

# Adherence Participant Feedback Form

*This survey will help us evaluate and improve the training program.  
Completion of the feedback form is voluntary.*

**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.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
month / day / year  
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 Hospital Clinic/Unit         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)

- |   |   |
|---|---|
| <input type="checkbox"/> Administrator/Supervisor | <input type="checkbox"/> Outreach Worker                |
| <input type="checkbox"/> Case Manager             | <input type="checkbox"/> Physician (not a Psychiatrist) |
| <input type="checkbox"/> Clergy/Pastoral Worker   | <input type="checkbox"/> Psychiatrist                   |
| <input type="checkbox"/> Counselor                | <input type="checkbox"/> Psychologist                   |
| <input type="checkbox"/> Dentist/Dental Assistant | <input type="checkbox"/> Researcher                     |
| <input type="checkbox"/> Faculty/Teacher          | <input type="checkbox"/> Social Worker (BSW, MSW)       |
| <input type="checkbox"/> Health Educator          | <input type="checkbox"/> Student                        |
| <input type="checkbox"/> Nurse (LPN, RN, APN)     | <input type="checkbox"/> Volunteer/Buddy                |
|   | <input type="checkbox"/> 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)

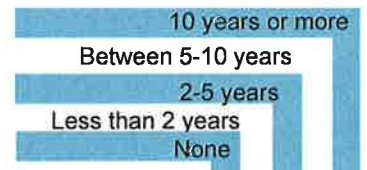
- |   |   |
|---|---|
| <input type="checkbox"/> Case Manager             | <input type="checkbox"/> Psychiatrist                   |
| <input type="checkbox"/> Clergy/Pastoral Worker   | <input type="checkbox"/> Physician (not a Psychiatrist) |
| <input type="checkbox"/> Counselor                | <input type="checkbox"/> Psychologist                   |
| <input type="checkbox"/> Dentist/Dental Assistant | <input type="checkbox"/> Social Worker (BSW,MSW)        |
| <input type="checkbox"/> Educator                 | <input type="checkbox"/> Student (specify) _____        |
| <input type="checkbox"/> Nurse (LPN, RN, APN)     | <input type="checkbox"/> Volunteer/Buddy                |
| <input type="checkbox"/> Outreach Worker          | <input type="checkbox"/> Other: _____                   |

B. If **NO**, what is your main job/capacity? (Mark the **SINGLE BEST** answer)

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Administrator/Supervisor | <input type="checkbox"/> Researcher   |
| <input type="checkbox"/> Clergy/Pastoral worker   | <input type="checkbox"/> Student      |
| <input type="checkbox"/> Faculty/Teacher          | <input type="checkbox"/> Volunteer    |
| <input type="checkbox"/> Health Educator          | <input type="checkbox"/> 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:

- |  |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| <u>Direct</u> HIV-related clinical mental health services (e.g., therapy).....                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <u>Other direct</u> services to HIV-positive individuals (e.g., primary health care).....                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <u>Any other</u> HIV-related assistance to HIV-positive individuals (e.g., driving someone to an appointment)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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 the 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).....

	Strongly Agree				
		Agree			
			Neutral		
				Disagree	
					Strongly Disagree

17. As a result of this training, I am **more comfortable** treating and/or caring for HIV-positive and HIV-affected individuals.....

18. As a result of this training, I am **more willing** to treat and/or care for HIV-positive and HIV-affected individuals.....

19. As a result of this training, I am **more capable** 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.)**

	To a very great extent				
		To a great extent			
			To some extent		
				To a little extent	
					Not at all

**Module I: Historical Perspective**

21. Awareness of my own attitudes regarding HIV and its treatment.....

22. A historical perspective on HIV treatment.....

23. Challenges clients face when deciding about complex treatment options for HIV.....

24. The role of mental health care providers in helping clients cope with living with HIV.....

**Module II: General Medical Update**

25. The benefits and limitations of current treatments for HIV.....

26. My ability to respond to client concerns about new HIV treatments.....

27. The uses of HIV viral load measurement.....

28. The role of medical care providers in helping clients to make informed treatment decisions.....

**Module III: HIV Medication Adherence and the Mental Health Care Provider**

29. The implications of less than full medication adherence in HIV treatment.....

30. The unique role of mental health care providers in assisting clients' treatment decision-making.....

31. Difficulties clients encounter in adhering to HIV medications.....

32. The unique role of mental health care providers in helping clients adhere to HIV treatment.....

33. New challenges for clients responding positively to HIV treatment.....

34. Cues, reminders and tools clients can use to increase adherence.....

35. The particular challenges women encounter in adhering to HIV medications.....

36. Offering nonjudgmental support to non-adherent clients.....

37. The five components of the ADHERE Model.....

**Module IV: Drug Interactions Between Psychotropic Medications and Treatments for HIV**

38. The most commonly used drugs for the treatment of HIV.....

39. Potential drug interactions between HIV medications and psychotropic drugs.....

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

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

**THANK YOU FOR PARTICIPATING!**