

ATTACHMENT 1b: RECRUITMENT SCREENER

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**A 90-Minute Focus Group With
Nurses, Nurse Practitioners and Physician Assistants Serving Patients
At Risk for Tuberculosis***

[*NOTE TO RECRUITER: Do NOT reveal to potential focus group participants that the topic of this study is tuberculosis. We do NOT want any participants to do any personal research that may otherwise lead to altered responses regarding their knowledge of and experience with tuberculosis before the focus group discussion.]

RECRUITMENT SCREENER

Introduction

Hello. My name is _____ and I'm calling from _____, an independent communications firm.

You indicated that you are interested in participating in a focus group, conducted virtually, to discuss your practices and opinions regarding disease prevention, screening, and identification. **[DO NOT DISCLOSE THE EXACT TOPIC OF DISCUSSION BEFORE THE INTERVIEW.]** The discussion will last approximately 90 minutes. The sole sponsor of this activity is the Centers for Disease Control and Prevention (CDC).

I have a few questions to start. To maintain participants' confidentiality, we will use first names only during the discussion and your name will not be used in any study materials. CDC is not interested in any of your personal information. We will be asking you a few questions to ensure we are recruiting a mix of people, but the information will not be associated with your specific name.

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 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.

Eligibility Questions

[RECRUIT 9 TOTAL PARTICIPANTS PER FOCUS GROUP. WE WILL SEAT 7 PARTICIPANTS. IF MORE THAN 7 PARTICIPANTS SHOW, WE WILL EXCUSE THEM. INDIVIDUALS WHO ARE EXCUSED WILL STILL RECEIVE THE INCENTIVE.]

Audience	Los Angeles	Houston	New York
Nurses, RN and LPN	Recruit for non-prescriber group	Recruit for non-prescriber group	
Nurse Practitioner (NP) or Advanced Practice Nurse (APN)	Recruit for non-prescriber group	Recruit for non-prescriber group	Recruit for prescriber group
Physician Assistant	Recruit for prescriber group		Recruit for prescriber group
4 Groups	1 prescriber group 1 non-prescriber group	1 non-prescriber group	1 prescriber group

[THE FOLLOWING GRID ILLUSTRATES THE REQUIRED RECRUITMENT BY PROVIDER, GROUP, AND LOCATION.]

Audience	Los Angeles		Houston	New York
	<i>Non-prescriber group</i>	<i>Prescriber group</i>	<i>Non-prescriber group</i>	<i>Prescriber group</i>
Nurse, RN or LPN	RECRUIT 4-5	N/A	RECRUIT 4-5	N/A
Nurse Practitioner (NP) or Advanced Practice Nurse (APN)	RECRUIT 4-5	N/A	RECRUIT 4-5	RECRUIT 4-5
Physician Assistant	N/A	RECRUIT 9	N/A	RECRUIT 4-5

1. RECORD SEX:

Male	<input type="checkbox"/>	RECRUIT A MIX
Female	<input type="checkbox"/>	

2. What is your age? [RECORD EXACT AGE: _____; DO NOT READ LIST]

39 or younger	<input type="checkbox"/>
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40 to 49	<input type="checkbox"/>	
50-59	<input type="checkbox"/>	
60 or older	<input type="checkbox"/>	LIMIT TO MAX 1 PER GROUP

3. In what town or city do you reside? **[RECORD CITY: _____] MUST RESIDE WITHIN THE NEW YORK CITY, LOS ANGELES OR HOUSTON DMAS**

4. To confirm, are you a licensed, practicing medical practitioner?

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	THANK AND TERMINATE

5. What was the name of the school where you received your training? **[RECORD:]**

[VERIFY WHETHER THE SCHOOL IS IN THE UNITED STATES]

In the US: _____	<input type="checkbox"/>	
Outside the US: _____	<input type="checkbox"/>	THANK AND TERMINATE

6. Are you a...? **[READ LIST]**

Nurse, RN or LPN	<input type="checkbox"/>	TERMINATE IF NEW YORK
Nurse Practitioner (NP) or Advanced Practice Nurse (APN)	<input type="checkbox"/>	
Physician Assistant (PA)	<input type="checkbox"/>	TERMINATE IF HOUSTON
Other (Please Specify)	<input type="checkbox"/>	THANK AND TERMINATE

7. Do you have authority to write prescriptions?

Yes	<input type="checkbox"/>	CONTINUE FOR PRESCRIBER GROUPS IN NEW YORK/LOS ANGELES
No	<input type="checkbox"/>	CONTINUE FOR NON PRESCRIBER GROUP IN LOS

		ANGELES/HOUSTON/NEWYORK
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8. And what is the practice area in which you work? [**DO NOT READ**]

