

Please completely fill in the circles (●) when answering the questions.

1. To create your unique ID number, use the month of your birth, the day of your birth, and the last four digits of your social security number. For example, May 29, 123-45-6789 has the ID number 05296789. [Grid for Unique ID Number]

[Grid for Today's Date]

2. Your Profession/Discipline (Select one)
Advanced Practice Nurse
Dentist
Mental Health Professional
Nurse
Nurse Practitioner
Other Dental Professional
Pharmacist
Physician
Physician Assistant
Social Worker
Substance Abuse Professional
Other(specify)

3. Your Primary Functional Role (Select one)
Administrator/Supervisor
Care Provider/Clinician
Case Manager
Intern/Resident
Researcher
Student/Graduate Student
Teacher/Faculty
Other (specify)
Not Working

4. Your Principal Employment Setting (Select one)
Community/Migrant Health Center
Community Mental Health Center
Correctional Facility
HMO/Managed Care Organization
Hospital or Hospital-Based Clinic
Rural Health Center
Solo/Group Private Practice
State/Local Health Department
Substance Abuse Treatment Prog.
STD/Family Planning Clinic
Tribal/Indian Health Service
Other Community-Based Service Organization (CBO)
Other Public Health Agency
Other Health Care
Non-health
Not Working

Questions 5-7 are about your principal employment setting

5. Is it a faith-based organization? Yes No Don't Know

6. Zip Code/Setting Rural Urban [Grid]

7. Does the agency receive Ryan White CARE Act funding? Yes No Don't Know

7a. If you don't know, write the full name of your employer:

8. Are you of Hispanic, Latino, or Spanish origin? Yes No

8a. Your Racial Background (Select all that apply)
White
Black or African American
Asian
Native Hawaiian/Other Pacific Islander
American Indian/Alaska Native

9. Your Gender Female Male Transgender

10. Which of the following statements describes the way in which you most often provide services for HIV/AIDS patients (Select one).
Not applicable/Do not see patients
Refer/transfer HIV+ patients for all medical care
Provide primary care and refer/transfer HIV+ patients for HIV treatment only
Provide all HIV treatment and refer/transfer for primary care
Provide all medical care and refer/transfer when antiretroviral treatment fails
Provide all medical care throughout the course of the disease

11. Estimate the NUMBER of HIV+ clients/patients you have personally treated/managed in practice in the past month. [Grid] Don't Know

For questions 12-18, estimate the PERCENTAGE of your HIV+ clients/patients in the past YEAR who were:

12. Racial or Ethnic Minorities
None 1-24% 25-49% 50-74% ≥75% Don't Know

13. On Antiretroviral Therapy
None 1-24% 25-49% 50-74% ≥75% Don't Know

14. Severely/Persistently Mentally Ill
None 1-24% 25-49% 50-74% ≥75% Don't Know

15. Substance Users
None 1-24% 25-49% 50-74% ≥75% Don't Know

16. Uninsured
None 1-24% 25-49% 50-74% ≥75% Don't Know

17. Women
None 1-24% 25-49% 50-74% ≥75% Don't Know

18. Incarcerated/Parolees
None 1-24% 25-49% 50-74% ≥75% Don't Know

PUBLIC BURDEN STATEMENT: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number. The OMB control number for this project is 0915-0281. Public reporting burden for this collection of information is estimated to be 10 minutes per form. These estimates include the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

For Office Use Only

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[Grid for AETC, Subsite, Program Number, Agency]

Yes No Don't Know

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