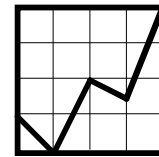




**National AIDS Update Conference 1998
HIFY Workshop Evaluation Form
Developed by The Measurement Group**



Site Workshop # Workshop Date

 / /

Gender: <input type="radio"/> Male <input type="radio"/> Female	Age: <input type="text"/> <input type="text"/>	What is your primary ethnic/cultural/racial background? <input type="radio"/> African-American/Black (non-Hispanic) <input type="radio"/> Amer. Indian, Native Alaskan, Aleutian, Eskimo <input type="radio"/> Asian/Pacific Islander <input type="radio"/> Hispanic/Latino <input type="radio"/> White (non-Hispanic, including Middle Eastern, North African) <input type="radio"/> Other	Do you identify yourself as multiracial? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know If yes, what is your second ethnicity? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
First letter of your first name: <input type="text"/>	What is your primary language? <input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Last digit of your home zip code: <input type="text"/>			

How many years of experience do you have working on HIV-related services and problems? <input type="text"/> <input type="text"/> yrs	Do you have any "professional" certifications or licenses? <input type="radio"/> Yes <input type="radio"/> No If yes, what? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years of formal education? <input type="text"/> <input type="text"/> 12= High School graduate or equivalent 14= Two year college 16= Four year college 18= Masters Degree 20= Doctorate
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What is your primary functional role in your job? (select one) <input type="radio"/> Administration-Supervision-Office Support <input type="radio"/> Trainer <input type="radio"/> Direct Care Provider (counselor, peer educator, case mgr., physician, nurse, etc.) <input type="radio"/> Indirect Care Provider (food service, housekeeping, etc.)	How would you characterize the organization in which you now work (such as hospital, clinic, government agency, community-based organization, college)? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Using the understanding that you now have at the end of today's workshop, please rate the items below about the workshop you have attended.

	Low	Medium	High	N/A
How would you rate your comfort level in providing services to clients in relation to the topic(s) covered in this workshop?	Before this workshop	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 9	
	After this workshop	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 9	
How would you rate your overall knowledge of topic(s) covered in this workshop?	Before this workshop	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 9	
	After this workshop	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 9	

Was this workshop worth your time and effort to attend? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure	Would you recommend a similar workshop to a peer? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
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Overall, how would you rate the presenters' average level of knowledge about the training topic?
 Novice/Beginner Slightly Knowledgeable Somewhat Knowledgeable Very Knowledgeable Expert

Overall, how would you rate the quality of the workshop (e.g., clarity of presentation, content of material, etc.)?
 Poor Fair Good Very Good Excellent

How would you rate the usefulness of the workshop for your work? <input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Good <input type="radio"/> Very Good <input type="radio"/> Excellent	How would you rate the level of difficulty of the workshop? <input type="radio"/> Very Difficult <input type="radio"/> Difficult <input type="radio"/> About Right <input type="radio"/> Easy <input type="radio"/> Very Easy
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Are you taking this workshop primarily to allow you to train other individuals? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	➔	Is it likely that you will use this workshop to train other individuals? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know
Are you taking this workshop primarily to allow you to change how you personally access services? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	➔	Is it likely that you will use this workshop to help you access services for yourself? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know

Please write any comments and suggestions for future workshops on the back of this form.