



HIV/AIDS Education

The American Red Cross is interested in learning about your experience with HIV/AIDS Education training. Please help us by answering the following questions.

Questions marked with an asterisk (*) are required.

1. *Please enter the survey code given when you were invited to complete this survey:

2. Instructor's name: _____

SERVICE QUALITY QUESTIONNAIRE **GENERAL INFORMATION**

3. I attended (SELECT ONLY ONE):

- African American HIV/AIDS Program Community Session
- Basic HIV/AIDS Program Community Session
- Hispanic HIV/AIDS Program Community Session
- HIV/AIDS Starter Facts
- HIV/AIDS Facts Practice
- Act Smart
- Other: _____

4. Have you taken other Red Cross courses or sessions before?

- YES
- NO

5. The cost of the course to you is:

- Just right
- Expensive
- Inexpensive
- Did not pay

6. If you did not pay, select the appropriate option:

- My employer paid
- This course was free of charge
- I am not sure who paid

7. You consider the length of this course to be:

- Just right
- Too long
- Too short

8. **ABOUT THE SERVICE YOU RECEIVED**

Thinking about your experience with this Red Cross course, on a scale from 1 to 6 (with 1 being strongly disagree and 6 being strongly agree), please rate each of the following by selecting the number that best represents your opinion.

6	5	4	3	2	1	Does Not Apply
Strongly Agree	Agree	Tend to Agree	Tend to Disagree	Disagree	Strongly Disagree	
The instructor was knowledgeable and clear.						
6	5	4	3	2	1	Does Not Apply
The instructor created an environment that made me feel comfortable.						
6	5	4	3	2	1	Does Not Apply
My questions and concerns were answered in the session.						
6	5	4	3	2	1	Does Not Apply
Materials, including video, were of quality.						
6	5	4	3	2	1	Does Not Apply
The session helped me learn useful skills.						
6	5	4	3	2	1	Does Not Apply
I was satisfied with this Red Cross session.						
6	5	4	3	2	1	Does Not Apply

9. Thinking about the skills you learned today, please select the number that best represents how you feel about each of the following statements.

6	5	4	3	2	1	Does Not Apply
Strongly Agree	Agree	Tend to Agree	Tend to Disagree	Disagree	Strongly Disagree	
This session has increased my knowledge about HIV/AIDS.						
6	5	4	3	2	1	Does Not Apply
I feel confident that I know how to prevent the spread of HIV.						
6	5	4	3	2	1	Does Not Apply
I will correct HIV/AIDS misinformation if I hear it.						
6	5	4	3	2	1	Does Not Apply
I feel comfortable being around people living with HIV.						
6	5	4	3	2	1	Does Not Apply
My attitude towards people living with HIV has changed.						
6	5	4	3	2	1	Does Not Apply
I am aware of the behaviors that would put me and others at risk for HIV.						
6	5	4	3	2	1	Does Not Apply
I intend to share the information I learned today with my family and/or friends.						
6	5	4	3	2	1	Does Not Apply
I intend to take steps to help prevent the spread of HIV.						
6	5	4	3	2	1	Does Not Apply

10. **ABOUT YOURSELF**

The Red Cross wants to know more about you and your specific needs to better tailor our programs and services to our communities. Please provide us with the following information:

You are:

- Male
 Female

11. You consider yourself to be:
- Hispanic or Latino (of any race)
 - White (Not Hispanic or Latino)
 - Black or African American (Not Hispanic or Latino)
 - Asian (Not Hispanic or Latino)
 - Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)
 - American Indian or Alaska Native (Not Hispanic or Latino)
 - Two or more races (Not Hispanic or Latino)
 - Other, please specify: _____

12. Level of Education:
- Some High School
 - High School Graduate
 - Some College
 - College Graduate
 - Graduate/Professional Degree

13. Age Group:
- 18 or younger
 - 19 to 25
 - 26 to 40
 - 41 to 55
 - 56 or older

14. Your home Zip code: _____

15. For local chapter questions from your survey invitation: