

Session Reporting Form (SRF)

Note: This is to be completed by a project administrator.

Form Approved
OMB. No. 0930-0195
Exp. Date 11/30/2007

Date: ____ / ____ / ____
month day year

CMHS Site ID # ____ Session Number ____

Trainer ID# _____

Title of Training or Conference _____

Instructions: Please respond to the items by filling in the appropriate oval using a No. 2 pencil or dark blue or black pen.

Correct
☐ ☐ ☒ ☐

Incorrect
☒ ☐ ☐ ☒

1. Language Spoken During Session (*Please choose only ONE*)

☐ English ☐ Spanish ☐ Both

2. Total Number of Participants in Session: _____

3. Type of Curriculum Used (*Mark the single best answer*)

☐ General curriculum ☐ CMHS Ethics curriculum ☐ Substance Use and HIV
☐ Adherence curriculum ☐ CMHS "The Brain and Behavior" curriculum ☐ Neuropsychiatric curriculum
☐ Other Specialized curriculum

4. Workshop Length (actual hours of training): hours _____ minutes _____

5. Language of Evaluation Forms (*Please choose only ONE*)

☐ English ☐ Spanish ☐ Both

6. Co-sponsoring Organizations (*Mark all that apply*)

☐ None ☐ College or University ☐ State/Local Department Public Welfare
☐ AIDS Education and Training Centers ☐ Community Health Center ☐ State/Local Drug/Alcohol Department
☐ Hospital/Hospital-Based Clinic ☐ Area Health Education Center ☐ HMO/Managed Care Organization
☐ State/Local Health Department ☐ CBO providing AIDS services ☐ Migrant Health Center
☐ State/Local Office of Mental Health ☐ Chemical Dependency Program ☐ Other MHCPE Program
☐ Professional Association ☐ Health Professions School ☐ State/Local Department of Corrections
☐ Other _____

7. Please indicate the primary and secondary topics to be covered during training (*Circle "1" for primary, "2" for secondary*).

1 -- 2 Mental health aspects of HIV	1 -- 2 Legal and ethical issues	1 -- 2 Children and HIV
1 -- 2 Treatments for HIV disease	1 -- 2 HIV counseling and testing issues	1 -- 2 Taking a substance use history
1 -- 2 Adherence to treatment issues	1 -- 2 Women and HIV	1 -- 2 Severe mental illness
1 -- 2 Neuropsychiatric aspects of HIV	1 -- 2 Prevention of HIV infection	1 -- 2 Taking a sexual history
1 -- 2 Culturally competent practices	1 -- 2 Working with affected family/significant others	1 -- 2 Other sexually transmitted diseases
1 -- 2 Substance abuse issues	1 -- 2 Adolescents and HIV	1 -- 2 Perinatal HIV transmission
1 -- 2 Epidemiology of HIV/AIDS	1 -- 2 Sexual orientation/sensitivity	1 -- 2 Older adults and HIV
1 -- 2 HIV disease progression		1 -- 2 Other (<i>specify, e.g., spirituality, rural populations</i>) _____
1 -- 2 Pharmacological issues		

For neuropsychiatric curricula only:

1 -- 2 Central nervous system complications of HIV	1 -- 2 Psychological factors affecting HIV medical status
1 -- 2 Cognitive and other mental disorders associated with HIV	1 -- 2 Psychopharmacology and drug-drug interactions
1 -- 2 Other _____	1 -- 2 Assessment/diagnosis of neuropsychiatric complications

For site use only:

PLEASE TURN OVER

8. Instruments administered *(Mark all that apply)*

- ☐ Participant Feedback Form
- ☐ Site-specific forms: If yes, number of different forms. _____

9. Involvement of Disclosed HIV-positive Individuals in Training *(Enter numbers for each)*

Trainer (s) _____ Guest Speaker(s) _____ Panelist (s) _____ Video (s) _____

Other _____

10. Face-to-Face Education Strategies/Methods employed. If this is distance learning, skip to Question 12.

(Please indicate approximate time spent in hours and minutes on each period. The total time should equal length listed in questions 4.)

Case Studies _____ ■ _____ Panel Discussion _____ ■ _____ Small Group "Breakouts" _____ ■ _____

Grand Rounds _____ ■ _____ Role Play _____ ■ _____ Interactive Exercises _____ ■ _____

Lecture _____ ■ _____ Self-Instruction _____ ■ _____ Structured Discussions _____ ■ _____

Question and Answer _____ ■ _____ Videos _____ ■ _____

Other _____ ■ _____

11. Educational Materials Distributed to Trainees During Face-to-Face Sessions *(Mark all that apply)*

- | | | | |
|---|---|--------------------------------------|---|
| <input type="checkbox"/> Pamphlets | <input type="checkbox"/> Copies of overheads/slides | <input type="checkbox"/> Articles | <input type="checkbox"/> Case studies |
| <input type="checkbox"/> Resource lists/directories | <input type="checkbox"/> Chart notes | <input type="checkbox"/> Books | <input type="checkbox"/> Curriculum materials |
| <input type="checkbox"/> Video tapes | <input type="checkbox"/> Worksheets | <input type="checkbox"/> Audio tapes | <input type="checkbox"/> Prevention resources |
| <input type="checkbox"/> Other _____ | | | |

12. Distance Learning Modality/Method *(Mark the single best answer)*

- ☐ Telephone conference - interactive
- ☐ Telephone conference - Non-interactive
- ☐ Video conference - interactive
- ☐ Video conference - Non-interactive
- ☐ Web-based training, excluding materials downloaded from web sites
- ☐ Other, please specify _____

13. Participants were asked to complete the following knowledge gain sections *(Mark all that apply)*

- ☐ Entire form
- ☐ Questions 1 to 20
- ☐ Special Populations and Issues
- ☐ HIV-Related Conditions and Treatment Aspects
- ☐ Transmission and Prevention

THANK YOU FOR PARTICIPATING