

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 Correct Incorrect using a No. 2 pencil, dark blue or black pen. (A) CO CO 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 day Case Manager Physician (not a Psychiatrist) Clergy/Pastoral Worker
 Psychiatrist Counselor Psychologist Dentist/Dental Assistant
 Researcher Faculty/Teacher 2. Reasons for attending training (Mark the SINGLE BEST 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)? Yes O No 3. Gender: Male Female A. If YES, in what capacity? (Mark the SINGLE BEST answer) 4a. Are you of Hispanic or Latino descent or origin? Yes Case Manager Psychiatrist Clergy/Pastoral Worker Physician Counselor (not a Psychiatrist) 4b. Race: (Select one or more) Dentist/Dental Assistant
 Psychologist White Educator Social Worker (BSW,MSW) Black or African American Nurse (LPN, RN, APN) Student (specify)____ Asian Outreach Worker Volunteer/Buddy American Indian or Alaska Native Other: Native Hawaiian or Other Pacific Islander B. If NO, what is your main job/capacity? (Mark the SINGLE BEST answer) 5. How much formal schooling have you received? (Please choose only ONE) Administrator/Supervisor Researcher Less than high school
M.D. Clergy/Pastoral worker
 Student Faculty/Teacher Volunteer High school/GED Doctoral Degree (non-M.D.) Health Educator Other: Associate Degree M.D. & Doctoral Degree Other Professional Degree Bachelor's 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 10 years or more Long-term Care Facility Community Based Non-hospital Mental Between 5-10 years Organization Health Clinic/Agency 2-5 years Less than 2 years Correctional Facility Private Practice None Home Health/Visiting Public Health Agency/Clinic Hospice Religious 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: __ Clinic/Unit **Direct** HIV-related clinical mental health services (e.g., therapy)..... 7. Which geographical description BEST describes where this Other direct services to HIV-positive facility is located? individuals (e.g., primary health care)..... Any other HIV-related assistance to Urban Other: 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.	Strongly Agree Agree
Strongly Agree Agree Neutral Disagree Strongly Disagree 12. This tràining session was well organized 13. The information/skills training was useful 14. I was satisfied with this training	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
	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 a great extent To a great extent To a little ex	
28. How could this training be improved?	
THANK YOU FOR PARTICIPATING!	