

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

Attachment 3b

K-BAP Provider Follow-Up

Screener and Survey Instrument

K-BAP HEALTHCARE PROVIDER FOLLOW-UP 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 20 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)

Thank you for agreeing to participate in this survey. The Centers for Disease Control and Prevention (CDC) has commissioned this special survey of providers. 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.

SCREENER:

1. Do you still practice medicine at [PRACTICE NAME] at [ADDRESS]?

Yes, I practice at [PRACTICE NAME] at [ADDRESS].

No, I do not practice at [PRACTICE NAME] at [ADDRESS].

2. [If no] Please enter all zip codes of offices where you currently practice medicine:

K-BAP HEALTHCARE PROVIDER FOLLOW-UP SURVEY INSTRUMENT

Thank you for agreeing to participate in this survey. The Centers for Disease Control and Prevention (CDC) has commissioned this special survey of providers. 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 answer these questions as they apply to you and your practice in the past six months.

Collecting Patient History and Risk Assessment

1. Some providers benefit from online CEs and some opt for other forms of continuing education. Since completing the initial baseline K-BAP survey, were you able to complete any of the suggested CEs that were offered as part of this study?
 - A. Yes
 - B. No

2. In the past six months, have you obtained a sexual history and risk assessment from your patients? Please select the option that best characterizes your approach.
 - A. I routinely obtain a sexual history at the first encounter and update it on a regular (e.g., annual) basis.
 - B. I routinely obtain a sexual history at the first encounter and update it as needed.
 - C. I obtain an initial sexual history as needed and update it as needed.
 - D. I document a sexual history only when volunteered by the patient.
 - E. I do not document sexual histories.
 - F. Other, Specify (---)

3. In the past six months, for what proportion of patients you see for continuous or repeated care did you perform the following?

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

4. Please indicate the extent to which you agree that the following issues pose a barrier to discussing sexual education or risk with your patients in the past six months?

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I do not have enough time.					
I am not reimbursed for my time.					
My patients will not feel comfortable discussing sex.					
I do not feel comfortable discussing sex with some patients.					

Not relevant to reason for visit.					

5. [If agree about being uncomfortable discussing sex with some patients] Which of these patient characteristics make you uncomfortable discussing sex with patients? Please select all that apply.
- A. Gender
 - B. Age
 - C. Race
 - D. Sexual orientation
 - E. Other, Specify (---)
6. Which of the following best describes your practice on depression screening:
- A. I routinely conduct depression screening on all patients.
 - B. I don't routinely conduct depression screening on all patients. I conduct depression screening only if the patient has a personal history or family history of depression
 - C. I don't routinely conduct depression screening on all patients. I conduct depression screening only if the patient has signs or symptoms suggestive of depression.
 - D. I don't routinely conduct depression screening on all patients. I conduct depression screening if the patient has a personal history or family history of depression or if the patient has signs or symptoms suggestive of depression.
 - E. I conduct depression screening in situations other than as described in choice B, C, or, D above. (please specify in what situations you would screen for depression)
7. In the past six months, have you obtained a substance (drug and alcohol) use history from your patients? Please select the option that best characterizes your approach.
- A. I routinely obtain a substance use history at the first encounter and update it on a regular (e.g., annual) basis.
 - B. I routinely obtain a substance use history at the first encounter and update it as needed.
 - C. I obtain an initial substance use history as needed and update it as needed.
 - D. I document a substance use history only when volunteered by the patient.
 - E. I do not document substance use histories.
 - F. Other, Specify (---)

HIV Testing

8. In the past six months, have you offered HIV testing to your patients?
- A. Yes (SKIP to 9)
 - B. No

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

- A. My patient population is not at risk
- B. HIV testing is not standard of care for my practice type
- C. HIV testing is not reimbursed
- D. Patients do not have insurance
- E. Patients cannot afford the test
- F. I am not comfortable providing testing or discussing results
- G. HIV testing is too time consuming
- H. I am unsure of regulations
- I. I am unsure of what test(s) to order
- J. Other, Specify (---)

10. In the past six months, how have you offered tests for HIV? Please select the response that best characterizes your practice.

- A. Repeated testing (3 – 12 months) based on patient behavior (eg, new sexual partners, sex without condoms outside a monogamous relationship, multiple sexual partners,)
- B. Routine, opt-out (You tell all patients 13 – 64 years old that you will be performing an HIV test; they may refuse) (SKIP to 11)
- C. 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)
- D. 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)
- E. Routine, opt-in (You ask all patients 13 – 64 years old if they would like an HIV test; they must accept) (SKIP to 11)
- F. Patient initiated (HIV testing is provided to any patients who request HIV testing)
- G. Other, Specify (---)

11. In the past six months, how often have you offered 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
Patients who are sexually active with more than one partner						
Men who have sex with other men						

Patients who identify as transgendered						
Patients who use injection drugs						
Patients that have been diagnosed with an STD						
Patients with signs and symptoms of an STD						

