**SECTION S: SCREENING QUESTIONS**

**ALL RESPONDENTS**

**S2** In which country do you currently work?

1. ~~Australia~~ **~~CONTINUE~~**
2. Brazil **CONTINUE**
3. Germany **CONTINUE**
4. United States **CONTINUE**
5. India **CONTINUE**
6. Other

**ALL RESPONDENTS**

Additionally, you hereby consent that:

* **IF INDIA (S1/5) SHOW** At the start of the interview, we will confirm with you whether you allow us to record the conversation. Information that identifies you will be removed before the recordings or transcripts are shared with the Sponsor.
* Your participation is voluntary, and you may choose to stop participating at any time.
1. I consent **CONTINUE**
2. I do not consent

[IF WORK IN ~~AUS~~, BR, DE, IN (S2/~~1-3~~ 2-5), CONTINUE TO S8. IF WORK IN US (S2/4), CONTINUE TO S3. ELSE TERMINATE]

**WORK IN ~~AU,~~ BR, DE, IN (S2/~~1-3~~ 2,3,5)**

**S8** In which region do you work?

*If you work in more than one region, please select the area where you spend the majority of your time.*

[DROP DOWN LIST PER COUNTRY]

[PROGRAMMER: ADD "CONTINUE" BUTTON NO ANSWER OPTIONS NEEDED. RECRUITER OVER PHONE WILL HANDLE S8 AND S9]

**WORK IN ~~AU,~~ BR, DE, IN (S2/~~1-3~~ 2,3,5)**

**S9** HIDDEN QUESTION FOR LIST PER QUESTION

**ALL RESPONDENTS**

**S10** Which of the following best describes your primary role/title?

 [ALPHA SORT]

1. Biomedical Director/Manager/Medical Technician **CONTINUE**
2. C-level Executive **CONTINUE**
3. Head of Department (physician) **CONTINUE**
4. Office Manager/Administrator/Director
5. Operations Director/Manager **CONTINUE**
6. Physician (non-department head) **CONTINUE**
7. Procurement/Purchasing Director/Manager **CONTINUE**
8. Other, please specify: \_\_\_\_\_\_\_\_\_\_ [MANDATORY TEXT BOX, ANCHOR]

[IF C-LEVEL (S10/2,) ASK S11. IF PHYSICIAN OR DEPARTMENT HEAD (S10/3,6), ASK S12. IF OTHER QUALIFIED ROLE (S10/1,5,7), ASK S13. ELSE MARK AS NOT QUALIFIED AND SKIP TO S13]

**C-LEVEL EXECUTIVES (S10/2)**

**S11** What is your executive title?

[ALPHA SORT]

1. Chief Executive Officer
2. Chief Financial Officer
3. Chief Information Officer / CMIO / CTO **CONTINUE**
4. Chief Marketing Officer
5. Chief Medical Officer **CONTINUE**
6. Chief Nursing Officer **CONTINUE**
7. Chief of Staff
8. Chief Operations Officer
9. Chief Quality Officer
10. Chief Scientific Officer
11. Chief Supply Chain Officer
12. Other, please specify: \_\_\_\_\_\_\_ [MANDATORY TEXT BOX; ANCHOR]

[IF CIO/CMIO/CTO, CMO, CNO (S11/3,5,6), CONTINUE TO S13. ELSE MARK AS NOT QUALIFIED]

**DEPARTMENT HEAD OR PHYSICIAN (S10/3,6)**

**S12** [IF PHYSICIAN (S10/6) SHOW “In which” IF DEPT HEAD (S10/3) SHOW “Which”] of the following departments do you [IF PHYSICIAN (S10/6) SHOW “work” IF DEPT HEAD (S10/3) SHOW “oversee/support”]?

