



**MHCPE**

Mental Health Care Provider  
Education in HIV/AIDS  
Program

# Adherence 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.

\_\_\_\_ // \_\_\_\_ / \_\_\_\_  
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)

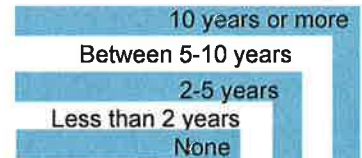
- Case Manager
- Psychiatrist
- Clergy/Pastoral Worker
- Physician (not a Psychiatrist)
- Counselor
- Psychologist
- Dentist/Dental Assistant
- Social Worker (BSW,MSW)
- Educator
- Student (specify) \_\_\_\_\_
- Nurse (LPN, RN, APN)
- Volunteer/Buddy
- Outreach Worker
- Other: \_\_\_\_\_

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

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

	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!**