Center for Mental Health Services
Session Reporting Form

Instructions

Instructions to Agency Staff/Trainers

The Center for Mental Health Services (CMHS) is committed to improving the mental health services delivered to HIV/AIDS affected populations and requests that you complete the attached Session Reporting Form. This form requests descriptive information on the education/training session and must be completed by agency staff or trainers at the end of each training session. The information collected will enable CMHS to evaluate the effectiveness of the effort in meeting its objectives to provide state-of-the-art information to a diverse mixture of training participants. CMHS and the sponsoring agency intend to use the information gathered from the evaluation to improve the quality of training and to ensure continued funding for HIV/AIDS provider education programs.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions and completing the survey form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857. An agency may not conduct or sponsor and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0195.

Thank you, your help is appreciated.

MHCPE
Mental Health Care Provider Education in HIV/AIDS Programs

Session Reporting Form (SRF)

Note: This is to be completed by a project administrator.

Form Approved
OMB. No. 0930-0195
Exp. Date XX/XX/XXXX

Date: _____ / _____ / _____
month day year

CMHS Site ID # _____ **Session Number** _____

Trainer ID# _____

Title of Training or Conference _____

Instructions: Please respond to the items by filling in the appropriate oval using a No. 2 pencil or dark blue or black pen.

Correct **Incorrect**

---

1. Language Spoken During Session *(Please choose only ONE)*
   ○ English ○ Spanish ○ Both

2. Total Number of Participants in Session: _____

3. Type of Curriculum Used *(Mark the single best answer)*
   ○ General curriculum ○ CMHS Ethics curriculum ○ Substance Use and HIV
   ○ Adherence curriculum ○ CMHS "The Brain and Behavior" curriculum ○ Neuropsychiatric curriculum
   ○ Other Specialized curriculum _____

4. Workshop Length (actual hours of training): hours _____ minutes _____

5. Language of Evaluation Forms *(Please choose only ONE)*
   ○ English ○ Spanish ○ Both

6. Co-sponsoring Organizations *(Mark all that apply)*
   ○ None ○ College or University ○ State/Local Drug/Alcohol Department
   ○ AIDS Education and Training Centers ○ Community Health Center ○ Hospital/Hospital-Based Clinic
   ○ Area Health Education Center ○ State/Local Health Department ○ CBO providing AIDS services
   ○ State/Local Office of Mental Health ○ Chemical Dependency Program ○ Professional Association
   ○ Health Professions School ○ Other _____

7. Please indicate the primary and secondary topics to be covered during training *(Circle "1" for primary, "2" for secondary)*.

1 - - 2 Mental health aspects of HIV	1 - - 2 Legal and ethical issues	1 - - 2 Children and HIV
1 - - 2 Treatments for HIV disease	1 - - 2 HIV counseling and testing issues	1 - - 2 Taking a substance use history
1 - - 2 Adherence to treatment issues	1 - - 2 Women and HIV	1 - - 2 Severe mental illness
1 - - 2 Neuropsychiatric aspects of HIV	1 - - 2 Prevention of HIV infection	1 - - 2 Taking a sexual history
1 - - 2 Culturally competent practices	1 - - 2 Working with affected family/significant others	1 - - 2 Other sexually transmitted diseases
1 - - 2 Substance abuse issues	1 - - 2 Adolescents and HIV	1 - - 2 Perinatal HIV transmission
1 - - 2 Epidemiology of HIV/AIDS	1 - - 2 Sexual orientation/sensitivity	1 - - 2 Older adults and HIV
1 - - 2 HIV disease progression		1 - - 2 Other *(specify, e.g., spirituality, rural populations)*
1 - - 2 Pharmacological issues		

For neuropsychiatric curricula only: _____

1 - - 2 Central nervous system complications of HIV	1 - - 2 Psychological factors affecting HIV medical status
1 - - 2 Cognitive and other mental disorders associated with HIV	1 - - 2 Psychopharmacology and drug-drug interactions
1 - - 2 Other _____	1 - - 2 Assessment/diagnosis of neuropsychiatric complications

---

For site use only:

PLEASE TURN OVER

8. Instruments administered *(Mark all that apply)*

- ⬭ Participant Feedback Form
- ⬭ Site-specific forms: if yes, number of different forms. _____

9. Involvement of Disclosed HIV-positive Individuals in Training *(Enter numbers for each)*

Trainer (s) _____ Guest Speaker(s)_____ Panelist (s)_____ Video (s)_____

Other _____

---

10. Face-to-Face Education Strategies/Methods employed. If this is distance learning, skip to Question 12.
(Please indicate approximate time spent in hours and minutes on each period. The total time should equal length listed in questions 4.)

