

**HIV Knowledge, Beliefs, Attitudes, and Practices of Providers in the Southeast
(K-BAP Study)**

Attachment 9a

Screenshots

K-BAP Provider Baseline

Screener and Survey Instrument

SCREENSHOTS - K-BAP HEALTHCARE PROVIDER BASELINE SURVEY SCREENER

Form Approved

OMB No. 0920-XXXX

Expiration Date: XX/XX/XXXX

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)



HIV Testing

Do you offer HIV testing to your patients?

- No
- Yes

Please select the reason(s) that best describes why you do not offer HIV testing to your patients?

- My patient population is not at risk
- HIV testing is not standard of care for my practice type
- HIV testing is not reimbursed
- Patients do not have insurance
- Patients cannot afford the test
- I am not comfortable providing testing or discussing results
- HIV testing is too time consuming
- I am unsure of regulations
- I am unsure of what test(s) to order
- Other:

How do you offer tests for HIV? Please select the response that best characterizes your practice.

- Repeated testing (3 – 12 months) based on patient behavior (e.g., new sexual partners, sex without condoms outside a monogamous relationship, multiple sexual partners)
- Routine, opt-out (You tell all patients 15 – 65 years old that you will be performing an HIV test; they may refuse)
- Risk-based or targeted, opt-out (If you feel the patient is at risk for acquiring HIV, you tell the patient that you will be performing an HIV test; they may refuse)
- Risk-based or targeted, opt-in (If you feel the patient is at risk for acquiring HIV, you ask the patient if would like an HIV test; they must accept)
- Routine, opt-in (You ask all patients 15 – 65 years old if they would like an HIV test; they must accept)
- Patient initiated (HIV testing is provided to any patients who request HIV testing)
- Other:

How often do you offer HIV testing to the following patients?

	Each clinical visit	More than once per year, but not every visit	Annually	Once, documented in medical record	Never, I do not conduct clinical testing, but I refer to others	Never, I do not conduct clinical testing or refer to others	N/A, I do not see this type of patient
Patients who are sexually active with more than one partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Men who have sex with other men	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients who identify as transgendered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients who use injection drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients that have been diagnosed with an STD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients with signs and symptoms of an STD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnant women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you offer rapid HIV testing, either oral swab or blood (e.g., OraQuick and Uni-Gold) in your practice?



0%

First, please tell us about yourself.

Thank you for agreeing to participate in this survey. This is not a test, but please answer the questions as best as you can without referring to resource material.
Please answer these questions as they relate to the practice where you received this survey.

Please identify your clinical role.

- Physician (MD/DO)
- Physician Assistant
- Nurse Practitioner
- Other:

Please identify your medical specialty or subspecialty that you practice in [State].

- Internal Medicine
- Family Medicine
- Emergency Medicine
- Infectious Diseases
- OB-GYN
- Pediatrics
- Other:

In what year did you complete initial board certification?

Please choose...

Please select the answer that best describes the setting where you primarily ($\geq 50\%$ of your time) practice medicine.

- School or College Health Center
- Outpatient: Hospital-based
- Outpatient: Community Clinic
- Outpatient: Private Practice
- Inpatient/Hospitalist
- Emergency Department
- Urgent Care Center
- Public Health Department
- Federally Qualified Health Center (FQHC)
- Retail Clinics (such as CVS' Minute Clinic, Walgreens' Healthcare Clinic, etc.)
- Other:

Do you have American Academy of HIV Medicine (AAHIVM) specialist certification (AAHIVS)?



Continuing Education (CE)

Have you ever received training from an AIDS Training & Education Center (ATEC)?

- No
- Yes
- I do not remember

Date of most recent training:

Format: mm-dd-yyyy

Have you participated in any other CE concerning on the following HIV/AIDS, STDs, or sexual history, drug/alcohol history assessment in the past 24 months?

- HIV/AIDS
- STDs
- Sexual history assessment
- Drug/alcohol history assessment
- Cultural competency with LGBT (Lesbian, Gay, Bisexual, Transgender) patients
- Cultural competency with racial and ethnic minorities

Previous

Next



HIV Testing

Do you offer HIV testing to your patients?

- No
- Yes

Please select the reason(s) that best describes why you do not offer HIV testing to your patients?

- My patient population is not at risk
- HIV testing is not standard of care for my practice type
- HIV testing is not reimbursed
- Patients do not have insurance
- Patients cannot afford the test
- I am not comfortable providing testing or discussing results
- HIV testing is too time consuming
- I am unsure of regulations
- I am unsure of what test(s) to order
- Other:

How do you offer tests for HIV? Please select the response that best characterizes your practice.

