

# Adherence Participant Feedback Form

This survey will help us evaluate and improve the training program.  
Completion of the feedback form is voluntary.

Form Approved  
OMB No. 0930-0195  
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**Instructions:** Please respond to the items by filling in the appropriate oval using a No. 2 pencil, dark blue or black pen.

**Correct**



**Incorrect**



**1. Anonymous Unique Identifier:** This permits training sites to determine if you have attended multiple trainings.

\_\_\_\_ // \_\_\_\_ / \_\_\_\_  
Last 4 digits of social security number      month      day  
Date of Birth

2. Reasons for attending training (Mark the **SINGLE BEST** answer):

- ☐ CMEs/CEUs      ☐ Knowledge/skill development  
☐ Friend/family with HIV      ☐ Other: \_\_\_\_\_  
☐ Job requirement

3. Gender:      ☐ Male      ☐ Female

4a. Are you of Hispanic or Latino descent or origin?

- ☐ Yes      ☐ No

4b. Race: (Select one or more)

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

5. How much formal schooling have you received?

(Please choose only **ONE**)

- ☐ Less than high school      ☐ M.D.  
☐ High school/GED      ☐ Doctoral Degree (non-M.D.)  
☐ Associate Degree      ☐ M.D. & Doctoral Degree  
☐ Bachelor's Degree      ☐ Other Professional Degree  
☐ Master's Degree      ☐ Other: \_\_\_\_\_

6. What facility **BEST** describes the primary setting where you work? (Please choose only **ONE**)

- ☐ Academic Institution      ☐ Long-term Care Facility  
☐ Community Based Organization      ☐ Non-hospital Mental Health Clinic/Agency  
☐ Correctional Facility      ☐ Private Practice  
☐ Home Health/Visiting      ☐ Public Health Agency/Clinic  
☐ Hospice      ☐ Religious Organization  
☐ Hospital Mental Health Clinic/Unit      ☐ Substance Abuse Treatment  
☐ Other Hospital Clinic/Unit      ☐ Not working  
☐ Other: \_\_\_\_\_

7. Which geographical description **BEST** describes where this facility is located?

- ☐ Urban      ☐ Other: \_\_\_\_\_  
☐ Rural      ☐ Not Applicable  
☐ Suburban

8. Which of the following describe your work at the facility identified in Item 6 above? (Mark all that apply)

- ☐ Administrator/Supervisor      ☐ Outreach Worker  
☐ Case Manager      ☐ Physician (not a Psychiatrist)  
☐ Clergy/Pastoral Worker      ☐ Psychiatrist  
☐ Counselor      ☐ Psychologist  
☐ Dentist/Dental Assistant      ☐ Researcher  
☐ Faculty/Teacher      ☐ Social Worker (BSW, MSW)  
☐ Health Educator      ☐ Student  
☐ Nurse (LPN, RN, APN)      ☐ Volunteer/Buddy  
☐ Other: \_\_\_\_\_

9. Do you provide services directly to HIV-positive individual(s)?

- ☐ Yes      ☐ No

A. If **YES**, in what capacity? (Mark the **SINGLE BEST** answer)

- ☐ Case Manager      ☐ Psychiatrist  
☐ Clergy/Pastoral Worker      ☐ Physician (not a Psychiatrist)  
☐ Counselor      ☐ Psychologist  
☐ Dentist/Dental Assistant      ☐ Social Worker (BSW,MSW)  
☐ Educator      ☐ Student (specify) \_\_\_\_\_  
☐ Nurse (LPN, RN, APN)      ☐ Volunteer/Buddy  
☐ Outreach Worker      ☐ Other: \_\_\_\_\_

B. If **NO**, what is your main job/capacity? (Mark the **SINGLE BEST** answer)

- ☐ Administrator/Supervisor      ☐ Researcher  
☐ Clergy/Pastoral worker      ☐ Student  
☐ Faculty/Teacher      ☐ Volunteer  
☐ Health Educator      ☐ Other: \_\_\_\_\_

10. Do you provide direct services to family members/significant others of HIV-positive individual(s)?

- ☐ Yes      ☐ No

10 years or more  
Between 5-10 years  
2-5 years  
Less than 2 years  
None

11. Please indicate the number of years that you have provided service in the following areas:

Direct HIV-related clinical mental health services (e.g., therapy).....  
Other direct services to HIV-positive individuals (e.g., primary health care).....  
Any other HIV-related assistance to HIV-positive individuals (e.g., driving someone to an appointment).....

