

Screening and Recruitment Question Bank

CDC NCEZID

I. OVERVIEW

The following is a collection of potential questions (question bank) to be used in recruiting and screening participants for research on behalf of NCEZID. These recruitment questions can be used to screen participants for surveys, focus groups, or in-depth interviews (in addition to many other methodologies). The questions are also used to set quotas on numbers or mixes of participants with different profiles within a sample (to ensure no more than X, no less than X, etc.).

This document should not be viewed as a single screening questionnaire. Rather, it is meant to serve as a bank of questions from which to select only those that are necessary to identify the desired respondents for a given research initiative.

II. PROFILE QUESTIONS, SCREENING, AND QUOTA QUESTIONS

A. MARKET RESEARCH EXPERIENCE

1. Do you or any member of your household or immediate family work for:
 - A market research company
 - An advertising agency or public relations firm
 - The media (TV, radio, newspapers, magazines, etc.)
 - As a healthcare professional who provides treatment/care to patients (doctor, nurse, pharmacist, dietician, etc.)
2. Have you participated in a focus group, intercept interview, telephone survey, and/or online survey in which you were asked your opinions regarding a product, a service, or advertising within the past six months? What was/were the topics discussed?
 - Yes
 - No
3. How many of these have you attended in the past six months? **SPECIFY NUMBER**
4. What was/were the topics discussed? **SPECIFY**

B. STANDARD DEMOGRAPHICS

5. Are you...(mark all that apply)
 - Female
 - Male
 - Transgender, non-binary, or another gender
 - Prefer not to answer
6. What sex were you assigned at birth, on your original birth certificate?
 - Female
 - Male
7. How do you currently describe yourself (mark all that apply)?
 - Female
 - Male
 - Transgender
 - I use a different term **SPECIFY**
8. Just to confirm, you were assigned **[FILL]** at birth and now you describe yourself as **[FILL]**. Is that correct?
 - Yes

- No **RETURN TO PREVIOUS QUESTIONS TO CORRECT**
9. In what year were you born?
 - **SPECIFY YEAR OF BIRTH**
 - Prefer not to answer
 10. In what state do you live? **DROP DOWN LIST OF 50 STATES AND DC**
 11. What is your ZIP code? **SPECIFY**
 12. What is the highest level of education you have completed?
 - Less than high school graduate
 - High school graduate or completed GED
 - Technical or vocational degree
 - Four-year college degree
 - Postgraduate or professional degree
 - Other **SPECIFY**
 13. What best describes your current employment status?
 - Employed full time
 - Employed part time
 - Not employed
 - Homemaker
 - Stay-at-home parent
 - Student
 - Retired
 - Other **SPECIFY**
 - Prefer not to answer
 14. What is your current job title? What term would you use to describe your current profession?
SPECIFY
 15. Please describe the type of work or industry in which you are employed. **SPECIFY**
 16. Which of the following best describes your industry of employment?
 - Academia
 - Advertising/Marketing/PR/News media
 - Agriculture
 - Architecture and Engineering
 - Arts, Design, Entertainment, Sports, and Media
 - Community and Social Service
 - Consumer packaged goods
 - Education - Higher Education
 - Education - Primary/Secondary Education
 - Energy and natural resources
 - Entertainment/Media/Publishing
 - Farming, Fishing, Forestry
 - Financial services/Insurance
 - Food Services
 - Government and Public Administration
 - Health Care Support
 - Healthcare/Pharmaceuticals/Biotechnology
 - Veterinary Care
 - Hospitality/Travel/Tourism
 - Industrial/Manufacturing
 - Management consulting (non-financial professional/business services)
 - Office and Administrative Support
 - Retail
 - Sales and Customer Service
 - Telecommunications/IT/Technology
 - Transportation
 - Utilities
 - Other **SPECIFY**
 - Prefer not to say

