

Resources and Services Database of the CDC National Prevention  
Information Network

0920-0255

Attachment 3-B

Initial Questionnaire Telephone

Form Approved  
OMB No.0920-0255  
Exp. date: 01/31/2014

**CDC National Prevention Information Network**

Public reporting burden of this collection of information is estimated to vary from 10-30 minutes per response, with average of 20 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, or 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 20222; ATTN: PRA (0920-0255).

***Initial Questionnaire Telephone Script***

Hello, my name is \_\_\_\_\_ and I am calling from the CDC National Prevention Information Network.

The National Prevention Information Network (NPIN) is a clearinghouse service provided by the U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention (CDC). A primary goal of NPIN is to serve as a comprehensive source for information about organizations in the United States that provide HIV/AIDS-, Viral Hepatitis-, STD-, and TB-related services or resources. The clearinghouse is authorized to collect this information by Section 301 of the Public Health Service Act (42 U.S.C 241). This information is organized and maintained by the NPIN online database. The mission of NPIN is to serve the information needs of state and local HIV/AIDS/Viral Hepatitis/STD/TB program personnel and other professionals. The general public also has access to this information from the NPIN website or by calling CDC-INFO (formerly the CDC National AIDS and STD Hotline), which provides referrals from the NPIN database to local service organizations.

We have identified your organization as providing services or resources related to HIV/AIDS, Viral Hepatitis, STDs, and/or TB and I am calling to obtain information about your organization and its services. The information you provide about your organization or program will be added to the NPIN database and

will be made available to professionals and other users. Your participation is voluntary.

Are you willing to participate in this data collection at this time? If yes, continue with questionnaire. If no, thank respondent for their time and end call.

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## I. ORGANIZATION INFORMATION

1. Please tell me your organization's name, including any department, division or office.

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2. Does your organization have (use) an acronym for your company name? If yes, what is it?

Acronym: \_\_\_\_\_

3. Is your organization known by any other name? If yes, what is it?

Other name: \_\_\_\_\_

Previous name(s): \_\_\_\_\_

Program name(s): \_\_\_\_\_

4. What is the street address for your organizations?

Street 1:

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Street 2:

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City:

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State:

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ZIP:

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County:

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Country:

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5) Please tell me your main phone number and your fax number?  
Does your organization have a toll-free number, a TTD number,  
a hotline number, or a Spanish-speaking number? Are there any  
other phone numbers we should have?

Main Telephone : (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

Toll-Free: (\_\_\_\_\_) \_\_\_\_\_

Hotline: (\_\_\_\_\_) \_\_\_\_\_

TDD/Deaf Access: (\_\_\_\_\_) \_\_\_\_\_

Spanish: (\_\_\_\_\_) \_\_\_\_\_

Publications: (\_\_\_\_\_) \_\_\_\_\_

Other: (\_\_\_\_\_) \_\_\_\_\_

6) Does your organization have an e-mail address? A website?

E-mail Address:

\_\_\_\_\_

Website Address:

\_\_\_\_\_

7) Please tell me the name(s) of key staff to contact for updating your organization's information. Please provide the title, and email address. This information is only used internally and is not released to the public.

Name:\_\_\_\_\_ Title:\_\_\_\_\_

E-mail: \_\_\_\_\_

Name:\_\_\_\_\_ Title:\_\_\_\_\_

E-mail: \_\_\_\_\_

Name:\_\_\_\_\_ Title:\_\_\_\_\_

E-mail: \_\_\_\_\_

8) What geographic area(s) does your organization serve?

Cities:\_\_\_\_\_

Counties:\_\_\_\_\_

States: \_\_\_\_\_

Metropolitan Area:\_\_\_\_\_

Countries:\_\_\_\_\_

Other:\_\_\_\_\_

9) Is your organization non-profit, governmental, or commercial?

\_\_\_\_\_  
[To interviewer: if respondent answers governmental or commercial, skip to Question 12.]

10) If your organization is non-profit, does it have 501c3 status? \_\_\_\_\_

- 11) If your organization is not-for-profit, is it affiliated with a religion or religious denomination?  
 Yes       No

If yes, which religion or denomination?

