

**Attachment 2**  
**MMP Provider Survey**  
**Web-based Application Screenshots**



**CENTERS FOR DISEASE  
CONTROL AND PREVENTION**

FORM APPROVED  
OMB NO.: 0920-0840  
EXPIRATION DATE:

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This is a controlled survey. You need a valid User ID and Password to participate.  
Please enter your Username and password.

User ID   
Password

Continue



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### ELIGIBILITY SCREENER

1. Are you a physician (MD or DO), nurse practitioner, or physician assistant and you practice HIV medicine, i.e., order CD4 lymphocyte and HIV viral load tests for more than referral purposes or prescribe antiretroviral therapy? In this survey, practicing HIV medicine includes the direct supervision of others who practice HIV medicine.

- Yes
- No

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2. Are you a physician completing a fellowship, residency, or internship?

- No  
 Yes

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**A. BACKGROUND**

3. How long have you been providing care for HIV-infected patients?

Years   
Months

4. In what year did you complete medical school, nursing school, or physician assistant school?

Year

5. What is your profession?

- Physician
- Nurse practitioner
- Physician assistant





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6. Are you board certified in any of the following? (Select all that apply.)

- Internal Medicine
- Family Practice
- Pediatrics
- Infectious Disease
- Obstetrics and Gynecology
- Neurology
- Dermatology
- Surgery
- Hematology-Oncology
- Immunology
- Other board certification (Please specify):

7. In what year did you complete initial board certification?

- NA
- Year:

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8. Are you certified by the HIV/AIDS Nursing Certification Board as an AIDS Certified Registered Nurse (ACRN) or an Advanced AIDS Certified Registered Nurse (AACRN)?

- No
- Yes

9. Are you a member of any of the following professional organizations? *(Select all that apply.)*

- American Academy of HIV Medicine (AAHIVM)
- HIV Medicine Association (HIVMA)
- American Association of Nurses in AIDS Care (ANAC)
- International Association of Physicians in AIDS Care (IAPAC)

10. Do you have American Academy of HIV Medicine (AAHIVM) specialist certification (AAHIVS)?

- No
- Yes

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### B. CHARACTERISTICS OF YOUR PRACTICE

For questions 11-21, please consider your work at all of your practice locations. Patient care includes direct supervision of patient care.

11. How many hours per week do you devote to patient care in total including face-to-face contact, documentation, phone calls/emails to patients, educating families, reviewing tests, and consulting with other providers?

Hours

12. What percentage of your patient care time do you devote to HIV-infected patients?

Time  %

13. For how many HIV-infected individuals do you currently provide continuous and direct patient care?

Individuals

14. In the past 3 years, have you provided continuous and direct medical care to a minimum of 25 patients with HIV?

- No
- Yes



15. Are you accepting new HIV-infected patients at this time?

- No
- Yes

16. Regarding the number of HIV patients you will be able to provide care for 5 years from now, which is most likely?

- It will increase
- It will stay the same
- It will decrease
- I will stop providing care for HIV patients
- Unsure

17. Do you plan to leave clinical practice within the next 5 years?

- No
- Yes
- Unsure

18. Are you currently obligated to practice in a federally designated shortage area for a defined period of time (e.g., you are a member of the National Health Service Corps or hold a J-1 or H1b visa)?

- No
- Yes

19. Do you provide primary care for your HIV-infected patients (i.e., point of first contact, comprehensive care, and emphasis on prevention and coordination of care)?

- No
- Yes

20. Do you manage HIV treatment decisions involving antiretroviral drug resistance?

- No
- Yes

21. Do you co-manage HIV patients? (Select one.)

Note: Co-management refers to the practice of a more experienced HIV expert being available to oversee and consult with a less experienced HIV provider on the care of patients.

- Yes, I co-manage HIV patients and receive expert assistance
- Yes, I co-manage HIV patients and provide expert assistance
- No, I do not co-manage patients



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If you provide HIV care at more than one practice, in answering questions 22-26, please consider only the office location at the address mentioned in the materials we have sent to you.

22. How many minutes, on average, are you able to spend during the initial visit with an HIV-infected patient who is entering care for the first time?

