

<p><i>For PROS Office Use Only:</i></p> <p>Provider ID #: _____</p> <p>Start Date: _____</p> <p>Provider DB: _____ Provsurv DB: _____</p>

PEDIATRIC RESEARCH IN OFFICE SETTINGS (PROS) PRACTITIONER SURVEY

This survey is used to (1) enroll **practitioners** joining the PROS network and (2) periodically re-survey the current network members to obtain new and updated information. In addition to this survey, there is a **Practice Survey** that must be completed by the practitioner who the practice selects to serve as the PROS Contact Practitioner. The Contact Practitioner represents his/her practice and is responsible for communicating with the PROS Chapter Coordinator and the PROS central office at the American Academy of Pediatrics.

To be eligible to join PROS, a practitioner **must** be a physician, nurse practitioner, or physician assistant who provides a full range of direct pediatric and/or adolescent patient primary care (including preventive services) in a PROS practice and delivers care to an active panel of patients for whom he/she is the primary care provider. Nurses who are not nurse practitioners and residents are not eligible for membership, although their support and assistance with PROS studies is both recognized and welcomed. **Each practitioner** wishing to join the PROS network must complete **his/her own Practitioner Survey** to become an active PROS member. If needed, please generate additional copies of the Practitioner Survey for your colleagues.

Please follow the mailing or faxing instructions on the **last page**. Your responses will be kept strictly confidential. Results of this survey will be reported in aggregate only. Thank you.

PLEASE PRINT LEGIBLY

Name: _____ / _____
First
Middle (no initials)
Last
Professional degrees
(eg, MD, DO, NP, etc.)

Are you a Fellow of the American Academy of Pediatrics?

Yes (please enter your AAP ID # on this line: _____) ..1

No2

Practice name: _____

Practice telephone: _____ / _____ - _____, extension _____

Your preferred email address: _____

PROS wishes to maximize the number of PROS practitioners on the PROS-Net email list in order to solicit new project ideas, get input on proposed projects, and increase the sense of a research community among PROS practitioners. PROS-Net discussions are infrequent and focused, and traffic is light. The PROS Steering Committee feels so strongly about the importance of your participation, that we will add you to PROS-Net on a trial basis (you can easily drop from the list at any time) unless you indicate otherwise below.

Check here if you do not want to be added to the PROS-Net email list:

1. Which of the following method(s) do you prefer when being contacted about PROS issues? (Please check all that apply.)

- First-class mail
 - Express mail
 - Email
 - Telephone
 - Fax
 - Other (*specify on the line below*)
-

2. What is your discipline?

- MD **1**
 - DO **2**
 - Nurse Practitioner **3**
 - Physician Assistant **4**
 - Other (*specify on the line below*) **8**
-

3. What is your specialty? (Please check all that apply.)

- Pediatrics
 - Family practice
 - General practice
 - Other (*specify on the line below*)
-

4. Approximately what percentage of your time is spent in the following areas? (Please enter a number or a "0" if none; percentages should sum to 100%.)

- General Pediatrics %
- Other specialty/subspecialty (*specify on the lines below*):
- _____ / _____ %
- _____ / _____ %
- TOTAL: 100 %**

5. During a **typical** workweek, how many hours do you spend in the following professional activities? (If you do not spend any time in a particular activity, please enter zero (0) hours.)

- Direct patient care _____
- Administration _____
- Academic medicine _____
- Research _____
- Fellowship training _____
- Other (specify: _____) _____
- TOTAL HOURS WORKED PER WEEK (sum of above hours)..... _____

6. Would you be willing to collect data electronically in a future PROS study by either of the following methods?

a. on the World Wide Web (via office computer)?

- Yes 1
- No 2

b. on a handheld personal digital assistant/PDA (provided by PROS)?

- Yes 1
- No 2

Please answer both Questions 8 and 9. Question 8 refers to Hispanic/Latino origin [eg, Cuban, Mexican, Puerto Rican, or other Hispanic] while Question 9 refers to race. Persons of Hispanic/Latino origin may be of any race therefore please respond to both questions. Hispanic/Latino is not considered a race.

7. Are you of Hispanic/Latino origin?

- Yes 1
- No 2

8. With what racial group(s) do you identify yourself? (Check all that apply. If you are of Hispanic/Latino origin, please select your race(s) from the following categories in addition to your origin requested in Question 8.)

- White
- Black/African-American
- Asian
- Native Hawaiian/Other Pacific Islander.....
- American Indian/Alaskan Native.....

9. In what year were you born?19 _____

10. What is your gender?

Male1
Female.....2

11. When a manuscript about a PROS study is submitted for publication, each participating practice's name is cited in the acknowledgment section as a tribute for their contribution to the study. Some journals are now required to have written permission from the practices to publish their names in this section.

To facilitate the process of collecting practitioners' signatures, we are asking you to sign below if you consent in general to having your practice's name published in the acknowledgment section of manuscripts related to any studies in which you have participated. Please note that you will have the opportunity to review all of these manuscripts in draft form prior to journal submission and may elect at that time to have your practice's name added to or removed from that specific manuscript, no matter what you have indicated below.

Yes, I consent to the above (*please sign on the line below*).....1

No, I do not consent to the above.....2

PLEASE DOUBLE-CHECK THIS SURVEY TO MAKE SURE YOU HAVE COMPLETED ALL ITEMS. PLEASE RETAIN A COPY FOR YOUR FILES.

Return the survey to PROS Central by following the mailing and/or faxing instructions below:

MAILING

FAXING

PROS
Department of Practice and Research
American Academy of Pediatrics
141 Northwest Point Boulevard
Elk Grove Village, IL 60007-1098
(postage-paid envelope enclosed)

FAX: 847/434-8910
Attention: Norma T. Farfán
PROS Assistant

If you have any questions, please contact Ms. Farfán at:
800/433-9016, extension 7623
or
nfarfan@aap.org

THANK YOU FOR YOUR TIME AND ASSISTANCE!