Form Approved
OMB No. XXXX-XXXX
Expiration Date X/XX/202X

Attachment 1. Survey for Community Health Center Physicians and Non-Physicians on CDC's Clinician Heat Guidance 11.15.24 DRAFT

[Survey 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).

Form Approved
OMB No. XXXX-XXXX
Expiration Date X/XX/202X

//PERCEPTION OF HEALTH RISKS FROM EXPOSURE TO HEAT//

Question Type: Single Response Drop Down

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

Variable Label: Q1: Conversations about Heat and Health with Patients

- a. Yes [IF YES, CONTINUE TO Q2]
- b. No [IF NO, GO TO Q5]

Question Type: Multi Response Drop Down

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

Variable Label: Q2: Conversations about Heat and Health with Patients

- a. At every visit?
- b. At visits during warmer months?
- c. During extreme heat days/events
- d. At visits for high-risk patients?
- e. If the patient brings it up.
- f. Other [please specify]
- g. Never?

Question Type: Single Response Drop Down

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

Variable Label: Q3: Clinical Appointment Heat Conversations

- a. You
- b. Your patient
- c. Both
- d. Other [please specify]

Question Type: Multi Response Drop Down

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

Variable Label: Q4: Patient Concerns about Heat

- a. Lack of cooling options in their home (no air conditioning or fan)
- b. Lack of money to pay for utility bill for cooling their home
- c. Indoor or outdoor hot working conditions
- d. Impact of heat on elderly family members
- e. Impact of heat on children and/or vulnerable family members
- f. Patients do not raise any concerns
- g. Other [please specify]

//AWARENESS OF HEATRISK FORECAST TOOL//

Form Approved
OMB No. XXXX-XXXX
Expiration Date X/XX/202X

Question Type: Single Response Drop Down

5. **Q5.** Have you used the HeatRisk forecast tool developed by NOAA's National Weather Service and CDC?

Variable Label: Q5: HeatRisk Familiarity

- a. Yes [IF YES, CONTINUE TO Q6]
- b. No [IF NO, SKIP TO Q8]

Question Type: Single Response Drop Down

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

Variable Label: Q6: Frequency of HeatRisk Use

- a. Several times a day
- b. Daily
- c. Several times a week
- d. Weekly
- e. Seasonally
- f. Rarely
- g. Never

Question Type: Multi Response Drop Down

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

Variable Label: Q7: Reason for HeatRisk Use

- a. I was outside and it was hot
- b. Extreme heat events
- c. Heat alert from another source
- d. Heat in the news
- e. Attended a webinar
- f. Use it daily
- g. To inform CHC operation/outreach
- h. Other (please specify)

//FAMILIARITY WITH AND USE OF CLINICAL HEAT GUIDANCE//

Question Type: Single Response Drop Down

8. 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?

Variable Label: Q8: Preventive Heat Resources Used with Patients

- a. Yes [IF YES, SKIP TO Q10]
- b. No [IF NO, CONTINUE TO Q9]

Form Approved
OMB No. XXXX-XXXX
Expiration Date X/XX/202X

Question Type: Multi-Response Drop Down/Open Ended Response

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

Variable Label: Q9: IF NO for using preventive heat resources, why not

- a. I am not aware of any available clinical heat guidance
- b. I don't have time to access guidance during patient visits
- c. The guidance available is not helpful for the concerns of patients
- d. The format of the guidance is not accessible for me
- e. The resources are not accessible for patients
- f. The patient is already receiving other information on priority topics
- g. Other [describe]

Question Type: Multiple Select/Select all that apply/Open Ended Response

10. **Q10.** If yes, what clinical heat guidance resources do you use? (Select all that apply) [ADD IMAGES of guidance resources]

Variable Label: Q10: IF YES for using preventive heat guidance/resources, which

- a. CDC's Clinical Heat Guidance from CDC website [IF CHECKED THIS GO TO Q11]
- b. CDC's Clinical Heat Guidance from NACHC website [IF CHECKED THIS GO TO Q11]
- c. Harvard/Americares Clinical Heat Guidance [IF NO TO A AND/OR B SKIP TO Q12]
- d. Heat.gov [IF NO TO A AND/OR B SKIP TO Q12]
- e. State or local health department guidance [IF NO TO A AND/OR B SKIP TO Q12]
- f. Guidance from medical association (please specify from whom) [IF NO TO A AND/OR B - SKIP TO Q12]
- g. Other sources (please specify) [IF NO TO A AND/OR B SKIP TO Q12]

