

Form Approved
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0920-0572 Health Message Testing System

Attachment 7: Provider Brief Survey Instrument

Public reporting burden of this collection of information is estimated to average 15 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: OMB-PRA (0920-0572)

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 question, please provide responses for both these practice types as applicable to your own practice of medicine. Please use your best estimate.

	<u>Private Practice</u>	<u>Public or University Based Practice</u>	
1. Number of patients you see in a month.	_____	_____	
2. Number of HIV-infected patients you see in a month.	_____	_____	
	<u>Male</u>	<u>Female</u>	<u>Transgender</u>
3. What percent of your patients are male vs. female vs. transgender? (Please use your best estimate)	_____	_____	_____
4. Which medical associations do you belong to? Please select one or more of the following associations. [MARK ALL THAT APPLY]			
American Academy of Family Physicians (AAFP)	_____ <input type="checkbox"/>		
American College of Physicians (ACP)	_____ <input type="checkbox"/>		
American Medical Association (AMA)	_____ <input type="checkbox"/>		
National Medical Association (NMA)	_____ <input type="checkbox"/>		
HIV Medicine Association (HIVMA)	_____ <input type="checkbox"/>		
American Academy of HIV Medicine (AAHIVM)	_____ <input type="checkbox"/>		
Infectious Diseases Society of America (IDSA)	_____ <input type="checkbox"/>		
American Congress of Obstetricians and Gynecologists (ACOG)	_____ <input type="checkbox"/>		
International AIDS Society (IAS)	_____ <input type="checkbox"/>		
American College of Physicians (ACP)	_____ <input type="checkbox"/>		
Other [Specify: _____]	_____ <input type="checkbox"/>		
None of these	_____ <input type="checkbox"/>		

INFORMATION NEEDS

5. Would you be interested in receiving information about...

Topic	Yes	No
a. Reducing transmission	<input type="checkbox"/>	<input type="checkbox"/>
b. Retention in care	<input type="checkbox"/>	<input type="checkbox"/>
c. Initiating ART	<input type="checkbox"/>	<input type="checkbox"/>
d. When to initiate nPEP	<input type="checkbox"/>	<input type="checkbox"/>
e. Communicating about PrEP	<input type="checkbox"/>	<input type="checkbox"/>
f. Communicating about ART medication adherence (e.g., patient compliance)	<input type="checkbox"/>	<input type="checkbox"/>
g. Conducting STD screening	<input type="checkbox"/>	<input type="checkbox"/>
h. Partner services	<input type="checkbox"/>	<input type="checkbox"/>
i. Screening for risky sexual behaviors	<input type="checkbox"/>	<input type="checkbox"/>
j. Screening for risky alcohol and illicit drug use behaviors	<input type="checkbox"/>	<input type="checkbox"/>
k. Helping patients modify risky sexual behaviors	<input type="checkbox"/>	<input type="checkbox"/>
l. Helping patients modify alcohol and illicit drug use	<input type="checkbox"/>	<input type="checkbox"/>

USE OF ELECTRONIC MEDIA

6. How often do you do the following for professional purposes?

	Daily	Weekly	Monthly	Less than once per month	Never
a. Use an app on a mobile device or tablet, such as an iPod/iPad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Download content to a mobile device, such as an iPod, cell phone, or PDA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Print online content such as a medical journal article	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Access Medical blogs, such as those available through Medscape or Sermo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Use social media, like Twitter or Facebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Use medical social media like Epocrates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Listen to podcasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Patient Resources

7. Do you refer your patients to the following resources...

	Yes	No
a. Your practice's website	<input type="checkbox"/>	<input type="checkbox"/>
b. CDC's website	<input type="checkbox"/>	<input type="checkbox"/>
c. Other websites (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
d. Other electronic resources (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
e. Printed materials	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Continuing Medical Education (CME)

