

Provider ID #	Site #	Date	Form #
		/ / Month Day Year	



PROVIDER ASSESSMENT

The purpose of this study is to gather information useful for developing services and programs to support patients or clients in preventing the transmission of HIV to others. The information we gather will help us learn how you, as a health care professional, currently counsel patients about HIV and how your work environment may facilitate prevention service delivery. Because a broad range of clinical and social support providers are participating, some questions in this interview may not apply to you; however, we ask the same questions of all participants. We appreciate your helping us today, as well as your important contribution to HIV prevention research.

Demographics:

First, we would like to ask you some things that will help us know more about you:

1. Are you:
 - ☐ Male
 - ☐ Female
 - ☐ Transgendered

2. How old are you: years

3. What is your primary race or ethnic identification? (Choose one)
 - ☐ Black/African American
 - ☐ Hispanic/Latino
 - ☐ White, not of Hispanic origin
 - ☐ Asian/Pacific Islander
 - ☐ American Indian/Alaskan
 - ☐ Another race/ethnicity



4. What is your profession/occupation? (Choose one)

- ☐ Physician
- ☐ Physician Assistant
- ☐ Advanced Practice Nurse
- ☐ Nurse Practitioner
- ☐ Nurse
- ☐ Dentist
- ☐ Other Dental Professional
- ☐ Case Manager
- ☐ Clinical Pharmacist
- ☐ Mental Health Provider
- ☐ Substance Use Professional
- ☐ Social Worker
- ☐ Peer Counselor/Advocate
- ☐ Health Educator
- ☐ Administrator
- ☐ Psychiatrist
- ☐ Other - specify:

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5. Do you provide primary medical care? ☐ Yes ☐ No → If no, GO TO Question 7.

6. If you are a primary medical care provider, do you consider yourself to be an HIV specialist? ☐ Yes ☐ No

7. About how long have you been providing care or services to people living with HIV?
Fill in a response for both months and years.

		months			years
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If 0 months and years, STOP survey now. Thank you for your time.

8. About how many patients/clients with HIV currently receive regular care from you, personally?

(Please estimate the total number, including new and return patients/clients)

				patients/clients
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9. About how many patients/clients with HIV did you personally see at this clinic during the past 5 working days?

(Please estimate the total number, including new and return patients/clients)

			patients/clients
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PROVIDER ASSESSMENT

10. For the next questions, think about the patients/clients with HIV that you see. Fill in the circle that best reflects your current activities at this clinic.

	None or almost none of the time 1	2	3	About half of the time 4	5	6	All or almost all of the time 7	Not Applic- able
Considering initial visits with NEW patients/clients with HIV,								
About how often do you ask if these patients/clients are sexually active?	☐	☐	☐	☐	☐	☐	☐	☐
About how often do you talk about safer sex with these patients/clients?	☐	☐	☐	☐	☐	☐	☐	☐
About how often do you ask if these patients/clients are using injection drugs?	☐	☐	☐	☐	☐	☐	☐	☐
About how often do you ask these patients/clients about sexual satisfaction?	☐	☐	☐	☐	☐	☐	☐	☐
If your patient/client indicates abstinence, how often do you ask for clarification (e.g. ask them what they mean by the term)?	☐	☐	☐	☐	☐	☐	☐	☐



PROVIDER ASSESSMENT

10. (cont'd) For the next questions, think about the patients/clients with HIV that you see. Fill in the circle that best reflects your current activities at this clinic.

	None or almost none of the time 1	2	3	About half of the time 4	5	6	All or almost all of the time 7	Not Applic- able
Considering visits with RETURNING patients/clients with HIV,								
About how often do you ask if these patients/clients are sexually active?	☐	☐	☐	☐	☐	☐	☐	☐
About how often do you talk about safer sex with these patients/clients?	☐	☐	☐	☐	☐	☐	☐	☐
About how often do you ask if these patients/clients are using injection drugs?	☐	☐	☐	☐	☐	☐	☐	☐
About how often do you ask these patients/clients about sexual satisfaction?	☐	☐	☐	☐	☐	☐	☐	☐
If your patient/client indicates abstinence, how often do you ask for clarification (e.g. ask them what they mean by the term)?	☐	☐	☐	☐	☐	☐	☐	☐



PROVIDER ASSESSMENT

10. (cont'd) For the next questions, think about the patients/clients with HIV that you see. Fill in the circle that best reflects your current activities at this clinic.

	None or almost none of the time 1	2	3	About half of the time 4	5	6	All or almost all of the time 7	Not Applic- able
Considering visits with new and returning SEXUALLY ACTIVE patients/clients with HIV,								
About how often do you ask if these patients/clients have had recent unsafe sex?	☐	☐	☐	☐	☐	☐	☐	☐
About how often do you ask about the recent number of sex partners these patients/clients have had?	☐	☐	☐	☐	☐	☐	☐	☐
About how often do you ask these patients/clients about sexual satisfaction?	☐	☐	☐	☐	☐	☐	☐	☐
About how often do you talk about safer sex with these patients/clients?	☐	☐	☐	☐	☐	☐	☐	☐
When STD screening is conducted as part of a visit, about how often do you discuss safer sex with these patients/clients?	☐	☐	☐	☐	☐	☐	☐	☐

PROVIDER ASSESSMENT

10. (cont'd) For the next questions, think about the patients/clients with HIV that you see. Fill in the circle that best reflects your current activities at this clinic.