Question Type: Single-Response Drop Down/Open Ended Response

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

Variable Label: Q11: Use & Familiarity of CDC Heat Guidance

- a. During CDC's April 22, 2024 launch
- b. From NACHC Newsletter/Email
- c. From national news
- d. From CDC's website
- e. From a webinar
- f. From a colleague

Form Approved
OMB No. XXXX-XXXX
Expiration Date X/XX/202X

g. Other (please specify)

Question Type: Single-Response Drop Down/Open Ended Response

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

Variable Label: Q12: Primary Messenger to Patients

- a. Physician
- b. Nurse Practitioner
- c. Physician Assistant
- d. Nurse
- e. Medical Assistant
- f. Clinic Manager
- g. Social Worker
- h. Case Manager
- i. Community Health Worker
- i. Patient educator
- k. Patient Navigator
- I. Administrative/operations staff
- m. Behavioral health specialist
- n. Pharmacists/pharmacy technician
- o. Psychologist/ Mental Health Professional
- p. Don't know/Unsure
- q. Other (please specify)
- r. No one uses CDC's clinical heat guidance

Form Approved
OMB No. XXXX-XXXX
Expiration Date X/XX/202X

Question Type: Multiselect Drop Down/Open Ended Response

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

Variable Label: Q13: Other messengers?

- a. Physician
- b. Nurse Practitioner
- c. Physician Assistant
- d. Nurse
- e. Medical Assistant
- f. Clinic Manager
- g. Social Worker
- h. Case Manager
- i. Community Health Worker
- j. Patient educator
- k. Patient Navigator
- I. Administrative/operations staff
- m. Behavioral health specialist
- n. Pharmacists/pharmacy technician
- o. Psychologist/ Mental Health Professional
- p. Don't know/Unsure
- q. Other (please specify)

No one uses CDC's clinical heat guidance

[FOR USERS ONLY - if answered yes to A-G in Q10]

Question Type: Multi-Response Drop Down

14. Q14. What prompts your use of any heat clinical guidance? [select all that apply]

Form Approved
OMB No. XXXX-XXXX
Expiration Date X/XX/202X

Variable Label: Q14: Guidance Prompt

- a. HeatRisk Forecast tool
- b. Heat alert from another source
- c. Heat in the news
- d. Media or social media
- e. I was outside and it was hot
- f. Extreme heat events
- g. Concern raised by patients
- h. Attended a webinar attention
- i. Other (please specify)

Question Type: Multi-Response Drop Down/Open Ended Response

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

Variable Label: Q15: Modality of Dissemination of Materials to Patients

- a. Verbally, during the check-in process
- b. Verbally, by a nurse/technician during the physician visit
- c. Verbally, by the physician during the patient visit
- d. Verbally, by a social worker during the visit
- e. Verbally, by a nurse/technician after the visit
- f. Verbally, by a social worker after the visit
- g. Verbally, by other staff in the clinic (please specify)
- h. Verbally, in a community setting individually
- i. Verbally, in small groups
- j. Through the patient portal
- k. Posted in the waiting room
- I. On a tv in the waiting room
- m. Via handout or pamphlet
- n. Other (please specify

Question Type: Multi-select drop down

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

Variable Label: Q16: Barriers to Clinical Guidance Usage

- **a.** Accessibility of language
- **b.** Patient literacy level
- **c.** Difficult online navigation
- **d.** Format of materials not helpful
- e. Unclear how to use materials

Form Approved
OMB No. XXXX-XXXX
Expiration Date X/XX/202X

- **f.** Time restraints
- g. Other (please specify)

Question Type: Multi-Select Drop Down

17. Q17. Please indicate which specific materials you have used among CDC's clinical heat guidance documents [select all that apply]. ONLY ANSWER THIS QUESTION IF THEY INDICATED THEY USE CDC MATERIALS IN Q10

Variable Label: Q17: Usage of CDC Materials

- a. Clinical Overview of Heat
- b. Heat and Children and Teens with Asthma
- c. Heat and Pregnancy
- d. Heat and Cardiovascular Disease
- e. How to Use the HeatRisk Tool and Air Quality Index
- f. Quick Start Guide for Clinicians on Heat and Health
- g. CHILL'D-Out: A Heat and Health Risk Factor Screening Questionnaire
- h. Heat and Medications Guidance for Clinicians
- i. Tips and Action Plan for Children with Asthma
- j. Tips and Action Plan for Teens with Asthma
- k. Tips and Action Plan for Pregnant Women
- I. Tips and Action Plan for People with Cardiovascular Disease
- m. Heat Action Plan Infographic

Form Approved
OMB No. XXXX-XXXX
Expiration Date X/XX/202X

//CONTENT AND USABILITY FEEDBACK ON SPECIFIC CDC HEAT GUIDANCE MATERIALS//

//TEXT 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!//

TABLES FOR USERS OF CDC RESOURCES à ONLY ANSWER THE USER TABLES IF THEY INDICATED THEY USE CDC MATERIALS IN Q10

Q18 if they answer a,b,c, or d on Q17

Question Type: Multi-Select Table

18. Q18. Please see one example below of CDC's clinical overview materials and indicate how much you disagree or agree with the following statement.

