

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

Attachment 9b

Screenshots

K-BAP Provider Follow-Up

Screener and Survey Instrument

SCREENSHOTS - 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)



HIV Testing

In the past six months, have you offered 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:

In the past six months, how have you offered 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:

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	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"/>

In the past six months, have you offered rapid HIV testing, either oral swab or blood (e.g., OraQuick and Uni-Gold) in your practice?



Collecting Patient History and Risk Assessment

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?

- Yes
- No

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.

- 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:

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 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 posed a barrier to discussing sexual education or risk with your patients in the past six months?

	Strongly agree	Agree	Neither agree nor disagree	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
- Age
- Race
- Sexual orientation



HIV Testing

In the past six months, have you offered 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:

In the past six months, how have you offered 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:

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	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"/>

In the past six months, have you offered rapid HIV testing, either oral swab or blood (e.g., OraQuick and Uni-Gold) in your practice?



37%

STD and Hepatitis Testing

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, have you included a test for syphilis?

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

Previous

Next



50%

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.

In the past six months, has a patient ever requested post-exposure prophylaxis (PEP) for sexual exposure?

- No
- Yes
- I do not remember

In the past six months, have you ever prescribed post-exposure prophylaxis (PEP) for sexual exposure?

- No
- Yes
- I do not remember

In the past six months, approximately how many patients have you prescribed post-exposure prophylaxis for sexual exposure?

Only numbers may be entered in this field.

In the past six months, have you provided 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.

In the past six months, has a patient ever requested pre-exposure prophylaxis (PrEP)?

- No
- Yes
- I do not remember

In the past six months, have you ever prescribed any form of pre-exposure prophylaxis (PrEP) to a patient?

- No
- Yes
- I do not remember

In the past six months, 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

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

ⓘ Only numbers may be entered in this field.

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)?

- No
 Yes

In the past six months, have you provided HIV care in partnership with an Infectious Disease doctor?

- No
 Yes

In the past six months, among patients for whom there are no barriers or contraindications to treatment, when did 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

In the past six months, have you routinely screened for hepatitis C among your patients living with HIV infection?

- No
 Yes

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 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:



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

If you have any questions or need assistance, please call 877-828-5101 or email the Study Director at cdc.survey@altatum.org.



87%

Final Thoughts

In the past six months, have you changed your HIV prevention or treatment practices in any way?

- Yes
- No

Please explain how you have changed your HIV prevention or treatment practices.

Previous

Submit