

# 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 learned during the training?**

*Please select "N/A" if the topic was not addressed or if you do not provide the particular service.*

	Not at All	A Little	A Moderate Amount	Quite a Bit	A Great Deal	N/A
<b>HIV Prevention</b>						
HIV education and counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PrEP assessment and prescribing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>HIV Testing</b>						
HIV testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpretation of HIV testing results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>HIV Care and Treatment</b>						
Linkage to HIV care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engagement and retention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescribing, managing, and monitoring antiretroviral therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antiretroviral therapy adherence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Screening, Evaluation, and Management of Co-Occurring Conditions</b>						
Hepatitis B and/or C co-infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other chronic medical conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually transmitted infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunistic infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>HIV Service Delivery</b>						
Delivering team-based, interdisciplinary care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing services to culturally diverse people with HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care-coordination for non-medical needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Other Training Topic</b>						
Other, please specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**2. Do you prescribe medications (i.e., antiretroviral therapy or other medications) as part of your work with people with HIV?**

- ☐ Yes, I prescribe medication  
☐ No, I do not prescribe medication

**3. 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)**

- ☐ Increase in PrEP prescribing  
☐ Increase in retention in care for patients on PrEP  
☐ Increase in HIV testing  
☐ Increase in sharing of HIV test results with patients  
☐ Increase in patients with HIV-positive test linked to HIV care  
☐ Increase in services to support patient engagement and retention in HIV care  
☐ Increase in patients with undetectable viral load  
☐ Other policies/procedures, please specify: \_\_\_\_\_  
☐ None of the above  
☐ 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):** \_\_\_\_/\_\_\_\_/\_\_\_\_