# 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.

Please note, only individuals approved by or directly involved in the AETC Evaluation will use the information collected by this survey.

**Please provide your email address.**

*The AETC Program uses email address to track participation in training events. The same email should be used for all AETC trainings.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. To what extent have you used the knowledge and/or skills gained during the learning experience?**  *Please select “N/A” 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 | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| PrEP assessment and prescribing | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| **HIV Testing** | | | | | | |
| HIV testing | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| Interpretation of HIV testing results | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| **HIV Care and Treatment** | | | | | | |
| Linkage to HIV care | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| Engagement and retention | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| ­Prescribing, managing, and monitoring antiretroviral therapy | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| Antiretroviral therapy adherence | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| **Screening, Evaluation, and Management of Co-Occurring Conditions** | | | | | | |
| Hepatitis B and/or C co-infection | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| Mental health disorders | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| Substance use disorders | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| Other chronic medical conditions | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| Sexually transmitted infections | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| Opportunistic infections | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| **HIV Service Delivery** | | | | | | |
| Delivering team-based, interdisciplinary care | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| Providing services to culturally diverse people with HIV | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| Care-coordination for non-medical needs | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| **Other Training Topic** | | | | | | |
| Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |

1. **As a result of the training, did your organization create new or enhanced policies and procedures designed to achieve the following goals?** (*Select all that apply*)
   1. Increase in PrEP prescribing
   2. Increase in retention in care for patients on PrEP
   3. Increase in HIV testing
   4. Increase in sharing of HIV test results with patients
   5. Increase in patients with HIV-positive test linked to HIV care
   6. Increase in services to support patient engagement and retention in HIV care
   7. Increase in patients with undetectable viral load
   8. Other policies/procedures, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   9. None of the above
   10. 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**: *\_\_\_ \_\_\_*

**Regional 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? \_\_\_\_*(#)*

**Select the one topic that best describes the content covered by this training.** *(Select one)*

**[ ]** PrEP assessment and prescribing

**[ ]** 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_