Item#	**Commenter**	**Comment**	**HRSA Response**
1	Jones, Danielle	I have heard the intention behind new forms was both to reduce the number of duplicate Participant Information Forms over the course of a grant year as well as reduce the amount of times a participant is compelled to fill out a lengthy form, lessening paperwork requirements. However, based on feedback from actual pilot users of the forms, and from my personal review of these forms, the paperwork and time burden is actually increased significantly – (up to five times as long as estimated by my colleagues who tested the forms). This is principally because of Event Record question #6 (see ER tab), but also applies to the new 2-page PIF form. When completing forms is burdensome, it is less likely that we will receive completed paperwork.	Not Accepted. PIF form is 2-pages
		First off – this form is now 2 PAGES!!! NO NO NO!! This greatly increases the time and paperwork burden for participants, thus increasing the likelihood of incomplete forms and/or annoyed participants.	Not Accepted
		Question 1 - Unique ID number: New schema compromises anonymity. Having participant's initials in their ID will, in many cases, clearly identify the participant at particular trainings, especially if few attendees. Additionally, more likely to have duplicate unique ID with someone else throughout the AETCs.	Accepted
		Questions 8 and 9 – States where you work and Zip Codes where you work. Only zip codes where you work are required as it is more precise and does not duplicate State.	Accepted
		Question 11 – This is confusing and not clear if you are asking for more than one answer. And if so, please simplify by not requiring that every line be checked either Yes or No – just ask to check Yes where applicable. Once again reduces the time burden on the participant.	Accepted

		Question 12 – Does the principle employment setting receive Ryan White HIV/AIDS program funding: there should be an “unknown or I don’t know” response.	Accepted
2	Danvers, Karina	The data they are collecting is very good; however it will take a lot more time to complete.	Noted
		I think putting Race/Ethnicity/Gender first will turn some people off … people have always had contempt for these categories;	Accepted
		Demographics should be at the end … and they should be optional.	Not Accepted
3	Mar Tang, Moira	Unique ID number formulation using first 2 letters of first and last name can identify participant. Consider using Last 4 digits of landline or cell?	Accepted
		Question 8 is NOT needed if using Question 9.	Accepted
		High likelihood that Question 11 will not be completed correctly as too many line items to check "yes" or "no". Suggest: "Your Principal Employment Setting can be best described as a/an:"	Accepted
		Question 12 should have an "I don't know" option	Accepted
4	Wong, Sophy	Question 1 - Unique ID number: Having participant’s 2-letters of first and last in their ID will much more easily identify them and would compromise anonymity.	Accepted
		Questions 8 and 9 – Zip codes where you work should be sufficient, and no state is then needed.	Accepted
		Question 12 – Does the principle employment setting receive Ryan White HIV/AIDS program funding: there should be an “unknown or I don’t know” response.	Accepted
5	Linda Frank	Proposed PIF does not identify or link to a specific program or Regional Partner	Noted
		PIF unique identifier will require significant change in our data system	Accepted
		PIF, Field 5 - should health care professionals should not be forced to identify themselves as transgendered or identified as a gender that may not be their original genders	Not accepted but transgender options have decreased from 3 to 1

