

Form Approved
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ATTACHMENT 7b:
PAPER AND PENCIL QUESTIONNAIRE
Prevention is Care (PIC)

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)

PIC

Paper and Pencil Questionnaire

1. How many years have you been practicing medicine? | _____

We recognize that many physicians split their time between private practices (individual or group) and practices that are public or university based. For the following set of questions, we would like you to provide responses for both these practice types as applicable to your own practice of medicine.

	<u>Private Practice</u>	<u>Public or University Based Practice</u>
2. Number of patients you see in a month.	_____	_____
3. Total number of patients in your practice.	_____	_____
4. Number of HIV positive patients you see in a month.	_____	_____
5. Estimate, as best as possible, the percentage of the patients you see fitting each of the following racial or ethnic groups.	White _____% Black or African-American _____% Asian _____% Hispanic or Latino _____% Native Hawaiian or Other Pacific Islander _____% American Indian or Alaska Native _____%	White _____% Black or African-American _____% Asian _____% Hispanic or Latino _____% Native Hawaiian or Other Pacific Islander _____% American Indian or Alaska Native _____%
6. Which of the following categories best describes the community from which your practice(s) primarily draw(s) patients	Urban _____% Suburban _____% Rural _____% _____%	Urban _____% Suburban _____% Rural _____% _____%

	<u>Private Practice</u>	<u>Public or University Based Practice</u>
7. Indicate, as best as possible, the percentage of the patients you see that use each of the following payment types for services.	Mix	Mix
	Employer/ Third Party Insurance ___%	Employer/ Third Party Insurance ___%
	Medicare ___%	Medicare ___%
	Medicaid ___%	Medicaid ___%
	Military Health Care ___%	Military Health Care ___%
	State or Local Sponsored Health Plan ___%	State or Local Sponsored Health Plan ___%
	Private Pay ___%	Private Pay ___%
8. Among your HIV positive patients, please estimate the percentage infected through the following modes of transmission?	Heterosexual Sex ___%	Heterosexual Sex ___%
	Homosexual Sex ___%	Homosexual Sex ___%
	Intravenous Drug Use (IDU) ___%	Intravenous Drug Use (IDU) ___%
	Other ___%	Other ___%
9. Among your HIV positive patients, what percentages are male and female?	Males ___%	Males ___%
	Females ___%	Females ___%
10. Do any of the practices or clinics in which you see patients receive Ryan White Care Act Funding?		Yes <input type="checkbox"/>
		No <input type="checkbox"/>

11. Do you screen your HIV positive patients for behavioral risk factors?
- Yes
 - No
12. How often do you screen your HIV positive patients for behavioral risk factors?
- At the first visit only
 - Annually
 - Several times during the year
 - At every visit
13. What are some of the challenges in incorporating behavioral risk factor screening in your practice?
- Time
 - Cultural issues
 - Patient reaction
 - Lack of knowledge
 - Lack of resources
 - Other
14. How helpful do you think it would be to have a tool to help you discuss behavioral risk factors with your HIV positive patients?
- Not helpful
 - Somewhat helpful
 - Very helpful