

APPENDIX D

Questionnaire (Telephone Script)

****Note: All proposed changes in the attached are highlighted in gray.**

Form Approved
OMB No.0920- 0255
Exp. date: __xx/xx/20xx

CDC National Prevention Information Network Questionnaire (Telephone Script)

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CDC National Prevention Information Network

Questionnaire (Telephone Script)

Hello, my name is _____ and I am calling from the CDC National Prevention Information Network.

The National Prevention Information Network (NPIN) is a clearinghouse service provided by the U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention (CDC). A primary goal of NPIN is to serve as a comprehensive source for information about organizations in the United States that provide HIV/AIDS-, **Viral Hepatitis**-, STD-, and TB-related services or resources. The clearinghouse is authorized to collect this information by Section 301 of the Public Health Service Act (42 U.S.C 241). This information is organized and maintained by the NPIN online database. The mission of NPIN is to serve the information needs of state and local HIV/AIDS/**Viral Hepatitis**/STD/TB program personnel and other professionals. The general public also has access to this information from the NPIN website or by calling CDC-INFO (formerly the CDC National AIDS and STD Hotline), which provides referrals from the NPIN database to local service organizations.

We have identified your organization as providing services or resources related to HIV/AIDS, **Viral Hepatitis**, STDs, and/or TB and I am calling to obtain information about your organization and its services. The information you provide about your organization or program will be added to the NPIN database and will be made available to professionals and other users. Your participation is voluntary.

Are you willing to participate in this data collection at this time?

To Interviewer: If respondent says 'yes', continue with questionnaire. If respondent replies 'no', thank respondent for their time and end call.

I. ORGANIZATION INFORMATION

1. Please tell me your organization's name, including any department, division or office.

2. Does your organization have (use) an acronym for your company name? If yes, what is it?

Acronym: _____

3. Is your organization known by any other name? If yes, what is it?

Other name: _____

Previous name(s): _____

Program name(s): _____

4. What is the street address for your organizations?

Street 1: _____

Street 2: _____

City: _____

State: _____

ZIP: _____

County: _____

Country: _____

5. Does your organization have a different mailing address? If so, what is it?
Organization's corporate address and mailing address, if different: (Include other site addresses on a separate sheet of paper and attach).

Street 1: _____

Street 2: _____

City: _____

State: _____

ZIP: _____

County: _____

Country: _____

6. Please tell me your main phone number and your fax number? Does your organization have a toll-free number, a TTD number, a hotline number, or a Spanish-speaking number? Are there any other phone numbers we should have?

Main Telephone :(_____) _____

Fax: (_____) _____

Toll-Free: (_____) _____

Hotline: (_____) _____

TDD/Deaf Access: (_____) _____

Spanish: (_____) _____

Publications: (_____) _____

Other: (_____) _____

7. Does your organization have an e-mail address? A website?

E-mail Address: _____

Website Address: _____

8. Please tell me the name(s) of key staff to contact for updating your organization's information. Please provide the title, and email address. This information is only used internally and is not released to the public.

Name: _____ Title: _____ E-mail: _____

Name: _____ Title: _____ E-mail: _____

Name: _____ Title: _____ E-mail: _____

9. What geographic area(s) does your organization serve?

Cities: _____

Counties: _____

States: _____

Regions: _____

Countries: _____

Other: _____

10. Is your organization non-profit, governmental, or commercial?

[To interviewer: if respondent answers governmental or commercial, skip to Question 12.]

11. If your organization is non-profit, does it have 501c3 status?

12. If your organization is not-for-profit, is it affiliated with a religion or religious denomination?

Yes No

If yes, which religion or denomination?

13. Is your organization minority owned or operated?

Yes No

14. What kinds of HIV/AIDS, Viral Hepatitis, STD, and/or TB work does your organization do?

II. CLIENT INFORMATION

1. What are the primary client groups your organization serves or targets?

III. CLIENT SERVICES OF YOUR ORGANIZATION

1. Does your organization offer services in any language other than English? Yes No

If yes, what languages?

2. Does your organization provide direct services to clients who are infected or affected by HIV, STDs, or TB? Yes No

[TO INTERVIEWER, IF RESPONDENT ANSWERS NO, SKIP TO SECTION IV.]