		PIF fields 8 and 9 makes data collection difficult and creates undue burden as it creates a non-static number of columns for data collection and reporting. If there will be a static number of columns (4 for field 8 and 5 for field 9), how will we handle those who provide more responses?	Accepted. Field 8 deleted.
		PIF field 11, we do not understand the need for two columns (YES, NO). Since they are dichotomous, who not one column to indicate if affirmative/applicable?	Accepted
		PIF fields 12 and 13 a "do not know" option should be provided	Accepted for field 12
		PIF field 14, a short definition of "direct interaction" should be provided	Not accepted
		PIF fields 18-21, it states that estimates are for "past year." This may be confusing for trainees. Be specific about the past year: calendar year, fiscal year, or immediate last 12 months.	Not accepted
6	Alice Downes	#8 and #9: States where you work and zip codes where you work. Only zip codes where you work are required as it is more precise and does not duplicate State	Accepted
		#12: Does the principle employment setting receive Ryan White HIV/AIDS program funding? There should be an "unknown or I don't know" response.	Accepted
7	Mary Rose Forsyth	#1: Unique ID Number: We support replacing four digits of the social security number. Using the proposed first two letters of a participant's first and last names, however, will in many cases reveal their identity and compromise anonymity	Accepted
		#4 Racial Background: We recommend adding the option Other and the option Arab/North African	Not Accepted
		#6: Profession/Discipline: A Nurse Practitioner is a licensed prescriber and should be differentiated from Advanced Practice Nurse. We strongly recommend the option Nurse Practitioner/Midwife	Accepted
		#8: States where you work: Redundant and should be removed as zip is queried in Question 9	Accepted

		#11 Principal Employment Setting: Option 6 should read Infectious Disease Clinic to capture all such clinics and eliminate redundancy as: Ryan White status of the clinic is queried in Question 12 an HIV care and treatment provided is queried in Question 13	Accepted - Added Infectious Disease Clinic
		#12 Ryan White funding: See above #11. Also include Unknown as an option	Not accepted
		#13: HIV care and treatment provided: See above #11	Not Accepted
8	Gupta, Geeta	Unique ID Number: Initials should not be used (not confidential) Maybe just the month and day of birth and then add their zip code.....when it gets complicated to explain, trainees tend to leave it blank, it should be made as SIMPLE as possible.	Accepted
		DATE: that should be filled out by the trainer, not needed by the trainee (decrease the number of items)	Not Accepted
		#4: many people do not identify with the listed ethnicities. I know many people refuse to answer. "Other/decline to answer" should be an option.	Accepted
		#5 Gender: what is done with this information? Is it necessary? Why must a transgender person identify themselves as transgender and not just identify with their chosen gender? Rather than being an open, inclusive question (as I'm sure it was meant to be) the item has become intrusive. I would delete this item. A health care provider is a health care provider, regardless of their gender. Many transgender persons who do not wish to be identified will either not fill it out or will not identify as transgender….so what kind of data are you getting? And what will you do with it?	Not accepted

		#6 The list is haphazard and not intuitive. The most common trainee disciplines should be placed first. (this data should be available from the PIF's over the past years). This is simplest, especially since it is not alphabetical. Just confusing and takes longer to find one's discipline and fill out.	Not accepted
		#6: "Other" Public Health Professional - "Other" than what? Public Health Professional is not listed elsewhere, so what does this mean? Delete "other"	Not accepted
		#6: Why does "Midwife" have its own category and not grouped with Allied Health Professional, like podiatrist, PT. 'Other Dental Professional' should be placed here too.)	Not accepted
		#7 Either alphabetize it, or put the most common roles first (latter option is preferred).	Accepted - Alphabetized
		#7 Why 2 choices of a Care Provider that 'does or does not' prescribe? A full time HIV nurse doesn't prescribe, but provides service. A neurosurgeon who never see HIV also would have the same answer. Then, there are those who 'can' prescribe, but 'do not.' How does this help the quality of your data? Also, this information is covered by question 17. Redundant. OMIT.	Not accepted
		#8 All the states? OMIT. Get info from zip code. Decrease items.	Accepted
		#9 ALL the zip codes? You run the risk of no answer. Shorten form, ask for primary work zip only.	Not accepted
		# 11 – again, it is a haphazard, random listing, very difficult to find. Listing should be by the MOST COMMON workplaces. Get the info off the previous years' PIF's….use the data for something!	Not accepted
		#11 Should only be a check-off. (No 'No' answers required.)	Accepted
		#14 – "direct' interaction. Don't know why, but pharmacists usually mark NO on this one.	Noted

