CDC Emerging Infection Program: Physician Survey

Thank you for participating in this survey of physicians. Your responses will help determine estimates of diarrheal disease in the United States. The survey will take approximately **FIVE MINUTES** to complete.

SECTION A Background information

1. What is today's date? (mo/day/yr) _____/_____/_____

2. Is your practice located in [sites to fill in catchment area]?
   - ☐ yes ***[continue questionnaire]***
   - ☐ no ***[stop here and return questionnaire in enclosed envelope; receiving your questionnaire is important for data analysis]***

3. On average, are you involved in direct patient care at least 8 hours a week?
   - ☐ yes ***[continue questionnaire]***
   - ☐ no ***[stop here and return questionnaire in enclosed envelope; receiving your questionnaire is important for data analysis]***

4. Which of the following describe(s) your practice? ***[CHECK ALL THAT APPLY]***
   - ☐ General Internal Medicine
   - ☐ Subspecialty Internal Medicine
   (specify_____)
   - ☐ General Pediatrics
   - ☐ Subspecialty Pediatrics
   (specify_____)
   - ☐ Family Practice
   - ☐ Emergency Department practice
   - ☐ Obstetrics/Gynecology
   - ☐ Other (specify
   _____)

5. Are you currently an intern, resident, or fellow in a training program? ☐ yes ☐ no

6. What is the **PRIMARY** setting of your practice? ***[CHECK ONLY ONE]***
   - ☐ Outpatient private practice/fee for service ☐ Outpatient HMO/Managed care ☐ Hospital-based
   - ☐ Other_____

7. In the past 12 months, have you seen **ANY** patients with an **acute diarrheal illness?** (For the purpose of this questionnaire, we define an acute diarrheal illness as ≥3 loose stools in a 24 hour period which had lasted < 7 days in duration before presentation).
   - ☐ yes ***[continue questionnaire]***
   - ☐ no ***[stop here and return questionnaire in enclosed envelope; receiving your questionnaire is important for data analysis]***

8. Approximately what percentage of all the patients that you see in your practice are HIV-infected?....._____%

9. Approximately what percentage of all the patients that you see are referred to you from another physician?....._____%

10. In the past 7 days, approximately how many different **outpatients**, including ER patients, did you see?....._____**outpatients**

    Of those outpatients, how many had an acute diarrheal illness? (Please don't include patients with an acute exacerbation of inflammatory bowel disease.) ....._____**outpatients**

    Of those outpatients with an acute diarrheal illness, how many were subsequently hospitalized because of the acute diarrheal illness?....._____**outpatients**

11. In the past 7 days, approximately how many different **inpatients** did you make rounds on or see as the primary provider or in consultation?....._____**inpatients**

    Of those inpatients, how many were hospitalized because of an acute diarrheal illness? (Please don't include patients with an acute exacerbation of inflammatory bowel disease.)....._____**inpatients**

SECTION B Last patient with diarrhea

12. When did you see your most recent patient who had an acute diarrheal illness?

☐ ≤ 1 month ago ☐ >1 to ≤ 6 months ago ☐ > 6 months to ≤ 12 months ago

Physician ID #_____ Adult Patients 1 2 3

13. Regarding the last patient you saw with an acute diarrheal illness, please answer ***YES, NO*, or *DON'T KNOW* for each question**.

a. Was this patient **referred to you** from another health care provider specifically for the evaluation or treatment of this diarrheal illness?	☐ Yes	☐ No	☐ Don't know
b. Did this patient have a **temperature >101 ° F**?	☐ Yes	☐ No	☐ Don't know
c. Did this patient have **bloody diarrhea**?	☐ Yes	☐ No	☐ Don't know
d. Did this patient have **abdominal pain**?	☐ Yes	☐ No	☐ Don't know
e. Did this patient **require intravenous rehydration**?	☐ Yes	☐ No	☐ Don't know
f. Did this patient have **AIDS**?	☐ Yes	☐ No	☐ Don't know
g. Was this patient known to be part of an **outbreak** of diarrheal illness?	☐ Yes	☐ No	☐ Don't know
h. Was this patient in a **developing country** in the week before diarrhea onset?	☐ Yes	☐ No	☐ Don't know
I. Did this patient have **any medical insurance**, including Medicare or Medicaid?	☐ Yes	☐ No	☐ Don't know
j. Did this patient have diarrhea that lasted **> 3 days**?	☐ Yes	☐ No	☐ Don't know
k. Did you **refer** this patient to another physician for the evaluation or treatment of this diarrheal illness?	☐ Yes	☐ No	☐ Don't know
l. Was this patient an **outpatient**? **[IF YES]** Was this patient subsequently hospitalized for this diarrheal illness?	☐ Yes ☐ Yes	☐ No ☐ No	☐ Don't know ☐ Don't know
m. Did **you** order a bacterial stool culture (other than *Clostridium difficile* testing) from this patient?	☐ Yes	☐ No	☐ Don't know
n. Did **someone else** order a bacterial stool culture (other than *Clostridium difficile* testing) from this patient?	☐ Yes	☐ No	☐ Don't know

o. **[IF <u>YOU ORDERED</u> A BACTERIAL STOOL CULTURE FROM THE LAST PATIENT YOU SAW WITH DIARRHEA]**

What was the **MOST** important factor in your decision to order a culture? ***[CHECK <u>ONLY</u> ONE]***

