

Delta Region AETC Training Survey

1. Is this the first Delta AIDS Education & Training Center program you have attended?

Yes

No – How many DAETC programs have you attended over the past twelve months? _____

2. What length of program do you prefer to participate in? (Pick only one)

- ① 1-2 hours ② 2-3 hours ③ Half day ④ Full day ⑤ 2-3 days ⑥ Duration is not a factor

3. In general, HOW FAR are you willing or able to travel for training? (Pick only one)

- ① On-site ② Off-site nearby ③ City where you work ④ State where you work ⑤ Nearby state ⑥ Anywhere in US

4. What are your TOP THREE (3) preferred ways to learn? (Pick three or less)

- | | | |
|-----------------------------|--------------------------|---------------------------------|
| ① Clinical case discussions | ④ Internet based | ⑦ Self-teaching |
| ② Lecture/presentation | ⑤ Skill-building session | ⑧ Other (please specify): _____ |
| ③ Clinical practicum | ⑥ Panel discussion | _____ |

5. Would you like training on the following HIV/AIDS treatment and management topics? (Pick as many as you want)

- | | |
|---|---|
| <input type="checkbox"/> None
① Adherence issues
② Protease inhibitors/antiretroviral treatments
③ Treatment sequencing
④ Viral load/CD4 measurements/resistance testing
⑤ HIV primary care/HIV treatment guidelines
⑥ Opportunistic infections | ⑦ Hepatitis B,C and HIV
⑧ STDs and HIV
⑨ TB and HIV
⑩ Nutrition
⑪ Dental care
⑫ Other (specifically): _____
⑬ CDC Testing Recommendations |
|---|---|

6. Would you like training on the following HIV/AIDS transmission and testing topics? (Pick as many as you want)

- | | |
|--|---|
| <input type="checkbox"/> None
① Post-exposure prophylaxis
② Perinatal transmission
③ Primary and secondary prevention | ④ Counseling and testing
⑤ Taking a sexual history, risk assessment
⑥ Routine HIV Screening
⑦ Other: _____ |
|--|---|

7. Would you like training on the following special populations and HIV? (Pick as many as you want)

- | | | |
|---|---|---|
| <input type="checkbox"/> None
① Women and HIV
② Pediatrics/adolescents with HIV | ③ Elderly and HIV
④ HIV care of incarcerated patient
⑤ Psychosocial/cultural issues | ⑥ Mental health/substance abuse
⑦ Palliative care/end of life issues |
|---|---|---|

8. Other topics of interest (Write-in other HIV-related topics in which you would like training.)

9. Are you interested in clinical consultation and/or hands-on training? (Pick as many as you want)

- On-site (at your workplace) Yes No
 Off-site (not at your work place) Yes No
 Do you want the Delta AETC to contact you about clinical consultation services? Yes No

10. Which mode(s) of clinical consultation do you prefer? (Pick as many as you want)

- | | |
|---|--|
| ① Telephone
② Face-to-face
③ E-mail | ④ Videoconference/telemedicine
⑤ None
⑥ Other: _____ |
|---|--|

11. Can we have your email (or phone) for a yearly update of this information to keep track of your training history? (Please write clearly)

Comment	Email	Phone