		#15 and #17 – a person who provides HIV testing, but refers out for care, would stop at 15, so could not capture the information from #17 that they provide diagnosis. Clinicians would not consider offering testing as 'care.'	Not accepted
		#17 – 'Diagnosis' should be replaced by 'testing.' It is more descriptive. It should read : Provide HIV testing and prevention counseling. (The other way, it looks like a list without commas.) This should be the first option, "Do not provide HIV care" should be the second option."	Accepted as a separate question
		Would make question 15 the following and replace #14, 15 and 17 with this question:	Not accepted
		Do you provide:	
		- HIV testing, risk assessment or prevention counseling?	
		- Primary Care/Basic HIV care?	
		- Advanced HIV care?	
		- Expert HIV care and training or consultation?	
		- I do not provide HIV testing , services or care (stop here)	
		- I do not see patients (stop here)	
		Criticism of my question above (and the original #17): This question seems to address those who give direct medical care. Pharmacists who counsel and provide HIV service, case managers/social workers etc. may answer "I do not provide HIV testing, services or care and stop here. Also case managers, social workers, etc cannot answer the question. To include these care givers I would insert: "Supportive services or care for HIV patients" as the second choice.	Accepted
9	Michelle Agnoli	Item # 11: This item regarding setting looks out of place with the rest of the form, which has bubbles to fill out. I would suggest that this also be bubbles and a select all that would apply. It is easy to lose track of what you are filling out with so many yes and no questions to fill out.	Accepted

10	Mary Donica	Question 1 The method used to create the unique ID number is not anonymous. Individuals could be asked to use 4 letters of their choosing followed by 4 numbers of their choosing. I know from experience having attendees fill out the PIFs that they are not comfortable using ANY identifying information.	Accepted
		Question 5 Should probably include the option : 'I don't wish to answer'. Some individuals might not be comfortable answering.	Not accepted
		It is VERY IMPORTANT to streamline the PIF in order to keep participants happy and want to come back for future events. Therefore:	
		Choose question 8 or 9 to include in the form, not both. It's duplicate info	Accepted
		Question 11 convert to 'check all that apply' instead of forcing yes/no selection. This will take less time.	Accepted
11	Paul Cook	Our region supports the new version of the PIF ID in PIF question #1. This version aligns the AETC PIF with the same unique ID used by our colleagues in the CDC-supported Prevention Training Centers, and removes the most problematic element (social security digits) that led many trainees to leave the PIF ID blank in prior grant cycles.	Noted
		The answer to PIF question #12 about Ryan White funding may not be known to the respondent. In our current PIF there is a question answered by the trainee which includes an "I don't know" option, and also a question answered by the trainer, which must be answered yes or no. Of the two, the version answered by the trainer provides the more useful data.	Accepted

		PIF question #17 about the types of HIV care provided is an important addition -- thank you. This question, originally from the AETC National Evaluation Center's proposed ACRE IP measure for 2016-17, is meant to be a continuum to classify health care providers based on the highest level of HIV care that they provide. However, that intent might not be obvious to respondents. For example, an expert HIV care provider (fifth response choice on the scale) might also provide HIV counseling and diagnosis (second response choice), and it might not be clear to them that the higher level of care is the appropriate response choice to pick. Therefore, the instructions for this item need to either say "choose the highest number that applies" (and use a numeric scale to match), or else "check all that apply," in which case the highest level of care provided can be calculated as part of the data analysis process.	Not accepted
		PIF question #19, as written, will be asked only of providers who serve persons living with HIV. The definition of "minority-serving provider" in the AETCs' guidance has to do with the percentage of minority patients served, not the percentage of minority patients with HIV served. Many providers serve at-risk minority populations and should be able to provide HIV care, even if they do not currently serve PLWH. Focusing this question on overall patients who are minority group members rather than PLWH who are minority group members would also be more consistent with the AETCs' new focus on "low- and no-volume HIV care providers" (language from the latest AETC guidance). This question therefore should be asked of all providers about their total patient population (i.e., before the stopping rule in question #17 -- perhaps after question #14), not just of HIV-serving providers about their patients with HIV.	Not accepted

