

STUDY OF MEDICARE HOME HEALTH PRACTICE VARIATIONS

FOCUS GROUP PARTICIPANT DEMOGRAPHIC FORM

Conducted by:
The Center for Health Services and Policy Research

for:

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Office of the Assistant Secretary for Planning and Evaluation

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Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or establishment. Responses to the collection of the information are voluntary.

FOCUS GROUP PARTICIPANT DEMOGRAPHIC FORM OVERVIEW/PROTOCOL

- PURPOSE:** This form is designed to obtain information on demographic characteristics of the care providers participating in the focus group. This information will be used for descriptive purposes.
- HOW COLLECTED:** Each care provider participating in a focus group will complete this form one time.
- WHEN COLLECTED:** The Focus Group Participant Demographic Form should be completed prior to the facilitation of the focus group in which the care provider is participating.
- INSTRUCTIONS:** The care provider completes the form her/himself, and answers are to be recorded directly on the instrument. The care provider should mark the correct response as appropriate or print numbers/answers where requested.

