

## Evaluation

Click the 'Start' button when you are ready to take the Evaluation.

Start

✉ Need Help?

## Evaluation

## Question 1 of 26

Form Approved

OMB No. xxxx-xxxx

Exp. Date: xx/xx/xxxx

**Learning Group Registration**

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (xxxx-xxxx)

[Next](#)[Need Help?](#)

## Evaluation

Question 2 of 26




Name:

Answer:

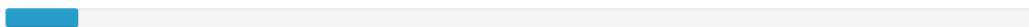
Back

Next

 Need Help?

## Evaluation

Question 3 of 26



Business Street Address:

Answer:

Back

Next

 Need Help?

## Evaluation

### Question 4 of 26



Business City, State, Zip:

Answer:

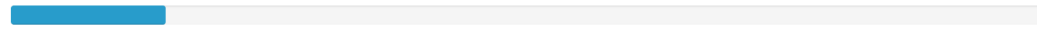
Back

Next

 Need Help?

## Evaluation

Question 5 of 26



Work Phone:

Answer:

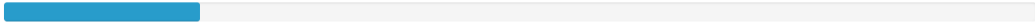
Back

Next

 Need Help?

## Evaluation

### Question 6 of 26



Work Email Address:

Answer:

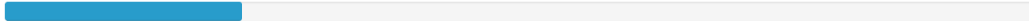
Back

Next

 Need Help?

## Evaluation

Question 7 of 26



Job Title:

Answer:

Back

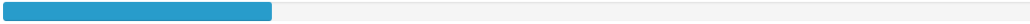
Next





## Evaluation

Question 8 of 26



Organization:

Answer:

Back

Next

✉ Need Help?

## Evaluation

## Question 9 of 26

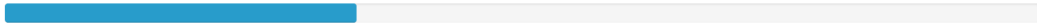
What is your primary professional role?

- Administrator (e.g., director, coordinator, manager, supervisor)
- Case manager/ social worker (unlicensed)
- Clinical provider (e.g., medical doctor, registered nurse, pharmacist)
- Disease intervention specialist/ partner services provider
- HIV tester
- Mental health counselor/ behavioral health therapist/ social worker (licensed or certified)
- Navigator/ educator/ linkage specialist (e.g., community health worker, Data to Care/cluster response field staff)
- Researcher/ evaluator
- Trainer/ TA provider (specific to workforce development)
- Volunteer

[Back](#)[Next](#)[Need Help?](#)

## Evaluation

Question 10 of 26




Are you...?

- Hispanic, Latino/a, or Spanish origin
- Not Hispanic, Latino/a, or Spanish origin

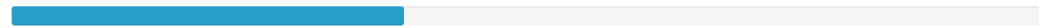
Back

Next

 Need Help?

## Evaluation

## Question 11 of 26



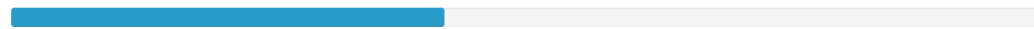
What is your racial background? (Select all that apply)

- American Indian or Alaskan Native
- Asian
- Black/ African American
- Native Hawaiian or Pacific Islander
- White

[Back](#)[Next](#)[Need Help?](#)

## Evaluation

## Question 12 of 26



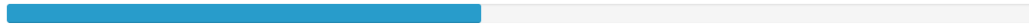
What sex were you assigned at birth, on your original birth certificate?

- Male
- Female

[Back](#)[Next](#)[Need Help?](#)

## Evaluation

## Question 13 of 26



How do you describe your current gender identity?

- Male
- Female
- Transgender (Male to Female)
- Transgender (Female to Male)
- Other (*please specify*)

Comments:

Back

Next

 Need Help?

### Evaluation

#### Question 14 of 26



How would you describe yourself?

- Gay or lesbian
- Straight, that is not gay or lesbian
- Bisexual
- Something else (*please specify*)
- I decline to answer

Comments:

Back

Next

Need Help?

### Evaluation

#### Question 14 of 26



How would you describe yourself?

- Gay or lesbian
- Straight, that is not gay or lesbian
- Bisexual
- I decline to answer
- Something else (*please specify*)

Comments:

Back

Next

Need Help?

## Evaluation

Question 15 of 26



In your role at work, do you provide services DIRECTLY to clients or patients?

- Yes
- No

Back

Next

✉ Need Help?



## Evaluation

Question 16 of 26




In your role at work, do you provide services DIRECTLY to persons with HIV?

- Yes
- No

Back

Next

 Need Help?

### Evaluation

#### Question 17 of 26




How long have you been providing DIRECT services to persons with HIV? *(Please answer in format XX Year(s) and XX Month(s).)*

Answer:

Back

Next

 Need Help?

