

HRSA AIDS Education and Training Centers Participant Information Form (PIF)

Instructions: This form should be completed once every 12 months by participants of the AIDS Education and Training Centers programs.

1. **Unique ID number: Enter an email address as a personal identifier.**

2. **Today's date:**

M	M	D	D	Y	Y	Y	Y

3. **Your Primary Profession/Discipline (Select one)**

- Dentist
- Other Dental Professional
- Nurse Practitioner/Nurse Professional (prescriber)
- Nurse Professional (non-prescriber)
- Midwife
- Pharmacist
- Physician
- Physician Assistant
- Dietitian or Nutritionist
- Mental/Behavioral Health Professional
- Substance Abuse Professional
- Social Worker or Case Manager
- Community Health Worker (includes peer educator or navigator)
- Clergy or Faith-based professional
- Practice administrator or leader (i.e. chief executive officer, nurse administrator)
- Other allied health professional (specify, i.e. medical assistant, podiatrist, physical therapist): _____
- Other Public Health Professional
- Other non-clinical professional (i.e. front desk staff, grant writer -- specify): _____

4. **Your Primary Functional Role (Select one)**

- Administrator
- Agency Board Member
- Care Provider/Clinician – can or does prescribe HIV treatment
- Care Provider/Clinician – cannot or does not prescribe HIV treatment
- Case Manager
- HIV tester
- Client/Patient Educator (includes navigator)
- Clinical/Medical Assistant
- Health care organization non-clinical staff (i.e. front desk)
- Intern/Resident
- Researcher/Evaluator
- Student/Graduate Student
- Teacher/Faculty
- Other (specify): _____

5. **Are you of Hispanic or Latino/a origin?**

- Yes No

6. **What is your racial background? Select all that apply.**

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

7. **What is your gender? Select one.**

- Female
- Male
- Transgender, male-to-female
- Transgender, female-to-male
- Other gender identity

8. Which of the following characteristics best describe your principal employment setting? (Select one)

- Academic Health Center
- Correctional facility
- Emergency department
- Federally qualified Health Center
- Family Planning Clinic
- HIV or Infectious Diseases Clinic
- HMO/Managed Care Organization
- Hospital-Based Clinic
- Indian Health Services/Tribal Clinic
- Long-term nursing facility
- Maternal /child health clinic
- Mental health clinic
- STD clinic
- Substance abuse treatment center
- Student health clinic
- Other community-based organization
- Pharmacy
- Military or veterans' health facility
- Other federal health facility
- Private practice
- State or local health department
- Other primary care setting
- My principal employment setting does not involve the provision care or services to patients/clients (Stop here. You are done with this form.)
- I am not working (Stop here. You are done with this form.)

9. List the ZIP codes (up to three) where you provide care and services to patients/clients:

____ _
____ _
____ _

10. Do you provide HIV prevention counseling and testing services to clients/patients?

- Yes No

11. Do you prescribe HIV pre-exposure prophylaxis (PrEP) to clients/patients?

- Yes No

12. Do you prescribe antiretroviral therapy (ART) to clients/patients?

- Yes No

13. Does your principal employment setting receive Ryan White HIV/AIDS Program funding?

- Yes No Not sure

14. Is HIV care and treatment provided by your principal employment setting?

- Yes No

15. Do you have direct interaction with clients/patients?

- Yes No (Stop here. You are done with this form.)

16. Do you provide services directly to clients/patients living with HIV?

- Yes No (Stop here. You are done with this form.)

17. How many YEARS have you been providing services directly to clients/patients living with HIV (PLWH)? Round up to the nearest whole year. If less than one year, write "01".

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18. Estimate the **NUMBER** of clients/patients living with HIV to whom you provided direct services in the past YEAR:

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For questions 19 through 22, estimate the percentage of your clients/patients living with HIV (PLWH) in the past YEAR.

19. Which of the following best describes the way you provide services to clients/patients living with HIV:

- Provide behavioral or support services, but no HIV treatment (i.e. case management, counseling, cognitive behavioral therapy, transportation, legal)
- Provide clinical services to people living with HIV, but no HIV treatment (i.e. nutrition, physical therapy, psychiatry, general primary care)
- Provide basic HIV care and treatment (novice)
- Provide intermediate HIV care and treatment
- Provide advanced HIV care and treatment
- Provide expert HIV care and treatment, which includes training others and/or clinical consultation

20. Estimate the PERCENTAGE of your clients/patients living with HIV (PLWH) in the past YEAR who are racial/ethnic minorities.

- None
- 1-24%
- 25-49%
- 50-74%
- ≥75%

21. Estimate the PERCENTAGE of your clients/patients living with HIV (PLWH) in the past YEAR with hepatitis B or hepatitis C.

- None
- 1-24%
- 25-49%
- 50-74%
- ≥75%

22. Estimate the PERCENTAGE of your clients/patients living with HIV (PLWH) in the past YEAR who are receiving antiretroviral therapy.

- None
- 1-24%
- 25-49%
- 50-74%
- ≥75%