Variable Label: Q18: Heat and Pregnancy Page Navigability/Usability

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

Question 19; IF they answered f on Q17

Question Type: Multi-Select Table

Form Approved
OMB No. XXXX-XXXX
Expiration Date X/XX/202X

19. Q19. Thinking about the *Quick Start Guide*, please indicate how much you disagree or agree with the following statements.

Variable Label: Q19: Quick Start Guide Navigability/Usability

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

Question 20, IF they answered g on Q17

Question Type: Multi-Select Table

20. Q20. Thinking about the *CHILL'D OUT Screening Questionnaire*, please indicate how much you disagree or agree with the following statements.

Variable Label: Q20: CHILL'D-Out Screening Questionnaire Navigability/Usability

I can quickly and easily access the CHILL'D-Out tool in a clinical setting.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
The CHILL'D-Out tool is easy to use.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
The information presented in CHILL'D-Out tool is clear.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
The CHILL'D-Out tool presents an appropriate amount of information. It does not feel overwhelming.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
Overall, the content on the CHILL'D-Out tool is	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA

Form Approved
OMB No. XXXX-XXXX
Expiration Date X/XX/202X

useful.			

Question 21 IF they answered I, j, k, I on Q17

Question Type: Multi-Select Table

21. **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.

Variable Label: Q21: Patient Toolkits Navigability/Usability

The Tips and Action Plan for Teens with Asthma is easy for my patients to access online.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
The Tips and Action Plan for Teens with Asthma is useful for my pediatric or teen patients with asthma.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
The Tips and Action Plan for Teens with Asthma is easy for my patients to use	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
The information presented in the Tips and Action Plan Teens with Asthma is clear to my patients.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
The Tips and Action Plan for Teens with Asthma presents an appropriate amount of information.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA

Q22, IF they answered m on Q17

Question Type: Multi-Select Table

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

Variable Label: Q22: Navigability/Usability

The Heat Action Plan	Strongly	Disagree	Neutral	Agree	Strongly	NA
Infographic is easy for	Disagree				Agree	
my patients to access						

Form Approved
OMB No. XXXX-XXXX
Expiration Date X/XX/202X

online.						
The Heat Action Plan	Strongly	Disagree	Neutral	Agree	Strongly	NA
Infographic is useful for	Disagree				Agree	
my patients						
The Heat Action Plan	Strongly	Disagree	Neutral	Agree	Strongly	NA
Infographic is easy for	Disagree				Agree	
my patients to use.						
The information	Strongly	Disagree	Neutral	Agree	Strongly	NA
presented Heat Action	Disagree				Agree	
Plan Infographic is						
clear to my patients.						
The Heat Action Plan	Strongly	Disagree	Neutral	Agree	Strongly	NA
Infographic presents an	Disagree				Agree	
appropriate amount of						
information.						

TABLES FOR NON-USERS OF CDC RESOURCES à ONLY ANSWER THESE TABLES IF THEY INDICATED THEY DID NOT USE AND WERE NOT FAMILIAR WITH CDC MATERIALS IN Q10

//Text Introduction: 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.//

Question Type: Multi-Select Table

23. Q23. Based on your immediate impression of the *Quick Start Guide*, please indicate how much you disagree or agree with the following statements.

Variable Label: Q23: Quick Start Guide Navigability/Usability

I can quickly and easily access the Quick Start Guide in a clinical setting.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
The Quick Start Guide is easy to use.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
The information presented on the Quick Start Guide is clear.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
The Quick Guide presents an appropriate amount of information. It does not feel overwhelming.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA

Form Approved
OMB No. XXXX-XXXX
Expiration Date X/XX/202X

Overall, the content on	Strongly	Disagree	Neutral	Agree	Strongly	NA
the Quick Start Guide is	Disagree				Agree	
useful.						

Question Type: Multi-Select Table

24. Q24. Based on your immediate impression of the *CHILL'D OUT Screening Questionnaire*, please indicate how much you disagree or agree with the following statements.

Variable Label: Q24: CHILL'D-Out Screening Questionnaire Navigability/Usability

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

Question Type: Multi-Select Table

25. 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.

