

CORE Long-Term Follow-Up 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 have used the information and skills presented during the training you attended three months ago. 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 have you used the knowledge and/or skills learned during 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
HIV Prevention						
HIV education and counseling	<input type="radio"/>					
PrEP assessment and prescribing	<input type="radio"/>					
HIV Testing						
HIV testing	<input type="radio"/>					
Interpretation of HIV testing results	<input type="radio"/>					
HIV Care and Treatment						
Linkage to HIV care	<input type="radio"/>					
Engagement and retention	<input type="radio"/>					
Prescribing, managing, and monitoring antiretroviral therapy	<input type="radio"/>					
Antiretroviral therapy adherence	<input type="radio"/>					
Screening, Evaluation, and Management of Co-Occurring Conditions						
Hepatitis B and/or C co-infection	<input type="radio"/>					
Mental health disorders	<input type="radio"/>					
Substance use disorders	<input type="radio"/>					
Other chronic medical conditions	<input type="radio"/>					
Sexually transmitted infections	<input type="radio"/>					
Opportunistic infections	<input type="radio"/>					
HIV Service Delivery						
Delivering team-based, interdisciplinary care	<input type="radio"/>					
Providing services to culturally diverse PLWH	<input type="radio"/>					
Care-coordination for non-medical needs	<input type="radio"/>					
Other Training Topic						
Other, please specify: _____ _____	<input type="radio"/>					

3. 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

4. As a result of the training, in which of the following areas did your clinic/organization create new or enhanced policies or procedures? (Select all that apply)

- Increase in PrEP prescribing
- Increase in retention in care for patients on PrEP
- Increase in HIV testing
- Increase in sharing of HIV test results with patients
- Increase in patients with HIV-positive test linked to HIV care
- Increase in services to support patient engagement and retention in HIV care
- Increase in patients with undetectable viral load
- Other policies/procedures, please specify: _____
- None of the above
- Not applicable or my clinic/organization setting does not provide HIV-related services

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? ____ (#)

Check 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: _____