- NA, I do not see patients for initial visits
- Minutes

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23. In your opinion, how often do you have sufficient time to provide all needed HIV related information to your HIV-infected patients who are entering care for the first time?

- Always
- Usually
- Sometimes
- Never

24. How many minutes, on average, do you spend during a follow-up visit with an HIV-infected patient after the initial evaluation is completed?

Minutes

25. In your opinion, how often do you have sufficient time to provide all needed HIV-related information to your established HIV-infected patients?

- Always
- Usually
- Sometimes
- Never

26. Does your practice utilize an integrated team where multiple clinicians work together to augment the provider visit by providing pre-visit, post-visit, or between-visit contact with HIV-infected patients? These teams may include nurses, social workers, case managers, mental health providers, substance abuse counselors, and/or adherence counselors.

- No
- Yes
- Don't know





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27. Please indicate your level of satisfaction with the following areas of your HIV medical practice:

	Very satisfied	Satisfied	Neutral	Unsatisfied	Very unsatisfied
Salary or reimbursement rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of time required and available for documentation and other administrative work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work schedule and/or on call responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of supportive services to assist with patient management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support and coverage from other HIV providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of specialists for consultation and referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of effort required to keep up with clinical and/or pharmaceutical advances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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### C. CHARACTERISTICS OF YOUR HIV-INFECTED PATIENTS

If you provide HIV care at more than one practice, in this section please consider only the office location at the address mentioned in the materials we have sent to you.

28. Approximately what proportion of your HIV-infected patients fall into the following categories? The total should equal 100%.

American Indian or Alaska Native	<input type="text"/>
Asian	<input type="text"/>
Black or African American	<input type="text"/>
Hispanic or Latino/a	<input type="text"/>
Native Hawaiian or Other Pacific Islander	<input type="text"/>
White	<input type="text"/>
Total:	0

29. Approximately what proportion of your HIV-infected patients fall into the following categories? The total should equal 100%.

Age 12 years and under

Age 13-24 years

Age 25-64 years

Age 65 years and over

Total:

0

30. Approximately what percentage of your HIV-infected patients fall into the following categories? The total can *equal more than 100%*.

Women

Men who have sex with men

Men who have sex with women

Transgender (male to female or female to male)

Injecting drug users

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### 32. Do you agree with the following statements about services provided to patients at your practice?

	Yes	No	Don't know
Practice routinely contacts patients prior to their appointments as a reminder (via mail, phone, or other)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice routinely follows-up on patients who miss their appointments (via mail, phone, or other)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice provides patient navigation services (e.g., accompanying to appointments as needed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You or your practice routinely reinforces the value of follow-up visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice has a program to systematically monitor retention in care of all HIV patients (e.g., monitoring visit adherence, gaps in care, or visits per interval of time)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice offers care to persons with any income level and insurance status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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#### D. PATIENT MANAGEMENT

If you provide HIV care at more than one practice, in this section, please consider only the office location at the address mentioned in the materials we have sent to you.

33. Among patients for whom there are no barriers or contraindications to treatment, when would you first prescribe ART? (*Select one.*)

- CD4 count < 200 cells/mm<sup>3</sup>
- CD4 count < 350 cells/mm<sup>3</sup>
- CD4 count < 500 cells/mm<sup>3</sup>
- Treat regardless of CD4 count
- N/A, I do not prescribe ART

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**34. For what percentage of your patients do you currently defer, for any reason, prescribing ART?**

- 0%
- 1-10%
- 11-25%
- 26-50%
- Over 50%

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35. Among those patients for whom you defer prescribing ART, for what percentage are the following factors reasons you defer?

Table with 6 rows of factors and 5 columns of percentage ranges (0%, 1-25%, 26-50%, 51-75%, 76-100%) with radio button options.

36. Please indicate the extent to which you agree with the following statement: the availability of medication provided by the following prescription drug plans is sufficient to meet my patients' HIV treatment needs:

	Strongly Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know	N/A I have no patients in this plan
ADAP (AIDS Drug Assistance Program)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare prescription drug plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commercial insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmaceutical industry drug assistance plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. For what proportion of your patients who are new to HIV care do you order an HIV genotype as part of their initial evaluation?

