**Resources and Services Database of the CDC National Prevention Information Network**

**0920-0255**

**Attachment 3-A**

**NPIN Questionnaire for New Organizations**

Form approved

OMB No.0920- 0255

Exp. date: 12/31/2016

Public reporting burden of this collection of information is estimated to be 15 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, or 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: PRA (0920-0255).

NPIN Questionnaire for New Organizations

**Note: Use this script when calling an organization to be added to the NPIN Organization Database.**

**When calling organizations, you need to first identify yourself and the reason for your call.**

Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I’m calling your organization on behalf of Centers for Disease Control and Prevention’s (CDC) National Prevention Information Network. NPIN provides resources and services related to HIV/AIDS, viral hepatitis, STDs, and Tuberculosis. The mission of NPIN is to serve the information needs of State and local HIV/AIDS/Viral Hepatitis/STD/TB program personnel and other professionals. We are creating a new record for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_< insert organization’s primary name> and want to make sure the information we have collected is accurate. The information we collect in the NPIN database is used to update the NPIN and Get Tested Websites, and other sites like AIDS.gov. Your participation is voluntary.

**Next, ask the receptionist or operator to verify the following:**

* Organization Name (including any department, division, or program)
	+ **Be sure to confirm the primary name.**
* Organization’s Corporate address or mailing Address including:

Street 1

Street 2

City
State

Zip

County

Country

* Phone Number(s)

Main Phone

Fax Number

Toll Free Number

Spanish

Other numbers

Website

* + **Ask if the information on the website is accurate and up to date.**
	+ **Ask for a general email address**
	+ **Ask for the email of staff contact person. It is important to get ask for an e-mail address for the staff contact(s) and inform the organization representative that going forward we will send an e-mail once a year to verify information.**
* Hours of Operation
* 501(c)(3) status
* Service level

**If an operator is not available and you have the option, choose the appointment line. Often times, the appointment line will provide information about hours of operation, eligibility criteria, and fees.**

**Next, ask to speak to the HIV program director/coordinator OR the nursing supervisor to verify the following (when possible, gather this information from the website):**

* Testing Fees
* Appointment information
* Eligibility restrictions
* Services Offered (Check the services that apply)

**Prevention Education**
\_ Behavioral Interventions
\_ Condom Distribution
\_ Harm Reduction
\_ Hepatitis Prevention/Education
\_ HIV/AIDS Prevention/Education
\_ Needle Cleaning, Needle Exchange or Needle Distribution
\_ Peer Education
\_ Safer Sex Education
\_ Speakers Bureau
\_ STD Prevention/Education
\_ Street Outreach
\_ TB Prevention/Education
**Capacity Building**
\_ Behavioral Interventions Training
\_ Capacity Building
\_ Health Professional Education
\_ Public Awareness Campaigns
\_ Technical Assistance
\_ Training Programs
**Faith Based AIDS Services**
\_ Faith Based AIDS Services
**Financial Assistance**
\_ Drug Purchasing Assistance, including AIDS Drug Assistance Programs (ADAP)
\_ Financial Assistance
**Funding**
\_ Funding to Organizations
**Information Resources**
\_ AIDS Hotlines
\_ Electronic Information Resources
\_ Hepatitis Hotlines
\_ Materials - Print/Audiovisual
\_ STD Hotlines
\_ TB Hotlines
\_ Treatment Information
**Activism**
\_ Advocacy/Activism
**Planning and Administration**
\_ Community Planning
\_ Grant Management
\_ Program Administration
**Legal Services**
\_ Legal Services
**Medical Services**
\_ Clinical Trials
\_ Dental Care
\_ Family Planning
\_ Gynecological Care
\_ Medication Adherence Education and Counseling
\_ Primary Care
**Hepatitis Medical Services**
\_ Adult Hepatitis B Vaccine
\_ Hepatitis A Vaccine
\_ Hepatitis B Treatment
\_ Hepatitis C Treatment
**HIV/AIDS Medical Services**
\_ Alternative/Complementary Medicine
\_ HIV/AIDS Medical Treatment
\_ Post-Exposure Prophylaxis (PEP)
\_ Pre-Exposure Prophylaxis (PrEP)
**STD Medical Services**
\_ Human Papillomavirus Vaccine
\_ STD Treatment
**TB Medical Services**
\_ Directly Observed Therapy Short Course (DOTS)
\_ TB Treatment
**HIV Testing**
\_ Conventional HIV Testing
\_ Mobile Testing Services
\_ Rapid HIV Testing
**Hepatitis Testing**
\_ Hepatitis A Testing
\_ Hepatitis B Testing
\_ Hepatitis C Rapid Testing
\_ Hepatitis C Testing
**STD Testing**
\_ Chlamydia Testing
\_ Gonorrhea Testing
\_ Herpes Testing
\_ Syphilis Testing
**TB Testing**
\_ TB Testing
**Counseling**
\_ HIV Test Counseling
\_ Partner Notification
\_ Substance Abuse Treatment
**Research**
\_ Behavioral Research
\_ Research
**Social Services**
\_ Case Management
\_ Food Services
\_ Housing Opportunities for Persons with AIDS/HOPWA
\_ Housing Services
\_ Ryan White Services
\_ Transportation
**Support Groups**
\_ Support Groups
**Workplace Programs**
\_ Workplace Programs

* **Audiences Served**

|  |  |
| --- | --- |
| General Public | Persons with HIV/AIDS |
| Low income | Persons with Tuberculosis |
| Men | Persons with Hepatitis |
| Women | Persons with STD |
| LGBT | Minorities |
| At risk population | Other |

* Languages Spoken

Thank you for providing information about your organization.