17. Do you currently work as [SPECIFIC JOB OR ROLE]?
- Yes
 - No
18. About how many hours per week do you work in [SPECIFIC JOB OR ROLE]? **SPECIFY NUMERIC HOURS**
19. Ethnicity:
- Hispanic or Latino
 - Not Hispanic or Latino
 - Prefer not to answer
20. Race (select all that apply):
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
 - Prefer not to answer
21. **IF ASIAN** By background or origin, are you...? Select all that apply.
- Asian Indian
 - Bangladeshi
 - Bhutanese
 - Burmese
 - Cambodian
 - Chinese
 - Filipino
 - Hmong
 - Indonesian
 - Japanese
 - Korean
 - Laotian
 - Malaysian
 - Mongolian
 - Nepalese
 - Okinawan
 - Pakistani
 - Sri Lankan
 - Taiwanese
 - Thai
 - Vietnamese
 - Other Asian **SPECIFY**
 - Prefer not to say
22. What is your marital status?
- Single, never been married
 - Living with partner
 - Married
 - Separated
 - Divorced
 - Widowed
 - Prefer not to answer
23. Which of the following categories best describe your total annual household income?
- Under \$25,000/year
 - \$25,000 - \$49,999/year
 - \$50,000 - \$74,999/year
 - \$75,000 - \$99,999/year
 - \$100,000 or more/year
 - Prefer not to answer
24. Which of the following best describes the area where you live?

- Urban
- Suburban
- Rural

25. Including yourself, how many people live in your home?

- One (live alone)
- Two
- Three
- Four
- Five or more

26. Do you currently rent or own your home?

- Yes, I own my home
- Yes, I rent my home
- No, I live in a home but do not own or rent it

27. Which of the following best describes the type of place where you live now?

- Apartment or condominium
- Assisted living facility or nursing home
- I stay in the homes of many different people as they allow me to
- Emergency or homeless shelter
- Tent that I set up where I can
- Semi-permanent tent-like structure (e.g., yurt)
- House
- Mobile home or RV
- Tiny home
- Car
- Temporary lodging, such as a hotel or motel
- Something else **SPECIFY**
- Prefer not to say

C. CHILDREN IN HOUSEHOLD

28. Are you the parent or main/primary caregiver responsible for at least one child under the age of 18?

- Yes
- No

29. How many children under age 18 live in your home? **SPECIFY**

30. What are the ages of your children under age 18 living in the household? **SPECIFY FOR EACH CHILD**

31. Are you the person who takes your child to the doctor/is primarily responsible for taking your child to medical appointments?

- Yes
- No

D. PREGNANCY

32. Are you currently pregnant or planning to become pregnant in the next year?

- No
- Not sure
- Yes, I am planning on getting pregnant in the next year
- Yes, I am currently pregnant
- Prefer not to answer

33. Which trimester of pregnancy are you in?

- 1st trimester
- 2nd trimester
- 3rd trimester
- Prefer not to answer

34. Is this pregnancy your first pregnancy?
- Yes
 - No
35. Do you have any friends or family who are pregnant?
- Yes
 - No
 - Not sure
33. Do you live with or care for someone who is pregnant?
- Yes
 - No

E. SEXUAL IDENTITY & ACTIVITY

The questions in this section are used to identify groups that are sometimes at particular risk for certain health conditions or outbreaks. These questions have been used by research firms including KRC and have been approved by CDC for inclusion in prior screening questionnaires.

36. Are you sexually active?
- Yes
 - No or not sure
37. Do you currently have sex with people who are biologically [FEMALE/MALE]?
- Yes
 - No
 - Refused
38. Which of the following do you consider yourself to be? You can select as many as apply.
- Gay or lesbian
 - Straight, that is not gay or lesbian
 - Bisexual
 - I use a different term **SPECIFY**
 - I don't know
39. Within the past six months, have you had unprotected sex? By "unprotected sex" we mean having sex without a condom, dental dam, or glove, for example.
- Yes
 - No
 - Refused
40. Within the past six months, have you had sex with more than one partner?
- Yes
 - No
41. [For those who answer yes to sex with more than one partner] Within the past six months, how many partners have you had sex with?

F. HEALTH CONDITIONS

42. Are you living with a chronic health condition like [TOPIC]? If so, please specify. **SPECIFY**
43. Are you living with a condition that affects/compromises your immune system like [TOPIC]? If so, please specify. **SPECIFY**
44. Are you currently providing care to or supporting anyone with [CONDITION]?
45. Are you currently providing care to or supporting a family member in a nursing home?
46. Are you currently providing care to or supporting a family member on dialysis?