3. What disease testing services does your organization offer?

[TO INTERVIEWER: Read choices and check services offered by organization.]

- | | |
|---|--|
| <input type="checkbox"/> Anonymous HIV-Antibody Testing Services | <input type="checkbox"/> Home test kits |
| <input type="checkbox"/> Anonymous HIV Test-related Counseling | <input type="checkbox"/> Anergy testing |
| <input type="checkbox"/> Confidential HIV-Antibody Testing Services | <input type="checkbox"/> Viral load testing |
| <input type="checkbox"/> Confidential HIV Test-related Counseling | <input type="checkbox"/> STD Testing |
| <input type="checkbox"/> HIV-Test Related Counseling | <input type="checkbox"/> TB Testing |
| <input type="checkbox"/> Partner notification | <input type="checkbox"/> Viral hepatitis testing |
| <input type="checkbox"/> Oral testing | <input type="checkbox"/> Hepatitis B testing |
| <input type="checkbox"/> Rapid oral testing | <input type="checkbox"/> Hepatitis C testing |
| <input type="checkbox"/> Rapid blood testing | |

4. What medical treatment services does your organization offer?

[TO INTERVIEWER: Read choices and check services offered by organization.]

- | | |
|---|--|
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Direct Observed Therapy (DOT) Short Course | <input type="checkbox"/> Pediatric Care |
| <input type="checkbox"/> Eye Care | <input type="checkbox"/> Well Baby Care |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Health Fairs | <input type="checkbox"/> Primary Care |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Respiratory Therapy |
| <input type="checkbox"/> HAV Immunizations | <input type="checkbox"/> School Clinics |
| <input type="checkbox"/> HBV Immunizations | <input type="checkbox"/> College Health Services |
| <input type="checkbox"/> HPV Immunization | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Infusion Therapy | <input type="checkbox"/> STD Treatment |
| <input type="checkbox"/> Mobile Health Services | <input type="checkbox"/> TB Treatment |
| <input type="checkbox"/> OB / GYN Care | <input type="checkbox"/> Viral hepatitis treatment |
| <input type="checkbox"/> Gynecological Care | <input type="checkbox"/> Hepatitis B treatment |
| <input type="checkbox"/> Obstetrics | <input type="checkbox"/> Hepatitis C treatment |
| <input type="checkbox"/> Prenatal Education and Counseling | <input type="checkbox"/> Worksite Clinics |
| | <input type="checkbox"/> Other/Comments: _____ |

5. What HIV/AIDS treatments and therapies does your organization offer? [TO INTERVIEWER: Read choices and check services offered by organization.]

- | | |
|---|---|
| <input type="checkbox"/> Alternative Therapies | <input type="checkbox"/> Massage |
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Meditation |
| <input type="checkbox"/> Aroma Therapy | <input type="checkbox"/> Nutrition Therapy |
| <input type="checkbox"/> Art Therapy/ Music Therapy / Dance Therapy | <input type="checkbox"/> Traditional Chinese Medicine |
| <input type="checkbox"/> Chiropractic Therapy | <input type="checkbox"/> Clinical Trials |
| <input type="checkbox"/> Herbal Therapy | <input type="checkbox"/> Drug Therapy |
| <input type="checkbox"/> Holistic Therapy | <input type="checkbox"/> Combination Therapy |
| <input type="checkbox"/> Homeopathic Therapy | <input type="checkbox"/> Other/Comments: _____ |

6. What counseling or mental health services does your organization offer? [TO INTERVIEWER: Read choices and check services offered by organization.]

- | | |
|---|---|
| <input type="checkbox"/> Abstinence Counseling | <input type="checkbox"/> Safer Sex Counseling |
| <input type="checkbox"/> Bereavement Counseling | <input type="checkbox"/> Sexual Abuse Counseling |
| <input type="checkbox"/> Caregiver Counseling | <input type="checkbox"/> Sexuality Counseling |
| <input type="checkbox"/> Crisis Intervention Counseling | <input type="checkbox"/> Stress Management Counseling |
| <input type="checkbox"/> Family Counseling / Couples Counseling | <input type="checkbox"/> Mental Health Counseling |
| <input type="checkbox"/> Group Counseling | <input type="checkbox"/> Substance Abuse Counseling |
| <input type="checkbox"/> Individual Counseling | |

7. Does your organization offer any support services? Yes No

If yes, what types of support groups are offered?

