

**SPNS Program Cooperative Agreement Evaluation
Module 53: Trainee Characteristics Form
National Evaluation by The Measurement Group**

ID Letters	ID Numbers	Site	Training #	Training Date
[][][][]	[][][][][][][][][][][][][][]	[][][]	[][][][]	[][] / [][] / [][] <small>Month Day Year</small>

What is your primary ethnic/cultural/racial background? (enter the 2 digit code) [][]

(10) White(non-Hispanic, including Caucasian, Middle Eastern, North African)

(20) African American/Black (non-Hispanic)
 (21) African American/Black
 (22) Haitian
 (23) Caribbean, not Puerto Rican or Cuban (Jamaican, Dominican Republic)
 (24) African Black
 (25) All Other non-Hispanic Black

(30) Hispanic
 (31) Mexican/Mexican American
 (32) Cuban
 (33) Puerto Rican
 (34) Central American
 (35) South American
 (36) Spanish, Portuguese, Cape Verdean
 (37) Other Caribbean
 (38) Other Hispanic

(40) Asian/Pacific Islander
 (41) East Asian
 (42) South Asian
 (43) Southeast Asian
 (44) Pacific Islander
 (45) Other Asian/Pacific Islander

(50) American Indian, Aleutian, Native Alaskan or Eskimo

(99) Unknown

Do you identify yourself as multi-racial? (select one) Yes No Don't Know

If yes, enter the 2 digit code for 2nd ethnicity [][]

What are your professional credentials? (all that apply)

Advanced Nurse Practitioner
 Attorney
 Certified Alcohol/Drug Abuse Counselor
 Dentist
 LCSW/Social Worker
 Masters in Counseling
 Nurse
 Physician
 Physician Assistant
 Psychologist

Other [][][][][][][][][]

Age [][] Male Female

How would you characterize the organization in which you now work? (all that apply)

Ambulatory/Outpatient/Free-standing Clinic
 Church/Religious
 Community Based Organization
 Community Health Center
 Educational Setting: Secondary, Primary
 Educational Setting: Univ, College, Med-Prof School
 Government Agency
 Home Health/Visiting Nurse
 Hospital
 Long-term Care/Skilled Nursing Facility
 Not health care
 Not Working
 Private Practice

Other [][][][][][][][][]

Primary Language English Spanish

Other [][][][][][][][][]

What is, or would be, your primary involvement with HIV+ individuals? (all that apply)

<input type="radio"/> Attorney	<input type="radio"/> Nurse Practitioner
<input type="radio"/> Case Manager	<input type="radio"/> Nurse, Psychiatry
<input type="radio"/> Chemical Dependency Counselor	<input type="radio"/> Occupational Therapist, Physical Therapist
<input type="radio"/> Clergy	<input type="radio"/> Other Counselor
<input type="radio"/> Consumer/PWA	<input type="radio"/> Paralegal/Legal Assistant
<input type="radio"/> Dentist	<input type="radio"/> Physician Assistant
<input type="radio"/> Dental Assistant	<input type="radio"/> Primary Care Physician
<input type="radio"/> Dietitian	<input type="radio"/> Psychiatrist
<input type="radio"/> Educator	<input type="radio"/> Psychologist
<input type="radio"/> Employer/Supervisor	<input type="radio"/> Social Work, Psychiatry
<input type="radio"/> Family Member/Friend	<input type="radio"/> Social Work, Other
<input type="radio"/> LPN/Nurse Aide	<input type="radio"/> Trainer
<input type="radio"/> Nurse	
<input type="radio"/> Other Physician →	[][][][][][][][][][][][][][]
<input type="radio"/> Other →	[][][][][][][][][][][][][][]

What is your sexual orientation? (optional)

Prefer not to answer
 Heterosexual
 Bisexual
 Gay/Lesbian
 Other → [][][][][]

Are you HIV positive? (optional)

Prefer not to answer
 Yes
 No
 Do Not Know

Are you taking this training primarily to allow you to train other individuals? Yes No Do Not Know

Is it likely that you will use the training you get today to train other individuals? Yes No Do Not Know

Are you taking this training primarily to allow you to change how you personally access services? Yes No Do Not Know

Is it likely that you will use today's training to help you access services for yourself? Yes No Do Not Know

How many persons with HIV/AIDS have you personally served in the past year? (select one)

None 1-5 6-10 11-15 16-20

21-50 51-100 More than 100 Not applicable

Approximately how many hours of HIV/AIDS education/ training have you had in the past 3 years? (select one)

None 1-10 hours 11-20 hours 21-30 hours

31-50 hours 51-100 hours greater than 100 hours

How many years of "professional" experience do you have? [][]

How many years of "professional" experience do you have working on HIV-related services & problems? [][]

What is the highest level of education you have achieved? (select one)

Grade School
 High School or Equivalency
 Associates Degree
 Bachelors Degree
 Masters Degree
 Doctorate (M.D., Ph.D., Ed.D.)
 Professional (law, business)

Other [][][][][][][][][]

Which setting best represents where most of your agency's clients come from? (all that apply)

Urban Suburban
 Rural Not relevant/here to be trained to meet my own needs

What is your primary functional role in your job? (select one)

Administration-Supervision-Office Support
 Direct Care Provider (physician, resident, nurse, case mgr, aide, clergy, etc.)
 Indirect Care Provider (food service, housekeeping, etc.)
 Trainer

Other [][][][][][][][][][][][][][]

HOW COMFORTABLE ARE YOU (OR WOULD YOU BE) IN PROVIDING SERVICES FOR:

A person with HIV infection (but not AIDS)?
 Very Uncomfortable Uncomfortable Neutral Comfortable Very Comfortable Not Applicable

A person with AIDS?
 Very Uncomfortable Uncomfortable Neutral Comfortable Very Comfortable Not Applicable

A person with HIV/AIDS related neuropsychiatric conditions?
 Very Uncomfortable Uncomfortable Neutral Comfortable Very Comfortable Not Applicable

A person with chemical dependency?
 Very Uncomfortable Uncomfortable Neutral Comfortable Very Comfortable Not Applicable

A person with a history of violence or current criminal justice system involvement?
 Very Uncomfortable Uncomfortable Neutral Comfortable Very Comfortable Not Applicable