47. Have you ever been told by a healthcare professional you have any of these health conditions?
Select all that apply.
- Asthma
 - Diabetes
 - Emphysema/COPD/lung disease
 - Heart disease
 - High blood pressure
 - Cancer
 - Autoimmune condition/disorder
 - [OTHER CONDITION]
 - Other **SPECIFY**
 - None of the these
 - Prefer not to say
48. Have you ever been tested for [CONDITION]?
- Yes
 - No
 - Not sure
 - Prefer not to say
49. Have you ever been tested for [CONDITION] in a laboratory or healthcare setting (e.g., [INSERT EXAMPLE])?
- Yes
 - No
 - Not sure
 - Prefer not to say
50. Have you ever tested yourself for [CONDITION] with an over-the-counter test (e.g., [INSERT EXAMPLE])?
- Yes
 - No
 - Not sure
 - Prefer not to say
51. Have you been diagnosed with [CONDITION]?
- Yes
 - No
 - Not sure
 - Prefer not to say
52. Do you currently have [CONDITION]?
- Yes
 - No
 - Not sure
 - Prefer not to say
53. Do you have [CONDITION] diagnosed by [SIGN, SYMPTOM, OR TEST]?
- Yes
 - No
 - Not sure
 - Prefer not to say
54. For how long have you had [CONDITION]? **SPECIFY LENGTH OF TIME**
55. When were you first diagnosed with [CONDITION]? **SPECIFY YEAR**
56. Did you receive treatment for your [CONDITION]?
- Yes
 - No
 - Not sure
 - Prefer not to say
57. Do you experience or are you still experiencing symptoms of [CONDITION]?

- Yes
- No
- Not sure
- Prefer not to say

58. Are you currently managing [CONDITION]?

- Yes
- No
- Not sure
- Prefer not to say

59. How well are you currently managing the effects of [CONDITION]?

- 1 – totally unable to manage
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 – completely able to manage

60. How much does your [CONDITION] affect your life?

- 1 – no effect at all
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 – severely affects my life

61. How much control do you feel you have over your [CONDITION]?

- 1 – absolutely no control
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 – extreme amount of control

62. How often do you experience symptoms from your [CONDITION]?

- 1 – never
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 – constantly

63. How severe are symptoms from your [CONDITION]?

- 1 – no symptoms
- 2
- 3
- 4

- 5
- 6
- 7
- 8
- 9
- 10 – extremely severe

64. What type of symptoms do you experience (or are you still experiencing)?

- [LIST OF SYMPTOMS]

65. Before your most recent [episode / diagnosis / case / symptom expression / experience / exposure], had you ever been diagnosed with [CONDITION] previously?

- Yes
- No
- Not sure
- Prefer not to say

66. Has anyone in your household been diagnosed with [CONDITION]?

- Yes
- No
- Not sure
- Prefer not to say

67. Has a [family member, friend, or colleague of yours] been diagnosed with [CONDITION]?

- Yes
- No
- Not sure
- Prefer not to say

68. Has a [family member, friend, or colleague of yours] been hospitalized with [CONDITION]?

- Yes
- No
- Not sure
- Prefer not to say

69. Has a [family member, friend, or colleague of yours] died from [CONDITION]?

- Yes
- No
- Not sure
- Prefer not to say

70. How dangerous do you think [CONDITION] would be for you personally?

- Not at all dangerous
- Not very dangerous
- Somewhat dangerous
- Very dangerous
- Not sure

71. How dangerous do you think [CONDITION] is for the average person in the United States?

- Not at all dangerous
- Not very dangerous
- Somewhat dangerous
- Very dangerous
- Not sure

72. How serious of a problem is [CONDITION] in the United States currently?

- Not at all serious
- Not very serious
- Somewhat serious
- Very serious
- Not sure

73. Have you been vaccinated against [CONDITION]? If you're not sure, just say so.

- Yes
- No
- Not sure
- Prefer not to say

74. Which best describes your plans/intentions to get vaccinated against [CONDITION]?

- I will probably get vaccinated, but have not yet
- I am still deciding whether or not I will get vaccinated
- I am not going to get vaccinated
- Prefer not to say