- Repeated testing (3 - 12 months) based on patient behavior (e.g., new sexual partners, sex without condoms outside a monogamous relationship, multiple sexual partners)
- Routine, opt-out (You tell all patients 15 - 65 years old that you will be performing an HIV test; they may refuse)
- Risk-based or targeted, opt-out (If you feel the patient is at risk for acquiring HIV, you tell the patient that you will be performing an HIV test; they may refuse)
- Risk-based or targeted, opt-in (If you feel the patient is at risk for acquiring HIV, you ask the patient if would like an HIV test; they must accept)
- Routine, opt-in (You ask all patients 15 - 65 years old if they would like an HIV test; they must accept)
- Patient initiated (HIV testing is provided to any patients who request HIV testing)
- Other:

How often do you offer HIV testing to the following patients?

	Each clinical visit	More than once per year, but not every visit	Annually	Once, documented in medical record	Never, I do not conduct clinical testing, but I refer to others	Never, I do not conduct clinical testing or refer to others	N/A, I do not see this type of patient
Patients who are sexually active with more than one partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Men who have sex with other men	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients who identify as transgendered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients who use injection drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients that have been diagnosed with an STD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients with signs and symptoms of an STD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnant women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you offer rapid HIV testing, either oral swab or blood (e.g., OraQuick and Uni-Gold) in your practice?



Collecting Patient History and Risk Assessment

How would you rate your training in performing the following?

	Excellent	Good	Fair	Poor	I have not received any training	N/A, I do not collect these histories
Obtain sexual history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtain substance use history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct screening for depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you obtain a sexual history and risk assessment from your patients? Please select the option that best characterizes your approach.

- I routinely obtain a sexual history at the first encounter and update it on a regular (e.g., annual) basis.
- I routinely obtain a sexual history at the first encounter and update if new information is obtained.
- I obtain an initial sexual history as needed and update it if new information is obtained.
- I document a sexual history only when volunteered by the patient.
- I do not document sexual histories
- Other:

For what proportion of patients you see for continuous or repeated care do you perform the following?

	Most or all	More than half	About half	Less than half	Few or none
Ask about number of sexual partners?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask about gender of sexual partners?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask about frequency of sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask about types (vaginal, anal, oral) of sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explore opportunities for safer sex counseling at each visit for sexually active patients?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate the extent to which you agree that the following issues pose a barrier to discussing sexual education, sexual orientation, or sexual risks with your patients?

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I do not have enough time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not reimbursed for my time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My patients will not feel comfortable discussing sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not feel comfortable discussing sex with some patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not relevant to reason for visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which of these patient characteristics make you uncomfortable discussing sex with patients?

- Gender



30%

STD and Hepatitis Testing

When a patient presents with signs and symptoms compatible with any sexually transmitted disease or a report of an STD in a sex partner, do you include a test for syphilis?

- Yes, routinely, before STD diagnosis is confirmed
- Yes, routinely, only after STD diagnosis is confirmed
- Yes, occasionally
- Rarely or Never

Are tests for chlamydia and/or gonorrhea from rectal specimens available in your practice?

- No
- Yes, culture
- Yes, nucleic acid (DNA) tests
- Yes, both
- Yes, I don't know which type
- I don't know

Previous

Next



HIV Prevention through Biomedical Interventions

Are you familiar with the concept of providing post-exposure prophylaxis (PEP) for occupational exposure to HIV (e.g., needle stick)?

- I have a good understanding of the concept.
- I have a vague understanding of the concept.
- I have heard about the concept but know little about it.
- I have never heard about the concept.

Are you familiar with the concept of providing post-exposure prophylaxis (PEP) for sexual exposure to HIV?

- I have a good understanding of the concept.
- I have a vague understanding of the concept.
- I have heard about the concept but know little about it.
- I have never heard about the concept.

Has a patient ever requested post-exposure prophylaxis (PEP) for sexual exposure?

- No
- Yes
- I do not remember

Have you ever prescribed post-exposure prophylaxis (PEP) for sexual exposure?

- No
- Yes
- I do not remember

Approximately how many patients have you prescribed post-exposure prophylaxis for sexual exposure?

Only numbers may be entered in this field.

Do you provide condoms to the patients in your practice?

- No
- Yes, by request
- Yes, openly available
- Yes, patients are encouraged to take condoms
- Yes, but I'm not certain how
- I'm not certain if condoms are available



HIV Prevention through Biomedical Interventions

How familiar are you with the concept of pre-exposure prophylaxis (PrEP) in order to prevent HIV infection?

- I have a good understanding of the concept.
- I have a vague understanding of the concept.
- I have heard about the concept but know little about it.
- I have never heard about the concept.

