**Screening/Eligibility Form for Interviews/Focus Groups**

(form to be read and conducted by recruiter)

1. Are you comfortable speaking and reading in English?
   1. Yes [ELIGIBLE; CONTINUE]
   2. No [INELIGIBLE; STOP]
   3. Don’t Know [INELIGIBLE; STOP]
2. Are you a healthcare provider?
   1. Yes [ELIGIBLE; CONTINUE]
   2. NO [INELIGIBLE; STOP]
3. Do you work in a clinical setting where you regularly interact with patients?
   1. Yes [ELIGIBLE; CONTINUE]
   2. NO [INELIGIBLE; STOP]
4. What type of healthcare provider describes you?
   1. Primary Care Physician (PCP) or Family/Internal Medicine Physician [ELIGIBLE; CONTINUE TO 5A]
   2. Obstetrician/Gynecologist (OBGYN) [ELIGIBLE; CONTINUE TO 5A]
   3. Pediatrician [ELIGIBLE; CONTINUE TO 5A]
   4. Oncologist [ELIGIBLE; CONTINUE TO 5A]
   5. Nurse Practitioner (NP) [ELIGIBLE; CONTINUE TO 5A]
   6. Physician Assistant (PA) [ELIGIBLE; CONTINUE TO 5A]
   7. Other (specify) [ELIGIBLE; CONTINUE TO 5B]

1. 5A Do you work at a federally qualified health center (FQHC) or community health center?
   1. Yes [ELIGIBLE; CONTINUE]
   2. No [ELIGIBLE; CONTINUE]

5B [FOR “OTHER” TYPES OF HCPs] Do you work at a federally qualified health center (FQHC) or community health center?

* 1. Yes [ELIGIBLE; CONTINUE]
  2. No [INELIGIBLE; STOP]
     + [NOTE: that this means the individual is not one of the given types of healthcare providers in question 4, and they do not work for an FQHC/community health center.]

1. Does part of your role involve discussing health-related behaviors (e.g., diet, physical activity) with your patients?
   1. Yes, this is part of my role [ELIGIBLE; CONTINUE]
   2. No, this is not part of my role [INELIGIBLE; STOP]
2. [ONLY FOR NURSE PRACTITIONERS OR PHYSICIAN ASSISTANTS] Which area of medicine do you work in? [select all that apply]
   1. Anesthesia
   2. Cardiology
   3. Dermatology
   4. Emergency medicine
   5. ENT/Otolaryngology
   6. Family medicine
   7. General practice
   8. Internal medicine
   9. Neurology
   10. Obstetrics and gynecology (OB/GYN)
   11. Radiology
   12. Pediatrics
   13. Surgery
   14. Other (specify)

The discussion we would like you to participate in will take place online.  The next few questions are about technology – please answer these questions considering the computer you will be using to join the online interview/focus group.

1. Do you have access to a computer or tablet?
   1. Yes [ELIGIBLE; CONTINUE]
   2. No [INELIGIBLE; STOP]
2. Do you currently have access to *high-speed (define minimum speed)* internet – again considering the location and computer/tablet you will be joining the discussion from?

[    ] Yes

[    ] No - **TERMINATE**

1. What type of computer/tablet will you be using?

[ ] Laptop

[ ] Desktop

[ ] Tablet

[ ] I do not have access to a laptop, desktop, or tablet - **TERMINATE**

1. Do you currently have a working webcam on your computer/tablet (whether built in or plug in)?

[ ] Yes – Built in or external

[  ] No - **TERMINATE**

1. Do you have access to an active email account?

[    ] Yes – **RECORD CAREFULLY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[    ] No - **TERMINATE**

**This account is where we will send your confirmation email with important instructions on how to join the session.**

1. What internet browser do you use (e.g., Internet Explorer, Chrome, Safari, Firefox, Edge)?   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Internet Explorer is NOT supported at all. Only continue with the respondent if they are willing to download a compatible browser. Chrome, Firefox, Edge, and Safari are compatible. All others, hold and check with the client.**

**If Internet Explorer is their answer:** Would you be willing to download another browser to use for the test/live session?

[ ] YES- **CONTINUE**

[ ] NO- **TERMINATE**

|  |  |  |
| --- | --- | --- |
| **ELIGIBILITY CHECK:** | □ Yes  □ No | Date:  Initials: |