



COMMUNITY PROVIDER NEEDS ASSESSMENT PROFILE

Your Profession/Discipline:		Today's Date:																																		
Which statement below best describes the care or services <u>you</u> provide to people with HIV/AIDS? (✓ one): <input type="checkbox"/> Not applicable/don't see HIV/AIDS patients <input type="checkbox"/> Refer HIV+ patients for all care <input type="checkbox"/> Refer HIV+ patients when initiating antiretroviral treatment <input type="checkbox"/> Refer HIV+ patients when failing antiretroviral treatment <input type="checkbox"/> Provide general primary care to HIV+ patients <input type="checkbox"/> Provide care only for conditions not related to patient's HIV <input type="checkbox"/> Provide all care throughout the course of the disease		How many HIV+ clients/patients have you personally seen in practice <u>within the last month</u>?																																		
<input type="checkbox"/> Administrator/Supervisor <input type="checkbox"/> Health Educator <input type="checkbox"/> Clinician/Care Provider <input type="checkbox"/> Counselor <input type="checkbox"/> Case Manager <input type="checkbox"/> Peer/Treatment Advocate		How many of the HIV+ clients/patients who you see <u>each month</u> are on anti-retroviral therapy?																																		
What is your primary functional role in your interaction with HIV patients?		How many hours of HIV/AIDS training were provided onsite for you within the last year?																																		
How would you rate your overall HIV knowledge level? <input type="checkbox"/> Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> None		How many hours of HIV/AIDS training or continuing education credit are required each year in order to maintain your license or employment?																																		
Agency/Program Name:		Which current Public Health Service Guidelines for the use of antiretroviral agents do you routinely utilize? <input checked="" type="checkbox"/> as appropriate: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th style="text-align: center;">Use Regularly</th> <th style="text-align: center;">Use Sometimes</th> <th style="text-align: center;">Don't have access to</th> <th style="text-align: center;">Didn't know they existed</th> </tr> </thead> <tbody> <tr> <td>Adults/Adolescents</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pediatric</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Perinatal</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Use Regularly	Use Sometimes	Don't have access to	Didn't know they existed	Adults/Adolescents					Pediatric					Perinatal																	
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Address/Location:																																				
Contact Person: (For follow-up, scheduling, etc.)																																				
Phone #: FAX #:		Clinic Frequency: (i.e., # of sessions/week)																																		
E-mail:		Clinic Days & Times:																																		
Type of Agency/Program (Select one): <input type="checkbox"/> Hospital/Hospital-based Clinic <input type="checkbox"/> Substance Use Treatment <input type="checkbox"/> Community/Migrant Health Center <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Community Mental Health Center <input type="checkbox"/> HMO/Managed Care <input type="checkbox"/> STD/Family Planning Clinic <input type="checkbox"/> Long-term Care <input type="checkbox"/> Other Public Health Agency <input type="checkbox"/> Solo/Group Private Practice <input type="checkbox"/> Other Community-based Organization <input type="checkbox"/> Other Health Care (specify): <input type="checkbox"/> Social Service Agency <input type="checkbox"/> Other Non-health (specify):		When does your clinic or program conduct regularly scheduled staff in-service, clinical updates, or training?																																		
HIV Specialty Clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No		What types of educational/training/in-service activities are most useful to you?																																		
Estimated # of HIV/AIDS patients seen per clinic session:		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">How many health care providers regularly work at your clinic/program?</th> <th style="width: 15%;"># of Full-Time</th> <th style="width: 15%;"># of Part-Time</th> </tr> </thead> <tbody> <tr><td>Physicians</td><td></td><td></td></tr> <tr><td>Physician Assistants</td><td></td><td></td></tr> <tr><td>Nurse Practitioners/Adv Practice Nurses</td><td></td><td></td></tr> <tr><td>Nurses</td><td></td><td></td></tr> <tr><td>Dentists & Dental Hygienists</td><td></td><td></td></tr> <tr><td>Pharmacists</td><td></td><td></td></tr> <tr><td>Mental Health Provider</td><td></td><td></td></tr> <tr><td>Substance Abuse Professionals</td><td></td><td></td></tr> <tr><td>Other Health (specify):</td><td></td><td></td></tr> <tr><td>Non-health (specify):</td><td></td><td></td></tr> </tbody> </table>		How many health care providers regularly work at your clinic/program?	# of Full-Time	# of Part-Time	Physicians			Physician Assistants			Nurse Practitioners/Adv Practice Nurses			Nurses			Dentists & Dental Hygienists			Pharmacists			Mental Health Provider			Substance Abuse Professionals			Other Health (specify):			Non-health (specify):		
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Estimated Total # of HIV/AIDS patients seen in your clinic <u>within the last year</u>:																																				
Estimated % of clients/patients who are racial and/or ethnic minorities:																																				
Estimated % of clients/patients who are severely/persistently mentally ill:																																				
Estimated % of clients/patients who are substance users:																																				

HIV Skills Assessment & Learning Interests

To help us accommodate your learning priorities, please rate your skills and level of learning interest for each of the topics below by checking the appropriate column:

TOPIC AREAS	SKILL ASSESSMENT			LEARNING INTEREST		
	High	Medium	Low	High	Medium	Low
Basic HIV Science & Epidemiology						
Diagnostic Testing (CD4, viral load, resistance)						
Early Interventions for HIV Disease						
HIV Virology/Pathogenesis (Natural History)						
Identification of HIV Infection						
Primary HIV Infection						
Clinical Manifestations of HIV Disease						
Dermatological						
HIV-related Malignancies						
Metabolic Complications/Disorders						
Neuropsychiatric						
Oral						
Pulmonary						
Antiretroviral Treatment						
Adherence						
Adverse Reactions/Side Effects						
Drug-drug Interactions						
Initiating HAART						
Resistance						
Salvage Therapy						
Treatment Sequencing/Strategies						
Co-Morbidities						
Hepatitis A, B, C						
STDs						
Tuberculosis						
Clinical Management of HIV Disease						
Opportunistic Infection Prophylaxis/Treatment						
Pain Management						
Immune Reconstitution						
Alternative/Holistic Therapies						
New Therapies/Clinical Trials						
HIV Nutrition						
Post-exposure Prophylaxis						
Management of Pediatric HIV/AIDS						
Women with HIV/Pregnancy						
Perinatal Transmission						
Psychosocial Issues						
Multi-Diagnoses (Mental Illness, Chemical Dependency)						
Substance Use/Abuse						
Harm Reduction						
Risk Assessment						
Sexual History Taking						
HIV Testing & Counseling						
HIV Prevention						
Prevention with Positives						
OTHER:						