75. Have the children in your household been vaccinated for [CONDITION]? If you're not sure, just say so.

- Yes
- No
- Not sure
- Prefer not to say

76. Which best describes your intentions to get the children in your household vaccinated against [CONDITION]?

- They will probably get vaccinated, but have not yet
- I am still deciding whether or not they will get vaccinated
- They are not going to get vaccinated

77. Have you ever been tested for [CONDITION]? If you're not sure, just say so.

- Yes
- No
- Not sure
- Prefer not to say

78. Have the children in your household ever been tested for [CONDITION]? If you're not sure, just say so.

- Yes
- No
- Not sure
- Prefer not to say

79. Have you ever received or are you currently receiving dialysis?

- Yes, currently
- Yes, only in the past
- No
- Not sure
- Prefer not to say

G. DOCTOR VISITS

80. Do you currently have a [TYPE OF HEALTHCARE PROVIDER] that you see regularly, either in-person or virtually, for routine check-ups and annual exams and other preventive health issues?

- Yes
- No
- Not sure

81. Do the children in your household currently have a [TYPE OF HEALTHCARE PROVIDER] that they see regularly, either in-person or virtually, for routine check-ups and annual exams and other preventative health issues?

- Yes
- No
- Not sure

82. When was the last time [YOU or YOUR CHILD] saw a [TYPE OF HEALTHCARE PROVIDER]?

- Within the last 6 months
- Within the last year
- Within the last 2 years

- More than 2 years ago
- Not sure

83. When was the last time [YOU or YOUR CHILD] saw a [TYPE OF HEALTHCARE PROVIDER] for a [TYPE OF EXAM]?

- Within the last 6 months
- Within the last year
- Within the last 2 years
- More than 2 years ago
- Not sure

84. In the past year, how many times [HAVE YOU or HAS YOUR CHILD] participated in a telehealth (virtual) appointment with a [TYPE OF HEALTHCARE PROVIDER]? **SPECIFY NUMBER**

85. In the past year, how many times [HAVE YOU or HAS YOUR CHILD] participated in an urgent care appointment with a [TYPE OF HEALTHCARE PROVIDER]? **SPECIFY NUMBER**

H. HEALTH INSURANCE

86. Do you currently have health insurance coverage that covers routine health care? By routine care, I mean [INSERT ROUTINE CARE EXAMPLES FOR CONDITION].

- Yes
- No
- Not sure

87. Which one of the following best describes your primary health plan?

- Insurance through a current or former employer
- Insurance purchased directly from an insurance company
- Insurance purchased through healthcare.gov or a state health insurance exchange
- Insurance purchased through a college or university
- Medicare
- Medicaid
- Tricare or Tricare for Life
- Indian Health Care
- Veterans' Administration or VA healthcare
- Some other kind of insurance **SPECIFY**
- Prefer not to say
- Don't know

I. COUNTRY OF ORIGIN, TRAVEL, AND IMMIGRATION

88. In what country were you born?

- [DISPLAY LIST OF COUNTRIES]

89. Do you live full-time in the United States (i.e. you spend more than half of the year in the U.S.)?

- Yes
- No
- Prefer not to say

90. How long have you lived in the United States?

- Less than 1 year
- 2-3 years
- 4-5 years
- 6-9 years
- 10-14 years
- 15-19 years
- 20 years or more

91. What is your current residency status? As a reminder, this and all other answers are confidential and will not be shared outside of the research team.

