

Form approved
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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)
 - **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
 - **Ask if the information on the website is accurate and up to date.**
 - **Ask for a general email address**
 - **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
 - Testing fees
 - Fees for other services

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

| | | |
|----------------------------|---|--|
| SUPPORT SERVICES | Ryan White Services | |
| | PrEP Navigation | |
| | Case Management | |
| | Housing Opportunities for Persons with AIDS/HOPWA | |
| | 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 | |

- Audience Served

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