12. In the past six months, have you performed rapid HIV testing, either oral swab or blood (e.g., OraQuick and Uni-Gold) in your practice?
- A. Yes, it is my first-line test for all patients receiving HIV testing
 - B. Yes, I use this for many of my patients receiving HIV testing
 - C. Yes, but rarely
 - D. Never
13. In the past six months, have you performed routine HIV testing through standard venipuncture sent to a lab?
- A. Yes, it is my first-line test for all patients receiving HIV testing
 - B. Yes, I use this for many of my patients receiving HIV testing
 - C. Yes, but rarely
 - D. Never
14. In the past six months, have you ever ordered testing specifically for acute HIV (e.g., fourth generation HIV test)?
- A. Yes
 - B. No

STD and Hepatitis Testing

15. In the past six months, 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?
- A. Yes, routinely, before STD diagnosis is confirmed
 - B. Yes, routinely, only after STD diagnosis is confirmed
 - C. Yes, occasionally
 - D. Rarely or Never

HIV Prevention through Biomedical Interventions

16. Are you familiar with the concept of providing post-exposure prophylaxis (PEP) for occupational exposure to HIV (e.g., needle stick)?
- A. I have a good understanding of the concept.
 - B. I have a vague understanding of the concept.
 - C. I have heard about the concept but know little about it.
 - D. I have never heard about the concept.
17. Are you familiar with the concept of providing post-exposure prophylaxis (PEP) for sexual exposure to HIV?
- A. I have a good understanding of the concept.
 - B. I have a vague understanding of the concept.
 - C. I have heard about the concept but know little about it.
 - D. I have never heard about the concept.
18. In the past six months, has a patient ever requested post-exposure prophylaxis (PEP) for sexual exposure?
- A. Yes
 - B. No
 - C. I do not remember
19. In the past six months, have you ever prescribed post-exposure prophylaxis (PEP) for sexual exposure?
- A. Yes,
 - B. No
 - C. I do not remember
20. [IF YES TO ABOVE] In the past six months, approximately how many patients have you prescribed post-exposure prophylaxis for sexual exposure: _____ (number)
21. In the past six months, have you provided condoms to the patients in your practice?
- A. No
 - B. Yes, by request
 - C. Yes, openly available
 - D. Yes, patients are encouraged to take condoms

- E. Yes, but I'm not certain how
- F. I'm not certain if condoms are available

HIV Prevention through Biomedical Interventions

- 22. How familiar are you with the concept of pre-exposure prophylaxis (PrEP) in order to prevent HIV infection?
 - A. I have a good understanding of the concept.
 - B. I have a vague understanding of the concept.
 - C. I have heard about the concept but know little about it.
 - D. I have never heard about the concept.

- 23. In the past six months, has a patient ever requested pre-exposure prophylaxis (PrEP)?
 - A. Yes
 - B. No
 - C. I do not remember

- 24. In the past six months, have you ever prescribed any form of pre-exposure prophylaxis (PrEP) to a patient?
 - A. Yes
 - B. No
 - C. I do not remember

- 25. [IF YES TO ABOVE], In the past six months, approximately how many patients have you prescribed pre-exposure prophylaxis for sexual exposure: _____ (number)

HIV Positive Patients

- 26. In the past six months, how many patients with HIV infections have you typically cared for per month?

(Fill in the blank)

- 27. In the past six months, have you provided primary care for your HIV-infected patients (i.e., point of first contact, comprehensive care, and emphasis on prevention and coordination of care)?
 - A. Yes (SKIP to 28)
 - B. No

28. In the past six months, have you provided care in partnership with an Infectious Disease doctor?
- A. Yes
 - B. No
29. In the past six months, among patients for whom there are no barriers or contraindications to treatment, when did you first prescribe ART? (Select one.)
- A. CD4 count <200 cells/mm³
 - B. CD4 count <350 cells/mm³
 - C. CD4 count <500 cells/mm³
 - D. Treat regardless of CD4 count
 - E. N/A, I do not prescribe ART
30. In the past six months, have you routinely screened for hepatitis C among your patients living with HIV infection?
- A. Yes
 - B. No

Partner Notification

31. In the past six months, when you diagnosed someone with HIV or an STD, how did you (or your practice) handle partner notification (informing sex partners of my patient of a possible recent exposure)?
- A. I (or my staff) make calls to partners
 - B. I (or my staff) notify the Department of Health for assistance with partner notification
 - C. The Department of Health will automatically handle partner notification
 - D. I encourage my patient to notify their partners
 - E. Other, Specify (---)
 - F. My practice does not perform partner notification

Final Thoughts

32. In the past six months, have you changed your HIV prevention or treatment practices in any way? If yes, please explain.
- A. No
 - B. Yes

We thank you for taking the time to complete this survey for the Centers for Disease Control and Prevention. Your responses will help us to ensure better health for the people who live and work in your state.