Case Studies	_____._____	Panel Discussion	_____._____	Small Group "Breakouts"	_____._____
Grand Rounds	_____._____	Role Play	_____._____	Interactive Exercises	_____._____
Lecture	_____._____	Self-Instruction	_____._____	Structured Discussions	_____._____
Question and Answer	_____._____	Videos	_____._____		
Other _____			_____._____		

---

11. Educational Materials Distributed to Trainees during Face-to-Face Sessions *(Mark all that apply)*

- ⬭ Pamphlets
- ⬭ Copies of overheads/slides
- ⬭ Articles
- ⬭ Case studies
- ⬭ Resource lists/directories
- ⬭ Chart notes
- ⬭ Books
- ⬭ Curriculum materials
- ⬭ Video tapes
- ⬭ Worksheets
- ⬭ Prevention resources
- ⬭ Other_____

12. Distance Learning Modality/Method *(Mark the single best answer)*

- ⬭ Telephone conference - interactive
- ⬭ Telephone conference - Non-interactive
- ⬭ Video conference - interactive
- ⬭ Video conference - Non-interactive
- ⬭ Web-based training, excluding materials downloaded from web sites
- ⬭ Other, please specify _____

13. Participants were asked to complete the following knowledge gain sections *(Mark all that apply)*

- ⬭ Entire form
- ⬭ Questions 1 to 20
- ⬭ Special Populations and Issues
- ⬭ HIV-Related Conditions and Treatment Aspects
- ⬭ Transmission and Prevention

THANK YOU FOR PARTICIPATING

Center for Mental Health Services Participant Feedback Form

Instructions

The training you are attending is funded by The Center for Mental Health Services (CMHS), a Federal agency with a mission to improve mental health services delivered to HIV/AIDS affected populations. CMHS requests that you complete the attached form in order to assist in assessing the effectiveness of the effort in meeting its objectives to provide state-of-the-art information to a diverse mixture of training participants. CMHS and the sponsoring agency intend to use the information gathered from this feedback to improve the quality of training and to ensure continued funding for HIV/AIDS provider education programs.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions and completing the feedback form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland 20857. An agency may not conduct or sponsor and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0195.

Completion of the feedback form is voluntary. **All information gathered from the form is anonymous. It is important that you fill in the Anonymous Unique Identifier at the top of the form. This identifier will be used to match your responses from this form with responses from other forms that you may complete as part of this training.** Please use a pen or pencil to darken each circle completely. Return the completed form to the place designated by the training staff.

Thank you, your help is appreciated.

MHCPE

Mental Health Care Provider Education in HIV/AIDS Programs; ***Substance Abuse and Mental Health Services Administration (SAMHSA)/Center for Mental Health Services (CMHS)***

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 xx/xx/xxxx

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.

____ ____ ____ ____ //____ ____ /____ ____

Last 4 digits of social security number — **Date of Birth** (month / day)

2. Reasons for attending training (Mark the **SINGLE BEST** answer):
- ○ CMEs/CEUs
- ○ Friend/family with HIV
- ○ Job requirement
- ○ Knowledge/skill development
- ○ Other: _____

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
- ○ High school/GED
- ○ Associate Degree
- ○ Bachelor's Degree
- ○ Master's Degree
- ○ M.D.
- ○ Doctoral Degree (non-M.D.)
- ○ M.D. & Doctoral Degree
- ○ Other Professional Degree
- ○ Other: _____

6. What facility **BEST** describes the primary setting where you work? (Please choose only **ONE**)
- ○ Academic Institution
- ○ Community Based Organization
- ○ Correctional Facility
- ○ Home Health/Visiting
- ○ Hospice
- ○ Hospital Mental Health Clinic/Unit
- ○ Other Hospital Clinic/Unit
- ○ Long-term Care Facility
- ○ Non-hospital Mental Health Clinic/Agency
- ○ Private Practice
- ○ Public Health Agency/Clinic
- ○ Religious Organization
- ○ Substance Abuse Treatment
- ○ Not working
- ○ Other: _____

7. Which geographical description **BEST** describes where this facility is located?
- ○ Urban
- ○ Rural
- ○ Suburban
- ○ Not Applicable

8. Which of the following describe your work at the facility identified in Item 6 above? (Mark all that apply)
- ○ Administrator/Supervisor
- ○ Case Manager
- ○ Clergy/Pastoral Worker
- ○ Counselor
- ○ Faculty/Teacher
- ○ Health Educator
- ○ Nurse (LPN, RN, APN)
- ○ Outreach Worker
- ○ Physician (not a Psychiatrist)
- ○ Psychiatrist
- ○ Psychologist
- ○ Social Worker (BSW,MSW)
- ○ Student
- ○ 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
- ○ Clergy/Pastoral Worker
- ○ Counselor
- ○ Educator
- ○ Nurse (LPN, RN, APN)
- ○ Outreach Worker
- ○ Psychiatrist
- ○ Physician (not a Psychiatrist)
- ○ Psychologist
- ○ Social Worker (BSW,MSW)
- ○ Student (specify)_____
- ○ Volunteer/Buddy
- ○ Other: _____

B. If **NO**, what is your main job/capacity? (Mark the **SINGLE BEST** answer)
- ○ Administrator/Supervisor
- ○ Clergy/Pastoral worker
- ○ Faculty/Teacher
- ○ Health Educator
- ○ Researcher
- ○ Student
- ○ Volunteer
- ○ 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:

	10 years or more	Between 5-10 years	2-5 years	Less than 2 years	None
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 this 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)*	○	○	○	○	○

	Already willing/capable/comfortable	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.)*

	Topic not covered	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 IDEAS 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!

To be filled out by education site staff: ____ _____ _____ _____ / _____ _____ ___ **Date** ____/____/_____

MHS Site ID# Session Number month day year

MHCPE

Mental Health Care Provider Education in HIV/AIDS Programs; ***Substance Abuse and Mental Health Services Administration (SAMHSA)/Center for Mental Health Services (CMHS)***

Ethics 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 xx/xx/xxxx

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.

____ ____ ____ ____ //____ ____ /____ ____

Last 4 digits of social | month | day

Date of Birth

2. Reasons for attending training (Mark the **SINGLE BEST** answer):
- CMEs/CEUs
- Friend/family with HIV
- Job requirement
- Knowledge/skill development
- Other: _____

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
- High school/GED
- Associate Degree
- Bachelor's Degree
- Master's Degree
- M.D.
- Doctoral Degree (non-M.D.)
- M.D. & Doctoral Degree
- Other Professional Degree
- Other: _____

6. What facility **BEST** describes the primary setting where you work? (Please choose only **ONE**)
- Academic Institution
- Community Based Organization
- Correctional Facility
- Home Health/Visiting
- Hospice
- Hospital Mental Health Clinic/Unit
- Other Hospital Clinic/Unit
- Long-term Care Facility
- Non-hospital Mental Health Clinic/Agency
- Private Practice
- Public Health Agency/Clinic
- Religious Organization
- Substance Abuse Treatment
- Not working
- Other: _____

7. Which geographical description **BEST** describes where this facility is located?
- Urban
- Rural
- Suburban
- Not Applicable

8. Which of the following describe your work at the facility identified in Item 6 above? (Mark all that apply)
- Administrator/Supervisor
- Case Manager
- Clergy/Pastoral Worker
- Counselor
- Faculty/Teacher
- Health Educator
- Nurse (LPN, RN, APN)
- Outreach Worker
- Physician (not a Psychiatrist)
- Psychiatrist
- Psychologist
- Social Worker (BSW,MSW)
- Student
- 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
- Clergy/Pastoral Worker
- Counselor
- Educator
- Nurse (LPN, RN, APN)
- Outreach Worker
- Psychiatrist
- Physician (not a Psychiatrist)
- Psychologist
- Social Worker (BSW,MSW)
- Student (specify)_____
- Volunteer/Buddy
- Other: _____

B. If **NO**, what is your main job/capacity? (Mark the **SINGLE BEST** answer)
- Administrator/Supervisor
- Clergy/Pastoral worker
- Faculty/Teacher
- Health Educator
- Researcher
- Student
- Volunteer
- 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:

	10 years or more	Between 5-10 years	2-5 years	Less than 2 years	None
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 would recommend this training to others	○	○	○	○	○
15. I was satisfied with this training	○	○	○	○	○
16. The case studies were helpful/useful *(skip if not applicable to session)*	○	○	○	○	○

The following ethical issues are common to the treatment of persons with HIV/AIDS. Select a rating that reflects your degree of agreement with the statement presented.