Internal medicine	<input type="checkbox"/>	THANK AND TERMINATE
Family medicine and general practice	<input type="checkbox"/>	
Obstetrics and gynecology	<input type="checkbox"/>	
Pediatrics	<input type="checkbox"/>	
Anesthesiology	<input type="checkbox"/>	
Allergy and immunology	<input type="checkbox"/>	
Cardiology and cardiac surgery	<input type="checkbox"/>	
Colon and rectal surgery	<input type="checkbox"/>	
Dermatology	<input type="checkbox"/>	
Emergency medicine	<input type="checkbox"/>	
Endocrinology	<input type="checkbox"/>	
Gastroenterology	<input type="checkbox"/>	
General surgery	<input type="checkbox"/>	
Hematology/oncology	<input type="checkbox"/>	
Nephrology	<input type="checkbox"/>	
Neurology	<input type="checkbox"/>	
Ophthalmology	<input type="checkbox"/>	
Orthopedic surgery	<input type="checkbox"/>	
Otolaryngology (ENT)	<input type="checkbox"/>	
Physical medicine and rehabilitation	<input type="checkbox"/>	
Plastic and reconstructive surgery	<input type="checkbox"/>	

Pulmonary disease/pulmonary and critical care	<input type="checkbox"/>	
Radiation oncology/oncology	<input type="checkbox"/>	
Rheumatology	<input type="checkbox"/>	
Surgery	<input type="checkbox"/>	
Urology	<input type="checkbox"/>	
Other: WRITE IN	<input type="checkbox"/>	

9. Is your primary responsibility direct patient care?

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	THANK AND TERMINATE

10. On average, how many hours per week do you spend in direct patient care?

19 hours a week or less	<input type="checkbox"/>	THANK AND TERMINATE
20 to 39 hours a week	<input type="checkbox"/>	
40 or more hours per week	<input type="checkbox"/>	
[RECORD ACTUAL HOURS]		

11. In your practice, approximately what percent of your time is dedicated to **adult** care? **[RECORD EXACT PERCENTAGE: _____]**

50% or more	<input type="checkbox"/>	
Less than 50%	<input type="checkbox"/>	THANK AND TERMINATE

12. Are your patients primarily comprised of those in a hospital, rehab facility, assisted living or nursing home?

Yes	<input type="checkbox"/>	THANK AND TERMINATE
No	<input type="checkbox"/>	

13. Is the primary practice setting you work in a...? **[READ LIST]**

State or local government agency such as Public Health Department	<input type="checkbox"/>	<i>THANK AND TERMINATE</i>
Private community-based health center	<input type="checkbox"/>	<i>RECRUIT A MIX</i>
Federally Qualified Health Center (FQHC)	<input type="checkbox"/>	
Private practice	<input type="checkbox"/>	
Academic Institution	<input type="checkbox"/>	<i>THANK AND TERMINATE</i>
Private Corporation such as Pharmaceutical Companies, Research Lab	<input type="checkbox"/>	<i>THANK AND TERMINATE</i>
None	<input type="checkbox"/>	<i>THANK AND TERMINATE</i>

14. Which best describes your practice setting?

Solo practice	<input type="checkbox"/>	
Single specialty group practice	<input type="checkbox"/>	
Multi-specialty group practice	<input type="checkbox"/>	
Staff Model Health Maintenance Organization or HMO	<input type="checkbox"/>	LIMIT TO ONE
Other model HMO, Managed Care Organization	<input type="checkbox"/>	
Network managed care systems such as PPOs	<input type="checkbox"/>	
Mixed model practice	<input type="checkbox"/>	
Hospital-based practice	<input type="checkbox"/>	THANK AND TERMINATE
Indigent care facility	<input type="checkbox"/>	
Publicly managed and funded clinic	<input type="checkbox"/>	
Locum Tenens or temporary physician employment	<input type="checkbox"/>	THANK AND TERMINATE
Other: SPECIFY:	<input type="checkbox"/>	CONSULT WITH KRC. HOLD AND RECORD

15. Do you serve any of the following patient populations at your practice? **[READ LIST]**

Indians born in India	<input type="checkbox"/>	
Filipinos born in the Philippines	<input type="checkbox"/>	
Chinese born in mainland China (Mandarin speaking)	<input type="checkbox"/>	
Vietnamese born in Vietnam	<input type="checkbox"/>	
Mexican born in Mexico	<input type="checkbox"/>	THANK AND TERMINATE IF SERVING MEXICAN AND/OR GUATEMALAN ONLY
Guatemalan born in Guatemala	<input type="checkbox"/>	
None	<input type="checkbox"/>	THANK AND TERMINATE

16. You serve **[INSERT LIST OF GROUP(S) FROM Q15]**. Altogether, approximately how many **[INSERT LIST OF GROUP(S) FROM Q15]** patients combined do you personally serve each week? **[RECORD EXACT NUMBER: _____]**