*Please select all that apply.*

[MULTI-SELECT, ALPHA SORT]

1. Cardiology with Cath Lab **CONTINUE**
2. Emergency Department (ED) **CONTINUE**
3. Intensive Care Unit (Adult ICU) **CONTINUE**
4. Interventional Radiology with Angio Suite **CONTINUE**
5. Surgery (Vascular, Neuro, Cardiac, Abdominal, Spine, Ortho/Trauma) **CONTINUE**
6. Radiology **CONTINUE**
7. Gastroenterology (GI) Lab
8. Pediatric Intensive Care Unit (PICU)
9. Other, please specify: [ANCHOR, MANDATORY TEXT BOX]

[IF CARDIOLOGY WITH CATH LAB, ED, ICU, INTERVENTIONAL RADIOLOGY WITH ANGIO SUITE, SURGERY, OR RADIOLOGY (S12/1-6), CONTINUE TO S13. ELSE MARK AS NOT QUALIFIED]

**ALL RESPONDENTS**

**S13** Which one of the following best describes the facility where you spend the majority of your professional time?

[RANDOMIZE]

1. Hospital  **CONTINUE**
2. Health System / Corporate Level **CONTINUE**
3. Imaging Center / Imaging Lab affiliated with a hospital **CONTINUE**
4. Imaging Center / Imaging Lab not affiliated with a hospital **CONTINUE**
5. Physician Office
6. Ambulatory Surgical Center
7. Long-Term Care Facility
8. Nursing Home
9. Other, please specify: \_\_\_\_\_\_\_\_ [MANDATORY TEXT BOX][ANCHOR]

[IF WORK IN HOSPITAL (S13/1), CONTINUE TO S14. IF HEALTH SYSTEM/CORP LEVEL OR IMAGING CENTER (S13/2-4) CONTINUE TO S16. ELSE MARK AS NOT QUALIFIED]

**WORKS AT A HOSPITAL (S13/1)**

**S14** Which of the following best describes the type of hospital where you currently work?

[ALPHA SORT]

1. Academic/University hospital **CONTINUE**
2. Community/Teaching hospital **CONTINUE**
3. Community/Non-teaching hospital **CONTINUE**
4. Private hospital **CONTINUE**
5. Government hospital, non-VA
6. Government hospital, VA
7. Charitable/Church sponsored hospital **CONTINUE IF DE**
8. Other, please specify [MANDATORY TEXT BOX] [ANCHOR]

**NOTE: LIST WILL BE LOCALIZED FOR BR, DE, IN**

[IF QUALIFYING HOSPITAL (S14/1-4, 7 IF DE) CONTINUE. ELSE MARK AS NOT QUALIFIED]

**WORKS AT A HOSPITAL (S13/1)**

**S15** What is the total number of inpatient beds within the facility where you spend the majority of your time?

*If you have responsibilities for overseeing multiple facilities within your health system, please consider the largest facility you oversee.]*

*Your best estimate will do.*

[RANGE: 0-99,999]

|\_|\_|\_|\_| # of inpatient beds **CONTINUE IF 100+ IN US**; **CONTINUE IF 100+ IN ~~AUS,~~ DE, 50+ FOR BR**

[IF WORK IN BR AND 50+, CONTINUE TO S16. IF WORK IN ~~AUS,~~DE,US, IN AND 100+, CONTINUE TO S16. ELSE MARK AS NOT QUALIFIED]

**ALL RESPONDENTS**

**S16** Is the organization where you work owned by a health system that owns and operates multiple hospitals?
[Question Type: MULTIPLE CHOICE - SINGLE ANSWER VERTICAL] [Force Response: ON]

1. Yes **CONTINUE**
2. No **CONTINUE**
3. I don’t know

[IF AWARE OF HEALTH SYSTEM STATUS (S16/1-2), ASK S17. ELSE MARK AS NOT QUALIFIED AND CONTINUE]

**ALL RESPONDENTS
S17** Which of the following does your [IF HOSPITAL OR IMAGING CENTER (S13/1,3-4) INSERT: “facility” [IF IN CORPORATE HEALTH SYSTEM (S13/2) INSERT: “organization”] operate onsite?

