SPNS Program Cooperative Agreement Evaluation
Module 56: Trainer Characteristics Form
National Evaluation by The Measurement Group

Site	Sub-Provider	Training #	Staff Code	Hour	Age	Training Date
				○ am ○ pm		Month / Day / Year

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
- ○ LCSW/Social Worker
- ○ Masters in Counseling
- ○ Nurse
- ○ Physician
- ○ Physician Assistant
- ○ Psychologist

Other

Completed By (select one)
- ○ Trainer
- ○ Project Director for Trainer

○ **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

What is, or would be, your primary involvement with HIV+ individuals? (all that apply)
- ○ Attorney
- ○ Case Manager
- ○ Chemical Dependency Counselor
- ○ Clergy
- ○ Consumer/PWA
- ○ Dentist
- ○ Dental Assistant
- ○ Dietitian
- ○ Educator
- ○ Employer/Supervisor
- ○ Family Member/Friend
- ○ LPN/Nurse Aide
- ○ Nurse
- ○ Other Physician →
- ○ Other →
- ○ Nurse Practitioner
- ○ Nurse, Psychiatry
- ○ Occupational Therapist, Physical Therapist
- ○ Other Counselor
- ○ Paralegal/Legal Assistant
- ○ Physician Assistant
- ○ Primary Care Physician
- ○ Psychiatrist
- ○ Psychologist
- ○ Social Work, Psychiatry
- ○ Social Work, Other
- ○ Trainer

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

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

Primary Language ○ English ○ Spanish

Other

What is your sexual orientation? (select one)

○ Prefer not to state ○ Heterosexual ○ Bisexual ○ Gay/Lesbian ○ Other ○ Not Relevant

specify:

How do you identify your sexual orientation to other staff in your agency? (all that apply)

○ Usually don't state ○ Heterosexual ○ Bisexual ○ Gay/Lesbian ○ Other ○ Not Relevant

specify:

How do you identify your sexual orientation to the people you train? (all that apply)

○ Usually don't state ○ Heterosexual ○ Bisexual ○ Gay/Lesbian ○ Other ○ Not Relevant

specify:

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

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

Are you HIV-positive? (select one)

○ Prefer not to state on this questionnaire ○ Yes ○ No ○ Do not know ○ Not Relevant

How do you identify your HIV status to other staff in your agency? (all that apply)

○ Usually do not state ○ HIV-positive ○ HIV-negative ○ HIV-uncertain ○ Not Relevant

How do you identify your HIV status to the people you train? (all that apply)

○ Usually do not state ○ HIV-positive ○ HIV-negative ○ HIV-uncertain ○ Not Relevant

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