

Public Burden Statement: The evaluation focuses on process and impact evaluation of all CoP Teams. The information collected will inform satisfaction measures (reaction), change in knowledge after the TA (learning), and change in behavior or practice after the introduction of evidence-based interventions (behavior). 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 information collection is 0915/0906-XXXX and it is valid until 12/31/2026. This information collection is voluntary. Public reporting burden for this collection of information is estimated to average 0.28 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

2. Community of Practice Pre-Assessment Instrument

Instructions:

To measure the effectiveness of the [insert name of community of practice] Community of Practice (CoP), we invite you to complete this survey. We will ask you to complete another survey after the last CoP session.

The survey will take about 17 minutes to complete.

Your identifying information and survey responses are confidential and will only be seen by the evaluation team. Individual responses will be combined with responses from all other survey participants for reporting purposes. Your honest responses will help us assess the effectiveness of the CoP learning sessions and understand how they may be improved.

1. Type of employment organization: (check one)

- | | |
|-------------------------------------|--------------------------|
| Local/State Government Agency | <input type="checkbox"/> |
| Tribal Organization | <input type="checkbox"/> |
| Outpatient Behavioral Health Agency | <input type="checkbox"/> |
| Community Health Center | <input type="checkbox"/> |
| FQHC/FQHC look-alike | <input type="checkbox"/> |
| University Medical Center/Hospital | <input type="checkbox"/> |
| Faith-based Organization | <input type="checkbox"/> |
| AIDS Service Organization (ASO) | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

2. Position Title: _____

3. How long have you been in your current position? ____

4. In your current position, do you work directly with patients?

- ☐ Yes
☐ No

5. What is your age? _____

6. What is your gender identity?

- Woman ☐
Man ☐
Transgender ☐
Non-binary ☐
Other ☐

7. Are you Hispanic or Latino?

- ☐ Yes
☐ No

8. What do you consider yourself to be? (Select one or more.)

- Alaska Native ☐
American Indian ☐
Asian ☐
Black or African American ☐
White/Caucasian ☐
Native Hawaiian or Other Pacific Islander ☐
Other ☐

9. What are your overall expectations for the CoP as it moves forward?

10. Are there any specific issues or topics that you would like to have discussed as part of the CoP?

11. What would you like to achieve by the end of the CoP?

For the Youth Transitioning into Adult HIV Care Community of Practice participants ONLY:

We are interested in how the CoP will impact you personally. How confident are you that...	(5) = Very Confident	(4) = Confident	(3) = Undecided	(2) = Somewhat Confident	(1) = Not Confident
12. Your participation will expand your collaborative network?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Your participation will produce new knowledge in youth transition to help you in your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Your participation will change the way you conduct your work over the next year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Your participation will increase your capacity to conduct your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Your participation in the CoP will increase opportunities to learn new information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Your participation in the CoP will increase opportunities to learn new ways of doing your job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Your participation in the CoP will increase opportunities to learn new evidence-based, evidence-informed, or emerging interventions/practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. The CoP will meet its goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. You will be able to develop productive collaborations within the CoP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We are interested in how you think the CoP will impact the way you do your work. Please tell us about your expectations.	(5) = Greatly	(4) = Somewhat	(3) = Indecided	(2) = Very Little	(1) = Not At All
21. My knowledge of youth transition will increase.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. My knowledge of best practices will increase.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. My learning expectations will be met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. My work is likely to change as a result of my experience with the CoP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. My networking experiences will increase.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. I will take action on ideas that were generated as a result of my work with the CoP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

We are interested in your current abilities in your work with patients. How would you rate your current ability to:	(5) = Very High	(4) = High	(3) = Medium	(2) = Low	(1) = Very Low	(0) = Not Applicable
27. Serve youth transitioning to adult care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Work with multidisciplinary Team members to transition youth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Help prepare youth to transition to an adult clinic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate how strongly you agree or disagree with the following statements.	(4) = Strongly Agree	(3) = Agree	(2) = Disagree	(1) = Strongly Disagree	(0) = Not Applicable
30. I feel confident in my ability to create transition plans with youth, families, and staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I do not feel confident addressing barriers to successful transition such as insurance eligibility, youth readiness, and inter-clinic communication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate how strongly you agree or disagree with the following statements about the agency/organization where you work.	(4) = Strongly Agree	(3) = Agree	(2) = Disagree	(1) = Strongly Disagree
32. Our facility has formal transition policies and protocols.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. At my facility, the transition process enhances the patient's autonomy and increases their capacity for self-care and self-advocacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Overall, leadership is supportive of efforts to promote inter-clinic communication and data sharing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate how strongly you agree or disagree with the following statements.	(4) = Strongly Agree	(3) = Agree	(2) = Disagree	(1) = Strongly Disagree	(0) = Not Applicable
35. I have a good understanding of the challenges of transitioning youth to adult clinics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. I am knowledgeable about strategies to help prepare youth for a successful transition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. I have integrated strategies to *successfully transition youth into my practice.*

For the Trauma-Informed Care Community of Practice participants ONLY:

We are interested in how the CoP will impact you personally. How confident are you that...	(5) =Very Confident	(4) = Confident	(3) = Undecided	(2) = Somewhat Confident	(1) = Not Confident
12. Your participation will expand your collaborative network?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Your participation will produce new knowledge in trauma-informed care to help you complete your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Your participation will change the way you conduct your work over the next year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Your participation will increase your capacity to conduct your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Your participation in the CoP will increase opportunities to learn new information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Your participation in the CoP will increase opportunities to learn new ways of doing your job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Your participation in the CoP will increase opportunities to learn new evidence-based, evidence-informed, or emerging interventions/practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. The CoP will meet its goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. You will be able to develop productive collaborations within the CoP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>We are interested in how you think the CoP will impact the way you do your work.</p> <p>Please tell us about your expectations.</p>	(5) = Greatly	(4) = Somewhat	(3) = Indecided	(2) = Very Little	(1) = Not At All
21. My knowledge of trauma-informed care will increase.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. My knowledge of best practices will increase.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. My learning expectations will be met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. My work is likely to change as a result of my experience with the CoP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. My networking experiences will increase.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I will take action on ideas that were generated as a result of my work with the CoP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[illegible]

28. Support patients to talk about what they feel comfortable to disclose about their previous trauma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Work with patients who have experienced trauma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Provide trauma-informed care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate how strongly you agree or disagree with the following statements.	(4) = Strongly Agree	(3) = Agree	(2) = Disagree	(1) = Strongly Disagree	(0) = Not Applicable
31. I feel confident acknowledging how hard it must be to talk about trauma.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. I do not feel confident recognizing when someone is reexperiencing a traumatic event.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate how strongly you agree or disagree with the following statements about the agency/organization where you work.	(4) = Strongly Agree	(3) = Agree	(2) = Disagree	(1) = Strongly Disagree
33. Generally speaking, the staff at my facility has a solid understanding of trauma among persons with HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Trauma-informed care is a primary emphasis in my facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Overall, the staff is supportive of efforts to enhance the use of trauma-informed care in my facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Overall, leadership is supportive of efforts to enhance the trauma-informed care provided in my facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate how strongly you agree or disagree with the following statements.	(4) = Strongly Agree	(3) = Agree	(2) = Disagree	(1) = Strongly Disagree	(0) = (Not Applicable)
37. It is not part of my role to listen to patients talk about their trauma.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. I have a good understanding of what trauma-informed care means.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. I can explain to patients what trauma is, including its effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. I have a good understanding of how to take a sexual history using trauma-informed strategies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OMB Number: 0915-XXXX
Expiration Date: 12/31/2026