*Please select all that apply.*

[RANDOMIZE, MULTISELECT]

1. MRI **CONTINUE**
2. CT/ PET CT / SPECT **CONTINUE**
3. Fixed/ mobile C-arm/ Angiography **CONTINUE**
4. Ultrasound
5. Other, please specify [ANCHOR, EXCLUSIVE]

[IF SELECT ANY 1-3 CONTINUE TO S18. ELSE (SELECT ONLY 4 OR 5), MARK AS NOT QUALIFIED]

**ALL RESPONDENTS**

**S18** Please indicate the level of decision-making you have in your current role for large capital imaging systems (e.g., MRI, PET, CT, Angiography, and SPECT)?

1. I have little or no influence over the purchase decision
2. I provide some input or recommendations over the purchase decision
3. I provide significant input and recommendations over the purchase decision **CONTINUE**
4. I am involved in the final purchase decision **CONTINUE**

[IF PROVIDES SIGNIFICANT INPUT INTO DECISION MAKING (S18/3,4), CONTINUE TO S19. ELSE MARK AS NOT QUALIFIED]

**ALL RESPONDENTS**

**S19** Which of the following best describes the **responsibilities** of your current role?

1. My decision-making responsibilities cover an entire health system (enterprise level)
2. My decision-making responsibilities cover a sub-group of facilities within a larger health system
3. My decision-making responsibilities are for a single facility

**ALL RESPONDENTS**

**S20** For how many **years** have you had your current decision-making responsibilities for your facility or organization?

*If it has been less than one year, please enter ‘0’ (zero).*

 [RANGE: 0-99]

 |\_\_\_|\_\_\_| Years of decision-making responsibilities

[IF 2+ YEARS, CONTINUE TO S21. ELSE MARK AS NOT QUALIFIED]

**ALL RESPONDENTS**

**S21** What proportion of the large capital imaging systems (e.g., MRI, PET, CT, Angiography, and SPECT) [IF HOSPITAL OR IMAGING CENTER (S14/1,3-4) INSERT: “at your facility” [IF IN CORPORATE HEALTH SYSTEM (S14/2) INSERT: “across your organization”] comes from each of the following manufacturers?

 [RANDOMIZE RANGE 0-100%, AUTOSUM; SHOW CONSTANT SUM, MUST SUM TO 100%, AUTOFILL 0’S]

1. GE |\_|\_|\_| %
2. Siemens |\_|\_|\_| %
3. Philips |\_|\_|\_| %
4. Toshiba/Canon |\_|\_|\_| %
5. Hitachi |\_|\_|\_| %
6. United Imaging |\_|\_|\_| %
7. Other, please specify [SPECIFY; ANCHOR] |\_|\_|\_| %

**ALL RESPONDENTS**

**S22** Who provides **servicing** for the large capital imaging systems (e.g., MRI, PET, CT, Angiography, and SPECT) [IF HOSPITAL OR IMAGING CENTER (S14/1,3-4) INSERT: “used at your facility” [IF IN CORPORATE HEALTH SYSTEM (S14/2) INSERT: “used across your organization”]?

[GRID] [COLUMNS] [SELECT ONE]

