MHCPE
Mental Health Care Provider Education in HIV/AIDS Program

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
Exp. Date 01/31/2011

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.

[redacted] // ____ ____ / ____ ____
month day
Date of Birth

2. Reasons for attending training (Mark the **SINGLE BEST** answer):
- ⬭ CMEs/CEUs
- ⬭ Friend/family with HIV
- ⬭ Job requirement
- ⬭ Knowledge/skill development
- ⬭ Other: _____

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
- ⬭ High school/GED
- ⬭ Associate Degree
- ⬭ Bachelor's Degree
- ⬭ Master's Degree
- ⬭ M.D.
- ⬭ Doctoral Degree (non-M.D.)
- ⬭ M.D. & Doctoral Degree
- ⬭ Other Professional Degree
- ⬭ Other: _____

6. What facility **BEST** describes the primary setting where you work? (Please choose only **ONE**)
- ⬭ Academic Institution
- ⬭ Community Based Organization
- ⬭ Correctional Facility
- ⬭ Home Health/Visiting
- ⬭ Hospice
- ⬭ Hospital Mental Health Clinic/Unit
- ⬭ Other Hospital Clinic/Unit
- ⬭ Long-term Care Facility
- ⬭ Non-hospital Mental Health Clinic/Agency
- ⬭ Private Practice
- ⬭ Public Health Agency/Clinic
- ⬭ Religious Organization
- ⬭ Substance Abuse Treatment
- ⬭ Not working
- ⬭ Other: _____

7. Which geographical description **BEST** describes where this facility is located?
- ⬭ Urban
- ⬭ Rural
- ⬭ Suburban
- ⬭ Other: _____
- ⬭ Not Applicable

8. Which of the following describe your work at the facility identified in Item 6 above? (Mark all that apply)
- ⬭ Administrator/Supervisor
- ⬭ Case Manager
- ⬭ Clergy/Pastoral Worker
- ⬭ Counselor
- ⬭ Dentist/Dental Assistant
- ⬭ Faculty/Teacher
- ⬭ Health Educator
- ⬭ Nurse (LPN, RN, APN)
- ⬭ Outreach Worker
- ⬭ Physician (not a Psychiatrist)
- ⬭ Psychiatrist
- ⬭ Psychologist
- ⬭ Researcher
- ⬭ Social Worker (BSW, MSW)
- ⬭ Student
- ⬭ Volunteer/Buddy
- ⬭ Other: _____

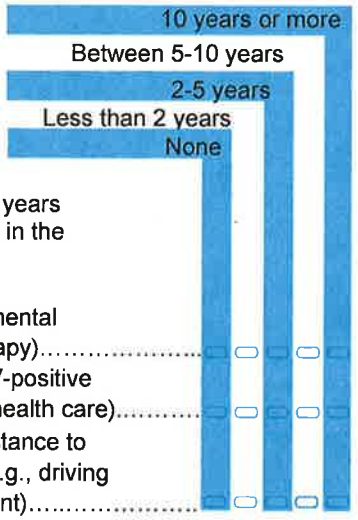
9. Do you provide services directly to HIV-positive individual(s)?
- ⬭ Yes
- ⬭ No

A. If **YES**, in what capacity? (Mark the **SINGLE BEST** answer)
- ⬭ Case Manager
- ⬭ Clergy/Pastoral Worker
- ⬭ Counselor
- ⬭ Dentist/Dental Assistant
- ⬭ Educator
- ⬭ Nurse (LPN, RN, APN)
- ⬭ Outreach Worker
- ⬭ Psychiatrist
- ⬭ Physician (not a Psychiatrist)
- ⬭ Psychologist
- ⬭ Social Worker (BSW,MSW)
- ⬭ Student (specify)_____
- ⬭ Volunteer/Buddy
- ⬭ Other: _____

B. If **NO**, what is your main job/capacity? (Mark the **SINGLE BEST** answer)
- ⬭ Administrator/Supervisor
- ⬭ Clergy/Pastoral worker
- ⬭ Faculty/Teacher
- ⬭ Health Educator
- ⬭ Researcher
- ⬭ Student
- ⬭ Volunteer
- ⬭ Other: _____

10. Do you provide direct services to family members/significant others of HIV-positive individual(s)?
- ⬭ Yes
- ⬭ No

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.....	☐	☐	☐	☐	☐
13. The information/skills training was useful.....	☐	☐	☐	☐	☐
14. I was satisfied with this training.....	☐	☐	☐	☐	☐
15. I would recommend this training to others.....	☐	☐	☐	☐	☐
16. The HIV-positive guest speaker/panel was important to my training experience *(skip if not applicable to session)*.....	☐	☐	☐	☐	☐

	Already willing/capable/comfortable	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.....	☐	☐	☐	☐	☐	☐
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.....	☐	☐	☐	☐	☐	☐
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.....	☐	☐	☐	☐	☐	☐

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.)*

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

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!