Has a patient ever requested pre-exposure prophylaxis (PrEP)?

- No
- Yes
- I do not remember

Have you ever prescribed any form of pre-exposure prophylaxis (PrEP) to a patient?

- No
- Yes
- I do not remember

Approximately how many patients have you prescribed pre-exposure prophylaxis for sexual exposure?

Only numbers may be entered in this field.

Previous

Next



HIV Positive Patients

How many patients with HIV infections do you typically care for per month?

Only numbers may be entered in this field.

Do you provide primary care for your HIV-infected patients (i.e., point of first contact, comprehensive care, and emphasis on prevention and coordination of care)?

- No
- Yes

Do you provide HIV care in partnership with an Infectious Disease doctor?

- No
- Yes

Among patients for whom there are no barriers or contraindications to treatment, when would you first prescribe ART?

- CD4 count <200 cells/mm³
- CD4 count <350 cells/mm³
- CD4 count <500 cells/mm³
- Treat regardless of CD4 count
- N/A, I do not prescribe ART

Do you routinely screen for hepatitis C among your patients living with HIV infection?

- No
- Yes

When you diagnose someone with HIV or an STD, how do you (or your practice) handle partner notification (informing sex partners of my patient of a possible recent HIV exposure)?

- I (or my staff) make calls to partners
- I (or my staff) notify the Department of Health for assistance with partner notification
- The Department of Health will automatically handle partner notification
- I encourage my patient to notify their partners
- My practice does not perform partner notification
- Other:



Tell us about your state Department of Health

Each state/jurisdiction/city has different reporting requirements and reporting strategies. Please tell us about your state/jurisdiction/city.

Please tell us how your state/jurisdiction/city handles reporting HIV.

- HIV is not a reportable disease in my state, jurisdiction, or city
- I or someone in my practice must notify someone in my state, jurisdiction, or city.
- I do not need to notify the state, jurisdiction, or city; the laboratory will report the diagnosis.

What is your PRIMARY source of information regarding HIV/AIDS and STD reporting procedures and regulations in your state?

- More experienced colleague
- Peer-reviewed journals
- Professional organization (e.g., AMA, ANA, AAP, etc.)
- AETC (AIDS Education and Training Center)
- Staff member dedicated to the task of disease reporting
- State or Local Department of Health notices
- State or Local Department of Health website
- The Centers for Disease Control and Prevention website
- Printed resource material from the Department of Health
- Search engine (e.g. Google, Medscape)
- Other:

What is your PRIMARY source of information regarding medications and treatments for HIV/AIDS?

- More experienced colleague
- Peer-reviewed journals
- Professional organization (e.g., AMA, ANA, AAP, etc.)
- AETC (AIDS Education and Training Center)
- Staff member dedicated to the task of disease reporting
- State or Local Department of Health notices
- State or Local Department of Health website
- The Centers for Disease Control and Prevention website
- Printed resource material from the Department of Health
- Search engine (e.g. Google, Medscape)
- Other:

Previous

Next



Demographics

What is your age?

- ⓘ Your answer must be between 21 and 99
- ⓘ Only an integer value may be entered in this field.

What sex were you assigned at birth, on your original birth certificate?

- Male
- Female
- Transgender

How do you describe your gender identity?

- Male
- Female
- Male-to-female transgender (MTF)
- Female-to-male transgender
- Other gender identity

Which of the following best represents how you think of yourself?

- Gay
- Straight, this is not gay
- Bisexual
- Something else
- I don't know the answer

Do you consider yourself to be Hispanic or Latino/a?

- No
- Yes

Which racial group or groups do you consider yourself to be in?

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



Thank you for completing the K-BAP survey and assisting the CDC's efforts in preventing and treating HIV in [City Name]. Your participation was greatly appreciated, and will make a real difference in HIV care. Thank you!

In response to the HIV crisis in [City Name], many providers are learning more about HIV prevention and treatment. We are pleased to make Continuing Education (CE) materials available to you for free to help keep your HIV prevention and treatment skills up to date. The HIV CE module on [Topic Name] was specially selected for you to be of the greatest value based on your personal survey responses.

To access the CE module on [Topic Name], click here: URL

Thank you again for your invaluable assistance. We may contact you again in about six months for a brief follow-up. If you have any questions or need assistance, please call 877-828-5101 or email the Study Director at cdc.survey@altarum.org.



Final Thoughts

What is the most important thing that public health partners could do to help you improve your skill in obtaining a sexual history with your patients?

What is the most important thing that public health partners could do to help you in offering HIV/STD services?

Are there any unique or special risk factors relating to HIV infection in your patient population?

[Previous](#)

[Submit](#)