

# CORE Immediate-Post Training Survey

**Instructions:** Thank you for participating in an HIV training event through the AIDS Education and Training Centers (AETC) Program. The purpose of this brief survey is to better understand how you plan to use the information and skills presented during the training. Please take a few minutes to complete the following survey.

**1. Please create your participant ID by completing the following:**

*You should use the same ID for all AETC trainings*

*First two letters of first name: \_\_\_\_ \_\_\_\_*

*First two letters of last name: \_\_\_\_ \_\_\_\_*

*Birth month in numbers (two digits): \_\_\_\_ \_\_\_\_*

*Birth day (two digits): \_\_\_\_ \_\_\_\_*

**2. To what extent do you plan to use the following knowledge and/or skills learned in the training?**

*Please select "N/A" if the topic was not addressed or if you do not provide the particular service.*

	Not at All	A Little	A Moderate Amount	Quite a Bit	A Great Deal	N/A
<b>HIV prevention</b> (i.e., HIV education, HIV counseling, PrEP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>HIV testing</b> (i.e., testing and interpretation of test results)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>HIV care and treatment</b> (i.e., linkage, engagement, retention, antiretroviral therapy treatment and adherence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Screening, evaluation, and management of co-occurring conditions</b> (i.e., Hepatitis B & C, mental health, substance use, other chronic conditions, sexually transmitted infections, opportunistic infections)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>HIV service delivery</b> (i.e., team-based care, services for diverse PLWH, non-medical care coordination)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Other training topic, please specify:</b> _____ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Please indicate the extent to which you agree or disagree with the statements below.  
As a result of the training...

	Strongly Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Strongly Agree	N/A
I intend to change the way I provide services to PLWH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I intend to seek additional training from HIV experts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Do you prescribe medications as part of your work with people living with HIV (PLWH)?

- Yes, I prescribe medication  
 No, I do not prescribe medication

**Thank you for completing this survey!**

**To Be Completed by AETC**

AETC Region Number: \_\_\_\_\_

Local Partner Site Number: \_\_\_\_\_

Event Record Program ID Number: \_\_\_\_\_

Date of Training Event (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Survey Completed (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this training event part of a “multi-session” event?  
 No  
 Yes

**If yes**, what session number is this training event? \_\_\_\_ (#) of how many total sessions? \_\_\_\_ (#)

Select the one topic that best describes the content covered by this training. (Select one)

HIV prevention  
 HIV testing and diagnosis  
 Linkage/referral to HIV care  
 Engagement and retention in HIV care  
 Antiretroviral treatment and adherence  
 Management of co-morbid conditions  
 Other, please specify: \_\_\_\_\_