- United States citizen

- Permanent resident (green card holder)
 - Temporary resident or visitor (visa holder)
 - None of these
 - Prefer not to say
92. Have you ever traveled outside of the United States? If so, when was the last time?
- Yes, within a year
 - Yes, 1-5 years ago
 - Yes, 6-10 years ago
 - Yes, more than 10 years ago
 - No
 - Prefer not to say
93. Have you recently traveled to [AREA NAME SUCH AS U.S. REGION] that had [DIFFERENT ECOLOGICAL CONTEXT SUCH AS DIFFERENT SOIL, WATER, INSECTS, ANIMALS]?
- Yes
 - No
 - Prefer not to say
94. Have you ever traveled to [COUNTRY, STATE, OR REGION]?
- Yes
 - No
 - Prefer not to say
95. When was the last time you traveled to [COUNTRY, STATE, OR REGION]?
- Within 1 month
 - 1-3 months ago
 - 4-6 months ago
 - 7-11 months ago
 - 1-2 years ago
 - 3-5 years ago
 - Prefer not to say
96. Has anyone in your household (excluding yourself) ever traveled to [COUNTRY, STATE, OR REGION]? Select all that apply.
- Yes, a child
 - Yes, a partner or spouse
 - Yes, another adult
 - Prefer not to say
97. When was the last time the [child, partner or spouse, other adult] in your household traveled to [COUNTRY, STATE, OR REGION]?
- Within 1 month
 - 1-3 months ago
 - 4-6 months ago
 - 7-11 months ago
 - 1-2 years ago
 - 3-5 years ago
 - Prefer not to say
98. Do you travel between the United States and ["any one specific country" or INSERT COUNTRY] more than once a year?
- Yes
 - No
99. Which country (or countries) do you travel to more than once a year? **SPECIFY**
100. How often do you travel between the United States and [COUNTRY] in an average year?
- Once or twice a year
 - Three to four times a year
 - Five to ten times a year
 - More than ten times a year
 - Prefer not to say

101. Do you plan to travel to [COUNTRY, STATE, OR REGION] in the future? If so, when?

- Yes, within a few months
- Yes, within a year
- Yes, in a year or more
- Yes, but not sure when
- No
- Not sure
- Prefer not to say

102. How often do you travel, either within or outside the United States in an average year?

- No travel
- Once or twice a year
- Three to four times a year
- Five to ten times a year
- More than ten times a year
- Prefer not to say

103. Do you plan to travel, either within or outside the United States in the next year?

- Yes
- No
- Not sure

104. Where do you plan to travel in the next year? **SPECIFY**

105. What mode of transportation will you most likely use to travel to [COUNTRY, STATE, OR REGION]?

- Plane
- Cruise ship
- Other boat
- Bus (ride)
- Train
- Car or personal automobile
- Not sure

106. Do you work in a role where you import goods to the United States from other countries, or have you imported goods for profit or business in the past?

- Yes
- No

107. What category of goods do you import, or have you imported, as part of your role or job? Please be specific. **SPECIFY**

J. LANGUAGE

108. How well do you speak English?

- Very well
- Fairly well
- Not well
- Not at all

109. Do you speak fluent...?

- [DISPLAY LANGUAGES]

110. Which language do you prefer to speak at home?

- [INSERT LANGUAGES SPOKEN]

111. About how many hours per week do you watch, listen to, or read information in the media in [INSERT LANGUAGES]? Media includes things such as TV, radio, newspapers, magazines, social media, and websites.

- Less than 5 hours per week
- 5-9 hours per week
- 10-14 hours per week

- 15-20 hours per week
- 21+ hours per week

112. Most of the discussion will involve speaking and reading in English. Are you comfortable with speaking and reading in English?

- Yes
- No

113. Do you feel comfortable reading the news in [INSERT LANGUAGE]?

- Yes
- No
- Prefer not to answer

K. PET OWNERSHIP

114. Which of the following types of pets are present at your home? Select all that apply.

- Amphibian, like a frog
- Bird
- Cat
- Dog
- Fish
- Rabbit
- Reptile, like a snake or lizard
- Rodent, like a mouse or hamster
- Other **SPECIFY**
- None of these

115. Do you or others in your household own or keep any ["PETS" OR SPECIFIC ANIMAL] at your home?

- Yes
- No

116. Is the ["PET" OR SPECIFIC ANIMAL] at your home mainly your responsibility, or someone else's?

- Mainly my responsibility
- Mainly someone else's responsibility
- Shared responsibility

117. Think about your [OLDEST/YOUNGEST] ["PET" OR SPECIFIC ANIMAL], how long have you had this ["PET" OR SPECIFIC ANIMAL]?