PLEASE TURN OVER

For the following questions, select a rating that reflects your degree of agreement with the statement presented.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
12. This training session was well organized.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. The information/skills training was useful.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I was satisfied with the training.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I would recommend this training to others.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. The HIV-positive guest speaker/panel was important to my training experience (skip if not applicable to session).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
17. As a result of this training, I am <u>more comfortable</u> treating and/or caring for HIV-positive and HIV-affected individuals.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. As a result of this training, I am <u>more willing</u> to treat and/or care for HIV-positive and HIV-affected individuals.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. As a result of this training, I am <u>more capable</u> of treating and/or caring for HIV-positive and HIV-affected Individuals.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. My level of prior knowledge of the information/skills presented at this training was...  
☐ Low    ☐ Moderate    ☐ High

To what extent has this training increased your HIV/AIDS knowledge/skills in the following areas: (Indicate if topic was not covered in training.)

#### Module I: Historical Perspective

21. Awareness of my own attitudes regarding HIV and its treatment..... ☐ ☐ ☐ ☐ ☐ ☐
22. A historical perspective on HIV treatment..... ☐ ☐ ☐ ☐ ☐ ☐
23. Challenges clients face when deciding about complex treatment options for HIV..... ☐ ☐ ☐ ☐ ☐ ☐
24. The role of mental health care providers in helping clients cope with living with HIV..... ☐ ☐ ☐ ☐ ☐ ☐

#### Module II: General Medical Update

25. The benefits and limitations of current treatments for HIV..... ☐ ☐ ☐ ☐ ☐ ☐
26. My ability to respond to client concerns about new HIV treatments..... ☐ ☐ ☐ ☐ ☐ ☐
27. The uses of HIV viral load measurement..... ☐ ☐ ☐ ☐ ☐ ☐
28. The role of medical care providers in helping clients to make informed treatment decisions..... ☐ ☐ ☐ ☐ ☐ ☐

#### Module III: HIV Medication Adherence and the Mental Health Care Provider

29. The implications of less than full medication adherence in HIV treatment..... ☐ ☐ ☐ ☐ ☐ ☐
30. The unique role of mental health care providers in assisting clients' treatment decision-making..... ☐ ☐ ☐ ☐ ☐ ☐
31. Difficulties clients encounter in adhering to HIV medications..... ☐ ☐ ☐ ☐ ☐ ☐
32. The unique role of mental health care providers in helping clients adhere to HIV treatment..... ☐ ☐ ☐ ☐ ☐ ☐
33. New challenges for clients responding positively to HIV treatment..... ☐ ☐ ☐ ☐ ☐ ☐
34. Cues, reminders and tools clients can use to increase adherence..... ☐ ☐ ☐ ☐ ☐ ☐
35. The particular challenges women encounter in adhering to HIV medications..... ☐ ☐ ☐ ☐ ☐ ☐
36. Offering nonjudgmental support to non-adherent clients..... ☐ ☐ ☐ ☐ ☐ ☐
37. The five components of the IDEAS model..... ☐ ☐ ☐ ☐ ☐ ☐

#### Module IV: Drug Interactions Between Psychotropic Medications and Treatments for HIV

38. The most commonly used drugs for the treatment of HIV..... ☐ ☐ ☐ ☐ ☐ ☐
39. Potential drug interactions between HIV medications and psychotropic drugs..... ☐ ☐ ☐ ☐ ☐ ☐
40. How will you use what you have learned in this training in your HIV/AIDS work? \_\_\_\_\_

41. How could this training be improved? \_\_\_\_\_

THANK YOU FOR PARTICIPATING!

To be filled out by education site staff: \_\_\_\_\_ / \_\_\_\_\_

CMHS Site ID#

Session Number

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 month    day    year