



# Clinician Survey

Please complete this survey and FAX it to **(415) 554-2579** or simply return it to the person who administered the survey. Thank you!

**KEY: "API" = Asian & Pacific Islanders; "HBV" = hepatitis B virus**

**1. Which category best describes you?**

- Internist     Physician Assistant
- (Practitioner:)     General     Family     Nurse

**2. Your hospital affiliation(s):**

- CPMC                       Chinese Hospital
- St. Luke's                 St. Mary's
- Saint Francis             SF General
- UCSF                       Kaiser Permanente
- Other \_\_\_\_\_

**3. What percent of your patients is API?**

- 0-25%     26-50%     51-75%
- 76-100%     Not sure

**4. Have you seen an increase of API patients requesting testing for HBV since 2007?**

- Yes     No     Not sure

**5. How familiar are you with the 2008 CDC MMWR screening guidelines for HBV?**

- very -  5     4     3     2     1 - not very

**6. When or who do you screen for HBV?**  
(Check all that apply.)

*Patients who are:*

- New patients                 Pregnant
- API                               In chemotherapy
- Over 40                         Injection drug users
- Foreign-born                 Born in HBV endemic areas
- Offspring of parents from HBV endemic areas
- Family history of HBV or liver cancer
- Men who have sex with men

- During annual physical     Show symptoms
- If patients ask to be tested
- Never     Other \_\_\_\_\_

**7. Which of these HBV-related tests do you order the first time?** (Check all that apply.)

- HBsAG     anti-HBs     HBeAg
- anti-HBc     I don't test for HBV

**8. How do you notify patients of their HBV screening results?**

- Letter     Phone call     Office visit
- I only inform them if they are infected

**9. Top barriers for routine HBV screening for your API patients:** (Check all that apply.)

- Lack of patient understanding
- Low priority (vs. other patient diseases)
- Screening is not necessary
- Cost concerns     Lack of time
- No insurance coverage
- Other: \_\_\_\_\_

**10. Do you offer HBV vaccinations to patients?**

- Yes     No    If no, why not? \_\_\_\_\_

**11. How familiar are you with HBV and its prevalence in the API community?**

- very -  5     4     3     2     1 - not very

**12. How did you learn that APIs are especially at risk for HBV infection?** (Check all that apply.)

- Medical school                 Grand Rounds, CMEs
- Patient trends                 This survey!
- News coverage                 Outdoor signs, bus stops
- Colleague                       Clinician's Honor Roll
- SF Hep B Free Campaign

**13. Have you filled out this survey before?**

- Can't remember     No     Yes

**14. Zip code (your practice):** \_\_\_\_\_

**15. Today's Date**