

PIF

HRSA AIDS Education and Training Centers PARTICIPANT INFORMATION FORM

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

1. To create your unique ID number, use the month of your birth, day of your birth, and last four digits of your SSN. For example, May 29, 123-345-6789, has the ID number 05296789.

M	M	D	D	#	#	#	#

Birth *Last 4 SSN*

Unique ID Number

2. Today's Date (mm/dd/yy)

		/			/		
<i>mm</i>			<i>dd</i>			<i>yy</i>	

3. Your Primary Profession/Discipline (Select one)

- | | |
|---|---|
| <input type="radio"/> Dentist | <input type="radio"/> Clergy/Faith-Based Professional |
| <input type="radio"/> Other Dental Professional | <input type="radio"/> Dietitian/Nutritionist |
| <input type="radio"/> Nurse Practitioner | <input type="radio"/> Health Educator |
| <input type="radio"/> Other Advanced Practice Nurse | <input type="radio"/> Mental Health Professional |
| <input type="radio"/> Nurse | <input type="radio"/> Public Health Professional |
| <input type="radio"/> Pharmacist | <input type="radio"/> Social Worker |
| <input type="radio"/> Physician | <input type="radio"/> Substance Abuse Professional |
| <input type="radio"/> Physician Assistant | <input type="radio"/> Other (specify): _____ |

4. Your Primary Functional Role (Select one)

- | | |
|---|--|
| <input type="radio"/> Administrator | <input type="radio"/> Intern/Resident |
| <input type="radio"/> Agency Board Member | <input type="radio"/> Researcher/Evaluator |
| <input type="radio"/> Care Provider/Clinician | <input type="radio"/> Student/Graduate Student |
| <input type="radio"/> Case Manager | <input type="radio"/> Teacher/Faculty |
| <input type="radio"/> Client/Patient Educator | <input type="radio"/> Other (specify): _____ |

5. Your Principal Employment Setting (Select one)

- | | |
|---|---|
| <u>Clinic</u> | <u>Other Settings</u> |
| <input type="radio"/> Academic Health Center | <input type="radio"/> College/University |
| <input type="radio"/> Community Health Center | <input type="radio"/> Community-Based Organization |
| <input type="radio"/> Family Planning | <input type="radio"/> Correctional Facility |
| <input type="radio"/> HIV Clinic | <input type="radio"/> HMO/Managed Care Organization |
| <input type="radio"/> Hospital-Based Clinic | <input type="radio"/> Hospital/ ER |
| <input type="radio"/> Indian Health Services/Tribal | <input type="radio"/> Military/VA |
| <input type="radio"/> Infectious Disease | <input type="radio"/> Private Practice |
| <input type="radio"/> Maternal/Child Health | <input type="radio"/> State/Local Health Department |
| <input type="radio"/> Mental Health | <input type="radio"/> Non-Health |
| <input type="radio"/> Rural Health | <input type="radio"/> Other Primary Care |
| <input type="radio"/> Sexually Transmitted Disease | <input type="radio"/> Not Working (skip to item 9) |
| <input type="radio"/> Substance Abuse | |

6. Primary Employment Setting/Zip code

- a. Rural Suburban Urban

b.

--	--	--	--	--

Zip code

7. Is the employment setting a faith-based organization?

- Yes No Don't Know

8. Does the employment setting receive Ryan White Program funding?

- Yes No Don't Know

If you don't know, please write the full name of your employer:

9. Are you of Hispanic, Latino/a, or Spanish origin?

- Yes No

10. Your Racial Background (Select all that apply):

- American Indian/Alaska Native Native Hawaiian/Other Pacific Islander
 Asian White
 Black or African American

11. Your Gender:

- Female Male Transgender

12. Do you provide services directly to clients/patients?

- Yes No [Stop here. You are done with this form.]

13. Do you provide services directly to HIV-infected clients/patients?

- Yes No/Don't Know [Stop here. You are done with this form.]

14. How many years have you been providing services directly to HIV-infected clients/patients? [Round up to the nearest whole year.]

--	--

15. Estimate the NUMBER of HIV-infected clients/patients to whom you provide direct services in an average MONTH.

- None [Stop here. You are done with this form.]
 1-9 10-19 20-49 50+

For questions 16-18, estimate the PERCENTAGE of your HIV-infected clients/patients in the past YEAR who were:

16. Racial or Ethnic Minorities

- None 1-24% 25-49% 50-74% ≥75%

17. On Antiretroviral Therapy

- None 1-24% 25-49% 50-74% ≥75%

18. Women

- None 1-24% 25-49% 50-74% ≥75%

For Office Use Only	May 2007	<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> AETC			<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Sub-site				<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Program ID									<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Agency				Ryan White Program <input type="radio"/> Yes <input type="radio"/> No