**“Formative Research to Develop HIV Social Marketing Campaigns for Healthcare Providers”**

**Attachment 3: Web-Based Survey**

Form Approved

OMB No. 0920-xxxx

Expiration Date XX/XX/XXXX

**Brief Web-Based Survey**

Public reporting burden of this collection of information is estimated to average 15minutes 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-New).

Thank you for your participation in this survey. Here we will ask you questions about your practice, professional development activities, information needs, use of different forms of media to communicate health information to your patients, and the types of health information you discuss with your patients.

For this first set of questions, we recognize that many physicians split their time between private practices (individual or group) and practices that are public or university based. For the following question, please provide responses for both these practice types as applicable to your own practice of medicine. Please use your best estimate.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Private Practice | Public or UniversityBased Practice |
| 1. Number of patients you see in a month.
 |  | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
| 1. Number of HIV-infected patients you see in a month.
 |  | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
| 1. What percent of your patients are male? (Please use your best estimate)
 |  | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
| 1. What percent of your patients are female? (Please use your best estimate)
 |  | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
| 1. What percent of your patients identify as transgender? (Please use your best estimate)
 |  | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
| 1. [INSERT Patient descriptor here]
 |  | \_\_\_\_\_\_ | \_\_\_\_\_\_ |

1. Which medical associations do you belong to? Please select one or more of the following associations. [MARK ALL THAT APPLY]
	1. American Academy of Family Physicians (AAFP) [ ]
	2. American College of Physicians (ACP) [ ]
	3. American Medical Association (AMA) [ ]
	4. National Medical Association (NMA) [ ]
	5. HIV Medicine Association (HIVMA) [ ]
	6. American Academy of HIV Medicine (AAHIVM) [ ]
	7. Infectious Diseases Society of America (IDSA) [ ]
	8. American Congress of Obstetricians and Gynecologists (ACOG) [ ]
	9. International AIDS Society (IAS) [ ]
	10. American College of Physicians (ACP) [ ]
	11. Association of Nurses in AIDS Care (ANAC) [ ]
	12. World Professional Association for Transgender Health (WPATH) [ ]
	13. Gay and Lesbian Medical Association (GLMA) [ ]
	14. National Hispanic Medical Association (NHMA) [ ]
	15. American Nurses Association (ANA) [ ]
	16. National Hispanic Medical Association [ ]
	17. National Association of Hispanic Nurses [ ]
	18. National Black Nurses Association [ ]
	19. [INSERT MEDICAL ASSOCIATION HERE] [ ]
	20. Other [Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] [ ]
	21. None of these [ ]

**Information Needs**

1. Would you be interested in receiving information about…

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Reducing HIV transmission
 | [ ]  | [ ]  |
| 1. Retention in HIV care or treatment
 | [ ]  | [ ]  |
| 1. Initiating antiretroviral therapy (ART)
 | [ ]  | [ ]  |
| 1. Communicating about ART medication adherence (e.g., patient compliance)
 | [ ]  | [ ]  |
| 1. Conducting HIV screening
 | [ ]  | [ ]  |
| 1. Conducting other STD screening
 | [ ]  | [ ]  |
| 1. Partner services
 | [ ]  | [ ]  |
| 1. Screening for risky sexual behaviors
 | [ ]  | [ ]  |
| 1. Screening for risky alcohol and illicit drug use behaviors
 | [ ]  | [ ]  |
| 1. Helping patients modify risky sexual behaviors
 | [ ]  | [ ]  |
| 1. Helping patients modify alcohol and illicit drug use
 | [ ]  | [ ]  |
| 1. Providing culturally-competent care to transgender patients
 | [ ]  | [ ]  |
| 1. Initiating pre-exposure prophylaxis (PrEP)
 | [ ]  | [ ]  |
| 1. [INSERT TOPIC HERE]
 | [ ]  | [ ]  |

**Use of Electronic Media**

1. How often do you do the following for professional purposes?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Daily | Weekly | Monthly | Less than once per month | Never |
| 1. Use an app on a portable device, such as an iPod/iPad
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Download content to a portable device, such as an iPod, cell phone, or PDA
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Access content online, such as a medical journal article
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Access Medical blogs, such as those available through Medscape or Sermo
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Access CMEs online
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Use social media, like Twitter or Facebook
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Listen to podcasts
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. [INSERT ACTIVITY HERE]
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Patient resources**

1. Do you refer your patients to …?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Your practice’s website
 | [ ]  | [ ]  |
| 1. CDC’s website
 | [ ]  | [ ]  |
| 1. Other websites (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | [ ]  | [ ]  |
| 1. Other electronic resources (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | [ ]  | [ ]  |
| 1. Printed materials
 | [ ]  | [ ]  |
| 1. [INSERT RESOURCE HERE]
 | [ ]  | [ ]  |
| 1. Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | [ ]  | [ ]  |

**Continuing Medical Education (CME)/Continuing Education (CE)**

1. How do you obtain CME/CE credits?

|  |  |
| --- | --- |
| 1. Attending conferences
 | [ ]  |
| 1. Through employer-provided in-service trainings
 | [ ]  |
| 1. Dinner presentations by local chapter of a professional association
 | [ ]  |
| 1. Attending meetings of a regional professional association
 | [ ]  |
| 1. Journal supplement education programs
 | [ ]  |
| 1. Through online courses
 | [ ]  |
| 1. [INSERT DELIVERY MODE HERE]
 | [ ]  |
| 1. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | [ ]  |

