A RAND NOTE

Physician Survey for Evaluating the NIH Consensus Development Program

Sandra H. Berry, Robert H. Brook, Mark R. Chassin, James P. Kahan, David E. Kanouse, John D. Winkler

September 1987
The research described in this report was sponsored by the National Institutes of Health under Contract N01-OD-2-2128.
Physician Survey for Evaluating the NIH Consensus Development Program

Sandra H. Berry, Robert H. Brook, Mark R. Chassin, James P. Kahan, David E. Kanouse, John D. Winkler

September 1987

Prepared for The National Institutes of Health
This Note reprints the survey instrument used to collect data from physicians in RAND's evaluation of the National Institutes of Health (NIH) Consensus Development Program, a technology assessment and dissemination program aimed at facilitating the timely translation of biomedical research into knowledge that can improve the practice of medicine and public health. The evaluation, sponsored by NIH's Office of Medical Applications of Research, examined the success of NIH's dissemination activities and the effects that NIH consensus conferences have had on physicians' knowledge, attitudes, and practices.

The survey questionnaire was administered by mail to a national sample of 2147 physicians. The sample was chosen to represent physicians in specialties relevant to eight Consensus Development Conferences held during 1979 and 1980. The questionnaires differed somewhat by specialty and ranged in length from 20 to 32 pages. The version of the questionnaire reprinted in this Note was sent to general and family physicians: It contains questions relevant to all eight conferences. On the basis of pretest results, we estimate that the questionnaire took about 25 minutes to complete. The overall response rate for the survey was 72 percent.

This Note serves to document methods used to evaluate the NIH Consensus Development Program. It may also be a useful source for researchers who wish to survey physicians regarding their background characteristics, information habits, or practice patterns.

The evaluation's main findings, including results from the physician survey, are reported in David E. Kanouse et al., Changing Medical Practice Through Technology Assessment: An Evaluation of the NIH Consensus Development Program, R-3452-NIH, forthcoming. Additional information on the methods used to gain physicians' cooperation in the national survey are reported in Sandra H. Berry and David E. Kanouse, Physician Response to a Mailed Survey: An Experiment in Timing of Payment, N-2641-NIH, July 1987 (also appears in Public Opinion Quarterly, Vol. 51, Spring 1987, pp. 102-114).
PHYSICIAN SURVEY

CONSENSUS DEVELOPMENT
PROGRAM EVALUATION

The Rand Corporation
Santa Monica, CA 90406

INSTRUCTIONS

1. Please try to answer every question (unless you are asked to skip questions because they don’t apply to you).

2. Answer questions by circling the appropriate number or filling in the answer as requested.

3. Answer the questions with your own opinion from your point of view. If you are not sure of the exact answer, give your best estimate. (Please try to give an exact number instead of a range, e.g., 8 instead of 7 - 10.)

4. Please return the completed survey in the postpaid envelope as soon as possible.

ASSURANCE OF CONFIDENTIALITY

All information which would permit identification of physicians will be regarded as strictly confidential, will be used only for the purposes of the study, and will not be disclosed or released for any other purposes without prior consent, except as required by law.
SECTION I: OBTAINING INFORMATION ABOUT NEW TREATMENT ALTERNATIVES

First, we'd like to know how you learn about new medical developments and make decisions about using them.

1. How much of each of these journals or magazines do you read?

<table>
<thead>
<tr>
<th></th>
<th>ONE OR MORE ARTICLES IN EACH ISSUE</th>
<th>SKIM EACH ISSUE</th>
<th>RARELY OR NEVER LOOK AT</th>
<th>DOES NOT APPLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Journal of the American Medical Association (JAMA)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B. New England Journal of Medicine</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>C. Other general medical journals</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>D. Journals in your specialty</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>E. Journals in your subspecialty</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>F. Science magazines (e.g., Nature, Science)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>G. Popular newsmagazines (e.g., Time, Newsweek)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

2. Last month, how many of the:

A. Bulletins or newsletters you received from drug or medical supply companies did you read?  
   # READ  15-17/

B. Representatives of drug or medical supply companies did you speak with?  
   # SPOKEN WITH  18-19/
3. Last month, how many medical bulletins or newsletters did you receive from non-commercial sources such as government agencies, medical associations, non-profit organizations, etc.?

A. How many did you receive?  
   # RECEIVED ________ 20-22/  
   or NONE... 000  
   (SKIP TO Q.4)

B. How many did you read?  
   # READ ________ 23-25/  
   or NONE... 000  
   (SKIP TO Q.4)

C. Which three do you generally consider most important?  
   If you're not sure of the exact title, please write in an approximate title or the name of the organization.
   (1) ___________________________ 26-28/  
   (2) ___________________________ 29-31/  
   (3) ___________________________ 32-34/  
   OR NONE ARE IMPORTANT.............. 1 35/

4. About how many hours per week do you spend keeping up with all the journals, bulletins, and newsletters you read?  
   # HOURS PER WEEK ________ 36-37/  

5. About how many hours per week do you spend talking informally about medical topics with other physicians? (Please include informal consultations about specific cases as well as general conversations about treatments, drugs, etc. If you are in frequent contact with other physicians in the same office, please try to estimate.)  
   # HOURS PER WEEK ________ 38-39/  

6. In general, how much of the time you spend reading or talking with colleagues is focused on new treatments, drugs, procedures, or research findings?
   VERY FREQUENTLY FREQUENTLY OCCASIONALLY RARELY
   A. Do you read about such topics?  
      1 2 3 4 40/  
   B. Do you discuss such topics?  
      1 2 3 4 41/
7. For new prescription drugs, how important is each of the following information sources?

<table>
<thead>
<tr>
<th>INFORMATION SOURCE FOR NEW PRESCRIPTION DRUGS</th>
<th>A. As the way you would first hear about the new drug?</th>
<th>B. As the way you would decide whether to use the new drug?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>VERY IMPORTANT FAIRLY IMPORTANT NOT VERY IMPORTANT</td>
<td>VERY IMPORTANT FAIRLY IMPORTANT NOT VERY IMPORTANT</td>
</tr>
<tr>
<td>1. Professional medical journals</td>
<td>1 2 3 42/</td>
<td>1 2 3 50/</td>
</tr>
<tr>
<td>2. Professional newsletters</td>
<td>1 2 3 43/</td>
<td>1 2 3 51/</td>
</tr>
<tr>
<td>3. Printed information from drug companies or medical suppliers</td>
<td>1 2 3 44/</td>
<td>1 2 3 52/</td>
</tr>
<tr>
<td>4. Representatives of drug companies or medical suppliers</td>
<td>1 2 3 45/</td>
<td>1 2 3 53/</td>
</tr>
<tr>
<td>5. Reports from government agencies or panels (e.g., NIH, FDA)</td>
<td>1 2 3 46/</td>
<td>1 2 3 54/</td>
</tr>
<tr>
<td>6. Conversations with professional colleagues</td>
<td>1 2 3 47/</td>
<td>1 2 3 55/</td>
</tr>
<tr>
<td>7. Conversations with patients</td>
<td>1 2 3 48/</td>
<td>1 2 3 56/</td>
</tr>
<tr>
<td>8. Conferences, meetings and continuing education courses</td>
<td>1 2 3 49/</td>
<td>1 2 3 57/</td>
</tr>
</tbody>
</table>

8. For new medical procedures and technologies, how important is each of the following information sources?

<table>
<thead>
<tr>
<th>INFORMATION SOURCE FOR NEW PROCEDURES AND TECHNOLOGIES</th>
<th>A. As the way you would first hear about the new procedure?</th>
<th>B. As the way you would decide whether to use the new procedure?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>VERY IMPORTANT FAIRLY IMPORTANT NOT VERY IMPORTANT</td>
<td>VERY IMPORTANT FAIRLY IMPORTANT NOT VERY IMPORTANT</td>
</tr>
<tr>
<td>1. Professional medical journals</td>
<td>1 2 3 58/</td>
<td>1 2 3 66/</td>
</tr>
<tr>
<td>2. Professional newsletters</td>
<td>1 2 3 59/</td>
<td>1 2 3 67/</td>
</tr>
<tr>
<td>3. Printed information from drug companies or medical suppliers</td>
<td>1 2 3 60/</td>
<td>1 2 3 68/</td>
</tr>
<tr>
<td>4. Representatives of drug companies or medical suppliers</td>
<td>1 2 3 61/</td>
<td>1 2 3 69/</td>
</tr>
<tr>
<td>5. Reports from government agencies or panels (e.g., NIH, FDA)</td>
<td>1 2 3 62/</td>
<td>1 2 3 70/</td>
</tr>
<tr>
<td>6. Conversations with professional colleagues</td>
<td>1 2 3 63/</td>
<td>1 2 3 71/</td>
</tr>
<tr>
<td>7. Conversations with patients</td>
<td>1 2 3 64/</td>
<td>1 2 3 72/</td>
</tr>
<tr>
<td>8. Conferences, meetings and continuing education courses</td>
<td>1 2 3 65/</td>
<td>1 2 3 73/</td>
</tr>
</tbody>
</table>
9. During the last 12 months, have you participated in continuing medical education conferences, programs, or meetings of any kind?

(Circle One)

YES... (ANSWER Q. 9A - 9E)........ 1

NO... (SKIP TO Q. 10 NEXT PAGE).... 2

9A. In the last 12 months, how many days have you spent attending continuing medical education conferences or meetings?

# DAYS PER YEAR __________ 9-11/

9B. In the last month, how many hours did you spend attending continuing education programs or seminars?

# HOURS PER MONTH __________ 12-14/

9C. Were the conferences, programs, or meetings you attended sponsored by any of these organization(s)?

YES NO

A. Local hospital(s) ......... 1 2 15/
B. Medical school(s) ......... 1 2 16/
C. Local professional organization(s) ......... 1 2 17/
D. State professional organizations(s) ......... 1 2 18/
E. National professional organizations(s) ......... 1 2 19/

9D. Were any of the following topics covered in the conferences, programs, or meetings you attended?

YES NO

A. Basic research (findings or in-progress) ......... 1 2 20/
B. Clinical applications of basic research ......... 1 2 21/
C. Assessment of medical technologies ......... 1 2 22/
D. Administration or management of practice ......... 1 2 23/

9E. In the last month, how many hours did you spend using audio tapes or other resource materials?

# HOURS PER MONTH __________ 24-26/
10. Have you engaged in any of the following activities in the last three years? (Circle one for each question.)

<table>
<thead>
<tr>
<th>Activity</th>
<th>YES</th>
<th>NO</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Held a formal office in a medical society?</td>
<td>1</td>
<td>2</td>
<td>27</td>
</tr>
<tr>
<td>B. Held a formal office in another professional organization?</td>
<td>1</td>
<td>2</td>
<td>28</td>
</tr>
<tr>
<td>C. Published an article in a medical journal?</td>
<td>1</td>
<td>2</td>
<td>29</td>
</tr>
<tr>
<td>D. Delivered a paper at medical meetings?</td>
<td>1</td>
<td>2</td>
<td>30</td>
</tr>
</tbody>
</table>

11. In general, how active would you say you are in all these kinds of professional activities?

(Circle One)

- AMONG THE MOST ACTIVE IN THE COMMUNITY.............. 1 32/
- VERY ACTIVE, BUT NOT AMONG THE MOST ACTIVE.......... 2
- ACTIVE IN SOME ACTIVITIES......................... 3
- NOT VERY ACTIVE.................................. 4

12. What would you say are the major factors that limit your participation in professional activities?

(Circle all that apply)

- LACK OF TIME..................................... 1 32/
- EXPENSE.......................................... 2 33/
- LONG DISTANCES TO TRAVEL.......................... 3 34/
- CAN'T FIND COVERAGE FOR PATIENTS.................. 4 35/
- LACK OF BENEFIT FROM PARTICIPATING............... 5 36/
- NOT MUCH OF A "JOINER"............................ 6 37/
- LACK OF RESEARCH OPPORTUNITIES................... 7 38/

CARD 2
13. What are the characteristics of information about new medical developments that make it most useful to you? Do you find information most useful when it is:

   (Circle One)

   A. Provided orally or written form?  ........................................  1 39/

   (Circle One)

   B. Available at your convenience (e.g., written, audio tapes) or available on a schedule (e.g., seminars, presentations)? ........................................  1 40/

   (Circle One)

   C. Provided in complete form (including an account of all clinical evidence) or provided in summary form (with references provided)?  ........................................  1 41/

   (Circle One)

   D. Compiled into a reference volume or received in regular bulletins or newsletters?  ........................................  1 42/

   (Circle One)

   E. Oriented toward research, or clinically-oriented?  ........................................  1 43/

14. At the present time, what is your best source of information about new medical developments?

   SOURCE ..........................................................  ........................................  44-45/

15. What is your main criticism or complaint about the information about new medical developments that is available to you?

   ____________________________

   ____________________________

   ____________________________

   ____________________________

   ____________________________

   ____________________________

   (OFFICE USE)

   46-48/

   49-51/

CARD 2
16. Are you aware of the National Institutes of Health Consensus Development Program which convenes panels of experts to assess research findings and make recommendations about medical issues? Would you say you are:

(Circle One)

Very familiar with the program, ...................... 1 52/

Somewhat familiar, with the program but not sure of all the details, ...................... 2

Aware of the program, but don't know much about it, or ........................................ 3

Not aware of the program?...(Skip to Q. 19) ........ 4

17. Based on the Consensus Conferences you've heard about, how would you rate the Consensus Development Program recommendations?

Would you say the recommendations: Usually Sometimes Rarely Don't Know

A. Are realistic for clinical practice? .............. 1 2 3 4 53/

B. Deal with state-of-the-art versus in-place technologies? .... 1 2 3 4 54/

C. Tend to restrict physicians' freedom in selecting treatment alternatives? ....... 1 2 3 4 55/

D. Are useful in helping to control health care costs? ... 1 2 3 4 56/

E. Resolve medical controversies? .. 1 2 3 4 57/

F. Show the results of political compromises? ........... 1 2 3 4 58/
18. Through what sources have you heard about the NIH Consensus Development Program recommendations?

(Circle all that apply)

- Professional medical journals
- Professional newsletters
- Printed information from drug companies or medical suppliers
- Representatives of drug companies or medical suppliers
- Printed reports from NIH
- Popular press (magazines, newspapers, television)
- Conversations with professional colleagues
- Conversations with patients
- Professional conferences or meetings
- Continuing education courses
- Other source (What source?)
- DON'T KNOW, don't remember sources

19. Would you like to know more about NIH Consensus Development programs in your field or do you feel they would probably not be useful to you?

(Circle One)

- WOULD LIKE MORE INFORMATION
- PROBABLY NOT USEFUL
- DON'T KNOW

CARD 2/CARD 3
SECTION II: PROFESSIONAL BACKGROUND

1. How many years have you been practicing medicine, not counting years of internship and residency? (Please round to the closest whole year.)

YEARS PRACTICING MEDICINE
11-12/

2. What are your major areas of specialization or subspecialization, and for each one indicate whether or not you are board certified or board eligible?

<table>
<thead>
<tr>
<th>A. AREA OF SPECIALIZATION OR SUBSPECIALIZATION</th>
<th>B. BOARD CERTIFIED?</th>
<th>C. BOARD ELIGIBLE?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>13-15/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) ____________________________________________________________________________</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>16-18/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) ____________________________________________________________________________</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>19-21/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) ____________________________________________________________________________</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

3. How would you describe your main type of practice?

(Circle One)

INDIVIDUAL PRACTICE......................... 1
PRIVATE GROUP PRACTICE..................... 2
HEALTH MAINTENANCE ORGANIZATION.......... 3
HOSPITAL PRACTICE....................... 4
CLINIC PRACTICE......................... 5
OTHER - What kind?....................... 6
4. Please indicate approximately what proportion of your patients fall into the following categories.

<table>
<thead>
<tr>
<th>What percent of your patients are:</th>
<th>APPROXIMATE PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Under age 18?</td>
<td>% 29-31/</td>
</tr>
<tr>
<td>B. Over age 65?</td>
<td>% 32-34/</td>
</tr>
<tr>
<td>C. Indigent or on Medicaid?</td>
<td>% 35-37/</td>
</tr>
<tr>
<td>D. Covered by any kind of third party insurance?</td>
<td>% 38-40/</td>
</tr>
</tbody>
</table>

5. About how many patients do you see during an average week?

# PATIENTS PER WEEK _________ 41-43/

6. To how many hospitals do you admit patients?

# OF HOSPITALS _________ 44/

7. How many hospital staff committees are you a member of? (For example, Tissue Committee or Institutional Review Board.)

# OF COMMITTEES _________ 45/

8. Are you presently on the teaching staff of a medical school?

- YES............. 1 46/
- NO............. 2

9. Do you participate in the training of residents, interns, or medical students?

- YES............. 1 47/
- NO............. 2
10. Within the last week, about how many different physicians have you:

A. Formally referred your patients to?  # PHYSICIANS YOU REFERRED TO  48-49/
B. Informally discussed your patients with?  # PHYSICIANS YOU DISCUSSED WITH  50-51/

11. Within the last week, about how many different physicians have:

A. Formally referred their patients to you?  # PHYSICIANS WHO REFERRED TO YOU  52-53/
B. Informally discussed their patients with you?  # PHYSICIANS WHO DISCUSSED WITH YOU  54-55/

12. Think about the specific physician who has the most influence on how you currently practice medicine. How would you describe this person? Please circle the number that comes closest to describing this person's characteristics. For example, if this person is primarily engaged in research, circle a 1. If this person does equal amounts of research and clinical work, circle a 3, etc.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research oriented</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>56/</td>
</tr>
<tr>
<td>Medically conservative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>57/</td>
</tr>
<tr>
<td>Younger than you</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>58/</td>
</tr>
<tr>
<td>In general practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>59/</td>
</tr>
<tr>
<td>Has day-to-day contact with you</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>60/</td>
</tr>
<tr>
<td>Strictly professional relationship</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>61/</td>
</tr>
<tr>
<td>National reputation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>62/</td>
</tr>
</tbody>
</table>

13. Please rate yourself in terms of how much influence you have among your professional colleagues concerning the adoption of new drugs or medical developments.

<table>
<thead>
<tr>
<th>Little or No Influence</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Among the Most Influential</th>
</tr>
</thead>
<tbody>
<tr>
<td>63/</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>63/</td>
</tr>
</tbody>
</table>

CARD 3
SECTION III: EVALUATING TREATMENT ALTERNATIVES

This section asks your opinion about how to treat a number of medical conditions.

1. Which of these patients would you recommend for **coronary bypass surgery** and which for **medical treatment**? Please assume that long term survival is the goal, that the patient has bypassable lesions, and that he probably would comply with medical regimens. (Circle one for each patient description.)

<table>
<thead>
<tr>
<th>PATIENT DESCRIPTIONS</th>
<th>CORONARY</th>
<th>MEDICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BYPASS</td>
<td>TREATMENT</td>
</tr>
<tr>
<td>A. Patient with angina pectoris and more than 50% narrowing of the luminal diameter of the left main coronary artery?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B. Patient with <strong>three-vessel disease</strong>, good left ventricular function, and angina that is <strong>well controlled</strong>?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C. Patient with <strong>three-vessel disease</strong>, good left ventricular function, and angina that is <strong>poorly controlled</strong>?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>D. Patient with <strong>two-vessel disease</strong>, good left ventricular function, and angina that is <strong>well controlled</strong>?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>E. Patient with severe angina and no obstructive coronary lesion of 50% or greater?</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

2. Aside from the condition of the patient's heart, how important are these factors in your current decisions about surgery versus medical treatment? (Circle one for each factor.)

<table>
<thead>
<tr>
<th>FACTOR</th>
<th>MAJOR FACTOR</th>
<th>SOMEWHAT IMPORTANT</th>
<th>NOT VERY IMPORTANT</th>
<th>DOES NOT APPLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Patient acceptance, effect on confidence in physician</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B. Patient's ability to follow medical regimens</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>C. Availability of proper facilities and/or trained staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>D. Hospital policies restricting choice of procedures</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>E. Insurance coverage, patient's ability to pay</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>F. Medical/legal liability</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
3. How necessary or useful do you find the following kinds of tests in evaluating for possible coronary bypass surgery patients with angina that is not severe enough to dictate surgery solely for the relief of symptoms?

