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HRSA AIDS Education and Training Centers Participant Information Form (PIF)

Instructions: This form should be completed once per year by participants of the AIDS Education and Training Centers programs.

1. Unique ID number: To create your unique ID number, enter 4 letters and 4 numbers. Any 4 letters may be chosen, but a suggested format is to use the first 2 letters of your first name and first 2 letters of your last name. The numbers should be the 2-digit month and 2-digit day of your birthday. Using the suggested format, John Smith, May 29, would be **JOSM0529**. The same unique ID number should be used each time this form is completed.

L	L	L	L	M	M	D	D

2. Today's date:

M	M	D	D	Y	Y	Y	Y

3. Your Primary Profession/Discipline (Select all that apply)

- Dentist
- Other Dental Professional
- Nurse Practitioner
- Nurse / Advanced Practice Nurse (non-prescriber)
- Midwife
- Pharmacist
- Physician
- Physician Assistant
- Dietitian or Nutritionist
- Mental/Behavioral Health Professional
- Substance Abuse Professional
- Social Worker or Case Manager
- Community Health Worker (includes peer educator or navigator)
- Clergy or Faith-based professional
- Practice administrator or leader (i.e. chief executive officer, nurse administrator)
- Other allied health professional (specify, i.e. medical assistant, podiatrist, physical therapist): _____
- Other Public Health Professional
- Other non-clinical professional (i.e. front desk staff, grant writer -- specify): _____

4. Your Primary Functional Role (Select all that apply)

- Administrator
- Agency Board Member
- Care Provider/Clinician – can or does prescribe HIV treatment
- Care Provider/Clinician – cannot or does not prescribe HIV treatment
- Case Manager
- HIV tester
- Client/Patient Educator (includes navigator)
- Clinical/Medical Assistant
- Health care organization non-clinical staff (i.e. front desk)
- Intern/Resident
- Researcher/Evaluator
- Student/Graduate Student
- Teacher/Faculty
- Other (specify): _____

Please answer both questions about ethnicity (5) and race (6).

5. Are you of Hispanic or Latino/a origin?

- Yes No

6. What is your racial background? Select all that apply.

- American Indian / Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

7. What is your gender? Select one.

- Female
- Male

- Transgender

8. List all the ZIP codes where you work:

_____-_____-_____
 _____-_____-_____
 _____-_____-_____
 _____-_____-_____
 _____-_____-_____

9. Principal Employment Setting name:

10. Your Principal Employment Setting (For the clinical setting where you work most of the time, please select all the characteristics that apply to that location.)

- Academic Health Center
- Correctional facility
- Emergency department
- Federally qualified Health Center
- Family Planning Clinic
- HIV or Infectious Diseases Clinic
- HMO/Managed Care Organization
- Hospital-Based Clinic
- Indian Health Services/Tribal Clinic
- Long-term nursing facility
- Maternal /child health clinic
- Mental health clinic
- STD clinic
- Substance abuse treatment center
- Student health clinic
- Other community-based organization
- Pharmacy
- Military or veterans' health facility
- Other federal health facility
- Private practice
- State or local health department
- Other primary care setting
- Not working (If not working, skip to question 14.)

11. Does the principal employment setting receive Ryan White HIV/AIDS Program funding?

- Yes No Not sure

12. Is HIV care and treatment provided by the principal employment setting?

- Yes No

13. Do you have direct interaction with clients/patients?

- Yes No (Stop here. You are done with this form.)

14. If yes, how many years?

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15. Do you provide HIV prevention counseling and testing services to clients/patients?

- Yes No

16. Do you prescribe HIV pre-exposure prophylaxis (PrEP) to clients/patients?

- Yes No

17. Do you provide services directly to clients/patients who are living with HIV?

- Yes No (Stop here. You are done with this form.)

18. How many YEARS have you been providing services directly to people living with HIV? Round up to the nearest whole year.

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19. Which of the following best describes the way you provide services to clients/patients living with HIV:

- Provide behavioral or support services, but no HIV treatment (i.e. case management, counseling, cognitive behavioral therapy, transportation, legal)
- Provide clinical services to people living with HIV, but no HIV treatment (i.e. nutrition, physical therapy, psychiatry, general primary care)
- Provide basic HIV care and treatment (novice)
- Provide intermediate HIV care and treatment
- Provide advanced HIV care and treatment
- Provide expert HIV care and treatment, which includes training others and/or clinical consultation

20. Estimate the NUMBER of clients/ patients living with HIV to whom you provided direct services in the past YEAR:

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For Questions 21 through 23, estimate the PERCENTAGE of your clients/ patients living with HIV in the past YEAR who were:

21. HIV+ who are racial/ethnic minorities

- None
- 1-24%
- 25-49%
- 50-74%
- ≥75%

22. HIV+ who are co-infected with hepatitis B or hepatitis C

- None
- 1-24%
- 25-49%
- 50-74%
- ≥75%

23. HIV+ who are receiving antiretroviral therapy

- None
- 1-24%
- 25-49%
- 50-74%
- ≥75%