

Resources and Services Database of the CDC National Prevention Information Network

0920-0255

Attachment 4

Screen Shots of the NPIN Online Questionnaire

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).

New Organization Form

Form Approved
OMB No. 0920-0255
Exp. Date: December 31, 2016

Contact	Staff	Access	Services	Confirm
<p>Name of the Organization: *</p> <input type="text"/> <input type="text"/> <input type="text"/>				
<p>Program Name:</p> <input type="text"/> + Add another program				
<p>Address:</p> <p>Country: *</p> <input type="text" value="United States"/>				
<p>Street Address 1: *</p> <input type="text"/> <small>e.g. 123 Main St</small>				
<p>Street Address 2:</p> <input type="text"/> <small>e.g. Ste 100, Bldg 123</small>				
<p>ZIP Code: *</p> <input type="text"/> <small>e.g. xxxxx-xxxx</small>				
<p>City: *</p> <input type="text"/>				
<p>County: *</p> <input type="text"/>				
<p>State: *</p> <input type="text" value="State"/>				
<p>Primary web site address:</p> <input type="text"/>			<p>Social media:</p> <input type="text" value="Select"/>	
<p>Comment:</p> <input type="text"/> <small>e.g. www.cdcpnh.org</small> + Add another web site address				
<p>E-mail:</p> <input type="text"/>				
<p>Comment:</p> <input type="text"/> <small>e.g. abc@xxxx.com</small> + Add another e-mail address				
<p>Phone Type: *</p> <input type="text" value="Select"/>		<p>Phone: *</p> <input type="text"/>		<p>Ext:</p> <input type="text"/>
<p>Comment:</p> <input type="text"/> + Add another phone				
<p><input type="button" value="Continue"/> <input type="button" value="Reset"/> <input type="button" value="Save for Later"/></p>				



New Organization Form

Contact	Staff	Access	Services	Confirm
<p>Submitter:</p> <p>First Name: * <input type="text"/> M.I.: <input type="text"/></p> <p>Last Name: * <input type="text"/></p> <p>Job Title: <input type="text"/></p> <p>Main Phone: * <input type="text"/> Ext.: <input type="text"/></p> <p>E-mail Verification * <input type="text"/></p> <p>Re-enter e-mail address to verify: * <input type="text"/></p>				
<div style="border: 1px solid gray; padding: 5px;"> <p>About This Information</p> <p>The following information will not be accessible to anyone other than NPIN staff.</p> <p>NPIN staff will use this information to periodically update your organization information.</p> </div>				
<p>Primary Contact:</p> <p><input type="checkbox"/> Same as submitter</p> <p>First Name: <input type="text"/> M.I.: <input type="text"/></p> <p>Last Name: <input type="text"/></p> <p>Job Title: <input type="text"/></p> <p>Main Phone: <input type="text"/> Ext.: <input type="text"/></p> <p>E-mail Verification Address: <input type="text"/></p> <p>+ Add another contact</p>				
<p>Continue Go Back Reset Save for Later</p>				

New Organization Form

Contact **Staff** **Access** **Services** **Confirm**

Is your organization a clinic?*

Yes
 No

Organization Type:*

-Select-

Legal Status:*

-Select-

Hours of Operation:*

Monday	- <input type="button" value="v"/>	Through	- <input type="button" value="v"/>	<input type="button" value="Apply to Mon-Sun"/>
Tuesday	- <input type="button" value="v"/>	Through	- <input type="button" value="v"/>	<input type="button" value="Apply to Mon-Fri"/>
Wednesday	- <input type="button" value="v"/>	Through	- <input type="button" value="v"/>	<input type="button" value="Clear All"/>
Thursday	- <input type="button" value="v"/>	Through	- <input type="button" value="v"/>	
Friday	- <input type="button" value="v"/>	Through	- <input type="button" value="v"/>	
Saturday	- <input type="button" value="v"/>	Through	- <input type="button" value="v"/>	
Sunday	- <input type="button" value="v"/>	Through	- <input type="button" value="v"/>	

Contact Organization for Hours of Operation:

Comments:

About Services:

Service Level:*

-Select-

Fee Information:*

-Select-

Appointment Required:*

-Select-

Eligibility:

| [Go Back](#)

New Organization Form

Form Approved
 OMB No. 0920-0255
 Exp. Date: December 31, 2016

Contact	Staff	Access	Services	Confirm
---------	-------	--------	----------	---------

Services Offered: *

Testing Services:

HIV Testing: Uncheck All Check All <input type="checkbox"/> Conventional HIV Testing <input type="checkbox"/> HIV Test Counseling <input type="checkbox"/> Rapid HIV Testing	STD Testing: Uncheck All Check All <input type="checkbox"/> Chlamydia Testing <input type="checkbox"/> Gonorrhea Testing <input type="checkbox"/> Herpes Testing <input type="checkbox"/> Syphilis Testing	Viral Hepatitis Testing: Uncheck All Check All <input type="checkbox"/> Hepatitis B Testing <input type="checkbox"/> Hepatitis C Testing <hr/> TB Testing: Uncheck Check <input type="checkbox"/> TB Testing
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Free Testing Services:
[Uncheck All](#) | [Check All](#)

<input type="checkbox"/> Free HIV Testing	<input type="checkbox"/> Free STD Testing	<input type="checkbox"/> Free TB Testing
<input type="checkbox"/> Free Hepatitis B Testing	<input type="checkbox"/> Free Hepatitis C Testing	

Prevention Education Service: Uncheck All Check All <input type="checkbox"/> Hepatitis Prevention/Education <input type="checkbox"/> HIV/AIDS Prevention/Education <input type="checkbox"/> STD Prevention/Education <input type="checkbox"/> TB Prevention/Education <input type="checkbox"/> Training Programs	Medical Treatment Services: Uncheck All Check All <input type="checkbox"/> Adult Hepatitis B Vaccine <input type="checkbox"/> Family Planning <input type="checkbox"/> Hepatitis A Vaccine <input type="checkbox"/> Hepatitis B Treatment <input type="checkbox"/> Hepatitis C Treatment <input type="checkbox"/> HIV/AIDS Medical Treatment <input type="checkbox"/> Human Papillomavirus Vaccine <input type="checkbox"/> Medication Adherence Education and Counseling <input type="checkbox"/> Primary Care <input type="checkbox"/> STD Treatment	Support Services: Uncheck All Check All <input type="checkbox"/> Case Management <input type="checkbox"/> Drug Purchasing Assistance, including AIDS Drug Assistance Programs (ADAP) <input type="checkbox"/> Housing Opportunities for Persons with AIDS/HOPWA
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Other Services:
 In the box below, please list any other specific HIV/AIDS, STD, Viral Hepatitis, or TB-related prevention, financial, information, medical, support, counseling or research services provided by your organization.

Main Target Populations: (required) *
[Uncheck All](#) | [Check All](#)

<input type="checkbox"/> Adolescents/Youth/Teens	<input type="checkbox"/> Gay Men	<input type="checkbox"/> African Americans/Blacks
<input type="checkbox"/> General Public	<input type="checkbox"/> Hispanics/Latinos	<input type="checkbox"/> Women
<input type="checkbox"/> Low Income Persons	<input type="checkbox"/> Men	<input type="checkbox"/> LGBT
<input type="checkbox"/> Men Who Have Sex with Men	<input type="checkbox"/> Native Americans	

Others: