Form Approved

OMB No. 0920-0255

Exp. date: XX/XX/XXXX

Resources and Services Database of the CDC National Prevention Information Network

Attachment 3B

NPIN Questionnaire for Annual Updates

Public reporting burden of this collection of information is estimated to be 6 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 Annual Updates

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

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**Note: Use this script when calling an Organization to verify the information already in the 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 updating the NPIN Organizations Database and want to make sure the information we have for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_< insert organization’s primary name> 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:**

* Name
  + **Be sure to confirm the primary name.**
* Address
* Phone Number(s)
* Website
  + **Ask if the information on the website is accurate and up to date.**
  + **Get general e-mail address (es) from website.**
* 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:**

* Testing Fees
* Appointment information
* Eligibility restrictions
* Services Offered. Read the services listed on the existing record. Mark any changes below.

|  |  |  |  |
| --- | --- | --- | --- |
| Prevention Education |  | HIV Testing |  |
| Financial Assistance |  |  | Conventional HIV test |
|  | ADAP |  | Mobile testing |
| Funding |  |  | Rapid HIV Test |
|  | Funding to Orgs | Hepatitis Testing |  |
| Legal Services |  |  | Hepatitis A testing |
|  |  |  | Hepatitis B testing |
| Medical Services |  |  | Hepatitis C rapid test |
|  | Clinical Trials |  | Hepatitis C testing |
|  | Family Planning | STD Testing |  |
|  | Primary Care |  | Chlamydia |
| Hepatitis Medical Services | Adult Hepatitis B Vaccine |  | Gonorrhea |
|  | Hepatitis A Vaccine |  | Herpes |
|  | Hepatitis  B treatment |  | Syphilis |
|  | Hepatitis C treatment | TB testing |  |
| HIV/AIDS Medical |  |  | TB testing |
|  | Alternative Medicine | Counseling | HIV test Counseling |
|  | HIV/AIDS Medical Tx |  | Partner notification |
|  | PEP | Research |  |
|  | PrEP | Social Services |  |
| STD Medical Services | HP Vaccine |  | Case Management |
|  | STD Treatment |  | Ryan White |



* Audiences Served. Read the audience selected on the existing record. Mark any changes below.

|  |  |
| --- | --- |
| 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

**Finally, thank the organization for updating the information.**