12	Marge Sutinen	Question 1: Thank you for removing social security association, this has been a huge block for participants to complete.	Noted
		Question #3: Why is this question being asked, I could not tell a participant what the rationale is if I was asked.	Not accepted
		Question #8: needs only a zip code and not 4 lines. Therefore do you want the information in question 8 or 9 or both?	Accepted - States deleted
		Question 10: I have concerns asking for the name of the employment setting for a small clinic when the participant is also being asking in question # 1 for the first and last letters. It would be easy to figure out who completed the form if they are being collected internally if the name of the setting is spelled out. Question # 11: should be sufficient without question #10.	Not accepted
		Question # 12-13: please add "Don't know".	Accepted for Item 12
		Question # 19: omit HIV , the number will be very different if the question is "who are serving racial-ethnic minorities" than "who are serving HIV racial minorities".	Not accepted
		Overall, I find both revisions creating additional time to complete, I hoped the new forms would take less time not more.	Noted
13	Nancy Eberle	Questions #6 and #7: The directions for these items ask respondents for their primary profession and role, but also instruct them to "Select all that apply." This seems slightly confusing, unless it is assumed that respondents will have multiple primary professions or roles. I would suggest asking either for a primary profession/role OR for respondents to select all that apply, but not both.	Not accepted
		Questions #8 and #9: I would suggest asking only for the zipcode, as the state can almost always be deduced from the zipcode.	Accepted
14	Priyatam Piya	The data they are collecting is very good; however it will take a lot more time to complete.	Noted

		I think putting Race/Ethnicity/Gender first will turn some people off … people have always had contempt for these categories;	Accepted
		Demographics should be at the end … and they should be optional	
15	Cornelia Wagner	Question #12 about Ryan White funding may not be known to the respondent. There should be an option for “don’t know” in the answer categories.	Accepted
		PIF question #17 about the types of HIV care provided is meant to be a continuum to classify health care providers based on the highest level of HIV care that they provide. Therefore, this question should include instructions to either say "choose the highest number that applies" (and use a numeric scale to match), or else "check all that apply," in which case the highest level of care provided can be calculated as part of the data analysis process.	Not accepted
16	Jay Ohagi	Changing unique ID format will cause a disconnect in ongoing longitudinal training efforts. It is a confidential component so there is no easy way to connect new unique IDs to existing ones.	Not accepted
17	Malinda Boehler	#7 If you want "primary" functional role - you can't allow people to select all that apply. AND consider alphabetizing roles to make it easier to complete.	Not accepted
		#8 and #9. If you use zip codes - don't need States.	Accepted
		#11 Consider alphabetizing employment settings to make it easier to complete.	Not accepted
		#12 Add "Don't Know"	Accepted
		If we don't ask about the ethnic/racial background of patient population as whole - how will we know who is predominately minority serving, thus who to serve with our MAI dollars.	Not accepted
18	Nadine Nader	Question 1 - Unique ID number: New schema compromises anonymity. Having participant’s initials in their ID will, in many cases, clearly identify the participant. Historically the form has been anonymous is HRSA eliminating anonymity in form collection?	Accepted

		Questions 8 and 9 – States where you work and Zip Codes where you work. I suggest the use of only zip codes since it allows precise mapping of a participant's practice setting and automatically indicates the state. I also eliminates an additional question on the form.	Accepted
		Question 12 – Does the principle employment setting receive Ryan White HIV/AIDS program funding: I suggest an "unknown or I don't know" response, not all participants know their organization's funding streams. I would recommend an agency only field in which the training coordinator can retrieve the information for HRSA.	Accepted
19	Mari Millery	The estimated burden for AETCs of 32 hours to prepare the data files appears to be a gross underestimate. We do not know what the estimate is based on but in our experience, many more staff hours are currently required to prepare the data, and even more hours will be required with the proposed new forms.	Noted
20	Estela Balderas	Question #6 Add "Dental Hygienist." In my experience as a program coordinator for dental programs, I find that a small percentage of 'Other Dental' professionals are dental assistants. Dental hygienists have much more education and knowledge than a dental assistant and their credentials should be duly recognized.	Not accepted
		Question #8 Unless a person lives near a state border, they will most likely work in only one state. We separate reports by state, so it's not relevant to individual AETC partners.	Accepted
		Question #9 We are only interested in their primary work place so only one (if any at all) zip code is necessary.	Not accepted