8. What spiritual services does your organization offer? [TO INTERVIEWER: Read choices and check services offered by organization.]

- Faith Based AIDS Services
- Clergy Education
- Parishioner Education
- Spiritual Counseling / Pastoral Counseling
- Spiritual Retreats

9. What support services does your organization offer?

[TO INTERVIEWER: Read choices and check services offered by organization.]

- Adult Day Care for Persons with HIV/AIDS
- Advocacy
- Case Management, Administration
- Buddy Programs
- Child Services
- Adoption Services
- Child Day Care Services
- Foster Care Services
- Clothing Banks
- Food Services
- Emergency Food Services/Soup Kitchens
- Food Banks/Pantries
- Meal Preparation and Home Delivery
- Funeral Planning Assistance
- Home Health Aides Services
- Home Skilled Nursing Care
- Homemaker Services
- Personal Care Services
- Pet Care Services
- Respite Care Services
- Hospice Services
- Housing Services
- Assisted Living Services
- Emergency Housing Services
- Housing Opportunities for Persons with AIDS / HOPWA
- Medical Supplies and Equipment Services
- Recreational and Social Program Services
- Transportation Services
- Visiting Programs

10. What referral services does your organization offer?

[TO INTERVIEWER: Read choices and check services offered by organization.]

- Counseling Referral
- Legal Referrals
- Medical Referrals
- HIV Antibody Testing Referrals
- STD Testing Referrals
- TB Testing Referrals
- Viral Hepatitis Vaccination Referrals
- Viral Hepatitis Testing Referrals
- Social Services Referrals
- Financial Referrals for Individuals
- Housing Referrals / Shelter Referrals

11. What legal assistance services does your organization offer?

[TO INTERVIEWER: Read choices and check services offered by organization.]

- Estate Planning and Wills
- Immigration Legal Services
- Litigation Support
- Powers of Attorney

12. What financial assistance and services does your organization offer? [TO INTERVIEWER: Read choices and check services offered by organization.]

- Emergency Financial Assistance
- Funeral Financial Assistance
- Housing Financial Assistance
- Insurance Financial Assistance
- Personal Financial Planning
- Pharmacy Assistance Services
- Drug Purchasing Services
- Mail Order Drug Services
- Viatical Settlements
- Funding
- Fundraising

13. What financial services do you offer to organizations?

[TO INTERVIEWER: Read choices and check services offered by organization.]

- Funding
- Fundraising
- Grant Management

IV. HOTLINE/INFORMATION/RESEARCH/EDUCATION SERVICES OF YOUR ORGANIZATION

1. Does your organization provide hotline, information, research, education, or advocacy services specific to HIV/AIDS, Viral Hepatitis, STDs, or TB?

- Yes No

[TO INTERVIEWER: IF NO, SKIP TO SECTION V.]

2. HOTLINE SERVICES

2a. Does your organization operate a hotline? Yes No

2b. Is your hotline:

- | | | |
|----------------------------|------------------------------|-----------------------------|
| An AIDS hotline? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| An STD hotline? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A TB hotline? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A viral hepatitis hotline? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If no, what type of hotline do you operate?

2c. What kinds of services are provided by your hotline? What is the hotline number?

<u>Type</u>	<u>Telephone #</u>
-------------	--------------------

3. What information services are offered by your organization? [TO INTERVIEWER: Read choices and check services offered by organization.]

- | | |
|--|--|
| <input type="checkbox"/> Electronic Information Resources | <input type="checkbox"/> Library Services and Resource Centers |
| <input type="checkbox"/> Information Dissemination | <input type="checkbox"/> Materials Production |
| <input type="checkbox"/> Audiovisual Materials Dissemination | <input type="checkbox"/> Audiovisual Materials Production |
| <input type="checkbox"/> Print Materials Dissemination | <input type="checkbox"/> Newsletter Publication / Circulation |
| <input type="checkbox"/> Treatment Information Dissemination | <input type="checkbox"/> Print Materials Production, Databases |
| | <input type="checkbox"/> Networking |

4. What kind of research does your organization conduct?

[TO INTERVIEWER: Read choices and check services offered by organization.]