☐ Duration ☐ Fever ☐ Bloody diarrhea ☐ Abdominal pain ☐ Dehydration
☐ AIDS ☐ Patient request ☐ Travel ☐ Outbreak associated
☐ Other

(list)_____

Was the culture positive? ☐ Yes ☐ No ☐ Don't know

[IF YES] Which of the following organisms was isolated:

☐ *Salmonella* ☐ *Shigella* ☐ *Campylobacter* ☐ *E. coli* O157 ☐ Vibrio
☐ *Yersinia* ☐ *Aeromonas* ☐ *Plesiomonas* ☐ Can't recall name of organism
☐ Other (list) _____

p. **[IF <u>YOU DID NOT ORDER</u> A BACTERIAL STOOL CULTURE FROM THE LAST PATIENT YOUR SAW WITH DIARRHEA]**

What was the **MOST** important factor in your decision **NOT** to order a culture? ***[CHECK <u>ONLY</u> ONE]***

☐ Culture previously ordered ☐ No fever ☐ No bloody diarrhea ☐ No abdominal pain
☐ No dehydration ☐ Short duration ☐ Patient refusal ☐ Results would not alter treatment
☐ Not outbreak related ☐ No travel ☐ Cost ☐ Not likely to yield a pathogen
☐ Other

(list)_____

<u>SECTION C</u> Last patient you saw with bloody diarrhea

14. When did you see your most recent patient who had **bloody diarrhea**?

☐ ≤ 1 month ago ☐ >1 to ≤ 6 months ago ☐ > 6 months to ≤ 12 months ago ☐ >12 months ago

Did you order a bacterial stool culture on this patient? ☐ Yes ☐ No ☐ Don't know

[IF YES] Did you specifically ask the laboratory to culture for ***E. coli* O157**?

☐ Yes ☐ No, our lab routinely cultures for O157 ☐ No ☐ Don't know

SECTION D Bacterial stool cultures

15. When you order a routine bacterial stool culture, where is it tested ? ***[CHECK ALL THAT APPLY- if you check more than one box, please indicate the approximate percentage for each]***

☐ lab in your office....._____%

☐ local hospital lab(s) (name of hospital_____)....._____%

(name of hospital_____)....._____%

☐ independent lab(s) (name of lab_____)....._____%

(name of lab_____)....._____%

☐ other (specify _____)....._____%

☐ don't know

For the next question, please consider the laboratory to which you send **MOST** stools for bacterial culture.

16. When you order a routine bacterial stool culture, that is, you make no specific requests to the laboratory, which of the following bacterial pathogens do you think that laboratory **always** tests for? **Please answer *YES, NO*, or *DON'T KNOW* for each bacterial pathogen**.

Salmonella ☐ Yes ☐ No ☐ Don't know *Campylobacter* ☐ Yes ☐ No ☐ Don't know

Shigella ☐ Yes ☐ No ☐ Don't know Vibrios ☐ Yes ☐ No ☐ Don't know

E. coli O157 ☐ Yes ☐ No ☐ Don't know *Yersinia* ☐ Yes ☐ No ☐ Don't know

Other ☐ Yes ☐ No ☐ Don't know

[IF YES to "Other", please list]_____

17. In the past 12 months, approximately how many bacterial stool cultures did you order?

☐ 0 ☐ 1-2 ☐ 3-5 ☐ 6-10 ☐ >10

SECTION E Scenarios

18. A previously healthy 30-year-old person presents to your office with a 3-day history of non-bloody diarrhea that is not improving. The patient has no other symptoms and no other significant history or physical findings.

Please answer *YES, NO*, or *DON'T KNOW* for each scenario.

Would YOU order a routine bacterial stool culture...			
a. on this patient?	☐ Yes	☐ No	☐ Don't know
b. if this patient was in a **developing country** in the week before diarrhea onset?	☐ Yes	☐ No	☐ Don't know
c. if this patient had a **fever of 101° F** and **bloody diarrhea**?	☐ Yes	☐ No	☐ Don't know
d. if this patient had **AIDS**?	☐ Yes	☐ No	☐ Don't know
e. if this patient had a **fever of 101° F**?	☐ Yes	☐ No	☐ Don't know
f. if this patient had a **10 day history** of non-bloody diarrhea with **no fever**?	☐ Yes	☐ No	☐ Don't know
g. if this patient had **bloody diarrhea** but did **not have fever**?	☐ Yes	☐ No	☐ Don't know

Thank you for completing this survey. Please return the survey in the enclosed envelope