8. How do you obtain CME credits?

a. Attending conferences	<input type="checkbox"/>
b. Through employer-provided in-service trainings	<input type="checkbox"/>
c. Dinner presentations by local chapter of a professional association	<input type="checkbox"/>
d. Attending meetings of a regional professional association	<input type="checkbox"/>
e. Journal supplement education programs	<input type="checkbox"/>
f. Online	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>

9. How useful are CME programs about HIV care, treatment and prevention?

a. Never useful	<input type="checkbox"/>
b. Rarely useful	<input type="checkbox"/>
c. Somewhat useful	<input type="checkbox"/>
d. Always useful	<input type="checkbox"/>

10. Do you currently use CME courses or programs as a source of information about the following topics?

Topic	Yes	No
a. Reducing transmission	<input type="checkbox"/>	<input type="checkbox"/>
b. Retention in care	<input type="checkbox"/>	<input type="checkbox"/>
c. Initiating ART	<input type="checkbox"/>	<input type="checkbox"/>
d. When to initiate nPEP	<input type="checkbox"/>	<input type="checkbox"/>
e. Communicating about PrEP	<input type="checkbox"/>	<input type="checkbox"/>
f. Communicating about ART medication adherence (e.g., patient compliance)	<input type="checkbox"/>	<input type="checkbox"/>
g. Conducting STD screening	<input type="checkbox"/>	<input type="checkbox"/>
h. Partner services	<input type="checkbox"/>	<input type="checkbox"/>
i. Screening for risky sexual behaviors	<input type="checkbox"/>	<input type="checkbox"/>
j. Screening for risky alcohol and illicit drug use behaviors	<input type="checkbox"/>	<input type="checkbox"/>
k. Helping patients modify risky sexual behaviors	<input type="checkbox"/>	<input type="checkbox"/>
l. Helping patients modify alcohol and illicit drug use	<input type="checkbox"/>	<input type="checkbox"/>

11. Would you be interested in CME courses or programs about the following topics?

Topic	Yes	No
a. Reducing transmission	<input type="checkbox"/>	<input type="checkbox"/>
b. Retention in care	<input type="checkbox"/>	<input type="checkbox"/>
c. Initiating ART	<input type="checkbox"/>	<input type="checkbox"/>
d. When to initiate nPEP	<input type="checkbox"/>	<input type="checkbox"/>
e. Communicating about PrEP	<input type="checkbox"/>	<input type="checkbox"/>
f. Communicating about ART medication adherence (e.g., patient compliance)	<input type="checkbox"/>	<input type="checkbox"/>
g. Conducting STD screening	<input type="checkbox"/>	<input type="checkbox"/>
h. Partner services	<input type="checkbox"/>	<input type="checkbox"/>
i. Screening for risky sexual behaviors	<input type="checkbox"/>	<input type="checkbox"/>
j. Screening for risky alcohol and illicit drug use behaviors	<input type="checkbox"/>	<input type="checkbox"/>
k. Helping patients modify risky sexual behaviors	<input type="checkbox"/>	<input type="checkbox"/>
l. Helping patients modify alcohol and illicit drug use	<input type="checkbox"/>	<input type="checkbox"/>
m. Working with specific populations (e.g. transgender, homeless, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

11a. Of the CME courses or programs that you are interested in, please indicate your top three choices:

1. _____

2. _____

3. _____

COMMUNICATING WITH PATIENTS ABOUT RISK BEHAVIORS

12. What challenges, if any, prevent you from having discussions regarding high-risk sexual or substance use behaviors with your HIV-infected patients? [MARK ALL THAT APPLY]

a. Lack of time	<input type="checkbox"/>
b. Cultural difference between you and your patient	<input type="checkbox"/>
c. Gender difference between you and your patient	<input type="checkbox"/>
d. Lack of trust/relationship with patient	<input type="checkbox"/>
e. Lack of skills or training in this area	<input type="checkbox"/>
f. Patients are uncomfortable discussing the subject	<input type="checkbox"/>
g. I am uncomfortable discussing the subject	<input type="checkbox"/>
h. Other (specify) _____	<input type="checkbox"/>
i. There are no challenges to such discussion that I can identify	<input type="checkbox"/>