

Form Approved  
OMB No: 0920-XXXX  
Exp. Date: XX/XX/XXXX

**Project Clinic Characteristics Form**

Public reporting burden of this collection of information is estimated to average 30 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)

**Project Clinic Characteristics form**

Please provide the following information for the 12 month calendar year

Location	City/Town: _____		State: _____		
Type of clinic (check all that apply):	<input type="checkbox"/> public		<input type="checkbox"/> private		
	<input type="checkbox"/> primary care clinic		<input type="checkbox"/> ID or HIV specialty clinic		
For public clinic (check all that apply):	<input type="checkbox"/> Federally Qualified Health Center	<input type="checkbox"/> Community Health Center	<input type="checkbox"/> Ryan White clinic		
	<input type="checkbox"/> other _____				
For private clinic (check all that apply):	<input type="checkbox"/> managed care clinic	<input type="checkbox"/> academic medical center clinic	<input type="checkbox"/> non-academic medical center clinic		
	<input type="checkbox"/> retail clinic	<input type="checkbox"/> other _____			
Location:	<input type="checkbox"/> urban		<input type="checkbox"/> suburban		<input type="checkbox"/> rural
Year (that the following information covers):	<input type="checkbox"/> 2012	<input type="checkbox"/> 2013	<input type="checkbox"/> 2014	<input type="checkbox"/> 2015	<input type="checkbox"/> 2016
Total number of patients at the clinic? _____					
Total number of patients by sex:	Male _____			Female _____	
Total number of patients by race:					
American Indian/Alaska Native _____		Asian _____		Black/African American _____	
Native Hawaiian/Pacific Islander _____		White _____		Unknown _____	
Bi-racial _____		Other: _____			
Total number of patients by ethnicity:					
Hispanic/Latino _____		Not Hispanic/Latino _____		Unknown _____	
Total number of patients at the clinic that are HIV positive: _____					
Number of insured HIV positive patients: _____			Number of insured <i>non</i> -HIV positive patients: _____		
Of the insured HIV positive patients, the number of insured patients by insurance type:					
Private insurance _____		Medicaid _____		Medicare _____	
Tricare _____		Other _____		Unknown _____	
Number of total clinic visits (for all patients): _____					
Number of individual patient visits for HIV-positive patients: _____					
Number of individual patient visits for HIV positive patients _____					

that were kept:	_____
Number of individual patient visits for non-HIV-positive patients:	_____
Number of individual patient visits for <i>non-HIV</i> positive patients that were kept:	_____
Does the clinic have access to an on-site pharmacy?	<input type="checkbox"/> yes <input type="checkbox"/> no
Does the clinic have 340b status?	<input type="checkbox"/> yes <input type="checkbox"/> no

	%
Percentage of HIV patients that are on ART	
Percentage of HIV patients that are virally suppressed	
Percentage of HIV patients who have missed scheduled appointments in the passed 6 months	

How many <b>Full Time Equivalent (FTE)</b> * providers (clinical or other provider types) did the clinic have in calendar year? _____	
Type of provider	Number of <b>FTE</b> provider(s)
Physician^	
Physician Assistant	
Nurse Practitioner	
Pharmacist	
Registered Nurse, Licensed Nurse	
Dietician	
Case Manager	
Social Worker	
Substance Abuse Counselor	
Laboratory staff	
Other type:	

\*FTE is the ratio of the total number of paid hours during a period divided by the number of working hours in that period. An FTE of 1.0 means that the person is equivalent to a full-time worker, while an FTE of 0.5 indicates that the worker is only half-time

^Physicians in residency training should not be included

Average number of patients seen, per day, by <b>1 FTE</b> staff in calendar year:	
Physician(s)	_____
Physician Assistant(s)	_____
Nurse Practitioner(s)	_____
Pharmacist(s)	_____
Registered Nurse(s), Licensed Nurse(s)	_____
Case Manager(s)	_____

Social Worker(s)	_____
Substance Abuse Counselor(s)	_____
Other(s) type:	_____