

Resources and Services Database of the CDC National Prevention
Information Network

0920-0255

Attachment 3-B

Initial Questionnaire Telephone

Form Approved
OMB No.0920-0255
Exp. date: 01/31/2014

CDC National Prevention Information Network

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Initial Questionnaire Telephone Script

Hello, my name is _____ and I am calling from the CDC National Prevention Information Network.

The National Prevention Information Network (NPIN) is a clearinghouse service provided by the U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention (CDC). A primary goal of NPIN is to serve as a comprehensive source for information about organizations in the United States that provide HIV/AIDS-, Viral Hepatitis-, STD-, and TB-related services or resources. The clearinghouse is authorized to collect this information by Section 301 of the Public Health Service Act (42 U.S.C 241). This information is organized and maintained by the NPIN online database. 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. The general public also has access to this information from the NPIN website or by calling CDC-INFO (formerly the CDC National AIDS and STD Hotline), which provides referrals from the NPIN database to local service organizations.

We have identified your organization as providing services or resources related to HIV/AIDS, Viral Hepatitis, STDs, and/or TB and I am calling to obtain information about your organization and its services. The information you provide about your organization or program will be added to the NPIN database and

will be made available to professionals and other users. Your participation is voluntary.

Are you willing to participate in this data collection at this time? If yes, continue with questionnaire. If no, thank respondent for their time and end call.

I. ORGANIZATION INFORMATION

1. Please tell me your organization's name, including any department, division or office.

2. Does your organization have (use) an acronym for your company name? If yes, what is it?

Acronym: _____

3. Is your organization known by any other name? If yes, what is it?

Other name: _____

Previous name(s): _____

Program name(s): _____

4. What is the street address for your organizations?

Street 1:

Street 2:

City:

State:

ZIP:

County:

Country:

5) Please tell me your main phone number and your fax number?
Does your organization have a toll-free number, a TTD number,
a hotline number, or a Spanish-speaking number? Are there any
other phone numbers we should have?

Main Telephone : (_____) _____

Fax: (_____) _____

Toll-Free: (_____) _____

Hotline: (_____) _____

TDD/Deaf Access: (_____) _____

Spanish: (_____) _____

Publications: (_____) _____

Other: (_____) _____

6) Does your organization have an e-mail address? A website?

E-mail Address:

Website Address:

7) Please tell me the name(s) of key staff to contact for updating your organization's information. Please provide the title, and email address. This information is only used internally and is not released to the public.

Name: _____ Title: _____

E-mail: _____

Name: _____ Title: _____

E-mail: _____

Name: _____ Title: _____

E-mail: _____

8) What geographic area(s) does your organization serve?

Cities: _____

Counties: _____

States: _____

Metropolitan Area: _____

Countries: _____

Other: _____

9) Is your organization non-profit, governmental, or commercial?

[To interviewer: if respondent answers governmental or commercial, skip to Question 12.]

10) If your organization is non-profit, does it have 501c3 status? _____

11) If your organization is not-for-profit, is it affiliated with a religion or religious denomination?

- Yes No

If yes, which religion or denomination?

12. Is your organization minority owned or operated?

- Yes No

13. What kinds of HIV/AIDS, Viral Hepatitis, STD, and/or TB work does your organization do?

II. CLIENT INFORMATION

1. What are the primary client groups your organization serves or targets?

III. CLIENT SERVICES OF YOUR ORGANIZATION

1. Does your organization offer services in any language other than English? Yes No

If yes, what languages?

2. Does your organization provide direct services to clients who are infected or affected by HIV, STDs, or TB? Yes No

[TO INTERVIEWER, IF RESPONDENT ANSWERS NO, SKIP TO SECTION IV.]

3. What disease testing services does your organization offer?
[TO INTERVIEWER: Read choices and check services offered by organization.]

- HIV Test Counseling
- Conventional Blood HIV Testing
- Conventional Oral HIV Testing
- Rapid Oral HIV Testing
- Rapid Blood HIV Testing
- Home HIV Test Kits
- Partner notification
- Mobile Testing
- TB Testing
- Viral Hepatitis Testing
 - Hepatitis A Testing
 - Hepatitis B Testing
 - Hepatitis C Testing
 - Hepatitis C Rapid Testing
- STD Testing
 - Chlamydia Testing
 - Syphilis Testing
 - Gonorrhea Testing
 - Herpes Testing
 - Home STD Test Kits

4. What medical treatment services does your organization offer?
[TO INTERVIEWER: Read choices and check services offered by organization.]

- | | |
|---|---|
| <input type="checkbox"/> Clinical Trials | <input type="checkbox"/> Gynecological Care |
| <input type="checkbox"/> Medical Adherence | <input type="checkbox"/> Primary Care |
| Education and Counseling | <input type="checkbox"/> STD Treatment |
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Viral Hepatitis |
| <input type="checkbox"/> Direct Observed Therapy (DOT) Short Course | Treatment |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Hepatitis B Treatment |
| <input type="checkbox"/> HAV Immunizations | <input type="checkbox"/> Hepatitis C Treatment |
| <input type="checkbox"/> HBV Immunizations | <input type="checkbox"/> TB Treatment |
| <input type="checkbox"/> HPV Immunization | <input type="checkbox"/> Other/Comments:
_____ |

5. What HIV/AIDS treatments and therapies does your organization offer? [TO INTERVIEWER: Read choices and check services offered by organization.]

