PIF

HRSA AIDS Education and Training Centers
PARTICIPANT INFORMATION FORM

OMB No. 0915-0281
Expires: 12/31/2006

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

M	M	D	D	Y	Y

Today's Date

2. Your Profession/Discipline (Select one)

- ○ Advanced Practice Nurse
- ○ Dentist
- ○ Mental Health Professional
- ○ Nurse
- ○ Nurse Practitioner
- ○ Other Dental Professional
- ○ Pharmacist
- ○ Physician
- ○ Physician Assistant
- ○ Social Worker
- ○ Substance Abuse Professional
- ○ Other(specify)_____

3. Your Primary Functional Role (Select one)

- ○ Administrator/Supervisor
- ○ Care Provider/Clinician
- ○ Case Manager
- ○ Intern/Resident
- ○ Researcher
- ○ Student/Graduate Student
- ○ Teacher/Faculty
- ○ Other (specify) _____
- ○ Not Working

4. Your Principal Employment Setting (Select one)

- ○ Community/Migrant Health Center
- ○ Community Mental Health Center
- ○ Correctional Facility
- ○ HMO/Managed Care Organization
- ○ Hospital or Hospital-Based Clinic
- ○ Rural Health Center
- ○ Solo/Group Private Practice
- ○ State/Local Health Department
- ○ Substance Abuse Treatment Prog.
- ○ STD/Family Planning Clinic
- ○ Tribal/Indian Health Service
- ○ Other Community-Based Service Organization (CBO)
- ○ Other Public Health Agency
- ○ Other Health Care
- ○ Non-health
- ○ 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

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)

- ○ White
- ○ Black or African American
- ○ Asian
- ○ Native Hawaiian/Other Pacific Islander
- ○ 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.

○ 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
○	○	○	○	○	○

13. On Antiretroviral Therapy

None	1-24%	25-49%	50-74%	≥75%	Don't Know
○	○	○	○	○	○

14. Severely/Persistently Mentally Ill

None	1-24%	25-49%	50-74%	≥75%	Don't Know
○	○	○	○	○	○

15. Substance Users

None	1-24%	25-49%	50-74%	≥75%	Don't Know
○	○	○	○	○	○

16. Uninsured

None	1-24%	25-49%	50-74%	≥75%	Don't Know
○	○	○	○	○	○

17. Women

None	1-24%	25-49%	50-74%	≥75%	Don't Know
○	○	○	○	○	○

18. Incarcerated/Parolees

None	1-24%	25-49%	50-74%	≥75%	Don't Know
○	○	○	○	○	○

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AETC		**Subsite**			**Program Number**								**Agency**								

Yes ○ No ○ Don't Know ○

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