

## Evaluation

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

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## Question 1 of 26

Form Approved

OMB No. xxxx-xxxx

Exp. Date: xx/xx/xxxx

**Learning Group Registration**

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Question 2 of 26




Name:

Answer:

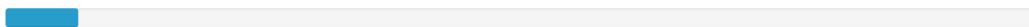
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Business Street Address:

Answer:

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### Question 4 of 26



Business City, State, Zip:

Answer:

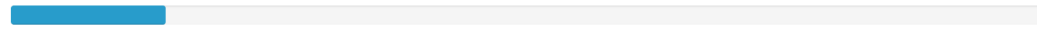
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Work Phone:

Answer:

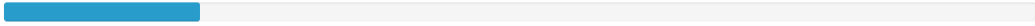
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Work Email Address:

Answer:

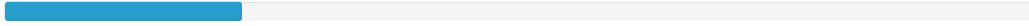
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Job Title:

Answer:

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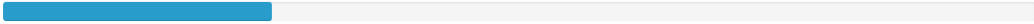
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Organization:

Answer:

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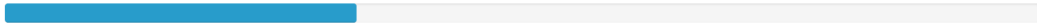
What is your primary professional role?

- 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

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Are you...?

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

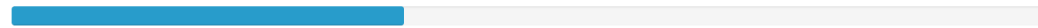
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## Question 11 of 26



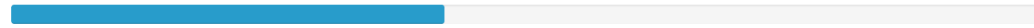
What is your racial background? (Select all that apply)

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

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

- Male
- Female

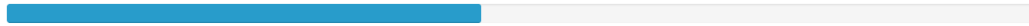
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## Question 13 of 26



How do you describe your current gender identity?

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

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#### 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

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#### 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*)

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

- Yes
- No

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

- Yes
- No

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#### 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:

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## 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*)

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## 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> )              |

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## 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*)

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## 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)

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### Question 21 of 26



What is your organization's primary setting?

- Rural
- Suburban/Urban

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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

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Does your organization predominantly serve any racial or ethnic groups?

- Yes
- No

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## 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

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Does your organization predominately serve any special populations?

Yes

No

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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*)

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Thank you for evaluating the external link.

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