1. In-house
2. The original equipment manufacturer (OEM)
3. A third party (e.g. Sodexo, TriMedX, Crothall)
4. A mix

 [ROWS, ONLY SHOW ROW IF >0% IN S21, SHOW IN SAME ORDER AS S21

1. GE
2. Siemens
3. Philips
4. Toshiba/Canon
5. Hitachi
6. United Imaging
7. INSERT RESPONSE FROM S21/11

**S100 FINAL QUOTA**

1. CAPITAL IMAGING DECISION MAKERS (N=32)
	* CONSENT (S1/1)
	* WORK IN QUALIFYING COUNTRY (S2/~~1-4~~ 2-5)
	* IF US, WORKS IN STATE THAT ALLOWS FULL INCENTIVE (S3/NO VT, MN, MA) OR IF VT WANTS TO PARTICIPATE WITHOUT HONORARIUM (S6/1) AND IF MN, MA WANTS TO CONTINUE WITH PARTICIPATE WITH CAPPED HONORARIUM (S7/1)
	* QUALIFYING ROLE (S10/1,2,3,5,6,7)
	* IF C-SUITE (S10/2), HOLDS QUALIFYING TITLE (S11/3,5,6)
	* IF DEPARTMEN HEAD (S10/2), WORKS IN QUALIFYING DEPT (S12/1-6)
	* WORKS IN HOSPITAL/HEALTH SYSTEM/IMAGING CENTER (S13/1-4)
	* IF WORKS AT HOSPITAL (S13/1), WORKS IN QUALIFYING TYPE (S14/1-4)
	* IF WORKS AT HOSPITAL (S13/1), HOSPITAL HAS 100+ BEDS IN ~~AUS,~~ IN DE, US (S1/~~1,3,4~~ 2-5 AND S15/100+), HOSPITAL HAS 50+BEDS IN BR (S1/2 AND S15/50+)
	* AWARE OF HEALTH SYSTEM STATUS (S16/1-2)
	* HOSPITAL OPERATES IMAGING EQUIPMENT (S17/ANY 1-3)
	* HAS DECISION MAKING RESPONSIBILITIES IN CURRENT ROLE (S18/3-4)
	* HAS BEEN A DECISION MAKER FOR 2+ YEARS (S20/2+)
	* HAS SIEMENS AND COMPETITIVE EQUIPMENT (S21/ ROW 2 DOES NOT = 100%)

**S101 COUNTRY**

**NOTE: THIS IS RECRUITMENT FOR ONLINE BULLETIN BOARDS AND TIDI’S IN INDIA ONLY. FOLLOW-UP TIDI’S IN US, BRAZIL, AND GERMANY WILL BE HANDLED SEPARATELY**

1. ~~AUS (S1/1) (N=8)~~
2. BR (S1/2) ONLINE BULLETIN BOARD (N=25)
3. DE (S1/3) ONLINE BULLETIN BOARD (N=25)
4. US ONLINE BULLETIN BOARD (S1/4) (N=25)
5. INDIA TELEPHONE IN-DEPTH INTERVIEW (S1/5) (N=20)

**S107 IN (S1/5) HOSPITAL SIZE**

1. 100-249 BEDS (SOFT QUOTA)
2. 250-499 BEDS (SOFT QUOTA)
3. 500+ BEDS (SOFT QUOTA)

**S106 SIEMENS USAGE**

1. ~~AUS SIEMENS USER (S1/1 AND S21/2>0) (MINIMUM 3 SOFT QUOTA)~~
2. BR SIEMENS USER (S1/2 AND S21/2>0) (~~MINIMUM 3~~ N=7)
3. DE SIEMENS USER (S1/3 AND S21/2>0) (~~MINIMUM 3~~ N=7)
4. IN SIEMENS USER (S1/5 AND S21/2>0) (N=5)
5. US SIEMENS USER (S1/4 AND S21/2>0) (~~MINIMUM 3~~ N=7)
6. ~~AUS SIEMENS NON-USER (S1/1 AND S21/2=0) (MAXIMUM 5 SOFT QUOTA)~~
7. BR SIEMENS NON-USER (S1/2 AND S21/2=0) (~~MAXIMUM 5~~ SOFT QUOTA)
8. DE SIEMENS NON-USER (S1/3 AND S21/2=0) (~~MAXIMUM 5~~ SOFT QUOTA)
9. IN SIEMENS NON-USER (S1/5 AND S21/2=0) (SOFT QUOTA)

**INDIA RESPONDENTS (S1/5)**

**Q200** Congratulations! You have qualified to participate in this important research related to medical equipment and technology. We will be conducting 60-minute web-assisted telephone interviews with individuals like yourself from **January 16th—January 20th, 2023.** As a reminder, all of your responses will be used for research purposes only. Your comments will remain confidential and no names or identifying information will be used in our report. To participate in this research, you will need access to the following:

* A desktop computer or full-sized laptop
* An internet connection

Are you available and interested in participating in this research?

1. Yes [CONTINUE TO SCHEDULING SCREEN]

2. No [THANK AND TERMINATE]