information. If you wear reading glasses or use a hearing aid, please remember to have those with you for 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**