

Please completely fill in the circles (●) when answering the questions.

1. To create your unique ID number, use the month of your birth, the day of your birth, and the last four digits of your social security number. For example, May 29, 123-45-6789 has the ID number 05296789.

M	M	D	D	#	#	#	#

Unique ID Number

0	4	/	0	4	/	0	6
M	M		D	D		Y	Y

Today's Date

2. Your Profession/Discipline (Select one)

<input type="radio"/> Advanced Practice Nurse	<input type="radio"/> Pharmacist
<input type="radio"/> Dentist	<input type="radio"/> Physician
<input type="radio"/> Mental Health Professional	<input type="radio"/> Physician Assistant
<input type="radio"/> Nurse	<input type="radio"/> Social Worker
<input type="radio"/> Nurse Practitioner	<input type="radio"/> Substance Abuse Professional
<input type="radio"/> Other Dental Professional	<input type="radio"/> Other(specify) _____

3. Your Primary Functional Role (Select one)

<input type="radio"/> Administrator/Supervisor	<input type="radio"/> Student/Graduate Student
<input type="radio"/> Care Provider/Clinician	<input type="radio"/> Teacher/Faculty
<input type="radio"/> Case Manager	<input type="radio"/> Other (specify) _____
<input type="radio"/> Intern/Resident	<input type="radio"/> Not Working
<input type="radio"/> Researcher	

4. Your Principal Employment Setting (Select one)

<input type="radio"/> Community/Migrant Health Center	<input type="radio"/> Substance Abuse Treatment Prog.
<input type="radio"/> Community Mental Health Center	<input type="radio"/> STD/Family Planning Clinic
<input type="radio"/> Correctional Facility	<input type="radio"/> Tribal/Indian Health Service
<input type="radio"/> HMO/Managed Care Organization	<input type="radio"/> Other Community-Based Service Organization (CBO)
<input type="radio"/> Hospital or Hospital-Based Clinic	<input type="radio"/> Other Public Health Agency
<input type="radio"/> Rural Health Center	<input type="radio"/> Other Health Care
<input type="radio"/> Solo/Group Private Practice	<input type="radio"/> Non-health
<input type="radio"/> State/Local Health Department	<input type="radio"/> Not Working

Questions 5-7 are about your principal employment setting

5. Is it a faith-based organization? Yes No Don't Know

☐ ☐ ☐

6. Zip Code/Setting Rural Urban

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7. Does the agency receive Ryan White CARE Act funding? Yes No Don't Know

☐ ☐ ☐

7a. If you don't know, write the full name of your employer:

8. Are you of Hispanic, Latino, or Spanish origin? Yes No

☐ ☐

8a. Your Racial Background (Select all that apply)

<input type="radio"/> White	<input type="radio"/> Native Hawaiian/Other Pacific Islander
<input type="radio"/> Black or African American	
<input type="radio"/> Asian	<input type="radio"/> American Indian/Alaska Native

9. Your Gender ☐ Female ☐ Male ☐ Transgender

10. Which of the following statements describes the way in which you most often provide services for HIV/AIDS patients (Select one).

☐ Not applicable/Do not see patients (Skip the rest of this form)

☐ Refer/transfer HIV+ patients for all medical care

☐ Provide primary care and refer/transfer HIV+ patients for HIV treatment only

☐ Provide all HIV treatment and refer/transfer for primary care

☐ Provide all medical care and refer/transfer when antiretroviral treatment fails

☐ Provide all medical care throughout the course of the disease

11. Estimate the **NUMBER** of HIV+ clients/patients you have personally treated/managed in practice in the past month.

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☐ Don't Know

For questions 12-18, estimate the PERCENTAGE of your HIV+ clients/patients in the past YEAR who were:

12. Racial or Ethnic Minorities

None	1-24%	25-49%	50-74%	≥75%	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. On Antiretroviral Therapy

None	1-24%	25-49%	50-74%	≥75%	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Severely/Persistently Mentally Ill

None	1-24%	25-49%	50-74%	≥75%	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Substance Users

None	1-24%	25-49%	50-74%	≥75%	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Uninsured

None	1-24%	25-49%	50-74%	≥75%	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Women

None	1-24%	25-49%	50-74%	≥75%	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Incarcerated/Parolees

None	1-24%	25-49%	50-74%	≥75%	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	AETC	Subsite	Program Number										Agency				Yes	No	Don't Know

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