		Question #10 The name is not relevant for the PIF. We collect that data on our registration forms. Asking for employment setting name, zip code and state is redundant as we already get that data from the registration form. This is unnecessary duplication.	Not accepted
		Question #11 First, it's only necessary to know if the setting description applies (=Yes) and not if it does not apply (=No). It should read something like "Check any characteristic that applies" and remove the "No" column. If it's not selected, then one can deduct that the description does not apply or the person has chosen not to respond. Move the #24 "Not working" to the first position so it can be immediately recognized and the person doesn't have to waste time reviewing the list. Actually, it should be moved altogether to question #7 as the first option and add the option to skip the remaining questions.	Partially Accepted
		Question #12 Keep the original "Don't Know" as many people do not know.	Accepted
		Questions #14 and 15 These two questions can be combined. Each question provides a break (opportunity to end the form) and having two breaks can cause some confusion.	Not accepted
		Question #17 This question is redundant. The first option (‘do not provide HIV Care...) is already asked in questions #14 and #15 (and perhaps #16). The last two options ('Provide advanced HIV Care' and 'Provide expert HIV care) can be combined. How is advanced and expert defined? This is a very subjective question.	Not accepted
		Overall, the form has too many break points (prompts to skip the remaining form). It should only have two; one stop those who are not working from responding to questions regarding employment setting and the second to stop those who are not providing direct clinical care from responding to those questions.	Accepted

		As a program coordinator, I find myself having to apologize for the long form whenever I use it at a program (programs with no online registration). The current form is too long for people to complete. Keep in mind, we have to get folks to 1) sign in, 2) complete a registration form, 3) complete the PIF, 4) complete a post evaluation form (which may be up to 2 pages if it's a CEU/CME program, and 5) complete a post program ACRE evaluation form. This is a lot for one person to complete for a program that may last as little as an hour. If we want people to focus on the program content, then we need to make the forms as short and efficient as possible.	Noted
21	Kevin Khamarko	Gender: .3% of trainees identified as Transgender (as described on page 8 of the HRSA produced FY 2011-12 AETC data report), so breaking that out into 3 categories seems a bit much. At a minimum, we'd recommend removing option E, gender vector unspecified. Is it necessary to have this level of detail on the gender of trainees?	Accepted
		Professional Group: Moving toward a select all that apply question is problematic. Trainees should identify the profession they most identify with. We'd recommend shortening this list of professions rather than expanding it. Page 4 of the HRSA produced AETC data report for FY 2011-12 shows the percentages of professions. The table on page 4 highlights that clergy/faith-based professionals accounted for .3% of trainees and dietician/nutritionist accounted for .5%. Those two categories should be dropped from the form. We also recommend dropping community health worker (2.2%) and health educator (3.6%). We also recommend removing "public health professional," clinic administrator," "midwife," and "health care professional association staff"	Not accepted

