PUBLIC BURDEN STATEMENT: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number. The OMB control number for this project is 0915-0281 and the expiration date is 5/31/2010. Public reporting burden for this collection of information is estimated to be .21 per respondent annually, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to HRSA Reports Clearance Officer, 5600 Fishers's Lane, Room 10-33, Rockville, Maryland, 20857

PIF

HRSA AIDS Education and Training Centers
PARTICIPANT INFORMATION FORM

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 SSN For example, May 29, 123-45- 6789 has the ID number 05296789.

M	M	D	D	#	#	#	#

Birth *Last 4 SSN*

Unique ID Number

2. Date of Training (mm/dd/yy)

__ / __ / __

mm *dd* *yy*

3. Your Primary Professional Discipline (Select one)

- ○ Dentist
- ○ Other Dental Professional
- ○ Nurse Practitioner
- ○ Other Advanced Practice Nurse
- ○ Nurse
- ○ Pharmacist
- ○ Physician
- ○ Physician Assistant
- ○ Clergy/Faith Based Professional
- ○ Dietitian/Nutritionist
- ○ Health Educator
- ○ Mental Health Professional
- ○ Public Health Professional
- ○ Social Worker
- ○ Substance Abuse Professional
- ○ Other (specify)_____

4. Your Primary Function Role (Select one)

- ○ Administrator
- ○ Agency Board Member
- ○ Care Provider/Clinician
- ○ Case Manager
- ○ Client/Patient Educator
- ○ Intern/Resident
- ○ Researcher/Evaluator
- ○ Student/Graduate Student
- ○ Teacher/Faculty
- ○ Other (specify) _____

5. Your Principal Employment Setting (Select one)

Clinic

- ○ Academic Health Center
- ○ Community Health Center
- ○ Family Planning
- ○ HIV Clinic
- ○ Hospital-Based Clinic
- ○ Indian Health Services/Tribal
- ○ Infectious Disease
- ○ Maternal/Child Health
- ○ Mental Health
- ○ Rural Health
- ○ Sexually Transmitted Disease
- ○ Substance Abuse

Other Settings

- ○ College/University
- ○ Community-Based Organization
- ○ Correctional Facility
- ○ HMO/Managed Care Organization
- ○ Hospital/ER
- ○ Military/VA
- ○ Private Practice
- ○ State/Local Health Department
- ○ Non-Health
- ○ Other Primary Care
- ○ Not Working (skip to item 9)

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

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 direcly 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/pateients 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

July 2008 1 0

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

Ryan White Program ○ Yes ○ No

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