EVALUATION FORM:
FACT SHEETS ON HIV/AIDS FOR NURSES AND MIDWIVES

Please use and adapt this Evaluation Form if you would like to. We would be interested in knowing how these Fact Sheets are used, and how people hear about them. We would therefore like you, the recipient, to return the evaluation form to Barbara Stilwell.

Q1: What country are you working in?

Q2: What is your professional position?

Q3: How did you get a copy of the Fact Sheets (please check one)?

☐ sent to me by WHO Geneva
☐ sent to me by a regional or country office
☐ requested by me
☐ passed to me by someone else
☐ don't know

Please give details when you can. (e.g., the Fact Sheets were requested by my boss from the WHO representative. She saw them on the web. She passed them to me.)

Q4: a) Do you have the CD-ROM too?

☐ Yes ☐ No

b) Do you have access to the Internet?

☐ Yes ☐ No

Q5: How will you be using the Fact Sheets?

a) reading only for personal information
b) using in training courses
c) copying or printing for others to read
Q6: If you have answered b) or c) to Q3, will you be adapting the materials to suit your regional or country situation?

- Yes, I will be adapting them.
- No. I will use them as they are.

Q7: If you will be adapting them, how will you decide what changes to make (check all that apply)?

- I will work alone.
- I will convene a small advisory group.
- I will work with a local institution.

Please give details about the process you will use. (e.g., I will ask the Chairman of the National AIDS Programme, the head of the School of Nursing and two local NGOs to act as an advisory group.)

Thank you for filling in this evaluation form. Please send it by email, fax, post or pouch to:

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