- Less than a year
- 1-2 years
- 3-4 years
- 5-10 years
- More than 10 years

118. How many ["PETS" OR SPECIFIC ANIMAL] do you currently have?

- One
- Two
- Three
- Four
- More than four

119. Do you own, keep, or raise any of the following types of animals? Select any that apply.

- Bees
- Birds
- Cattle
- Chicken(s)
- Duck(s)
- Fish
- Goat(s)
- Geese
- Horse(s), donkey(s), mule(s)
- Pig(s)
- Sheep

- Turkey(s)
- Other **SPECIFY**
- None of these

120.What type of birds do you own, keep, or raise? **SPECIFY**

121.Do you regularly interact with any of the following types of animals as part of your work or as part of a hobby? Select any that apply.

- [LIST OF ANIMALS, DRAWN FROM PREVIOUS QUESTIONS]
- For each animal, check one:
- At work
- At hobby
- No interactions

L. ADDITIONAL OCCUPATIONS & BEHAVIORS

122.Do you ever use the internet for health information?

- Yes
- No

123.How often do you use each of the following?

- Discord
- Facebook
- Instagram
- LinkedIn
- Pinterest
- Reddit
- Telegram
- Tiktok
- Tumblr
- Twitter
- WeChat
- Weibo
- WhatsApp
- YouTube
- Scale
- Several times a day
- Once a day
- Several times a week
- Once a week
- Less than once a week
- Never

124.**IF EVER LOG IN** How often do you post or comment on each of the following?

- Discord
- Facebook
- Instagram
- LinkedIn
- Pinterest
- Reddit
- Telegram
- Tiktok
- Tumblr
- Twitter
- WeChat
- Weibo
- WhatsApp
- YouTube
- Scale
- Several times a day
- Once a day

- Several times a week
- Once a week
- Less than once a week
- Never

125.How often do you watch, listen to, or read each of the following?

- Cable, satellite, or over-air TV
- Live streaming TV
- On-demand streaming services like Netflix, Hulu, or Disney+
- Podcasts
- Magazines (print or digital)
- Newspapers (print or digital)
- Traditional radio (over-air or streaming)
- Audio streaming services, like SiriusXM, Spotify, or Pandora
- Scale
- Several times a day
- Once a day
- Several times a week
- Once a week
- Less than once a week
- Never

126.How closely do you follow news and current events these days?

- Very closely
- Somewhat closely
- Not too closely
- Not closely at all

127.How much interest do you have in news about the following topics?

- Education
- Health and healthcare
- Science
- Politics
- Environment
- Scale
- A great deal of interest
- Moderate interest
- Limited interest
- No interest

128.Which of the following are the primary ways you get your news these days? Select only your top [NUMBER OF SOURCES SUITABLE FOR SCREENING] sources of news.

- Cable news, like FOX, CNN, MSNBC
- Network news, like CBS, NBC, ABC
- Newspapers, like New York Times, Wall Street Journal (print or online)
- Internet news services, like Apple News, Google News
- Radio programming
- Blogs
- Podcasts
- News magazines, like Economist, Time, National Review (print or online)
- Other online-only news, like Huffington Post, Vox, Daily Caller
- Conversation or word of mouth from people I know
- Something else **SPECIFY**
- None of these

129.Where do you work most of the time?

- Mainly work indoors
- Mainly work outdoors
- Travel to different buildings or sites
- In a motor vehicle
- Somewhere else
- Varies

130. Do you work in or at [WORK SETTING TYPE]?

- Yes
- No

131. Do you handle or prepare food as part of your job?

- Yes
- No

132. Do you work with agricultural products as part of your job?

- Yes
- No

133. Do you do any of the following activities in the course of an average year? Select one response per activity.

- Hunting
- Fishing
- Harvesting shellfish
- Gathering mushrooms
- Gathering wild fruit, vegetables, roots, or berries
- [OTHER WILD FOOD SOURCE]
- Boating (sailing, kayaking, powerboating, etc.)
- Swimming in a pool (pool)
- Swimming in natural bodies of water like lakes, ocean, etc.
- Hiking
- Trail running
- Camping
- Wilderness trekking or survival experiences
- Mountain biking
- Rock climbing
- Exploring caves
- Birdwatching
- Gardening activities that involve digging up dirt and soil
- Riding all-terrain vehicles not on defined roads
- Visiting farms or other places like fairs and rodeos to interact with animals
- Visiting farms to pick fruits or vegetables
- [OTHER NATURAL RECREATION ACTIVITY]