- All patients
- More than half
- About half
- Less than half
- Few or none
- N/A, I do not perform initial evaluations on HIV-infected patients

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Questions 38-44 refer to assessments and interventions, such as counseling, education, and referrals, that you may perform as part of your HIV practice.

38. For what proportion of the HIV-infected patients you see for continuous or repeated care do you perform the following?

Antiretroviral Treatment

Survey table with 5 columns: Most or all, More than half, About half, Less than half, Few or none, and N/A I don't prescribe ART. It contains 5 rows of survey questions with radio button options.



40. For what proportion of the HIV-infected patients you see for continuous or repeated care do you perform the following?

Alcohol and Drug Use Risk Reduction

	Most or all	More than half	About half	Less than half	Few or none	N/A I have no patients who inject drugs	N/A I don't see patients for initial visits
Assess use of alcohol, recreational drugs, illicit drugs, and illicit injected drugs every 6 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask injection drug users during their initial evaluation if all injection partners have been informed of possible HIV exposure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask injection drug users at follow-up visits if any new injection partners have been informed of possible HIV exposure since their last visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage patients to disclose their HIV status to all injection partners since the time of their HIV diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refer patients to health department to discuss drug injection partners who have not been informed of their exposure and to arrange for their notification and referral for HIV testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For patients who abuse alcohol or drugs, make referrals for appropriate specialty services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inform patients who share drug injection equipment about sources of sterile syringes (e.g. pharmacies, syringe programs, legal prescription in some states)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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41. Do you provide care for HIV-infected female patients?

- No
- Yes

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42. For what proportion of the HIV-infected women you see for continuous or repeated care do you perform the following?

Reproductive Health, Female Patients With HIV

Table with 5 columns: Most or all, More than half, About half, Less than half, Few or none. Rows include: Assess the reproductive plans of patients aged 12-45 years, Inform patients about the risk of perinatal transmission should they become pregnant, For patients who wish to avoid pregnancy, provide or prescribe effective contraception or refer to another provider for contraception needs, Advise patients using medical or surgical contraception to also use condoms to prevent HIV transmission, Refer patients who wish to conceive to dinicians skilled in preconception counseling of HIV-infected women, Inform patients that using ART can prevent perinatal transmission should they become pregnant

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43. Do you provide care HIV-infected male patients with female partners?

- No
- Yes

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44. For what proportion of the HIV-infected patients you see for continuous or repeated care, who are men with female partners, do you perform the following?

Reproductive Health, Male Patients With HIV

	Most or all	More than half	About half	Less than half	Few or none
Inform patients who have female partners about the risk of perinatal transmission should their partner become pregnant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assess patients' reproductive plans and refer patients who wish to conceive with a female partner to clinicians skilled in preconception counseling of HIV-infected persons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For patients who wish to avoid conceiving a child, provide information about vasectomy or refer to another provider to do this	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advise patients who are sterile or using another form of contraception to also use condoms to prevent HIV transmission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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#### **E. ANTIRETROVIRAL PROPHYLAXIS FOR HIV-NEGATIVE PATIENTS**

**45. Have you ever prescribed continuous daily dosing of tenofovir/emtricitabine (Truvada®) for pre-exposure prophylaxis (PrEP) of HIV infection?**

- No
- Yes

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46. For whom have you prescribed continuous daily dosing of tenofovir/emtricitabine (Truvada®) for PrEP? (Select all that apply)

- Men who have sex with men
- Men who have sex with women
- Women who have sex with men
- Uninfected partners in serodiscordant couples attempting to conceive
- Injecting drug users
- Other group, specify:

47. Have you ever prescribed antiretroviral medication for non-occupational post-exposure prophylaxis (nPEP)?

- No
- Yes



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48. For whom have you prescribed antiretroviral medication for nPEP? *(Select all that apply.)*

