Form approved OMB No.0920-0255 Exp. date: XX/XX/XXXX

Resources and Services Database of the CDC National Prevention Information Network

# Attachment 3A NPIN Questionnaire for New Organizations

Public reporting burden of this collection of information is estimated to be 8 minutes per response, including 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 No. (0920-0255).

# NPIN Questionnaire for New Organizations

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|   |  | on to be added to the NPIN Organization Database.  Ontify yourself and the reason for your call.   |
|---|--|--|
| Information Ne viral hepatitis, information ne personnel and the informatio NPIN database | ers for Disease Controletwork. NPIN provides restricted STDs, and Tuberculosi eeds of State and local other professionals. Wegen to make the collected is a second second second expension of the collected is a second expension of the collected in the collected is a second expension of the collected is a second expension of the collected in the collected is a second expension of the collected in the collected is a second expension of the collected in the collected is a second expension of the collected in the collected in the collected is a second expension of the collected in the collected expension of the collected in the collected in the collected expension of | and I'm calling your organization on and Prevention's (CDC) National Prevention esources and services related to HIV/AIDS, s. The mission of NPIN is to serve the HIV/AIDS/Viral Hepatitis/STD/TB program e are creating a new record for ion's primary name> and want to make sure accurate. The information we collect in the NPIN and Get Tested Websites, and other sites duntary. |
| -   | otionist or operator to verify the   |  |
| _   |  | artment, division, or program)   |
|   | e sure to confirm the primar   | •  |
| •   | tion's Corporate address or m  | nailing Address including:   |
| Street 1  |  |  |
| Street 2  |  |  |
| City  |  |  |
| State   |  |  |
| Zip   |  |  |
| County  |  |  |
| Country   |  |  |
| Phone Nu  |  |  |
| Main Pho  |  |  |
| Fax Numb  |  |  |
| Toll Free   | Number   |  |
| Spanish   |  |  |
| Other nur   | nbers  |  |
| Website   |  |  |
| o <b>A</b>  | sk if the information on the   | website is accurate and up to date.  |
| o A   | sk for a general email addre   | ss   |

- O 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
- PrEP

#### **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<br>_ Herpes Testing<br>_Syphilis Testing |  |  |  |
|--|--|--|--|
| Does your organization offer self-testing/home kits?         |  |  |  |
| 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.