

**SPNS Program Cooperative Agreement Evaluation
Module 79: Training Comfort Follow-up Form
National Evaluation by The Measurement Group**

Site <input type="text"/> <input type="text"/> <input type="text"/>	Training # <input type="text"/> <input type="text"/> <input type="text"/>	Training Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
ID Letters <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ID Numbers <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"/>		Gender <input type="radio"/> Male <input type="radio"/> Female

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