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12. Is your organization minority owned or operated?  
 Yes       No

13. What kinds of HIV/AIDS, Viral Hepatitis, STD, and/or TB work does your organization do?

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## II. CLIENT INFORMATION

1. What are the primary client groups your organization serves or targets?

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### III. CLIENT SERVICES OF YOUR ORGANIZATION

1. Does your organization offer services in any language other than English?  Yes  No

If yes, what languages?

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2. Does your organization provide direct services to clients who are infected or affected by HIV, STDs, or TB?  Yes  No

***[TO INTERVIEWER, IF RESPONDENT ANSWERS NO, SKIP TO SECTION IV.]***

3. What disease testing services does your organization offer?  
[TO INTERVIEWER: Read choices and check services offered by organization.]

- |   |  |
|---|--|
| <input type="checkbox"/> HIV Test Counseling            | <input type="checkbox"/> Viral Hepatitis Testing   |
| <input type="checkbox"/> Conventional Blood HIV Testing | <input type="checkbox"/> Hepatitis A Testing       |
| <input type="checkbox"/> Conventional Oral HIV Testing  | <input type="checkbox"/> Hepatitis B Testing       |
| <input type="checkbox"/> Rapid Oral HIV Testing         | <input type="checkbox"/> Hepatitis C Testing       |
| <input type="checkbox"/> Rapid Blood HIV Testing        | <input type="checkbox"/> Hepatitis C Rapid Testing |
| <input type="checkbox"/> Home HIV Test Kits             | <input type="checkbox"/> STD Testing               |
| <input type="checkbox"/> Partner notification           | <input type="checkbox"/> Chlamydia Testing         |
| <input type="checkbox"/> Mobile Testing                 | <input type="checkbox"/> Syphilis Testing          |
| <input type="checkbox"/> TB Testing                     | <input type="checkbox"/> Gonorrhea Testing         |
|   | <input type="checkbox"/> Herpes Testing            |
|   | <input type="checkbox"/> Home STD Test Kits        |

4. What medical treatment services does your organization offer?  
[TO INTERVIEWER: Read choices and check services offered by organization.]

- |   |   |
|---|---|
| <input type="checkbox"/> Clinical Trials                            | <input type="checkbox"/> Gynecological Care       |
| <input type="checkbox"/> Medical Adherence                          | <input type="checkbox"/> Primary Care             |
| Education and Counseling  | <input type="checkbox"/> STD Treatment            |
| <input type="checkbox"/> Dental Care                                | <input type="checkbox"/> Viral Hepatitis          |
| <input type="checkbox"/> Direct Observed Therapy (DOT) Short Course | Treatment   |
| <input type="checkbox"/> Family Planning                            | <input type="checkbox"/> Hepatitis B Treatment    |
| <input type="checkbox"/> HAV Immunizations                          | <input type="checkbox"/> Hepatitis C Treatment    |
| <input type="checkbox"/> HBV Immunizations                          | <input type="checkbox"/> TB Treatment             |
| <input type="checkbox"/> HPV Immunization                           | <input type="checkbox"/> Other/Comments:<br>_____ |

5. What HIV/AIDS treatments and therapies does your organization offer? [TO INTERVIEWER: Read choices and check services offered by organization.]

- |   |   |
|---|---|
| <input type="checkbox"/> Alternative/Complementary Medicine | <input type="checkbox"/> Nutrition Therapy        |
| <input type="checkbox"/> HIV/AIDS Medical Treatment         | <input type="checkbox"/> Other/Comments:<br>_____ |

6. What counseling or mental health services does your organization offer? [TO INTERVIEWER: Read choices and check services offered by organization.]

- |   |  |
|---|--|
| <input type="checkbox"/> Counseling           | <input type="checkbox"/> Substance Abuse Treatment |
| <input type="checkbox"/> Sexuality Counseling |  |

7. Does your organization offer any support groups?

- Yes                       No

8. Does your organization provide any FAITH BASED AIDS SERVICES?

- Yes                       No



9. What support services does your organization offer?

[TO INTERVIEWER: Read choices and check services offered by organization.]

- Case Management, Administration
- Food Services
- Child Care
- Home Care Assistance
- Respite Care Services
- Housing Services
- Housing Opportunities for Persons with AIDS / HOPWA
- Transportation Services

10. Does your organization offer referral services?

- Yes
- No

11. Does your organization offer legal services?

- Yes
- No

12. What financial assistance and services does your organization offer? [TO INTERVIEWER: Read choices and check services offered by organization.]