	None or almost none of the time 1	2	3	About half of the time 4	5	6	All or almost all of the time 7	Not Applic- able
Considering visits with new and returning INJECTION DRUG-USING patients/clients with HIV,								
About how often do you ask if these patients/clients have recently shared works or needles?	☐	☐	☐	☐	☐	☐	☐	☐
About how often do you ask if these patients/clients need help with or a referral to drug treatment?	☐	☐	☐	☐	☐	☐	☐	☐
About how often do you talk with these patients/clients about safer injection practices?	☐	☐	☐	☐	☐	☐	☐	☐



PROVIDER ASSESSMENT

11. For the next questions, think about the clinic in which you work.

The term "staff" refers to all of the people who work in this clinic - this may include primary medical care providers, counselors, social workers and people who run any support groups or health education programs.

The term "primary health care provider" means the person or persons who provides HIV and general medical care in this clinic.

Fill in the circle that best corresponds to the degree to which you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Some-what Disagree	Neither agree nor Disagree	Some-what Agree	Agree	Strongly Agree	Not Applicable
My clinic has guidelines about counseling HIV-infected patients/clients about HIV transmission.	☐	☐	☐	☐	☐	☐	☐	☐
At staff meetings, we discuss efforts to address HIV risk and prevention among our patients/clients.	☐	☐	☐	☐	☐	☐	☐	☐
I am <u>not</u> comfortable talking with my patients/clients about their sex practices.	☐	☐	☐	☐	☐	☐	☐	☐
Talking about safer sex with my HIV-infected patients/clients is <u>not</u> my responsibility.	☐	☐	☐	☐	☐	☐	☐	☐



PROVIDER ASSESSMENT

11. (cont'd) Fill in the circle that best corresponds to the degree to which you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Some-what Disagree	Neither agree nor Disagree	Some-what Agree	Agree	Strongly Agree	Not Applicable
I am comfortable talking with my patients/clients about their injection drug use practices.	☐	☐	☐	☐	☐	☐	☐	☐
I see myself as more of an advocate for my patients'/clients' health than as a protector of public health.	☐	☐	☐	☐	☐	☐	☐	☐
My supervisor(s) supports me in discussing HIV prevention with my HIV-infected patients/clients.	☐	☐	☐	☐	☐	☐	☐	☐
I <u>do not</u> know how to talk with HIV-infected patients/clients about reducing risk.	☐	☐	☐	☐	☐	☐	☐	☐
I have the resources to make referrals for HIV-infected patients/clients who cannot resolve personal barriers to reducing risk.	☐	☐	☐	☐	☐	☐	☐	☐



PROVIDER ASSESSMENT

11. (cont'd) Fill in the circle that best corresponds to the degree to which you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Some-what Disagree	Neither agree nor Disagree	Some-what Agree	Agree	Strongly Agree	Not Applicable
I am confident that I have adequate training to provide HIV prevention counseling to HIV-infected patients/clients.	☐	☐	☐	☐	☐	☐	☐	☐
I <u>do not</u> have enough time to counsel patients/clients with HIV about not transmitting HIV to others.	☐	☐	☐	☐	☐	☐	☐	☐
No matter how much you counsel some patients/clients with HIV, they are still going to infect others.	☐	☐	☐	☐	☐	☐	☐	☐
Providing prevention services for HIV-infected patients/clients is well integrated into the philosophy of care at this clinic.	☐	☐	☐	☐	☐	☐	☐	☐
I regularly explain the risk of reinfection to my HIV-infected patients/clients.	☐	☐	☐	☐	☐	☐	☐	☐



PROVIDER ASSESSMENT

11. (cont'd) Fill in the circle that best corresponds to the degree to which you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Some-what Disagree	Neither agree nor Disagree	Some-what Agree	Agree	Strongly Agree	Not Applicable
Providing prevention services for HIV-infected patients/clients is <u>not</u> a stated part of my clinic's mission.	☐	☐	☐	☐	☐	☐	☐	☐
Our clinic has written procedures for HIV prevention counseling with HIV-infected patients.	☐	☐	☐	☐	☐	☐	☐	☐
Specialists trained in HIV prevention counseling are more appropriate for delivering HIV prevention services to HIV-infected patients/clients than are primary care providers.	☐	☐	☐	☐	☐	☐	☐	☐
Staff at our clinic routinely screen HIV-infected patients/clients to determine their current risk of transmitting HIV to others.	☐	☐	☐	☐	☐	☐	☐	☐



PROVIDER ASSESSMENT

11. (cont'd) Fill in the circle that best corresponds to the degree to which you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Some-what Disagree	Neither agree nor Disagree	Some-what Agree	Agree	Strongly Agree	Not Applicable
Primary care providers at our clinic routinely conduct counseling on preventing transmission of HIV with HIV-infected patients/clients.	☐	☐	☐	☐	☐	☐	☐	☐
Primary-care provider delivered interventions are the most effective way to reduce the risk of transmitting HIV from HIV-infected patients/clients to others.	☐	☐	☐	☐	☐	☐	☐	☐
Condoms are <u>not</u> readily available at this clinic.	☐	☐	☐	☐	☐	☐	☐	☐
Information, fliers and pamphlets about HIV and HIV transmission are readily available in this clinic.	☐	☐	☐	☐	☐	☐	☐	☐
Training programs in this clinic have prepared me to counsel HIV-infected patients on HIV prevention strategies	☐	☐	☐	☐	☐	☐	☐	☐