1. How useful are CME/CE programs about HIV care, treatment, and prevention?

|  |  |
| --- | --- |
| 1. Never useful
 | [ ]  |
| 1. Rarely useful
 | [ ]  |
| 1. Somewhat useful
 | [ ]  |
| 1. Always useful
 | [ ]  |

1. Have you ever learned about the following topics through a CME/CE course or program?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Reducing HIV transmission
 | [ ]  | [ ]  |
| 1. Retention in HIV care or treatment
 | [ ]  | [ ]  |
| 1. Initiating ART
 | [ ]  | [ ]  |
| 1. Communicating about ART medication adherence (e.g., patient compliance)
 | [ ]  | [ ]  |
| 1. Conducting HIV screening
 | [ ]  | [ ]  |
| 1. Conducting other STD screening
 | [ ]  | [ ]  |
| 1. Partner services
 | [ ]  | [ ]  |
| 1. Screening for risky sexual behaviors
 | [ ]  | [ ]  |
| 1. Screening for risky alcohol and illicit drug use behaviors
 | [ ]  | [ ]  |
| 1. Helping patients modify risky sexual behaviors
 | [ ]  | [ ]  |
| 1. Helping patients modify alcohol and illicit drug use
 | [ ]  | [ ]  |
| 1. Providing culturally-competent care to transgender patients
 | [ ]  | [ ]  |
| 1. Initiating PrEP
 | [ ]  | [ ]  |
| 1. [INSERT TOPIC HERE]
 | [ ]  | [ ]  |

1. Would you be interested in CME/CE courses or programs about the following topics?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Reducing HIV transmission
 | [ ]  | [ ]  |
| 1. Retention in HIV care or treatment
 | [ ]  | [ ]  |
| 1. Initiating ART
 | [ ]  | [ ]  |
| 1. Communicating about ART medication adherence (e.g., patient compliance)
 | [ ]  | [ ]  |
| 1. Conducting HIV screening
 | [ ]  | [ ]  |
| 1. Conducting other STD screening
 | [ ]  | [ ]  |
| 1. Partner services
 | [ ]  | [ ]  |
| 1. Screening for risky sexual behaviors
 | [ ]  | [ ]  |
| 1. Screening for risky alcohol and illicit drug use behaviors
 | [ ]  | [ ]  |
| 1. Helping patients modify risky sexual behaviors
 | [ ]  | [ ]  |
| 1. Helping patients modify alcohol and illicit drug use
 | [ ]  | [ ]  |
| 1. Providing culturally-competent care to transgender patients
 | [ ]  | [ ]  |
| 1. Initiating PrEP
 | [ ]  | [ ]  |
| 1. [INSERT TOPIC HERE]
 | [ ]  | [ ]  |

13A. Of the CME courses or programs that you are interested in, please indicate your top three choices:

 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Communicating with Patients about Risk Behaviors**

1. What challenges, if any, prevent you from having discussions regarding high-risk sexual or substance use behaviors with your HIV-infected patients? **[MARK ALL THAT APPLY]**

|  |  |
| --- | --- |
| 1. Lack of time
 | [ ]  |
| 1. Cultural differences between you and your patient
 | [ ]  |
| 1. Gender differences between you and your patient
 | [ ]  |
| 1. Lack of trust/relationship with patient
 | [ ]  |
| 1. Lack of skills or training in this area
 | [ ]  |
| 1. Patients are uncomfortable discussing the subject
 | [ ]  |
| 1. I am uncomfortable discussing the subject
 | [ ]  |
| 1. [INSERT CHALLENGE HERE]
 | [ ]  |
| 1. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | [ ]  |
| 1. There are no challenges to such discussion that I can identify
 | [ ]  |

1. Please think about all of your patients, aged 13 – 64, and indicate which category best describes how often you typically do the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Always | Very often | Sometimes | Rarely | Never |
| 1. Ask patients if they are sexually active
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ask patients if they are engaging in unsafe sex
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Recommend consistent and correct condom use to patients during all sexual activity
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Refer newly diagnosed HIV patients to appropriate care or treatment
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Talk with patients about HIV screening
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Talk with patients about PrEP
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. [INSERT ACTIVITY HERE]
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**HIV Screening**

1. Which one of the following statements most accurately reflects your beliefs about effective HIV prevention?
2. Risk-based HIV screening is the most effective approach
3. HIV screening for all persons age 13 to 64 is the most effective approach
4. HIV screening is a public health concern and not an issue in my clinical practice
5. Which one of the following best describes HIV screening in your practice?
6. Opt-In, where patients must explicitly agree to an HIV test
7. Opt-Out, where patients must explicitly decline an HIV test
8. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Does CDC recommend HIV screening for all patients ages 13 – 64?
10. Yes
11. No
12. Don’t know
13. Which of the following are patient benefits of HIV testing?

Knowledge of status

Reduction of risky behaviors (e.g. unprotected sex)

Reduced risk of transmitting HIV to others

Cost effectiveness

[INSERT BENEFIT HERE]

All of the above

None of the above

1. To what extent do you agree with the following statements?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
| Routine HIV screening of patients can help to prevent transmission of HIV. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I have the necessary training to counsel my patients about reducing their risk of HIV transmission. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| [INSERT STATEMENT HERE] | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Thank you for completing this survey.**