- Men who have sex with men
- Men who have sex with women
- Women who have sex with men
- Uninfected partners in serodiscordant couples attempting to conceive
- Injecting drug users
- Other group, specify:

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## F. SOURCES OF INFORMATION AND CONTINUING EDUCATION / CONTINUING MEDICAL EDUCATION

49a. Which sources of information on HIV care and treatment have you used in the past year? *(Select all that apply.)*

### Published Guidelines / Recommendations

- Infectious Disease Society of America (IDSA) / HIVMA Primary Care Guidelines
- Department of Health and Human Services (DHHS) Antiretroviral Treatment Guidelines
- International Antiviral Society - USA (IAS-USA) Antiretroviral Treatment of Adult HIV Infection Recommendations
- CDC / IDSA / HIVMA / National Institutes of Health (NIH) Guidelines for the Prevention of Opportunistic Infections in Adults and Adolescents
- CDC / IDSA / HIVMA / Health Resources and Services Administration (HRSA) Incorporating HIV Prevention into the Medical Care of Persons Living with HIV (Published July 2003 MMWR)
- CDC Interim Guidance: Pre-exposure Prophylaxis for Men who have Sex with Men (Published January 2011 MMWR)
- CDC Interim Guidance: Pre-exposure Prophylaxis for Heterosexually Active Adults (Published August 2012 MMWR)
- CDC Guidelines for Non-occupational Post-exposure (nPEP) Prophylaxis Adults (Published January 2005 MMWR)



49b. Which sources of information of HIV care and treatment have you used in the past year? *(Select all that apply.)*

**Other Resources**

- International/national conferences
- National/Regional AIDS Education & Training Centers (AETC)
- Continuing Medical Education / Continuing education courses
- Colleagues
- Medical journals/textbooks
- Websites with clinical information (e.g., IAS-USA, HIV InSite, Clinical Care Options)
- Pharmaceutical representatives/pharmaceutical sponsored meetings
- Medical associations
- National HIV telephone Consultation Service (Warmline)
- CDC Prevention is Care materials (<http://www.cdc.gov/actagainstaids/pic/>)
- Other, please specify:

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**50. How many HIV-specific Category 1 continuing medical education/continuing education (CME/CE) credits have you earned in the past 12 months?**

- 0 - 4
- 5 - 9
- 10 or more

**51. In the past 3 years have you earned at least 10 hours per year of Category 1 CME/CE credits each year addressing the diagnosis, treatment, or epidemiology of HIV disease?**

- No
- Yes

**52. In the past 3 years have you earned at least 40 hours of Category 1 CME/CE credits addressing the diagnosis, treatment, or epidemiology of HIV disease?**

- No
- Yes

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### G. OPINION ON POSSIBLE CHANGES TO THE MEDICAL MONITORING PROJECT (MMP)

The Medical Monitoring Project (MMP) is considering changing the way HIV-infected individuals are selected for participation in order to include persons not in care as well as those receiving care. If adopted, individuals would be sampled from health department lists of HIV-infected persons and would be recruited directly by local health department staff. Providers would still be asked to help locate patients and to grant access to participants' medical records.

53. If the proposed change were adopted, how would your interest in participation with MMP be affected.

- Interest would be decreased
- Interest would be unaffected
- Interest would be increased
- Not sure

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**H. PROVIDER CHARACTERISTICS**

54. What is your age in years?

Years

55. What is your gender?

- Male
- Female
- Transgender

56. Do you consider yourself to be:

- Heterosexual or straight
- Gay or lesbian
- Bisexual

57. Do you consider yourself to be Hispanic or Latino/a?

- No
- Yes

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58. Which best describes your Hispanic ancestry *(Select all that apply.)*

- Mexican, Mexican American, Chicano/a
- Puerto Rican
- Cuban
- Another Hispanic, Latino/a, Spanish Origin (Please specify):

59. Which racial group or groups do you consider yourself to be in? *(Select all that apply.)*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

60. Do you communicate in another language besides English to provide medical care (i.e. without the use of an interpreter)?

- No
- Yes



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61. In what other language/s do you provide medical care?

Spanish

Other (please specify):

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Thank you for your participation!