19 or less	<input type="checkbox"/>	THANK AND TERMINATE
20-29	<input type="checkbox"/>	
30-39	<input type="checkbox"/>	
40+	<input type="checkbox"/>	

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

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	THANK AND TERMINATE

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

Hindi	<input type="checkbox"/>	
Tagalog	<input type="checkbox"/>	
Mandarin	<input type="checkbox"/>	
Vietnamese	<input type="checkbox"/>	
Spanish	<input type="checkbox"/>	
Other: SPECIFY	<input type="checkbox"/>	
None	<input type="checkbox"/>	THANK AND TERMINATE

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

Bilingual or multilingual healthcare providers	<input type="checkbox"/>	
Interpreters	<input type="checkbox"/>	
Language lines	<input type="checkbox"/>	

In-language patient education materials	<input type="checkbox"/>	
Other: SPECIFY	<input type="checkbox"/>	
None	<input type="checkbox"/>	THANK AND TERMINATE

20. Have any of your patients been diagnosed with any of the following conditions in the last year?

Hepatitis A, B, or C	<input type="checkbox"/>	
HIV/AIDS	<input type="checkbox"/>	
Tuberculosis Disease or Latent Tuberculosis Infection	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	

21. Are you Hispanic, Latino/a, or Spanish origin?

No, not of Hispanic, Latino/a, or Spanish origin	<input type="checkbox"/>	RECRUIT 3 NON-CAUCASIANS AND 3 MUST BE ASIAN/PACIFIC ISLANDER (Q22) TO CONTINUE
Yes, Mexican American, Chicano/a	<input type="checkbox"/>	
Yes, Puerto Rican	<input type="checkbox"/>	
Yes, Cuban	<input type="checkbox"/>	
Yes, another Hispanic, Latino/a or Spanish origin	<input type="checkbox"/>	

22. **[IF NO TO Q21]:** What is your race? **[READ LIST]**

White	<input type="checkbox"/>	
Black or African American	<input type="checkbox"/>	
American Indian or Alaska Native	<input type="checkbox"/>	
Asian Indian	<input type="checkbox"/>	RECRUIT AT LEAST 1 PER GROUP
Chinese	<input type="checkbox"/>	RECRUIT AT LEAST 1 PER GROUP
Filipino	<input type="checkbox"/>	RECRUIT AT LEAST 1 PER GROUP

Japanese	<input type="checkbox"/>	
Korean	<input type="checkbox"/>	
Vietnamese	<input type="checkbox"/>	RECRUIT AT LEAST 1 PER GROUP
Other Asian	<input type="checkbox"/>	
Native Hawaiian	<input type="checkbox"/>	
Guamanian or Chamorro	<input type="checkbox"/>	
Samoan	<input type="checkbox"/>	
Other Pacific Islander	<input type="checkbox"/>	

23. How many times within the past three months have you participated in a focus group or one-on-one interviews related to your professional expertise? **[DON'T READ RESPONSE CATEGORY]**

None	<input type="checkbox"/>	
1 or more	<input type="checkbox"/>	<i>THANK AND TERMINATE</i>

INVITATION

Thank you for answering all of my questions. As I mentioned, we respect your privacy and understand this information is confidential. 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 focus group discussion that will be approximately 90 minutes.

You will receive \$75 as a token of appreciate for your participation, which will be provided to you after you complete the discussion.

All of your feedback will be confidential, reported in the aggregate only, never in association with your name or identity. To make sure we capture your remarks accurately, we will audio and video-record the discussion. The purpose of the recording is to make sure we report accurately, but without any personally identifying information.

Is this discussion something you are interested in and comfortable with?

Yes	<input type="checkbox"/>	SHARE DATE AND TIME OF GROUP
No	<input type="checkbox"/>	THANK AND TERMINATE

Additionally, groups are virtual, meaning that you can participate from the comfort of your home, but you will need to be in front of a computer with internet access so you can review information, as well as on a telephone. To better simulate an in-person group, you would also need to be visible to the other participants via web camera. If you do not have a web camera on your computer that streams images in real time or a web camera, we will send you an external one. Someone will call you before the group to help you get set up with the web camera and make sure all the technology needed for the discussion is working properly.

Is this something you are interested in and comfortable with?

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	THANK AND TERMINATE

FOR SCHEDULED PARTICIPANTS:

The discussion has been scheduled on **Month Day, 2019 at X:XX a.m./p.m. -- X:XX a.m./p.m.** Before your scheduled session, we will send you a confirmation text and/or email with all the required logistical and technology information. And, we will call you the day before the discussion session to make sure that your computer, webcam and phone are working properly.

If you wear reading glasses or use a hearing aid, please remember to bring those to the discussion session. Some of our activities will involve reading.

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 _____.