

HIV/AIDS Palliative Care Needs Assessment—NW Providers Survey

How helpful do you feel additional training would be for you in each of the HIV/AIDS palliative care topics below:

	<u>Not At all</u>	<u>Slightly Helpful</u>	<u>Moderately Helpful</u>	<u>Extremely Helpful</u>
1. Sharing bad news with a patient about his or her illness:	1	2	3	4
2. Managing pain in life- threatening illness:	1	2	3	4
3. Managing dyspnea in life-threatening illness:	1	2	3	4
4. Managing emotional suffering in life-threatening illness:	1	2	3	4
5. Discussing end-of-life care decisions, such as a DNR decision, with a patient or a family member:	1	2	3	4
6. Handling ethical issues that arise at end-of-life:	1	2	3	4
7. Helping family members through the bereavement process:	1	2	3	4
8. Discussing spiritual issues:	1	2	3	4
9. Discussing patient/family psychosocial needs and concerns:	1	2	3	4
10. Addressing cultural differences related to end-of-life care:	1	2	3	4
11. Would you prefer palliative care trainings:	<input type="checkbox"/> Specific to HIV/AIDS? <input type="checkbox"/> Generalized to other illnesses?			

How many persons with HIV/AIDS have you personally served in the past year?

- None 16-20
 1-5 21-50
 6-10 51-100
 11-15 >100

Please indicate your profession:

- Physician
 Nurse Practitioner
 Physician's Assistant
 Nurse
 Pharmacist
 Social Worker
 Case Manager
 Other Counselor
 Other: _____

If applicable, please indicate your medical specialty:

Please give your zip code: _____

How many years have you worked with people with HIV/AIDS?

- None 3-5
 < 1 6-10
 1-2 > 10

Please indicate how the following ethnic backgrounds are represented in your HIV/AIDS patient panel:

African American/Black

- 0-10% 11-50% >50% of my patients

Hispanic

- 0-10% 11-50% >50% of my patients

Asian/Pacific Islander

- 0-10% 11-50% >50% of my patients

American Indian, Aleutian, Native Alaskan, or Eskimo

- 0-10% 11-50% >50% of my patients

White/Caucasian

- 0-10% 11-50% >50% of my patients

Other:

- 0-10% 11-50% >50% of my patients

If you are interested in receiving training in the above areas or would like more information about our project, please provide contact information below:

Name:

Email:

Phone: