

Questions Reported on from the ABDD Community Survey

DEMOGRAPHICS: We will begin by asking you questions about you and where you work.

1. What is your specialty? *(Select all that apply.)*
 - a. Pediatric Infectious Disease
 - b. General Pediatrics
 - c. Family Medicine
 - d. Other (please specify)

2. For how long have you practiced medicine?
 - a. <5 years
 - b. 5-10 years
 - c. >10 years

3. Approximately how far is your practice from the nearest academic medical center or children's hospital?
 - a. <30 minutes away
 - b. 30 minutes to 2 hours away
 - c. >2 hours away
 - d. My practice is located in an academic medical center or children's hospital

We will now ask you questions about referring pediatric patients to be screened for and enrolled in clinical trials in general and in clinical trials for antibacterial drugs. Please think about the pediatric patients in your practice when answering these questions.

4. Have you ever referred a pediatric patient to a drug trial? *(If yes, skip to Q7. If no, go to Q5.)*
 - a. Yes
 - b. No

5. Are you aware of any current drug trials in which you can refer pediatric patients?
 - a. Yes
 - b. No

6. Are you interested in learning more about referring pediatric patients to drug trials? *(If yes or no, skip to Q9.)*
 - a. Yes
 - b. No

7. Have you ever referred a pediatric patient specifically to an **antibacterial drug trial**?
 - a. Yes
 - b. No

8. Are you currently collaborating with (or have you ever collaborated with) an investigator to refer pediatric patients to clinical trials? *(Select all that apply.)*
 - a. A drug trial (excluding trials of antibacterial drugs)
 - b. A drug trial of antibacterial drugs
 - c. None of above

9. In your opinion, how important are each of the following factors to consider when physicians are asked to refer pediatric patients to a clinical trial?

Factor	Response option				
	Very important	Somewhat Important	Somewhat Unimportant	Unimportant	Unsure
The potential benefits to the pediatric patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The potential risks to the pediatric patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The distance to the study site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The time needed to discuss clinical trials with the parents of pediatric patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The potential to lose control of the pediatric patient's care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9a. What other factor are important to consider when referring pediatric patients to a clinical trial?

We will now ask you questions about your experience, if any, as an investigator in a pediatric clinical trial.

10. Have you ever been an investigator for a pediatric drug trial? (If no, skip to Q12.)

- a. Yes
- b. No

11. Did your practice serve as a study site for a pediatric drug trial?

- a. Yes
- b. No

STUDY IMPLEMENTATION

12. How much of a barrier or challenge do you think each of the following may be if your practice became a pediatric clinical trial site?

Factor	Response option					
	Major Barrier	Moderate Barrier	Somewhat of a Barrier	Not a Barrier	Unsure	Not Applicable
Being able to recruit potential study patients from my practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having to initially train site staff in research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having site staff available to assist with enrolling study patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding office space for research administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Factor	Response option					
	Major Barrier	Moderate Barrier	Somewhat of a Barrier	Not a Barrier	Unsure	Not Applicable
Finding clinic space for patient study visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency of patient study visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of patient study visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact on the non-research clinical work flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining adequate funding to cover research costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching the target number of study patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12a. Please list here any other factor(s) you believe might present a barrier to study implementation.

ETHICS AND REGULATORY ISSUES

13. How much of a barrier or challenge do you think each of the following may be if your practice became a pediatric clinical trial site?

Factor	Response option					
	Major Barrier	Moderate Barrier	Somewhat of a Barrier	Not a Barrier	Unsure	Not Applicable
Obtaining parental consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining child assent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working through IRB questions and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing the regulatory documents (i.e., documents for the FDA) required to conduct the research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13a. Please list here any other factor(s) related to ethical and regulatory issues you believe may present a barrier.

PARENTAL CONCERNS

14. How much of a barrier or challenge do you think each of the following may be if your practice became a pediatric clinical trial site?

Factors	Response option					
	Major Barrier	Moderate Barrier	Somewhat of a Barrier	Not a Barrier	Unsure	Not Applicable
Concerns about blinding/not knowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Factors	Response option					
	Major Barrier	Moderate Barrier	Somewhat of a Barrier	Not a Barrier	Unsure	Not Applicable
which drug their child will be taking						
Concerns about being randomized to a placebo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns about child taking a drug not previously tested in children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns about the side effects of the drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perception child will be at increased risk for physical harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perception of insufficient study benefits for child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns about the number of blood draws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns about the number of invasive procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns about consent length and complexity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14a. Please list here any other factor(s) related to parental concerns you believe may present a barrier.

PARENTAL/CHILD LOGISTICS

15. How much of a barrier or challenge do you think each of the following may be if your practice became a pediatric clinical trial site?

Factor	Response option					
	Major Barrier	Moderate Barrier	Somewhat of a Barrier	Not a Barrier	Unsure	Not Applicable
Frequency of study visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of study visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient compensation for time and transportation costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare concerns (e.g., other children in the household requiring care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents' work schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's school schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation difficulties for parents/children (e.g.,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Factor	Response option					
	Major Barrier	Moderate Barrier	Somewhat of a Barrier	Not a Barrier	Unsure	Not Applicable
distance from research site/travel requirements)						

15a. Please list here any other factor(s) related to parental/child logistics you believe may present a barrier.

*Thank you for taking the time to participate in this survey.
Your responses may help drive recommendations regarding improving the efficiency of clinical trials of antibacterials for pediatric populations.*