## Evaluation

## Question 18 of 26

What is the focus of your work (enter "1" for your primary focus and "2" for your secondary or other focus)?

- HIV/AIDS
- STD
- TB
- Hepatitis
- Mental/behavioral health
- Reproductive health/ family planning
- Recovery support/ trauma/ domestic violence
- Labor and delivery
- Adolescent and/or pediatric health
- Emergency medicine/ urgent care
- Primary care (e.g., general/family medicine)
- Oral health
- Other infectious diseases
- Other (*please specify*)

Comments:

Back

Next

 Need Help?

## Evaluation

## Question 18 of 26

What is the focus of your work (enter "1" for your primary focus and "2" for your secondary or other focus)?

<input type="checkbox"/>	HIV/AIDS
<input type="checkbox"/>	STD
<input type="checkbox"/>	TB
<input type="checkbox"/>	Hepatitis
<input type="checkbox"/>	Mental/behavioral health
<input type="checkbox"/>	Reproductive health/ family planning
<input type="checkbox"/>	Recovery support/ trauma/ domestic violence
<input type="checkbox"/>	Labor and delivery
<input type="checkbox"/>	Adolescent and/or pediatric health
<input type="checkbox"/>	Emergency medicine/ urgent care
<input type="checkbox"/>	Primary care (e.g., general/family medicine)
<input type="checkbox"/>	Oral health
<input type="checkbox"/>	Other infectious diseases
<input type="checkbox"/>	Other ( <i>please specify</i> )

Comments:

Back

Next

 Need Help?

## Evaluation

## Question 19 of 26

My organization is primarily recognized as a (select one):

- Community-based organization (CBO)/ AIDS service organization (ASO)
- State/local health department
- Federal health agency: Centers for Disease Control and Prevention (CDC)
- Federal health agency: Health Resources and Services Administration (HRSA)
- Federal health agency: Indian Health Service (IHS)
- Federal health agency: National Institutes of Health (NIH)
- Federal health agency: Substance Abuse and Mental Health Services Administration (SAMHSA)
- Federal health agency: Veterans Administration (VA)
- Correctional facility
- Federal health agency: Other federal health agency
- Health Center: Academic health center
- Health Center: Behavioral/ mental health center
- Health Center: Community health center (e.g., Federally Qualified Health Center)
- Health Center: Rural health center
- Health Center: Substance use prevention or treatment center
- College/ university
- Health maintenance organization/managed care organization
- Hospital/hospital-affiliated clinic
- Pharmacy
- Private medical practice (solo or group)
- Other (*please specify*)

Comments:

Back

Next

 Need Help?

## Evaluation

### Question 20 of 26

What is the primary programmatic focus of your organization?

- HIV/AIDS
- STD
- TB
- Hepatitis
- Reproductive health / family planning
- Recovery support/ trauma/ domestic violence
- Labor and delivery
- Adolescent and/or pediatric health
- Emergency medicine/ urgent care
- Primary care (e.g., general/family medicine)
- Mental/behavioral health
- Oral health
- Other infectious diseases
- Other (please specify)

Comments:

Back

Next

 Need Help?

## Evaluation

### Question 21 of 26



What is your organization's primary setting?

- Rural
- Suburban/Urban

Back

Next

✉ Need Help?

## Evaluation

## Question 22 of 26



Estimate your organization's percentage of overall client/patient population in the past year who were racial/ethnic minorities.

- None
- 1-24%
- 25-49%
- 50-74%
- 75% or more

[Back](#)[Next](#)[Need Help?](#)



## Evaluation

### Question 23 of 26



Does your organization predominantly serve any racial or ethnic groups?

Yes

No

Back

Next

 Need Help?

## Evaluation

## Question 24 of 26



Select up to TWO of the following racial or ethnic groups your organization predominantly serves:

- American Indian or Alaskan Native
- Asian
- Black/ African American
- Hispanic or Latino/a
- Native Hawaiian or Pacific Islander
- White

[Back](#)[Next](#)[✉ Need Help?](#)

### Evaluation

Question 25 of 26

Does your organization predominately serve any special populations?

Yes

No

Back Next



## Evaluation

## Question 26 of 26



Select up to THREE special populations your organization serves most often.

- Persons with HIV
- Adolescents
- Homeless individuals
- Incarcerated individuals/parolees
- Low-income individuals
- Men who have sex with men
- Men who have sex with men and women
- Older adults
- Pregnant women
- Recent immigrants/ refugees/migrants or seasonal workers
- Sex workers
- Substance users
- Transgender individuals
- Women
- Other (*please specify*)

Comments:

Back

Next

 Need Help?

## Evaluation

Thank you for evaluating the external link.

Close

 Need Help?