

# Ethics 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  
Exp. Date 11/30/2007

**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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. This training session was well organized.....
13. The information/skills training was useful.....
14. I would recommend this training to others.....
15. I was satisfied with this training.....
16. The case studies were helpful/useful (skip if not applicable to session).....

The following ethical issues are common to the treatment of persons with HIV/AIDS. Select a rating that reflects your degree of agreement with the statement presented.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### THIS WORKSHOP HELPED ME:

17. Develop an awareness of the **ethical** issues involved in providing mental health services to people living with HIV/AIDS.....
18. Develop an awareness of the **legal** issues involved in providing mental health services to people living with HIV/AIDS.....
19. Learn a systematic decision-making process that can be used to address legal/ethical issues in cases involving HIV/AIDS.....
20. Understand how personal reactions of mental health providers can affect judgments in HIV/AIDS cases that pose ethical and/or legal concerns.....
21. Learn the skills to apply a systematic decision-making process in cases involving HIV/AIDS.....
22. Describe five fundamental ethical principles that can be used to systematically analyze complex legal/ethical issues involving HIV/AIDS.....
23. Learn to distinguish between the facts of a case and its assumptions or interpretations.....
24. Develop a better understanding of what to expect from a legal consultation associated with cases involving HIV/AIDS.....
25. Learn to develop an initial plan to address an ethical question based on the clinical issues of the case.....

26. How will you use what you have learned in this training in your HIV/AIDS work? \_\_\_\_\_

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

THANK YOU FOR PARTICIPATING!