Form approved OMB No.0920-0255 Exp. date: 03/31/2026

Resources and Services Database of the CDC National Prevention Information Network

Attachment 3A NPIN Initial Questionnaire Telephone Script

Public reporting burden of this collection of information is estimated to be 7 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 Initial Questionnaire Telephone Script

Form approved OMB No.0920-0255 Exp. date: 01/30/2023

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Note: Use this script when calling an organization to be added to the NPIN Organization 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 creating a new record for _____ < insert organization's primary name> and want to make sure the information we have collected 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:

- Organization Name (including any department, division, or program)
 - O Be sure to confirm the primary name.
- Organization's Corporate address or mailing Address including:
 Street 1, Street 2 (PO Box, Suite), City, County, State, Zip Code,
- Phone Number(s)

Main Phone, Fax Number, Toll Free Number, Other Numbers Website

- O Ask if the information on the website is accurate and up to date.
- o Ask for a general email address
- 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
- Organization Type: Federally Qualified Health Center, Public Health Department, Clinic

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, outreach staff OR the nursing supervisor to verify the following (when possible, gather this information from the website first):

- Fees for services
 - 0 Testing fees
 - o Fees for other services

- Appointment information
- Eligibility restrictions
- Services Offered (Check the services that apply)

SUPPORT SERVICES	Dyran White Convices	
SUPPORT SERVICES	Ryan White Services	
	PrEP Navigation	_
	Case Management Housing Opportunities for Persons with AIDS/HOPWA	
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CADACIEN DIJII DINC	Drug Purchasing Assistance (ADAP)	
CAPACITY BUILDING	Research	
	Training Programs	
	Health Professional Education	
PREVENTION SERVICES	Needle Cleaning, Needle Exchange or Needle distribution	
	TB Prevention/Education	
	STD Prevention/Education	
	HIV/AIDS Prevention/Education	
	Harm Reduction	
	Condom Distribution	
TESTING SERVICES	Conventional HIV Testing	
	Rapid HIV Testing	
	HIV Self-Testing	
	Gonorrhea Testing	
	Chlamydia Testing	
	Syphilis Testing	
	Herpes Testing	
	STD Self-Testing	
	TB Testing	
	Hepatitis A Testing	
	Hepatitis B Testing	
	Hepatitis C Testing	
	Hepatitis Self-Testing	
	Mobile Testing Services	
	Mpox Testing	
	Self-Testing Distribution area:	
TREATMENT SERVICES	Family Planning	
	TB Treatment	
	STD Treatment	
	HPV Vaccine	
	Pre-Exposure Prophylaxis (PrEP)	
	HIV/AIDS Medical Treatment	
	Post-Exposure Prophylaxis (PEP)	
	Hepatitis C Treatment	
	Hepatitis B Treatment	
	Hepatitis A Vaccine	
	Adult Hepatitis B Vaccine	
	Substance Abuse Treatment	
	Medication Adherence Education and Counseling	
	Mpox Vaccine	

- Language
- Finally, thank the organization for helping with the collection of information.