- Scale for each
- Yes
- No

134. How often do you [ACTIVITY FROM PREVIOUS]?

- Less than once a year
- About once a year
- A few times a year
- Several times a year
- Regularly

135. Do you ever participate in outdoor recreation activities or hobbies? If so, please share them here.
SPECIFY

M. QUESTIONS FOR HEALTHCARE PROVIDERS

136. In what primary state are you licensed to practice your role in medicine?

- [DROP-DOWN LIST OF 50 STATES AND DC]

137. What is the ZIP code of the primary state where you are licensed to practice your role in medicine?

- [ENTER ZIP; DISPLAY ERROR MESSAGE IF ZIP CODE ENTERED DOES NOT MATCH STATE]

138. Which of the following best describes the practice or setting where you work?

- Urban
- Suburban

- Small town
- Rural

139. Are you a:

- MD (Doctor of Medicine)
- DO (Doctor of Osteopathic Medicine)
- Physician Assistant/Physician Associate
- Nurse
- Medical Assistant
- EMS worker
- Dentist
- Pharmacist
- Physiotherapist
- Podiatrist
- Optometrist
- Veterinarian
- [OTHER AS NEEDED]
- Prefer not to say
- None of these

140. Which of the following comes closest to your professional nursing title?

- Licensed Practical Nurse
- Registered Nurse
- Advanced Practice Nurse
- Clinical Research Nurse
- Another type of nurse **SPECIFY**
- Prefer not to say

141. **IF MD OR DO PA OR NP** Are you in primary care or specialty care?

- Primary care
- Specialty care
- Other **SPECIFY**
- Prefer not to say

142. **IF PRIMARY CARE PHYSICIAN** Are you a...?

- Family physician
- General practitioner
- General Internist
- Obstetrics and Gynecology (OBGYN)
- Other **SPECIFY**
- Prefer not to say

143. **IF SPECIALIST** Which best describes your primary medical specialty?

- Allergy/Immunology
- Anesthesiology
- Cardiology
- Cardiothoracic Surgery
- Colorectal Surgery
- Dentistry
- Dermatology
- Endocrinology
- Gastrointestinal Medicine
- General Surgery
- Genetics
- Geriatrics
- Hematology/Oncology
- Hospitalist
- Hospital-Based Anesthesiology
- Hospital-Based Pathology
- Infectious Diseases
- Locum Tenens or temporary physician employment
- Med-Peds (Combined Internal Medicine & Pediatrics)
- Neonatology
- Nephrology

- Neurology
- Neurosurgery
- Nuclear Medicine
- Obstetrics and Gynecology (OBGYN)
- Ophthalmology
- Oral Surgery
- Orthopedics
- Otolaryngology
- Pediatrics
- Pharmacy
- Physical Medicine and Rehabilitation
- Plastic Surgery
- Psychiatry/Behavioral Health
- Psychology
- PT/OT/ST Therapy
- Pulmonary
- Radiology
- Rheumatology
- Urology
- Vascular Surgery
- [INSERT OTHER AS NEEDED]
- Other **SPECIFY**
- Prefer not to say

144. Is your primary responsibility direct patient care?

- Yes
- No
- Prefer not to say

145. What percent of your time is dedicated to adult care per week?

- None or very little
- Less than 25%
- 25% to 49%
- 50% or more
- Prefer not to say

146. What percent of your time is dedicated to pediatrics per week?

- None or very little
- Less than 25%
- 25% to 49%
- 50% or more
- Prefer not to say

147. Does your practice serve Medicaid patients?

- Yes
- No
- Not sure

148. What proportion of your patients are on Medicaid?

- Less than 5%
- Between 5% and 10%
- 10% to 25%
- 25% to 50%
- More than half my patients

149. Does your practice serve patients who are underserved, poor, and/or uninsured?

- Yes
- No
- Not sure

150. What proportion of your patients are underserved, poor, and/or uninsured?

- Less than 5%
- Between 5% and 10%
- 10% to 25%

- 25% to 50%
- More than half my patients

151. Does your practice serve patients who have limited English proficiency?

- Yes
- No
- Not sure

152. If yes, what proportion of your patients have limited English proficiency?

- Less than 5%
- Between 5% and 10%
- 10% to 25%
- 25% to 50%
- More than half my patients

153. Do you serve any of the following patient populations at your practice?

- [NATIONALITY] born in [COUNTRY MATCHING NATIONALITY]
- [NATIONALITY] born in [COUNTRY MATCHING NATIONALITY]
- [NATIONALITY] born in [COUNTRY MATCHING NATIONALITY]
- None of these

154. You serve [PATIENT POPULATION]. Altogether, approximately how many [PATIENT POPULATION] patients combined do you personally serve each week?

- 19 or fewer
- 20-29
- 30-39
- 40 or more

155. Does your practice communicate with your patients in other languages besides English? This could include language services, but also patient materials.

- Yes
- No

156. Does your practice communicate with your patients in any of the following languages?

- Hindi
- Tagalog
- Mandarin
- Vietnamese
- Spanish
- [INSERT OTHER AS NEEDED]
- Other **SPECIFY**
- None of these

157. Specifically, which communication services does your practice offer?

- Bilingual or multilingual healthcare providers
- Interpreters
- Language lines
- In-language patient education materials
- [INSERT OTHER AS NEEDED]
- Other **SPECIFY**
- None of these

158. What year did you complete medical school? **SPECIFY YEAR**

159. What was the name of your medical school where you received your training? **SPECIFY SCHOOL**

160. In approximately what year did you complete your (first) residency that is associated with your role as a [TYPE OF HEALTHCARE PROVIDER]?

- 2015 or later
- Between 1980 and 2014
- 1979 or earlier

161. Which best describes your practice setting?

- Solo practice
- Single specialty group practice
- Multi-specialty group practice
- Staff Model Health Maintenance Organization or HMO
- Other model HMO, Managed Care Organization
- Network managed care systems such as PPOs
- Mixed model practice
- Hospital-based practice
- Indigent care facility
- Publicly managed and funded clinic
- Locum Tenens or temporary physician employment
- **[INSERT OTHER AS NEEDED]**
- Other **SPECIFY**

162. How many years of experience do you have in healthcare, including your training?

- **SPECIFY YEARS**
- Prefer not to say

163. In what setting do you primarily see your patients?

- Outpatient or primary care setting
- Hospital-based setting
- Facility setting (e.g., including rehab facility, assisted living, or nursing home)

164. **IF HOSPITAL-BASED SETTING** Do you see fewer than 50% or 50% or more of your patients in a hospital?

- Fewer than 50%
- 50% or more

165. **IF HOSPITAL-BASED SETTING** Is the hospital where you work...

- A federal, military, or Veterans Health Administration hospital
- A behavioral health hospital
- A long-term care hospital

166. **IF HOSPITAL-BASED AND MD, DO, OR NURSE** Please estimate the number of beds at the hospital where you work (not the total across the hospital system).

- Fewer than 25
- 25-99
- 100-499
- 500 or more
- Prefer not to say

167. **IF HOSPITAL-BASED AND MD, DO, OR NURSE** Please select the most appropriate description of the department you work in at your hospital.

- Emergency room/emergency medicine
- Intensive care unit (ICU)
- Anesthesiology
- Oncology
- Operating room (OR)
- Medical surgery
- Labor and delivery
- Pharmacy
- Ambulatory care
- Urgent care
- Radiology
- **[INSERT OTHER AS NEEDED]**
- Other **SPECIFY**
- Prefer not to say

168. **IF PRIMARY CARE SETTING** Do you primarily work in a private or group practice, an HMO practice, an urgent care clinic, or something else?

- Private solo practice
- Group practice
- HMO practice

- Urgent care clinic
- Specialized clinic
- Community health center/clinic
- [INSERT OTHER AS NEEDED]
- Other **SPECIFY**

169. Are you a...?

- Licensed veterinarian
- Licensed veterinary technician
- Veterinary assistant
- None of these

170. Have you been trained to perform dialysis for patients?

- Yes
- No
- Not sure

171. Do you currently use dialysis to treat any of your patients?

- Yes
- No
- Not sure