- Behavioral Research
- Contact Tracing
- Data Analysis
- Epidemiological Reporting
- Pediatric AIDS Research
- Pharmaceutical Research
- Vaccine Development Research
- Surveillance

5. What kind of educational services does your organization offer? [TO INTERVIEWER: Read choices and check services offered by organization.]

- | | |
|---|--|
| <input type="checkbox"/> Curriculum Design / Curriculum Development | <input type="checkbox"/> Needle Exchange or Distribution |
| <input type="checkbox"/> Conferences | <input type="checkbox"/> Peer Education |
| <input type="checkbox"/> Emergency Medical Technician Education | <input type="checkbox"/> Street Outreach |
| <input type="checkbox"/> Health Education | <input type="checkbox"/> Parent Education |
| <input type="checkbox"/> Safer Sex Education | <input type="checkbox"/> Partner Communication |
| <input type="checkbox"/> School or University Education | <input type="checkbox"/> Patient Education |
| <input type="checkbox"/> Health Professional Education | <input type="checkbox"/> Provider Education |
| <input type="checkbox"/> Nurse Education | <input type="checkbox"/> Public Awareness Campaigns |
| <input type="checkbox"/> Physician Education | <input type="checkbox"/> NAMES Quilt |
| <input type="checkbox"/> Viral Hepatitis Prevention | <input type="checkbox"/> Speakers Bureau |
| <input type="checkbox"/> HIV/AIDS Prevention | <input type="checkbox"/> STD Prevention |
| <input type="checkbox"/> Intervention Strategies | <input type="checkbox"/> TB Prevention |
| <input type="checkbox"/> Nutrition Education | <input type="checkbox"/> Training Programs |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Buddy Training |
| <input type="checkbox"/> Bleach Distribution | <input type="checkbox"/> Caregiver Training |
| <input type="checkbox"/> Condom / Female Condom / Dental Dam Distribution | <input type="checkbox"/> Continuing Education |
| <input type="checkbox"/> Needle Cleaning or Needle Sterilization | <input type="checkbox"/> Train the Trainer |
| | <input type="checkbox"/> Volunteer Training |

6. What kind of workplace programs does your organization offer? [TO INTERVIEWER: Read choices and check services offered by organization.]

- | | |
|--|---|
| <input type="checkbox"/> Americans with Disabilities Act / ADA | <input type="checkbox"/> Managers / Supervisors Education |
| <input type="checkbox"/> Employee assistance programs | <input type="checkbox"/> Occupational Safety and Health |
| <input type="checkbox"/> Employee education | <input type="checkbox"/> Return to Work Programs |
| <input type="checkbox"/> Employment Counseling | <input type="checkbox"/> Technical Assistance |
| <input type="checkbox"/> Employment Training | <input type="checkbox"/> Union Training |

7. What health care planning services does your organization offer?

[TO INTERVIEWER: Read choices and check services offered by organization.]

- HIV/AIDS Program Administration Policy Analysis or Recommendation
 State/Regional Planning or Coordination HIV/AIDS Activism

8. Does your organization produce HIV/AIDS education and prevention newsletters or other materials?

- Yes No

If yes, ask what types of materials are offered?

Newsletter

Title: _____

Frequency: _____

Other Print materials _____

Audiovisual materials _____

V. ACCESS PROCEDURES.

Please check applicable items below and use the lines for explanation or additional information

1. What are your business (service) hours?

2. Does your organization require appointments? Are walk-ins accepted?

- Appointment required Walk-ins accepted

3. Are fees charged for services? If yes, does your organization offer a sliding fee scale?

- No fee.
 Fee.
 Fee. Sliding scale.

4. Does your organization accept Medicaid, Medicare, and Insurance?

- Medicaid Medicare Insurance

5. Does your organization offer free HIV testing? Yes No

6. Does your organization accept donations? Yes No

7. Is your organization handicapped accessible? Yes No

8. Are there any restrictions on eligibility (for services)? If so, what kinds of restrictions do you enforce?

VI. ADDITIONAL COMMENTS

The National Prevention Information Network (NPIN) and the CDC-INFO (formerly the CDC National AIDS Hotline) Hotline refer callers to organizations every day. We want to be certain that the information we provide about your organization is as complete as possible. Are there any other details about your organization that have not been captured in this questionnaire?

Thank you for completing this survey! We appreciate your time and effort.

