

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)

- | | |
|--|--|
| <p>Clinic</p> <ul style="list-style-type: none"> <input type="radio"/> Academic Health Center <input type="radio"/> Community Health Center <input type="radio"/> Family Planning <input type="radio"/> HIV Clinic <input type="radio"/> Hospital-Based Clinic <input type="radio"/> Indian Health Services/Tribal <input type="radio"/> Infectious Disease <input type="radio"/> Maternal/Child Health <input type="radio"/> Mental Health <input type="radio"/> Rural Health <input type="radio"/> Sexually Transmitted Disease <input type="radio"/> Substance Abuse | <p>Other Settings</p> <ul style="list-style-type: none"> <input type="radio"/> College/University <input type="radio"/> Community-Based Organization <input type="radio"/> Correctional Facility <input type="radio"/> HMO/Managed Care Organization <input type="radio"/> Hospital/ER <input type="radio"/> Military/VA <input type="radio"/> Private Practice <input type="radio"/> State/Local Health Department <input type="radio"/> Non-Health <input type="radio"/> Other Primary Care <input type="radio"/> Not Working (skip to item 9) |
|--|--|

6. Primary Employment Setting/Zip code

- a. Rural Urban Suburban

b.

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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 directly to HIV infected clients/patients? [Round up to the nearest whole year.]

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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="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>					<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>							<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>									<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>					<p>Ryan White Program</p> <input type="radio"/> Yes <input type="radio"/> No
		AETC	Subsite	Program Number	Agency																							

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