- | | |
|---|---|
| <input type="checkbox"/> Alternative/Complementary Medicine | <input type="checkbox"/> Nutrition Therapy |
| <input type="checkbox"/> HIV/AIDS Medical Treatment | <input type="checkbox"/> Other/Comments:
_____ |

6. What counseling or mental health services does your organization offer? [TO INTERVIEWER: Read choices and check services offered by organization.]

- | | |
|---|--|
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Substance Abuse Treatment |
| <input type="checkbox"/> Sexuality Counseling | |

7. Does your organization offer any support groups?

- Yes No

8. Does your organization provide any FAITH BASED AIDS SERVICES?

- Yes No

9. What support services does your organization offer?

[TO INTERVIEWER: Read choices and check services offered by organization.]

- Case Management, Administration
- Food Services
- Child Care
- Home Care Assistance
- Respite Care Services
- Housing Services
- Housing Opportunities for Persons with AIDS / HOPWA
- Transportation Services

10. Does your organization offer referral services?

- Yes
- No

11. Does your organization offer legal services?

- Yes
- No

12. What financial assistance and services does your organization offer? [TO INTERVIEWER: Read choices and check services offered by organization.]

- Emergency Financial Assistance
- Financial Assistance to Individuals
- Housing Financial Assistance
- Drug Purchasing Assistance, including AIDS Drug Assistance Programs (ADAP)

13. Does your organization provide funding to organizations?

- Yes
- No

IV. HOTLINE/ INFORMATION/ RESEARCH/ EDUCATION SERVICES OF YOUR ORGANIZATION

1. Does your organization provide hotline, information, research, education, or advocacy services specific to HIV/AIDS, Viral Hepatitis, STDs, or TB?
- Yes
 - No

[TO INTERVIEWER: IF NO, SKIP TO SECTION V.]

2. HOTLINE SERVICES

- 2a. Does your organization operate a hotline? Yes No
- 2b. Is your hotline:
- An AIDS hotline? Yes No
 - An STD hotline? Yes NO
 - A TB hotline? Yes NO
 - A viral hepatitis hotline? Yes NO

If no, what type of hotline do you operate?

- 2c. What kinds of services are provided by your hotline? What is the hotline number?

Type	Telephone #
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3. What information services are offered by your organization?
[TO INTERVIEWER: Read choices and check services offered by organization.]

- Electronic Information Resources

Materials -
Print/Audiovisual)

Treatment Information

4. What kind of research does your organization conduct?

[TO INTERVIEWER: Read choices and check services offered by organization.]

Behavioral Research

Other Research

5. What kind of prevention education services does your organization offer? [TO INTERVIEWER: Read choices and check services offered by organization.]

Curriculum Development

Conferences

Safer Sex Education

Health Professional
Education

Hepatitis

Prevention/Education

HIV/AIDS

Prevention/Education

Nutrition Education

Condom / Female Condom
/Dental Dam Distribution

Needle Cleaning, Needle
Exchange or Needle
Distribution

Peer Education

Street Outreach

Public Awareness Campaigns

NAMES Quilt

Speakers Bureau

STD Prevention/Education

TB Prevention/Education

Training Programs

Train the Trainer

Abstinence Education

Capacity Building

Harm Reduction

Networking

Technical Assistance

6. Does your organization provide EVIDENCE-BASED BEHAVIORAL INTERVENTIONS? Yes No

If yes, what are the types of evidence-based behavioral interventions (level, risk category, race/ethnicity, sex/gender) you provide?

7. Does your organization provide EVIDENCE-BASED BEHAVIORAL INTERVENTION TRAINING? Yes No

If yes, are the types of evidence-based behavioral intervention training (level, risk category, race/ethnicity, sex/gender) you provide?

8. Does your organization provide ONLINE TRAINING PROGRAMS? Yes No

If yes, what online training programs do you provide?

9. Does your organization offer workplace programs? Yes No

10. Does your organization offer planning and administration services? Yes No

[TO INTERVIEWER: Read choices and check services offered by organization.]

- Program Administration
- Advocacy/Activism
- Community Planning
- Grant Management

V. ACCESS PROCEDURES

Please check applicable items below and use the lines for explanation or additional information

1. What are your business (service) hours?

2. Does your organization require appointments? Are walk-ins accepted?

Appointment required Walk-ins accepted

3. Are fees charged for services? If yes, does your organization offer a sliding fee scale?

- No fee.
 Fee.
 Fee. Sliding scale.

4. Does your organization accept Medicaid, Medicare, and Insurance?

Medicaid Medicare Insurance

5. Does your organization offer free testing?

Yes No

6. Does your organization offer free STD testing? Yes No

7. Does your organization offer free Hepatitis B testing? Yes No

8. Does your organization offer free Hepatitis C testing? Yes No

9. Does your organization accept donations?

Yes No

10. Is your organization handicapped accessible?

Yes No

11. Are there any restrictions on eligibility (for services)? If so, what kinds of restrictions do you enforce?

VI. ADDITIONAL COMMENTS

The National Prevention Information Network (NPIN) and the CDC-INFO (formerly the CDC National AIDS Hotline) Hotline refer callers to organizations every day. We want to be certain that the information we provide about your organization is as complete as possible. Are there any other details about your organization that have not been captured in this questionnaire?

Thank you for completing this survey! We appreciate your time and effort.