Form Approved OMB No. 0920-New Expiration Date XX/XX/XXXX

Assessment of a Comprehensive HIV Clinic-Based Intervention to Improve Patients'

Health and Reduce Transmission Risk

**Appendix 12: Provider Survey (English only)** 

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: OMB-PRA (0920-New)

## **Provider Survey**

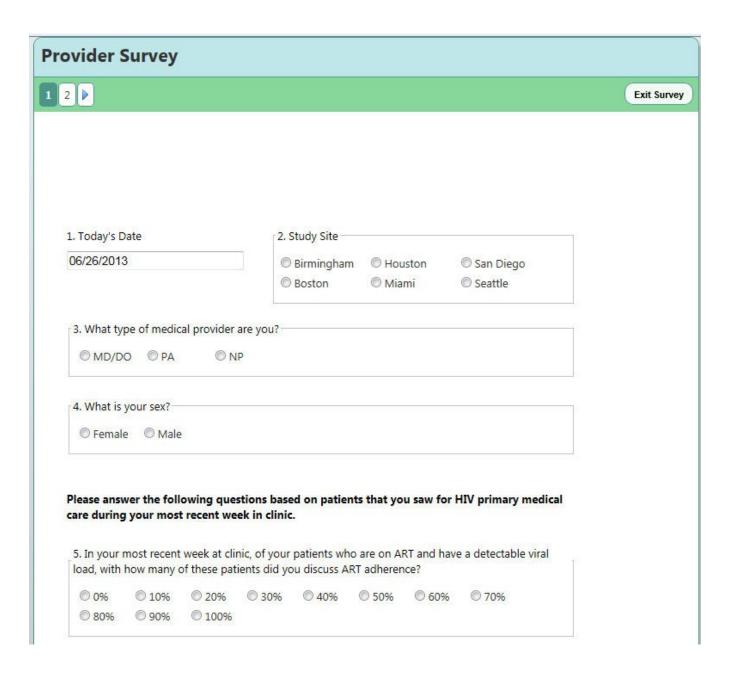
All primary providers at this clinic are being asked to complete a short survey periodically about topics they may have discussed with patients. Your consent to participate is implied by completing this survey. You may refuse to participate, but we encourage you to fill out the brief survey because your answers will help improve clinical and preventive care for the patients in this clinic.

**Begin Survey** 

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2								
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in this clin	ic?							
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