Insert OMB Statement Here

HRSA AIDS Education and Training Centers
Participant Post Activity Survey (PPA) - Immediate

Instructions: This form should be completed by participants at the conclusion of each event activity. The end of this form (questions 9-12) should be completed by the AETC or the Regional Partner Site.

1. **Unique ID number: Enter the email address you used to register for this event.**

   _____

2. **How did this activity increase your knowledge about HIV and the provision of care for people with HIV? Select one.**
   - ○Not at all
   - ○A little
   - ○A moderate amount
   - ○Quite a bit
   - ○A great deal

3. **How will you be able to apply the new skills obtained during this activity to the provision of HIV care and treatment? Select one.**
   - ○Not at all
   - ○A little
   - ○A moderate amount
   - ○Quite a bit
   - ○A great deal

4. **How satisfied are you with the activity you attended? Select one.**
   - ○Very dissatisfied
   - ○Dissatisfied
   - ○Neutral
   - ○Satisfied
   - ○Very Satisfied

5. **Are you currently in an Interprofessional Education (IPE) program?**
   - ○Yes
   - ○No **(Stop here, you are done with this form)**

6. **How satisfied are you with the IPE program? Select one.**
   - ○Very dissatisfied
   - ○Dissatisfied
   - ○Neutral
   - ○Satisfied
   - ○Very Satisfied

7. **In comparison to before my involvement in the IPE program, my capability to work on an interprofessional health care team to care for people with HIV has… (Select one.)**
   - ○Decreased substantially
   - ○Decreased

○Remained the same
○Increased
○Increased substantially

8. Do you intend to be involved in HIV care in your future practice or career?

○Yes
○No
○Unsure

----------FOR AETC/REGIONAL PARTNER USE ONLY----------

9. Program ID Number: The program ID number is a unique number generated by the AETC to identify the event.

10. AETC Number:

11. Regional Partner Number:

12. Event Dates:

a. State Date:

M	M	D	D	Y	Y	Y	Y

b. End Date:

M	M	D	D	Y	Y	Y	Y