   (Circle One)

A. Exercise electrocardiography?
   NECESSARY .................................. 1 19/
   USEFUL, BUT NOT NECESSARY .......... 2
   NOT USEFUL ................................. 3

B. Radionuclide studies?
   NECESSARY .................................. 1 20/
   USEFUL, BUT NOT NECESSARY .......... 2
   NOT USEFUL ................................. 3

C. Coronary arteriography?
   NECESSARY .................................. 1 21/
   USEFUL, BUT NOT NECESSARY .......... 2
   NOT USEFUL ................................. 3

4. How would you characterize the use of coronary artery bypass surgery?
   (Circle one for each question.)

   A. In terms of medical risk?
      RISKY  1  2  3  4  5  SAFE  22/

   B. In terms of medical effectiveness?
      EFFECTIVE  1  2  3  4  5  INEFFECTIVE  23/

   C. In terms of stage of development of the technology?
      EXPERIMENTAL  1  2  3  4  5  ESTABLISHED  24/

5. How would you characterize your approach to recommending coronary bypass surgery in patients with coronary artery disease? (Circle one.)

   More aggressive than most physicians.  1  2  3  4  5  than most physicians.  25/

6. During the past 12 months, about how many patients have you treated who were possible candidates for coronary bypass surgery?

   # OF PATIENTS 26-28.
7. Which statement comes closest to the approach you would recommend for treatment of patients with pulmonary emboli of moderate or greater severity, i.e., with significant hemodynamic disturbances or with obstruction of blood flow to a lobe or multiple segments?

(Circle One)

In the absence of serious contraindications, treat almost all such cases with heparin as the primary therapy.............. 1 29/

In the absence of serious contraindications, first evaluate the patient's response to heparin therapy. If this is not successful, begin thrombolytic therapy................................. 2

In the absence of serious contraindications, first evaluate the patient's response to thrombolytic therapy, then administer heparin according to standard procedures.................... 3

8. How important are these factors in your decisions about how to treat such patients with pulmonary emboli? (Circle one for each factor.)

<table>
<thead>
<tr>
<th>FACTOR</th>
<th>MAJOR FACTOR</th>
<th>SOMewhat IMPORTANT</th>
<th>NOT VERY IMPORTANT</th>
<th>DOES NOT APPLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Patient acceptance, effect on confidence in physician</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4 30/</td>
</tr>
<tr>
<td>B. Hospital policies restricting choice of procedures</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4 31/</td>
</tr>
<tr>
<td>C. Availability of proper facilities and/or trained staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4 32/</td>
</tr>
<tr>
<td>D. Risk of bleeding</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4 33/</td>
</tr>
<tr>
<td>E. Risk from invasive monitoring procedures</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4 34/</td>
</tr>
<tr>
<td>F. Difficulty of dosage regulation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4 35/</td>
</tr>
<tr>
<td>G. Insurance coverage, patient's ability to pay</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4 36/</td>
</tr>
<tr>
<td>H. Medical/legal liability</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4 37/</td>
</tr>
</tbody>
</table>
9. How would you rate the importance of each of these contraindications for thrombolytic therapy? (Circle one for each contraindication.)

<table>
<thead>
<tr>
<th>CONTRAINDICATIONS</th>
<th>ABSOLUTE</th>
<th>MAJOR</th>
<th>MINOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Patient over age 75?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B. Active internal bleeding?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>C. Stroke within the past 2 months?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D. Recent cardiopulmonary resuscitation?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>E. Recent serious GI bleeding?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>F. Major surgery within the last ten days?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

10. How would you characterize the use of thrombolytic therapy? (Circle one for each question.)

A. In terms of medical risk?
   RISKY 1 2 3 4 5 SAFE 44/

B. In terms of medical effectiveness?
   EFFECTIVE 1 2 3 4 5 INEFFECTIVE 45/

C. In terms of stage of development of the technology?
   EXPERIMENTAL 1 2 3 4 5 ESTABLISHED 46/

11. How would you characterize your approach to the use of thrombolytic agents in thrombotic disease? (Circle one.)

I am more likely to use thrombolytic agents than most physicians. 1 2 3 4 5
I am less likely to use thrombolytic agents than most physicians. 47/

12. During the past 12 months, about how many patients have you treated who were possible candidates for thrombolytic therapy?

# OF PATIENTS

CARD 4
13. Which of these statements best describes the approach you would recommend for treating symptoms of the menopause with oral estrogen?

(Circle One)

- Encourage women who are bothered by symptoms of the menopause to try it. .................................................. 1
- Take a strictly neutral position, allowing the patient to decide for herself. ............................................. 2
- Discourage women from taking estrogen except in the most extreme circumstances. ............................ 3

14. In your opinion, how useful is estrogen therapy in treating the following symptoms:

A. Hot flashes and sweating?
   (Circle One)
   VERY USEFUL. ............... 1
   SOMEWHAT USEFUL. .......... 2
   NOT VERY USEFUL. .......... 3

B. Depression?
   (Circle One)
   VERY USEFUL. ............... 1
   SOMEWHAT USEFUL. .......... 2
   NOT VERY USEFUL. .......... 3

C. Burning and pain during intercourse?
   (Circle One)
   VERY USEFUL. ............... 1
   SOMEWHAT USEFUL. .......... 2
   NOT VERY USEFUL. .......... 3

D. Irritability?
   (Circle One)
   VERY USEFUL. ............... 1
   SOMEWHAT USEFUL. .......... 2
   NOT VERY USEFUL. .......... 3

CARD 4
15. In your opinion, how effective are each of the treatments below for osteoporosis? (Circle one for each treatment.)

<table>
<thead>
<tr>
<th>TREATMENT</th>
<th>VERY EFFECTIVE</th>
<th>SOMEWHAT EFFECTIVE</th>
<th>NOT VERY EFFECTIVE</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Vitamin D as a dietary supplement?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B. Flouride as a dietary supplement?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>C. Calcium as a dietary supplement?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>D. Oral estrogen?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>E. Exercise?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

16. How frequently (if at all) do you advise sampling of the endometrium for women on estrogen therapy?

(Circle One)

- Every six months..................... 1 61/
- Every year............................ 2
- Every two years...................... 3
- Less frequently...................... 4
- Only in response to particular symptoms............ 5
- Rarely or never...................... 6
17. How would you characterize the use of estrogen therapy? (Circle one for each question.)

A. In terms of medical risk?

RISKY 1 2 3 4 5 SAFE 62/

B. In terms of medical effectiveness?

EFFECTIVE 1 2 3 4 5 INEFFECTIVE 63/

C. In terms of how well the risks and benefits are understood?

EXPERIMENTAL 1 2 3 4 5 ESTABLISHED 64/

18. How would you characterize your approach to the use of estrogen therapy for menopausal symptoms? (Circle one.)

Tend to prescribe estrogen more frequently than most physicians. 1 2 3 4 5 Tend to prescribe estrogen less frequently than most physicians. 65/

19. During the past 12 months, about how many patients have you treated for symptoms of the menopause?

# OF PATIENTS 66-68/

20. Assuming that there have been two negative Pap smears within the past one to three years, would you say that patients with the following characteristics require any further screening for cervical cancer? (Circle one for each patient description.)

REQUIRES FURTHER SCREENING?

PATIENT DESCRIPTIONS YES NO NOT SURE
A. Patient is over age 60 1 2 9 69/
B. Patient is married, under age 60 1 2 9 70/
C. Patient is not sexually active 1 2 9 71/
D. Patient was exposed to DES in utero 1 2 9 72/

CARD 4
21. About how often do you recommend that your normal, healthy patients have a Pap smear (assuming that two negative results had been obtained within the past one to three years)?

(Circle One)

As indicated by symptoms......................... 1 73/
Every 3 months........................................ 2
Every 6 months........................................ 3
or At intervals of ______ year(s)
(Fill in time interval) 74/

22. About how often would you recommend that patients who have one or more of the "risk factors" associated with cervical cancer (e.g., first intercourse before age 18, variety of sex partners, low socioeconomic status) have a Pap smear (assuming that two negative results had been obtained within the past one to three years)?

(Circle One)

As indicated by symptoms......................... 1 75/
Every 3 months........................................ 2
Every 6 months........................................ 3
or At intervals of ______ year(s)
(Fill in time interval) 76/

23. How important are these factors in determining how frequently you recommend patients have Pap smears? (Circle one for each factor.)

<table>
<thead>
<tr>
<th>FACTOR</th>
<th>MAJOR FACTOR</th>
<th>SOMEWHAT IMPORTANT</th>
<th>NOT VERY IMPORTANT</th>
<th>DOES NOT APPLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Patient acceptance, effect on confidence in physician</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B. Insurance coverage, patient's ability to pay</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>C. Medical/legal liability</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

24. Which type of reporting of laboratory results of Pap smears do you prefer?

(Circle One)

Numerical classification (Pap I - IV).............. 1 80/
Standard medical disease nomenclature.............. 2

CARD 4
25. How would you characterize your approach to screening for cervical cancer using the Pap smear? (Circle one.)

| Tend to screen more frequently than most physicians. | 1 | 2 | 3 | 4 | 5 | Tend to screen less frequently than most physicians. | 8 |

26. During the past 12 months, from about how many patients have you taken Pap smears?

θ OF PATIENTS 9-11/ 

27. Which of these statements best describes the approach you would recommend for biopsy and surgical treatment of Stage I and Stage II breast cancer? (Circle One)

- Perform a biopsy, then if permanently stained sections reveal malignancy discuss surgical alternatives with the patient and perform definitive surgery as a second procedure......... 1 12/
- Discuss surgical alternatives before biopsy, then perform the biopsy. If the frozen section reveals malignancy, perform the definitive surgery as part of the same procedure................. 2

28. Aside from the patient's condition, how important are these factors in determining your approach to biopsy and surgical treatment of primary breast cancer? (Circle one for each factor.)

<table>
<thead>
<tr>
<th>FACTOR</th>
<th>MAJOR FACTOR</th>
<th>IMPORTANT</th>
<th>NOT VERY IMPORTANT</th>
<th>DOES NOT APPLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Patient acceptance, effect on confidence in physician</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B. Hospital policies restricting choice of procedures</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>C. Insurance coverage, patient's ability to pay</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>D. Risk from anesthesia</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>E. Medical/legal liability</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
29. Which of these procedures comes closest to your current preferred approach to surgical treatment of:

<table>
<thead>
<tr>
<th></th>
<th>HALSTED RADICAL PROCEDURE</th>
<th>TOTAL MASTECTOMY WITH AXILLARY DISSECTION</th>
<th>SEGMENTAL MASTECTOMY</th>
<th>LUMPECTOMY</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Stage 1 Breast Cancer?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B. Stage 2 Breast Cancer?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

30. Aside from the patient’s condition, how important are these factors in determining your approach to surgical treatment of primary breast cancer? (Circle one for each factor.)

<table>
<thead>
<tr>
<th>FACTOR</th>
<th>MAJOR FACTOR</th>
<th>SOMewhat IMPORTANT</th>
<th>NOT VERY IMPORTANT</th>
<th>DOES NOT APPLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Patient acceptance, effect on confidence in physician</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B. Insurance coverage, patient’s ability to pay</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>C. Your own experience with treating this disease</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
31. How would you characterize each of these procedures for women with Stage I breast cancer? (Circle one for each question.)

A. Primary radiation therapy following lumpectomy or segmental mastectomy?

<table>
<thead>
<tr>
<th>Experimental</th>
<th>Standard Practice</th>
<th>Outmoded</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

B. Total mastectomy with axillary dissection?

<table>
<thead>
<tr>
<th>Experimental</th>
<th>Standard Practice</th>
<th>Outmoded</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

C. Segmental mastectomy or lumpectomy alone?

<table>
<thead>
<tr>
<th>Experimental</th>
<th>Standard Practice</th>
<th>Outmoded</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

D. Classical Halsted procedure?

<table>
<thead>
<tr>
<th>Experimental</th>
<th>Standard Practice</th>
<th>Outmoded</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

32. How would you characterize your approach to the surgical treatment of breast cancer? (Circle one.)

I tend to recommend more extensive surgery than most physicians.  
I tend to recommend less extensive surgery than most physicians.  

1 2 3 4 5  27/  

33. How frequently do you perform estrogen receptor assays for breast cancer patients?

(Circle One)

Perform them on all primary tumors......................... 1 28/  
Perform them on selected patients......................... 2  
Rarely, if ever, perform them............................ 3  

CARD 5
34. In your opinion, how useful are the results of estrogen receptor assays for predicting patient response to: (Circle one for each therapy.)

A. Chemotherapy?
   - VERY USEFUL
   - SOMewhat USEFUL
   - NOT USEFUL

B. Endocrine therapy?
   - VERY USEFUL
   - SOMewhat USEFUL
   - NOT USEFUL

35. How important are these factors in your decisions about whether or not to order estrogen receptor assays? (Circle one for each factor.)

<table>
<thead>
<tr>
<th>FACTOR</th>
<th>MAJOR FACTOR</th>
<th>SOMEWHAT IMPORTANT</th>
<th>NOT VERY IMPORTANT</th>
<th>DOES NOT APPLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Availability of proper facilities and/or trained staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B. Hospital policies restricting choice of procedures</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>C. Insurance coverage, patient's ability to pay</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>D. Medical/legal liability</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

36. During the past 12 months, about how many patients have you treated for breast cancer or referred to other physicians for treatment?

   # OF PATIENTS
   35-37/

37. Which of these statements best represents your approach to management labor which fails to progress normally when no evidence of fetal distress is present? (Circle One)

   I avoid cesarean section for as long as possible by attempting other measures (such as patient rest, hydration, or oxytocin)................................................................. 1 38/

   I attempt other measures, but do not believe it is in anyone's interest to avoid cesarean section once labor fails to progress normally......................................................... 2

   When labor fails to progress normally I perform a cesarean section as soon as possible to minimize risk to mother and baby.................. 3

   CARD 5
38. How important are these factors in your current decisions about whether and when to perform a cesarean section when labor fails to progress? (Circle one for each factor.)

<table>
<thead>
<tr>
<th>FACTOR</th>
<th>MAJOR FACTOR</th>
<th>SOMewhat IMPORTANT</th>
<th>NOT VERY IMPORTANT</th>
<th>DOES NOT APPLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Patient acceptance, effect on confidence in physician</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B. Availability of proper facilities and/or trained staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>C. Hospital policies restricting choice of procedures</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>D. Insurance coverage, patient's ability to pay</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>E. Medical/legal liability</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

39. How likely is it that you would be willing to go along with a patient's desire for a vaginal delivery in each of these situations? Assume you are in a properly equipped medical facility. (Circle one for each question.)

<table>
<thead>
<tr>
<th>FACTOR</th>
<th>VERY LIKELY</th>
<th>SOMewhat LIKELY</th>
<th>NOT VERY LIKELY</th>
<th>NEVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Patient had previous cesarean with classical incision?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B. Patient had previous cesarean with low transverse incision?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>C. Normal size fetus in breech position, no fetal distress, previous vaginal delivery?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>D. Large size fetus in breech position, no fetal distress, previous vaginal delivery?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

40. How would you characterize your approach to performing cesarean sections when problems emerge during labor? (Circle one.)

<table>
<thead>
<tr>
<th>I perform cesarean sections more frequently than most physicians.</th>
<th>I perform cesarean sections less frequently than most physicians.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5</td>
<td>48/</td>
</tr>
</tbody>
</table>
41. Which of these statements best describes your current preferred approach to fetal heart rate or uterine monitoring during labor? Assume you are able to obtain a reading using your preferred approach.