Variable Label: Q25: Patient Toolkits Navigability/Usability

The Tips and Action	Strongly	Disagree	Neutral	Agree	Strongly	NA
Plan for People with	Disagree				Agree	
Cardiovascular Disease						
is easy for my patients						
to access online.						
The Tips and Action	Strongly	Disagree	Neutral	Agree	Strongly	NA
Plan for People with	Disagree				Agree	
Cardiovascular Disease						
is useful for my						
pediatric or teen						
patients with asthma.						

Form Approved
OMB No. XXXX-XXXX
Expiration Date X/XX/202X

The Tips and Action Plan for People with Cardiovascular Disease is easy for my patients to use	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
The information presented in the Tips and Action Plan for People with Cardiovascular Disease is clear to my patients.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
The Tips and Action Plan for People with Cardiovascular Disease presents an appropriate amount of information.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA

Question Type: Multi-Select Table

26. **Q26.** Based on your immediate impression of the *Heat Action Plan Infographic*, please indicate how much you disagree or agree with the following statements.

Variable Label: Q26: Navigability/Usability

The Heat Action Plan Infographic is easy for my patients to access online.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
The Heat Action Plan Infographic is useful for my patients	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
The Heat Action Plan Infographic is easy for my patients to use.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
The information presented Heat Action Plan Infographic is clear to my patients.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
The Heat Action Plan Infographic presents an appropriate amount of information.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA

Form Approved
OMB No. XXXX-XXXX
Expiration Date X/XX/202X

//FACILITATORS, BARRIERS, LIKELIHOOD OF RECOMMENDING TO OTHERS, RECOMMENDED ADDITIONS//

All respondents will receive the following questions

Question Type: Single Response Drop Down

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

Variable Label: Q27: Amount of Information in Heat Guidance

- a. Too much information
- b. Just enough information
- c. Not enough information

Question Type: Multiselect

28. Q28. Are there specific formats or tools that would increase your use of this guidance with your patients? [Select all that apply.]

Variable Label: Q28: Future Modalities of Guidance to Increase Usage

- a. Text prompts for patients
- b. Heat counseling talking points
- c. Posters
- d. Short videos
- e. Social Media graphics and messaging
- f. Other (please specify)

Question Type: Open Ended

29. **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?

Variable Label: Q29: Additional Languages

Question Type: Single Response Drop Down

30. Q30. As currently designed, would you recommend or share CDC's heat guidance with other health care professionals? [Select the best answer]

Variable Label: Q30: Recommendation of Guidance to Healthcare Peers

- a. Yes
- b. No

Form Approved
OMB No. XXXX-XXXX
Expiration Date X/XX/202X

c. Not sure

Question Type: Open Ended Response

31. Q31. 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?

Variable Label: Q31: Future Expansion of Guidance

//RESPONDENT QUESTIONS//

//TEXT//

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.

Question type: Open End ResponseQ1. In what city is your clinic located?Variable Label: Q1: City Clinic Location

Question Type: Single Response Drop DownQ2. In what state is your clinic located?Variable Label: Q2: State Clinic Information

Question Type: Open End ResponseQ3. What is your health center name?Variable Label: Q3: Name Information

Question Type: Single Response Drop Down

4. Q4. What is your role at the CHC?

Variable Label: Q4: Provider Role Information

a. Physician

b. Nurse Practitioner

c. Physician Assistant

d. Nurse

Form Approved
OMB No. XXXX-XXXX
Expiration Date X/XX/202X

- e. Medical Assistant
- f. Clinic Manager
- g. Social Worker
- h. Case Manager
- i. Community Health Worker
- j. Patient educator
- k. Patient Navigator
- I. Administrative/operations staff
- m. Behavioral health specialist
- n. Pharmacists/pharmacy technician
- o. Psychologist/ Mental Health Professional
- p. Other (please specify)

Question Type: Open End Response

5. Q5. If applicable, please indicate your specialty or sub-specialty (optional)

Variable Label: Q5: Provider Specialty/Sub-Specialty Information

Question Type: Multi-Select Drop Down

6. 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]

Variable Label: Q6: Patient Population Information

- a. Pregnant people
- b. Children or teens with asthma
- c. Adults with cardiovascular diseases
- d. Older Adults
- e. Emergency Responders
- f. Outdoor Workers
- g. People with Disabilities
- h. People experiencing homelessness
- i. Other (please specify)

Form Approved
OMB No. XXXX-XXXX
Expiration Date X/XX/202X

//INCENTIVE//
//TEXT//

As a token of appreciation for your time, we are offering a \$30 Visa e-gift card. Please provide your email address below where the e-gift card will be sent. [open ended] _____/END OF SURVEY//

