

DBPNet Survey-Clinician Survey

Instrument: Clinician Survey (clinician_survey)

#	Variable / Field Name	Field Label (Field Note)	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
1	clins_id	Site id_Clinician id <i>Site id_Clinician id</i>	text, Required, Identifier
2	clins_agey	Age in years	text (integer), Required
3	clins_gender	Gender	radio 1. Female 2. Male Custom alignment: RH
4	clins_elig_cat	Board Certification or Eligibility Categories	checkbox 1. clins_elig_cat__1 DB Pediatrics 2. clins_elig_cat__2 Neurodevelopmental disabilities Custom alignment: RH
5	clins_elig_typedbp Show the field ONLY if: [clins_elig_cat(1)] = '1'	DBPeds-Eligible, certified, expired	radio 1. Certified 2. Eligible 3. Expired Custom alignment: RH
6	clins_elig_yrdbp	DBPeds-Year of certification yyyy	text (integer)

7	clins_elig_typedd	NDD-Eligible, certified, expired	radio 1. Certified 2. Eligible 3. Expired Custom alignment: RH
8	clins_elig_yrddd Show the field ONLY if: [clins_elig_cat(2)] = '1' and [clins_elig_typedbp] = '1'	NDD-Year of certification yyyy	text (integer)
9	clins_fellow_na	Fellowship completed	radio 1. Yes 2. N/A
10	clins_dbp_ndd_fellowyr Show the field ONLY if: [clins_fellow_na] = '1'	If yes ,Year of completion of D-B or neuro-developmental fellowship or similar fellowship if training was prior to ACGME accreditation of fellowship programs. yyyy	text
11	clins_fulltimeyn	Do your work full time?	radio 1. Yes 2. No Custom alignment: RH
12	clins_fulltimen Show the field ONLY if: [clins_fulltimeyn] = '2'	If no, what percent time of a full time job do you work?	text (number)
13	clins_sess_num_sup_no	Section Header: <i>Please answer the questions below for a typical 4 week period in which you are not on vacation or away attending conferences</i> 1. Typical number of clinical sessions (half days) scheduled during a 4 week period (not in a supervisory role)	text (number)

14	clins_sess_num_sup	2. Typical number of clinical sessions (half days) scheduled during a 4 week period in which you are supervising residents or fellows (do not include session counted above)	text (number)
15	clins_sess_num_new_sup_no	3. Typical number of new patients scheduled to see you during a 4 week period (not in a supervisory role)	text (number)
16	clins_sess_num_fu_supn	4. Typical number of follow-up patients scheduled to see you during a 4 week period (not in a supervisory role)	text (number)
17	clins_sess_num_interdisc	5. Number of clinical sessions in a 4 week period that you see patients as part of a Interdisciplinary team evaluation. A clinic should be considered to conduct Interdisciplinary team evaluations if the different disciplines regularly meet together in person or by phone to discuss the diagnosis or care of the child.	text (number)
18	clins_sess_num_interd_no	6. Number of clinical sessions in a 4 week period in which you see patients on your own (not as part of an Interdisciplinary team)	text (number)
19	clins_pat_no_asd	Estimate the percent of new patients that you see who are given a diagnosis of an ASD as the primary diagnosis %	text (number)
20	clins_pat_no_adhd	Estimate the percent of new patients that you see who are given a diagnosis of ADHD as the primary diagnosis %	text (number)

21	clins_pat_no_fu_asd	Estimate the percent of follow-up patients that you see who are followed for ASD %	text (number)
22	clins_pat_no_fu_adhd	Estimate the percent of follow-up patients that you see who are followed for ADHD %	text (number)
23	clins_sites_num_outp	How many different clinical sites are there in which you see patients for outpatient evaluations (include your main office and any satellite offices-not different clinics within an office or satellite center)	text (number)
24	clins_days_num_inpat	Number of days per year that you are an inpatient attending	text (number)
25	clins_days_num_inpat2_c9e		radio 1. Click here if inpatient attending is only in a teaching role (you do not bill for patient care) Custom alignment: RH
26	clins_clinic_1_name	Section Header: <i>Names of 3 clinics that you work in ost frequently and the other disciplines involved in the clinic.</i> Clinic 1 Name	text
27	clins_clinic_1_disc	Clinic 1 Disciplines	checkbox 1. clins_clinic_1_disc_1 Phys. Therapy 2. clins_clinic_1_disc_2 Occupational Therapy 3. clins_clinic_1_disc_3 Speech Therapy 4. clins_clinic_1_disc_4 Social Work 5. clins_clinic_1_disc_5 Psychology

27	clins_clinic_1_disc	Clinic 1 Disciplines	checkbox 6. clins_clinic_1_disc_6 Nutrition 7. clins_clinic_1_disc_7 Psychiatry 8. clins_clinic_1_disc_8 Other
28	clins_clinic_1_othsp Show the field ONLY if: [clins_clinic_1_disc(8)] = '1'	Clinic 1-Specify if other	text
29	clins_clinic_2_name	Clinic 2 Name	text
30	clins_clinic_2_disc	Clinic 2 Disciplines	checkbox 1. clins_clinic_2_disc_1 Phys. Therapy 2. clins_clinic_2_disc_2 Occupational Therapy 3. clins_clinic_2_disc_3 Speech Therapy 4. clins_clinic_2_disc_4 Social Work 5. clins_clinic_2_disc_5 Psychology 6. clins_clinic_2_disc_6 Nutrition 7. clins_clinic_2_disc_7 Psychiatry 8. clins_clinic_2_disc_8 Other
31	clins_clinic_2_othsp Show the field ONLY if: [clins_clinic_2_disc(8)] = '1'	Clinic 2-Specify if other	text
32	clins_clinic_3_name	Clinic 3 Name	text
33	clins_clinic_3_disc	Clinic 3 Disciplines	checkbox 1. clins_clinic_3_disc_1 Phys. Therapy 2. clins_clinic_3_disc_2 Occupational Therapy 3. clins_clinic_3_disc_3 Speech Therapy

33	clins_clinic_3_disc	Clinic 3 Disciplines	checkbox 4. clins_clinic_3_disc_4 Social Work 5. clins_clinic_3_disc_5 Psychology 6. clins_clinic_3_disc_6 Nutrition 7. clins_clinic_3_disc_7 Psychiatry 8. clins_clinic_3_disc_8 Other
34	clins_clinic_3_othsp	Clinic 3-Specify if other	text
35	clinician_survey_complete	Section Header: <i>Form Status</i> Complete?	dropdown 0. Incomplete 1. Unverified 2. Complete