

Neuropsychiatric 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 this 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.)

	To a very great extent	To a great extent	To some extent	To a little extent	Not at all	Topic not covered
21. Central nervous system complications of HIV.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Cognitive and other mental disorders associated with HIV.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Psychological factors affecting HIV medical status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Psychopharmacological and drug-drug interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Assessment/diagnosis of neuropsychiatric complications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

28. How could this training be improved?

THANK YOU FOR PARTICIPATING!