

Form Approved
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Submission under
0920-0572 Health Message Testing System

Attachment 8: Professional 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)

INFORMATION NEEDS

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

Topic	Yes	No
a. Communicating about reducing transmission	<input type="checkbox"/>	<input type="checkbox"/>
b. Communicating about ART	<input type="checkbox"/>	<input type="checkbox"/>
c. Communicating about nPEP	<input type="checkbox"/>	<input type="checkbox"/>
d. Communicating about PrEP	<input type="checkbox"/>	<input type="checkbox"/>
e. Communicating about ART medication adherence (e.g., patient compliance)	<input type="checkbox"/>	<input type="checkbox"/>
f. Communicating about STD screening	<input type="checkbox"/>	<input type="checkbox"/>
g. Partner services	<input type="checkbox"/>	<input type="checkbox"/>
h. Screening for risky sexual behaviors	<input type="checkbox"/>	<input type="checkbox"/>
i. Screening for risky alcohol and illicit drug use behaviors	<input type="checkbox"/>	<input type="checkbox"/>
j. Helping [INSERT POPULATION HERE] modify risky sexual behaviors	<input type="checkbox"/>	<input type="checkbox"/>
k. Helping [INSERT POPULATION HERE] modify alcohol and illicit drug use	<input type="checkbox"/>	<input type="checkbox"/>

USE OF ELECTRONIC MEDIA

2. 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"/>				
b. Download content to a mobile device, such as an iPod, cell phone, or PDA	<input type="checkbox"/>				
c. Print online content such as a [trade] journal article	<input type="checkbox"/>				
d. Access blogs	<input type="checkbox"/>				
e. Use social media, like Twitter or Facebook	<input type="checkbox"/>				
f. Listen to podcasts	<input type="checkbox"/>				

[INSERT POPULATION HERE] resources

3. Do you refer your [INSERT POPULATION HERE] to the following resources...

	Yes	No
a. Your [INSERT ORGANIZATION HERE] 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"/>

4. Would you be interested in continuing education courses or programs about the following topics?

Topic	Yes	No
a. Communicating about reducing transmission	<input type="checkbox"/>	<input type="checkbox"/>
b. Communicating about ART	<input type="checkbox"/>	<input type="checkbox"/>
c. Communicating about nPEP	<input type="checkbox"/>	<input type="checkbox"/>
d. Communicating about PrEP	<input type="checkbox"/>	<input type="checkbox"/>
e. Communicating about ART medication adherence (e.g., patient compliance)	<input type="checkbox"/>	<input type="checkbox"/>
f. Communicating about STD screening	<input type="checkbox"/>	<input type="checkbox"/>
g. Partner services	<input type="checkbox"/>	<input type="checkbox"/>
h. Screening for risky sexual behaviors	<input type="checkbox"/>	<input type="checkbox"/>
i. Screening for risky alcohol and illicit drug use behaviors	<input type="checkbox"/>	<input type="checkbox"/>
j. Helping [INSERT POPULATION HERE] modify risky sexual behaviors	<input type="checkbox"/>	<input type="checkbox"/>
k. Helping [INSERT POPULATION HERE] modify alcohol and illicit drug use	<input type="checkbox"/>	<input type="checkbox"/>

4a. Of the CME courses or programs that you are interested in, please indicate your top three choices:

1. _____
2. _____
3. _____

Communicating with [INSERT POPULATION HERE] about Risk Behaviors

5. What challenges, if any, prevent you from having discussions regarding high-risk sexual or substance use behaviors with your [INSERT POPULATION HERE]? [MARK ALL THAT APPLY]

a. Lack of time	<input type="checkbox"/>
b. Cultural difference between you and your [INSERT POPULATION HERE]	<input type="checkbox"/>
c. Gender difference between you and your [INSERT POPULATION HERE]	<input type="checkbox"/>
d. Lack of trust/relationship with [INSERT POPULATION HERE]	<input type="checkbox"/>
e. Lack of skills or training in this area	<input type="checkbox"/>
f. [INSERT POPULATION HERE] 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"/>