

Neuropsychiatric 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: _____

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)

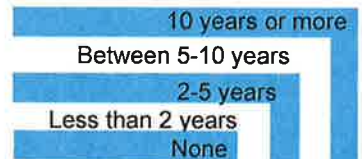
- Case Manager
- Psychiatrist
- Clergy/Pastoral Worker
- Physician (not a Psychiatrist)
- Counselor
- Psychologist
- Dentist/Dental Assistant
- Social Worker (BSW,MSW)
- Educator
- Student (specify) _____
- Nurse (LPN, RN, APN)
- Volunteer/Buddy
- Outreach Worker
- Other: _____

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



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

