**Provider Survey Planning Template**

*Instructions:* Use this template to plan your provider survey. Use it in a committee planning session, or ask individuals to make notes individually and then meet to share them and agree on the plan. Perhaps the most important decision is around purpose and scope. If you are seeking information about provider services for a Resource Inventory or Profile of Provider Capacity and Capability, you will probably need one survey response from a Project Manager or other senior person from each identified provider; if you want provider perceptions of service needs and barriers for people with HIV--to complement information from clients with HIV--you may want input from frontline staff and a much larger number of provider staff.

**Focus Group Planning Steps**

| **Issue or Decision to Discuss** | **Decision/Description** |
| --- | --- |
| **Purpose and Scope:** Indicate one or more purposes.   1. Individual information about provider services to use for developing or updating a Resource Inventory or to aggregate for a Profile of Provider Capacity and Capability 2. Provider perspectives on service needs and gaps for people with HIV 3. Both 4. Special study [specify] 5. Other [specify] |  |
| **Desired Number and Types of Survey Respondents**  Describe your desired respondents:   1. One response from each provider agency, generally from a senior manager, who may ask other staff to add information 2. Multiple responses from each provider agency, including responses from clinical or program staff, including frontline staff 3. Other [specify] |  |
| **Timeframe:** When does planning start and when must the survey results be ready for presentation to the PC/PB? |  |
| **Number/Types of Providers to Include:**  ▪ Part A subrecipients  ▪ Other RWHAP recipients or subrecipients  ▪ Non-RWHAP-funded providers |  |
| **Identifying Desired Recipients within an Organization: Decisions and Process for Identification**  ▪ Project Manager or Executive Director or other key contact?  ▪ Frontline staff or other personnel – if service needs of people with HIV are being assessed  ▪ Other? |  |
| **Data Collection:** Online only or other? |  |
| **Use of Incentives:** Should there be coffee shop gift cards for the first X responses? A drawing for which everyone who completes a survey is included? Some other small incentive for participation? |  |
| **Recipient Assistance:**  ▪ Is participation in needs assessment a contract requirement?  ▪ Assistance to be requested from recipient? |  |
| **Costs/Budget** |  |
| **Other Issues/Decisions** |  |

**Work Plan and Timeline**

| **Task** | **Timeline – Start & End Dates** | **Person(s) Responsible** | **Progress/Decision/Completion** |
| --- | --- | --- | --- |
| 1. Determine survey’s purpose and scope |  |  |  |
| 2. Develop the survey tool |  |  |  |
| 3. Compile a list of potential respondents |  |  |  |
| 4. Prepare the survey online, and enter the list of desired respondents |  |  |  |
| 5. Pilot test the survey, and then make necessary revisions |  |  |  |
| 6. Collect the data, monitoring responses and sending reminders as needed |  |  |  |
| 7. Supplement online responses if necessary |  |  |  |
| 8. Review individual responses for use in a Resource Inventory or individual provider profiles |  |  |  |
| 9. Tabulate and analyze data for aggregate use |  |  |  |
| 10. Prepare products |  |  |  |