- Emergency Financial Assistance
- Financial Assistance to Individuals
- Housing Financial Assistance
- Drug Purchasing Assistance, including AIDS Drug Assistance Programs (ADAP)

13. Does your organization provide funding to organizations?

- Yes
- No

**IV. HOTLINE/ INFORMATION/ RESEARCH/ EDUCATION SERVICES OF YOUR ORGANIZATION**

1. Does your organization provide hotline, information, research, education, or advocacy services specific to HIV/AIDS, Viral Hepatitis, STDs, or TB?
- Yes
  - No

**[TO INTERVIEWER: IF NO, SKIP TO SECTION V.]**

**2. HOTLINE SERVICES**

- 2a. Does your organization operate a hotline?  Yes  No

2b. Is your hotline:

- An AIDS hotline?  Yes  No
- An STD hotline?  Yes  NO
- A TB hotline?  Yes  NO
- A viral hepatitis hotline?  Yes  NO

If no, what type of hotline do you operate?

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- 2c. What kinds of services are provided by your hotline? What is the hotline number?

<b>Type</b>	<b>Telephone #</b>
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3. What information services are offered by your organization?  
[TO INTERVIEWER: Read choices and check services offered by organization.]

- Electronic Information Resources

Materials -  
Print/Audiovisual)

Treatment Information

4. What kind of research does your organization conduct?

[TO INTERVIEWER: Read choices and check services offered by organization.]

Behavioral Research

Other Research

5. What kind of prevention education services does your organization offer? [TO INTERVIEWER: Read choices and check services offered by organization.]

Curriculum Development

Conferences

Safer Sex Education

Health Professional  
Education

Hepatitis

Prevention/Education

HIV/AIDS

Prevention/Education

Nutrition Education

Condom / Female Condom  
/Dental Dam Distribution

Needle Cleaning, Needle  
Exchange or Needle  
Distribution

Peer Education

Street Outreach

Public Awareness Campaigns

NAMES Quilt

Speakers Bureau

STD Prevention/Education

TB Prevention/Education

Training Programs

Train the Trainer

Abstinence Education

Capacity Building

Harm Reduction

Networking

Technical Assistance

6. Does your organization provide EVIDENCE-BASED BEHAVIORAL INTERVENTIONS?  Yes  No

If yes, what are the types of evidence-based behavioral interventions (level, risk category, race/ethnicity, sex/gender) you provide?

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7. Does your organization provide EVIDENCE-BASED BEHAVIORAL INTERVENTION TRAINING?       Yes       No

If yes, are the types of evidence-based behavioral intervention training (level, risk category, race/ethnicity, sex/gender) you provide?

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8. Does your organization provide ONLINE TRAINING PROGRAMS?       Yes       No

If yes, what online training programs do you provide?

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9. Does your organization offer workplace programs?       Yes       No

10. Does your organization offer planning and administration services?

Yes       No

[TO INTERVIEWER: Read choices and check services offered by organization.]

- Program Administration
- Advocacy/Activism
- Community Planning
- Grant Management

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## V. ACCESS PROCEDURES

Please check applicable items below and use the lines for explanation or additional information

1. What are your business (service) hours?

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2. Does your organization require appointments? Are walk-ins accepted?

Appointment required  Walk-ins accepted

3. Are fees charged for services? If yes, does your organization offer a sliding fee scale?

- No fee.  
 Fee.  
 Fee. Sliding scale.

4. Does your organization accept Medicaid, Medicare, and Insurance?

Medicaid  Medicare  Insurance

5. Does your organization offer free testing?

Yes  No

6. Does your organization offer free STD testing?  Yes  No

7. Does your organization offer free Hepatitis B testing?  Yes  No

8. Does your organization offer free Hepatitis C testing?  Yes  No

9. Does your organization accept donations?

Yes  No

10. Is your organization handicapped accessible?

Yes  No

11. Are there any restrictions on eligibility (for services)? If so, what kinds of restrictions do you enforce?

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## VI. ADDITIONAL COMMENTS

The National Prevention Information Network (NPIN) and the CDC-INFO (formerly the CDC National AIDS Hotline) Hotline refer callers to organizations every day. We want to be certain that the information we provide about your organization is as complete as possible. Are there any other details about your organization that have not been captured in this questionnaire?

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Thank you for completing this survey! We appreciate your time and effort.