

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
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)**
- 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.....
- 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

Already willing/capable/comfortable

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

To what extent has this training increased your HIV/AIDS knowledge/skills in the following areas: (Indicate if topic was not covered in training.)

All Trainings

- 21. Psychosocial and/or mental health impact of HIV.....

Special Populations and Issues

- 22. Legal and ethical issues.....
- 23. Providing compassionate care to people from different cultures.....
- 24. Caring for special populations (e.g., women, gays, lesbians, people with severe mental illness).....
- 25. Caring for family and friends of HIV-infected individuals.....

HIV-Related Conditions and Treatment Aspects

- 26. How HIV affects the body.....
- 27. How HIV infection and AIDS are treated.....
- 28. Adherence to treatment.....
- 29. Other sexually transmitted diseases.....
- 30. Neuropsychiatric complications of HIV.....
- 31. Psychotropic and other drug interactions.....

Transmission and Prevention

- 32. Who is affected by the epidemic.....
- 33. Approaches for preventing HIV infection.....
- 34. HIV transmission.....
- 35. Counseling and testing issues.....
- 36. How substance use is related to HIV and AIDS.....
- 37. Perinatal transmission issues.....
- 38. Taking a sexual history.....
- 39. Taking a substance use history.....
- 40. Other _____

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

42. How could this training be improved? _____

THANK YOU FOR PARTICIPATING!

To be filled out by education site staff: _____ / _____ / _____
 CMHS Site ID# _____ Session Number _____ Date _____ / _____ / _____
month day year