**Form Approved**

**OMB No. 0920-0775**

**Expiration Date 04/30/2011**

**ATTACHMENT 7c:**

**PAPER AND PENCIL QUESTIONAIRE**

**HIV Partner Services**

**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)**

**Partner Services**

**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.**

|  |  | Private Practice | Public or UniversityBased Practice |
| --- | --- | --- | --- |
| 1. Number of patients you see in a month.
 |  | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
|  |  |  |  |
| 1. 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  | \_\_\_**%** |
| Mix  | \_\_\_**%** |

 |

|  |  |
| --- | --- |
| Urban  | \_\_\_**%** |
| Suburban  | \_\_\_**%** |
| Rural  | \_\_\_**%** |
| Mix  | \_\_\_**%** |

 |
| 7. Indicate, as best as possible, the percentage of the patients you see that use each of the following payment types for services.  |  |

|  |  |
| --- | --- |
| Employer/ Third Party Insurance | \_\_\_**%** |
| Medicare  | \_\_\_**%** |
| Medicaid  | \_\_\_**%** |
| Military Health Care  | \_\_\_**%** |
| State or Local Sponsored Health Plan | \_\_\_**%** |
| Private Pay  | \_\_\_**%** |

 |

|  |  |
| --- | --- |
| Employer/ Third Party Insurance | \_\_\_**%** |
| Medicare  | \_\_\_**%** |
| Medicaid  | \_\_\_**%** |
| Military Health Care  | \_\_\_**%** |
| State or Local Sponsored Health Plan | \_\_\_**%** |
| Private Pay  | \_\_\_**%** |

 |
|  |  |  |  |
| 8. Among your HIV positive patients, please estimate the percentage infected through the following modes of transmission?  |  |

|  |  |
| --- | --- |
| Heterosexual Sex | \_\_\_**%** |
| Homosexual Sex  | \_\_\_**%** |
| Intravenous Drug Use (IDU)  | \_\_\_**%** |
| Other  | \_\_\_**%** |

 |

|  |  |
| --- | --- |
| Heterosexual Sex | \_\_\_**%** |
| Homosexual Sex  | \_\_\_**%** |
| Intravenous Drug Use (IDU)  | \_\_\_**%** |
| Other  | \_\_\_**%** |

 |
|  |  |  |  |
| 9. Among your HIV positive patients, what percentages are male and female? |  |

|  |  |
| --- | --- |
| Males  | \_\_\_**%** |
| Females  | \_\_\_**%** |

 |

|  |  |
| --- | --- |
| Males  | \_\_\_**%** |
| Females  | \_\_\_**%** |

 |

|  |  |
| --- | --- |
| 10. Do any of the practices or clinics in which you see patients receive Ryan White Care Act Funding? | Yes [ ] No [ ]  |

1. Do you screen your HIV positive patients for behavioral risk factors?

[ ]  Yes

[ ]  No

1. 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

1. 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

1. 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