

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 01/31/2011

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

1. Anonymous Unique Identifier: This permits training	8. Which of the following describe your work at the			
sites to determine if you have attended multiple trainings.	facility identified in Item 6 above? (Mark all that apply)			
	☐ Administrator/Supervisor ☐ Outreach Worker			
month day	Case ManagerPhysician (not a Psychiatrist)			
Date of Birth	- │ │ │ │ │ │ │ │ │ │ │ │ │ │			
	Counselor Psychologist			
2. Reasons for attending training (Mark the SINGLE BEST	Dentist/Dental Assistant Researcher Faculty/Teacher Social Worker (BSW, MSW)			
answer):	Health Educator Student			
CMEs/CEUs Knowledge/skill development	Nurse (LPN, RN, APN) Volunteer/Buddy			
Friend/family with HIV Other:	Other:			
Job requirement	9. Do you provide services directly to HIV-positive individual(s)?			
3. Gender: Male Female	☐ Yes ☐ No			
	A. If YES, in what capacity? (Mark the SINGLE BEST answer)			
4a. Are you of Hispanic or Latino descent or origin?				
☐ Yes ☐ No ☐ No	Case Manager — Psychiatrist — Clergy/Pastoral Worker — Physician			
4h Paga: (Calast and ar mara)	Counselor (not a Psychiatrist)			
4b. Race: (Select one or more) White	Dentist/Dental Assistant Psychologist			
Black or African American	☐ Educator ☐ Social Worker (BSW,MSW)			
Asian	Nurse (LPN, RN, APN) Student (specify)			
American Indian or Alaska Native	Outreach Worker Volunteer/Buddy Other:			
Native Hawaiian or Other Pacific Islander	- Othor.			
	B. If NO, what is your main job/capacity? (Mark the			
5. How much formal schooling have you received?	SINGLE BEST answer)			
(Please choose only <u>ONE</u>)	☐ Administrator/Supervisor ☐ Researcher			
 Less than high school M.D. 	Clergy/Pastoral worker Student			
 High school/GED Doctoral Degree (non-M.D.) 	☐ Faculty/Teacher ☐ Volunteer			
Associate Degree M.D. & Doctoral Degree	☐ Health Educator ☐ Other:			
 Bachelor's Degree Other Professional Degree 	10. Do you provide direct services to family members/significant			
Master's Degree Other:	others of HIV-positive individual(s)?			
6. What facility BEST describes the primary setting where	☐ Yes ☐ No			
you work? (Please choose only ONE)				
Academic Institution Long-term Care Facility	10 years or more			
Community Based Non-hospital Mental	Between 5-10 years			
Organization Health Clinic/Agency	2-5 years			
 Correctional Facility Private Practice 	Less than 2 years None			
Home Health/Visiting Public Health Agency/Clinic	None			
HospiceReligious Organization	11. Please indicate the number of years			
 Hospital Mental Health Substance Abuse Treatment 	that you have provided service in the			
Clinic/Unit Not working	following areas:			
Other Hospital Other:	Direct LIV/ related clinicaltal			
Clinic/Unit	Direct HIV-related clinical mental			
7. Which geographical description BEST describes where this	health services (e.g., therapy)			
facility is located?	individuals (e.g., primary health care)			
Urban Other:	Any other HIV-related assistance to			
Rural Not Applicable	HIV-positive individuals (e.g., driving			
Suburban	someone to an appointment)			

For the following questions, select a rating that reflects your degree of agreement with the statement presented.	16 L. U.S.		Strongly Agree	
your degree or agreement with the statement presented.	0.000,000,000		Agree Neutral	
Chromatu America	407	Dinge		
Strongly Agree	A Difference of the Land	Disag Strongly Disagree	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN 1	
Agree Neutral	HAVE WELLTON	Strongly Disagree		
Disagree	Also a divinillia	a/aaaahla/aasafastahla		
Strongly Disagree	Aiready Willin	g/capable/comfortable		
custingly a long, or	17. As a requit of this tr	olulus I san more		
 12. This training session was well organized	18. As a result of this tra willing to treat and/	g and/or caring d HIV-affected aining, I am more or care for HIV- fected individuals aining, I am more and/or caring for V-affected		
20. My level of prior knowledge of the information/skills presented at this training was Low Modera	ate — High		very great extent	
			me extent	
To what extent has this training increased your HIV/AIDS knowledge/skills			o a little extent	
in the following areas: (Indicate if topic was not covered in training.)		Not at		
		Not at	all	
All Trainings		Topic not covered		
All Trainings 21. Psychosocial and/or mental health impact of HIV			0000	
Special Populations and I				
22. Legal and ethical issues			00000	
23. Providing compassionate care to people from different cultures			0000	
24. Caring for special populations (e.g., women, gays, lesbians, people with severe mental illness)			00000	
25. Caring for family and friends of HIV-infected individuals.			0000	
26. How HIV affects the body				
27. How HIV infection and AIDS are treated		0000		
28. Adherence to treatment		00000		
29. Other sexually transmitted diseases				
30. Neuropsychiatric complications of HIV				
31. Psychotropic and other drug interactions			0000	
Transmission and Preve	ntion			
32. Who is affected by the epidemic			00000	
33. Approaches for preventing HIV infection			00000	
34. HIV transmission		The state of the s	00000	
35. Counseling and testing issues		120000000000000000000000000000000000000	0000	
36. How substance use is related to HIV and AIDS			0000	
38. Taking a sexual history				
39. Taking a substance use history				
40. Other			0000	
41. How will you use what you have learned in this training in your H	IV/AIDS work?			
42. How could this training be improved?				
THANK YOU FO	R PARTICIPATING!			
	ATTAITTION ATTITO:			