

Form Approved  
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**ATTACHMENT 7a:**

**PAPER AND PENCIL QUESTIONNAIRE**

**Routine HIV Testing in Emergency Departments**

**Statement of burden for paper and pencil questionnaire**

**Public reporting burden of this collection of information is estimated to average 10 minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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 control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0775)**

**Routine HIV Testing  
Paper and Pencil Questionnaire**

1. How many years have you been practicing emergency medicine since completing your residency?

\_\_\_\_\_

2. What is your specialty?

\_\_\_\_\_

3. Estimate, as best as possible, the percentage of the patients you see fitting each of the following racial or ethnic groups.

\_\_\_\_\_ % White  
\_\_\_\_\_ % African American  
\_\_\_\_\_ % Asian  
\_\_\_\_\_ % Hispanic or Latino  
\_\_\_\_\_ % Native Hawaiian or other Pacific Islander  
\_\_\_\_\_ % American Indian or Alaska Native

4. Which of the following categories best describes the community from which your department primarily draws patients?

Urban  
 Suburban  
 Rural  
 Mix

5. Indicate, as best as possible, the percentage of the patients you see that use each of the following payment types for services.

\_\_\_\_\_ % Fee-for-Service or indemnity  
\_\_\_\_\_ % Managed Care  
\_\_\_\_\_ % Medicare  
\_\_\_\_\_ % Medicaid  
\_\_\_\_\_ % Military Health Care (TRICARE) or Veteran's Administration benefits (VA)  
\_\_\_\_\_ % State or Local Sponsored Health Plan  
\_\_\_\_\_ % Private Pay  
\_\_\_\_\_ % Uninsured  
\_\_\_\_\_ % Other: \_\_\_\_\_

6. Do you test patients for HIV in your department?

Yes  
 No (Skip to Question 15)

7. What type of HIV test do you use?

- Venipuncture
- Finger prick
- Oral swab

8. How many HIV tests do order in a typical month?

\_\_\_\_\_

9. What percentage of the HIV tests were performed because the patient requested to be tested?

\_\_\_\_\_ %

10. Currently, how many patients living with HIV do you see in a month?

\_\_\_\_\_

11. How many cases of HIV have you diagnosed in the past 12 months?

\_\_\_\_\_

12. Thinking about the health issues affecting your patients, how [relevant/important?] is HIV?

- Very
- Somewhat
- Not

13. What challenges do you see in adopting routine HIV testing?

- Cost
- Time
- Lack of information
- Patient objections
- Patient population not at risk
- Handling HIV positive tests
- State requirements for counseling
- Other \_\_\_\_\_