Public Burden Statement: 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. The OMB control number for this project is 0915-0281 and the expiration date is 07/31/2013. Public reporting burden for this collection of information is estimated to average .007 hours per respondent annually, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

HRSA AIDS Education and Training Centers

Participant Information Form (PIF)

To create your unique ID number, use the mo	onth of 1. 2	
your birth, the day of your birth, and the last f		
of your social security number. For example,		M M / D D / Y Y
123-45-6789 has the ID number 05296789.	Unique ID Number	Today's Date
125-45-0709 Has the ID Humber 05290709.	7. Is	Today 3 Date
3. Your Primary Profession/Discipline (Select one)	6a. 6a. Primary Employment Setting	13. Do you provide services directly to HIV-infected
O 1. Dentist	oa. oa. Filliary Employment Setting	
O 2. Other Dental Professional	O Rural O Suburban/urban	clients/patients?
O 3. Advanced Practice Nurse	O Rulai O Suburban/urban	O Yes O No/Don't know (Stop here. You are
O 4. Nurse	6b. Zip code	done with this form.)
O 5. Pharmacist	ou. Zip code	done with this form.)
O 6. Physician O 7. Physician Assistant	7 7. Is the employment setting a faith-based organization?	14. How many YEARS have you been providing
O 8 Clergy/Faith-Based Professional	7. 13 the employment setting a faith-based organization:	services directly to HIV-infected clients/
O 9. Dietitian/Nutritionist		patients?
O 10. Health Educator	O Yes O No O Don't Know	patients.
O 11. Mental/Behavioral Health Professional		(Round up to the nearest whole year.)
O 12. Other Public Health Professional	8a. Does the employment setting receive Ryan White	(Nound up to the nearest whole year.)
O 13. Social Worker	Pr Program funding?	
O 14. Substance Abuse Professional		15. Estimate the NUMBER of HIV-infected clients/
	OYes (skip to Q9.) ONo (skip to Q9) O Don't Know (go to Q 8b.)	patient to whom you provide direct services in
O 15. Community Health Worker		an average MONTH.
O 16. Other non-clinical professional (specify):	8b. If 8a=Don't Know, please write the full name of your	un average <u>montri</u> .
	agency:	None/mo. 1-9/mo. 10-19/mo. 20-49/mo. 50+/mo.
4 Y - D - C - LD L (D L -)		O O O O
4. Your Primary Functional Role (Select one)		
O 1. Administrator		
O 2. Agency Board Member		
O 3. Care Provider/Clinician		
O 4. Case Manager	NOTE: Please answer BOTH Question 9 about Hispanic	
O 5. Client/Patient Educator	origin and Question 10 about race.	For Questions 16 through 19, estimate the
O 6. Clinical/Medical Assistant		PERCENTAGE of your HIV-infected clients/
O 7. Intern/Resident	Are you of Hispanic, Latino/a, or Spanish origin?	patients in the past <u>YEAR</u> who were:
O 8. Researcher/Evaluator		
O 9. Student/Graduate Student	O Yes O No	16. HIV+ who are racial-ethnic minorities
O 10. Teacher/Faculty		
O 11. Other (specify):	10. What is your racial background? (Select all that	None/yr. 1-24%/yr. 25-49%/yr. 50-74%/yr. ≥75%/yr.
5. Your Principal Employment Setting (Select one)	apply?)	
O 1. Academic Health Center		47 107 1 1 1 1 1 1 1 1 1 1 1 1 1
O 2. Community Health Center	O American Indian or Alaska Native	17. HIV+ who are co-infected with Hepatitis C
O 3. Family Planning Clinic	O Asian	Non-to- 4 040/to- 05 400/to- 50 740/to- 5 750/to-
O 4. HIV Clinic	O Black or African American	None/yr. 1-24%/yr. 25-49%/yr. 50-74%/yr. ≥75%/yr.
O 5. HMO/Managed Care Organization	O Native Hawaiian or Other Pacific Islander	0 0 0 0
O 6. Hospital-Based Clinic	O White	18. HIV+ who are receiving antiretroviral therapy
O 7. Hospital/ ER		10. HIV+ WIIO are receiving antiretrovital therapy
O 8. Indian Health Services/Tribal Clinic	11. What is your gender?	None/yr. 1-24%/yr. 25-49%/yr. 50-74%/yr. ≥75%/yr.
O 9. Infectious Disease Clinic	O Female	O O O O O
O 10. Long-Term Nursing Facility	O Male	
O 11. Maternal/Child Health Clinic	O Transgender	19. HIV+ who are women
O 12. Mental/Behavioral Health Clinic	40. De communida comita a discostrata di contal	
O 13. Rural Health Clinic	12a. Do you provide services directly to clients/	None/yr. 1-24%/yr. 25-49%/yr. 50-74%/yr. ≥75%/yr. O O O
O 14. Sexually Transmitted Disease Clinic	patients?	
O 15. Substance Abuse Treatment Center	O Voc. O No. (Chan have Vou are done with this	
O 16. College/University	O Yes O No (Stop here. You are done with this	
O 17. Community-Based Organization	form.)	
O 18. Community/retail pharmacy	12h Diagga actimate the DEDCENTACE of your	
O 19. Correctional Facility	12b. Please estimate the <u>PERCENTAGE</u> of your	
O 20. Military/VA	OVERALL CLIENT/PATIENT population in the past YEAR who were racial-ethnic minorities:	
O 21. Private Practice	past <u>TEAK wito were racial etitlic illinorities.</u>	
O 22. State/Local Health Department	None/yr. 1-24%/yr. 25-49%/yr. 50-74%/yr. ≥75%/yr.	
O 23. Non-Health	O O O O O	
O 24. Other Primary Care		
O 25. Not working (skip to Q. #9)		
For Office Use		1
		Ryan White Program
Only		J Kyail vyline Plografii

☐ Yes ☐ No

Agency

Program ID