		Primary Functional Role: Job function/role and profession/discipline seem to overlap and work needs to be done to correct this. Additionally, navigator is included as a health educator in job function and a community health worker in the profession question. Our recommendation is to delete this question and add student/resident to the profession category and keep clinic administrator in the profession category. You can replace this question with "Do you prescribe medication to patients?" yes or no, which is currently collected on the ACRE FUP.	Not accepted
		State and Zip Code: It's best to keep these limited to the state and zip code where trainees primarily provide care.	Not accepted
		Principal Employment Setting: This is a long list of non-mutually exclusive settings. We recommend using the data presented on page 11 of the 2011-12 HRSA AETC Data report to reduce this list to 10 response categories. In general, the response categories with lower numbers than "missing data" should be considered for removal. We recommend removing the following response categories, based on data: Maternal/Child Health Clinic (.46%), STD Clinic (.62%), Family Planning Clinic (.75%), Rural Health Clinic (.80%), Military or Veterans Health Facility (.93%), HMO / Managed Care Organization (.95%),	Not accepted
		Long-Term Nursing Facility (1.46%), and Mental Health Clinic (1.87%). We also recommend rewording "other community-based organization" to "community-based organization."	Not accepted
		Name of employment setting/agency would be a nice addition to better track longitudinal training sites.	Accepted
		Interactions with Patients: the term "interactions" can mean a number of things. We recommend being more specific on whether they provide care/direct services.	Not accepted

		% of Patient Populations: It might be difficult for trainees to accurately answer these questions with the 5 point scale. We recommend moving toward a 3-point scale of none, 1-49%, and 50-100%, which will enhance data accuracy.	
		Question 17: Revise to the following:	Not accepted
		From the list below, check the types of HIV services you provide to your patients/clients. (check all that apply)	
		§ HIV support services	
		§ HIV screening and referral	
		§ Primary care to HIV-infected patients	
		§ Specialty HIV care	
		§ Specialty HIV care and HIV education to other clinicians	
		§ I do not currently provide HIV services	
		# of Patients in the Last Year: This used to be the last month, it will be difficult for a trainees to estimate this number. We recommend changing this scale to none, 1-30, 31-60, 61-90, 91+.	Not accepted

		Many of the questions are focused on demographics and information about the amount of care that is provided, but very little is collected about the type of care and services that are provided or evidenced-based predictors of knowledge translation. This is a missed opportunity as we can be collecting information to link trainees to their HIV learning stage (meshes with the core competencies to be developed by the NCRC), collect info on their skillset, referral and HIV testing practices, as well as other factors related to the trainees care practices. Many of these questions have already been written for ACRE and would make a great deal of sense on the PIF instead. Some questions to consider are listed on the left. We highly recommend the questions in red font be added to the PIF. We have also included relevant questions from the Medical Monitoring Project Provider Survey, red font for these also means the NEC highly recommends these questions be added to the PIF. Thank you for your consideration, we hope these recommendations are helpful.	Not accepted
		Other recommended questions to be added include:	
		o Is your employment setting moving toward a team-based care model? Yes, no, don't know	
		o What percentage of your patient care time do you devote to HIV-infected patients?	
		o In the next 12 months, how many HIV-infected patients do you expect to take care of? (check one)	
		§ More than I currently do	
		§ Same as I currently do	
		§ Less than I currently do	
		§ I will stop providing care for HIV-infected patients	
		o Approximately what percentage of your HIV-infected patients fall into the following categories? The total can equal more than 100%.	

		§ Women ____%
		§ Men who have sex with men ____%
		§ Men who have sex with women ____%
		§ Transgender (male to female or female to male) ____%
		§ Injecting drug users ____%
		o Do you agree with the following statements about services provided to patients at your practice? Yes/No/Don't Know
		Practice routinely contacts patients prior to their appointments as a reminder (via mail, phone, or other)
		Practice routinely follows-up on patients who miss their appointments (via mail, phone, or other)
		Practice provides patient navigation services (e.g., accompanying to appointments as needed)
		You or your practice routinely reinforces the value of follow-up visits
		Practice has a program to systematically monitor retention in care of all HIV patients (e.g., monitoring visit adherence, gaps in care, or visits per interval of time)
		Practice offers care to persons with any income level and insurance status
		o Have you ever prescribed continuous daily dosing of Truvada for pre-exposure prophylaxis (PrEP) of HIV infection? Yes, no
		§ If yes, for who have you prescribed continuous daily dosing of Truvada for PrEP? (select all that apply)
		· Men who have sex with men
		· Men who have sex with women
		· Women who have sex with men
		· Uninfected partners in serodiscordant couples attempting to conceive
		· Injecting drug users