(Circle One)

Monitor fetal condition primarily by periodic auscultation of the fetal heart rate during both low and high risk labors ............. 1 49/

Monitor fetal condition by periodic auscultation and external electronic monitoring of the fetal heart rate during both low and high risk labors ........................................ 2

Monitor fetal condition by auscultation or external electronic monitoring of the fetal heart during low risk labors and by internal electronic fetal monitoring during high risk labors .... 3

Monitor fetal condition by internal electronic fetal monitoring during both low and high risk labors ........................................ 4

42. How important are these factors in determining your current approach to fetal monitoring during labor? (Circle one for each factor.)

<table>
<thead>
<tr>
<th>FACTOR</th>
<th>MAJOR IMPORTANT</th>
<th>SOMEWHAT IMPORTANT</th>
<th>NOT VERY IMPORTANT</th>
<th>DOES NOT APPLY</th>
</tr>
</thead>
</table>
| A. Patient acceptance, effect on confidence in physician | 1 | 2 | 3 | 4 50/
| B. Availability of proper facilities and/or trained staff | 1 | 2 | 3 | 4 51/
| C. Hospital policies restricting choice of procedures | 1 | 2 | 3 | 4 52/
| D. Insurance coverage, patient's ability to pay | 1 | 2 | 3 | 4 53/
| E. Medical/legal liability | 1 | 2 | 3 | 4 54/

43. How would you characterize your approach to internal electronic fetal monitoring?

I use internal monitoring more frequently than most physicians. 1 2 3 4 5

I use internal monitoring less frequently than most physicians. 55/
44. Which of these statements comes closest to your current preferred approach to ultrasonography?

(Circle One)

I routinely use ultrasonography in almost all pregnancies........................................ 1 56/
I use ultrasonography in selected cases................................................................. 2
I do not use ultrasonography................................................................. 3

45. How important are these factors in determining your approach to ultrasonography? (Circle one for each factor.)

<table>
<thead>
<tr>
<th>FACTOR</th>
<th>MAJOR FACTOR</th>
<th>SOMewhat IMPORTANT</th>
<th>NOT VERY IMPORTANT</th>
<th>DOES NOT APPLY</th>
</tr>
</thead>
</table>
| A. Patient acceptance, effect on confidence in physician | 1 | 2 | 3 | 4 | 57/
| B. Availability of proper facilities and/or trained staff | 1 | 2 | 3 | 4 | 58/
| C. Insurance coverage, patient's ability to pay | 1 | 2 | 3 | 4 | 59/
| D. Medical/legal liability | 1 | 2 | 3 | 4 | 60/

46. In your opinion, how useful is ultrasonography for each of these purposes? (Circle one for each purpose.)

<table>
<thead>
<tr>
<th>PURPOSE</th>
<th>VERY USEFUL</th>
<th>SOmewhat USEFUL</th>
<th>NOT VERY USEFUL</th>
</tr>
</thead>
</table>
| A. For antenatal diagnosis of congenital defects near term? | 1 | 2 | 3 | 61/
| B. To evaluate cephalopelvic disproportion? | 1 | 2 | 3 | 62/
| C. For viewing the fetus and placenta prior to amniocentesis? | 1 | 2 | 3 | 63/
| D. To determine fetal lung maturity prior to the 26th week? | 1 | 2 | 3 | 64/

47. How would you characterize the use of ultrasonography in items of medical risk? (Circle one.)

RISKY 1 2 3 4 5   SAFE 65/
48. How would you characterize your approach to the use of ultrasonography?

I use ultrasonography more frequently than most physicians. 1 2 3 4 5
I use ultrasonography less frequently than most physicians. 66/

49. Which of these two tests, the "shake test" or the "L/S ratio test", do you think is the more reliable indicator of fetal lung maturity?

(Circle One)
SHAKE TEST ............... 1 67/
L/S RATIO TEST ........... 2
EQUALLY RELIABLE ....... 3
NOT SURE ............... 4

50. How would you characterize the use of amniocentesis? (Circle one for each question.)

A. In terms of medical risk?
RISKY 1 2 3 4 5 SAFE 68/

B. In terms of stage of development of the technology?
EXPERIMENTAL 1 2 3 4 5 ESTABLISHED 69/

51. How would you characterize your approach to the use of amniocentesis? (Circle one.)

I use amniocentesis more frequently than most physicians. 1 2 3 4 5
I use amniocentesis less frequently than most physicians. 70/

52. During the past 12 months, about how many obstetrical patients have you treated?

# OF PATIENTS 71-73/

CARD 5
53. The National Institutes of Health have held several Consensus Development conferences. Do you recall hearing about the recommendations from any of these conferences? (Circle one for each conference.)

<table>
<thead>
<tr>
<th>CONFERENCES</th>
<th>YES</th>
<th>NO</th>
<th>NOT SURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Coronary Bypass Surgery</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B. Thrombolytic Therapy in Thrombosis</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>C. Estrogen Use in Postmenopausal Women</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D. Cervical Cancer Screening: The Pap Smear</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>E. The Treatment of Primary Breast Cancer: Management of a Local Disease</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>F. Steroid Receptors in Breast Cancer</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>G. Adjuvant Chemotherapy of Breast Cancer</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>H. Childbirth by Cesarean Delivery</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I. Antenatal Diagnosis</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>