

The HIV/AIDS Treatment Guidelines Survey

**OMB # 0925-0486- 2001-02
Exp. 04/30/2004**

We are interested in obtaining your feedback regarding the HIV/AIDS treatment guidelines, found on the HIV/AIDS Treatment Information Service (ATIS) web site. ATIS is a Department of Health and Human Services project managed by the National Library of Medicine. This brief customer satisfaction survey contains 11 questions and should take no more than 5 minutes of your time to both read the instructions and enter your responses. Completion of the survey is strictly voluntary and in no way affects any of your rights or privileges to access ATIS or other NLM information sources. Your responses will be kept confidential and anonymous. The survey does not ask for any personally identifiable information, and is in full compliance with the National Institutes of Health Privacy Policy (see www.nih.gov/about/privacy.htm). Thank you for taking the time to complete this survey.

Note: NLM is required to inform you that the public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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 control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0486). Do not return the completed form to this address.

Instructions

- ◆ Use your mouse or the up and down arrow keys to move between questions.
- ◆ Answer questions by using your mouse to click on the circle or box to the left of your answer choice.
- ◆ Enter only one answer per question unless asked to **select all that apply**.
- ◆ For **other specify** responses, a text box will appear on the top of your screen. Enter your answer into the box.
- ◆ Use the "submit button" at the end of the survey to send your survey to the HIV/AIDS Treatment Information Service.

1. Is this the first time you have accessed the guidelines?

- Yes (System will skip to question 5)
- No (Continue)

2. How often do you use/refer to the treatment guidelines either online or in a downloaded copy/file?

- Daily
- Weekly
- Monthly
- Less than Monthly

3. How do you typically use the information you obtain from the treatment guidelines? (Select all that apply)

- General information on HIV/AIDS treatment
- Patient education information and/or materials
- Review the current state of knowledge
- Source of professional continuing education
- Obtain the latest drug treatment information
- Check for latest update
- Determine patient care decision
- Reinforce patient care decision
- Confirm/verify information prior to contacting a health care provider with a question or concern
- Other (Please specify _____)

4. How often do you use/refer to the different sections of the treatment guidelines?

	All of the time	Most of the time	Some of the time	Never
Text	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
References	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Questions 5 to 11 are asked of all respondents.

5. At this visit, what is your current role as it relates to the ATIS guidelines?

- Physician who cares for 50 or more HIV+ patients
- Physician who cares for less than 50 HIV+ patients
- Other health professional with 50 or more HIV+ patients
- Other health professional with less than 50 HIV+ patients
- Researcher/Scientist
- Patient
- Family member or friend of person living with HIV
- Advocate
- Pharmacist
- Pharmaceutical industry official
- Public health official
- Librarian/other information provider
- Student
- General public
- Other (Please specify) _____

6. How did you learn about the treatment guidelines web site (www.hivatis.org)? (Select all that apply)

- Colleague
- Family member or friend
- Health organization (hospital, clinic) or association
- Link from another web site
- Web search engine (Yahoo, Google)
- ATIS listserv
- Referral from ATIS staff
- Referral from other AIDS-related hotline
- Library
- Conferences and meetings
- Other publications
- Other (Please specify)_____

7. Which of the following would help you most in using or understanding the treatment guidelines? (Select all that apply)

- A modified layout or organization of the document
- Translation into another language (Use drop down menu to select language)
- A consumer version
- Information for downloading into a Personal Digital Assistant (PDA)
- A pocket size card or single sheet with the most important information
- A glossary of terms found in the guidelines
- Additional drug information
- Links to published journal articles
- Access to a telephone service for health professionals needing consultation or further guidance (such as the ATIS 800 number)
- Access to a telephone service for patients or the general public needing further information (such as the ATIS 800 number)

8. Do you have any comments and suggestions about the presentation of guidelines on the HIV/AIDS Treatment Information Service (ATIS) web site?

Comments:

9. Which of the following best describes the highest level of education you have received?

- Graduate degree
- College degree
- Associate degree/some college
- High school graduate
- Not a high school graduate
- Student (Select one: high school, college, graduate/medical school)

The following questions are optional

10. Race and Ethnicity

- I do not wish to provide this information

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race: Check all that apply. Click here for [definitions](#).

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

11. What is your zip code (US only)? _____

Would you be willing to be contacted in the future to provide input on your uses of HIV/AIDS information?

- Yes, if yes provide email address _____
- No

Thank you for completing our survey.