THIS WORKSHOP HELPED ME:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
17. Develop an awareness of the **ethical** issues involved in providing mental health services to people living with HIV/AIDS	○	○	○	○	○
18. Develop an awareness of the **legal** issues involved in providing mental health services to people living with HIV/AIDS	○	○	○	○	○
19. Learn a systematic decision-making process that can be used to address legal/ethical issues in cases involving HIV/AIDS	○	○	○	○	○
20. Understand how personal reactions of mental health providers can affect judgments in HIV/AIDS cases that pose ethical and/or legal concerns	○	○	○	○	○
21. Learn the skills to apply a systematic decision-making process in cases involving HIV/AIDS	○	○	○	○	○
22. Describe five fundamental ethical principles that can be used to systematically analyze complex legal/ethical issues involving HIV/AIDS	○	○	○	○	○
23. Learn to distinguish between the facts of a case and its assumptions or interpretations	○	○	○	○	○
24. Develop a better understanding of what to expect from a legal consultation associated with cases involving HIV/AIDS	○	○	○	○	○
25. Learn to develop an initial plan to address an ethical question based on the clinical issues of the case	○	○	○	○	○

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

27. 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

MHCPE

Mental Health Care Provider Education in HIV/AIDS Programs; ***Substance Abuse and Mental Health Services Administration (SAMHSA)/Center for Mental Health Services (CMHS)***

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 xx/xx/xxxx

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.

____ ____ ____ ____ //____ ____ /____ ____

Last 4 digits of social | month | day

Date of Birth

2. Reasons for attending training (Mark the **SINGLE BEST** answer):

- ⬭ CMEs/CEUs
- ⬭ Friend/family with HIV
- ⬭ Job requirement
- ⬭ Knowledge/skill development
- ⬭ Other: _____

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
- ⬭ High school/GED
- ⬭ Associate Degree
- ⬭ Bachelor's Degree
- ⬭ Master's Degree
- ⬭ M.D.
- ⬭ Doctoral Degree (non-M.D.)
- ⬭ M.D. & Doctoral Degree
- ⬭ Other Professional Degree
- ⬭ Other: _____

6. What facility **BEST** describes the primary setting where you work? (Please choose only **ONE**)

- ⬭ Academic Institution
- ⬭ Community Based Organization
- ⬭ Correctional Facility
- ⬭ Home Health/Visiting
- ⬭ Hospice
- ⬭ Hospital Mental Health Clinic/Unit
- ⬭ Other Hospital Clinic/Unit
- ⬭ Long-term Care Facility
- ⬭ Non-hospital Mental Health Clinic/Agency
- ⬭ Private Practice
- ⬭ Public Health Agency/Clinic
- ⬭ Religious Organization
- ⬭ Substance Abuse Treatment
- ⬭ Not working
- ⬭ Other: _____

7. Which geographical description **BEST** describes where this facility is located?

- ⬭ Urban
- ⬭ Rural
- ⬭ Suburban
- ⬭ Not Applicable

8. Which of the following describe your work at the facility identified in Item 6 above? (Mark all that apply)

- ⬭ Administrator/Supervisor
- ⬭ Case Manager
- ⬭ Clergy/Pastoral Worker
- ⬭ Counselor
- ⬭ Faculty/Teacher
- ⬭ Health Educator
- ⬭ Nurse (LPN, RN, APN)
- ⬭ Outreach Worker
- ⬭ Physician (not a Psychiatrist)
- ⬭ Psychiatrist
- ⬭ Psychologist
- ⬭ Social Worker (BSW,MSW)
- ⬭ Student
- ⬭ 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
- ⬭ Clergy/Pastoral Worker
- ⬭ Counselor
- ⬭ Educator
- ⬭ Nurse (LPN, RN, APN)
- ⬭ Outreach Worker
- ⬭ Psychiatrist
- ⬭ Physician (not a Psychiatrist)
- ⬭ Psychologist
- ⬭ Social Worker (BSW,MSW)
- ⬭ Student (specify)_____
- ⬭ Volunteer/Buddy
- ⬭ Other: _____

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

- ⬭ Administrator/Supervisor
- ⬭ Clergy/Pastoral worker
- ⬭ Faculty/Teacher
- ⬭ Health Educator
- ⬭ Researcher
- ⬭ Student
- ⬭ Volunteer
- ⬭ 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:

	10 years or more	Between 5-10 years	2-5 years	Less than 2 years	None
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 this 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)*.....	☐	☐	☐	☐	☐

	Already willing/capable/comfortable	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.)*

Module I: Historical Perspective

	Topic not covered	To a very great extent	To a great extent	To some extent	To a little extent	Not at all
20. Central nervous system complications of HIV.....	☐	☐	☐	☐	☐	☐
21. Cognitive and other mental disorders associated with HIV.....	☐	☐	☐	☐	☐	☐
22. Psychological factors affecting HIV medical status	☐	☐	☐	☐	☐	☐
23. Psychopharmacological and drug-drug interactions	☐	☐	☐	☐	☐	☐
24. Assessment/diagnosis of neuropsychiatric complications	☐	☐	☐	☐	☐	☐
25. My ability to respond to client concerns about new HIV treatments	☐	☐	☐	☐	☐	☐
26. Other _____	☐	☐	☐	☐	☐	☐

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

28. How could this training be improved?

THANK YOU FOR PARTICIPATING!

To be filled out by education site staff:____ _____ _____ _____ / _____ _____ ___ **Date**_____/_____/_____

CMHS Site ID# Session Number month day year

MHCPE

Mental Health Care Provider Education in HIV/AIDS Programs; ***Substance Abuse and Mental Health Services Administration (SAMHSA)/Center for Mental Health Services (CMHS)***

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 xx/xx/xxxx

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.

____ ____ ____ ____ //____ ____ /____ ____

Last 4 digits of social security number — **Date of Birth** (month / day)

2. Reasons for attending training (Mark the **SINGLE BEST** answer):
- ○ CMEs/CEUs
- ○ Friend/family with HIV
- ○ Job requirement
- ○ Knowledge/skill development
- ○ Other: _____

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
- ○ High school/GED
- ○ Associate Degree
- ○ Bachelor's Degree
- ○ Master's Degree
- ○ M.D.
- ○ Doctoral Degree (non-M.D.)
- ○ M.D. & Doctoral Degree
- ○ Other Professional Degree
- ○ Other: _____

6. What facility **BEST** describes the primary setting where you work? (Please choose only **ONE**)
- ○ Academic Institution
- ○ Community Based Organization
- ○ Correctional Facility
- ○ Home Health/Visiting
- ○ Hospice
- ○ Hospital Mental Health Clinic/Unit
- ○ Other Hospital Clinic/Unit
- ○ Long-term Care Facility
- ○ Non-hospital Mental Health Clinic/Agency
- ○ Private Practice
- ○ Public Health Agency/Clinic
- ○ Religious Organization
- ○ Substance Abuse Treatment
- ○ Not working
- ○ Other: _____

7. Which geographical description **BEST** describes where this facility is located?
- ○ Urban
- ○ Rural
- ○ Suburban
- ○ Not Applicable

8. Which of the following describe your work at the facility identified in Item 6 above? (Mark all that apply)
- ○ Administrator/Supervisor
- ○ Case Manager
- ○ Clergy/Pastoral Worker
- ○ Counselor
- ○ Faculty/Teacher
- ○ Health Educator
- ○ Nurse (LPN, RN, APN)
- ○ Outreach Worker
- ○ Physician (not a Psychiatrist)
- ○ Psychiatrist
- ○ Psychologist
- ○ Social Worker (BSW,MSW)
- ○ Student
- ○ 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
- ○ Clergy/Pastoral Worker
- ○ Counselor
- ○ Educator
- ○ Nurse (LPN, RN, APN)
- ○ Outreach Worker
- ○ Psychiatrist
- ○ Physician (not a Psychiatrist)
- ○ Psychologist
- ○ Social Worker (BSW,MSW)
- ○ Student (specify)_____
- ○ Volunteer/Buddy
- ○ Other: _____

B. If **NO**, what is your main job/capacity? (Mark the **SINGLE BEST** answer)
- ○ Administrator/Supervisor
- ○ Clergy/Pastoral worker
- ○ Faculty/Teacher
- ○ Health Educator
- ○ Researcher
- ○ Student
- ○ Volunteer
- ○ 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:

	10 years or more	Between 5-10 years	2-5 years	Less than 2 years	None
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)*.....	⬭	⬭	⬭	⬭	⬭

	Already willing/capable/comfortable	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.)*

	Topic not covered	To a very great extent	To a great extent	To some extent	To a little extent	Not at all
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)