

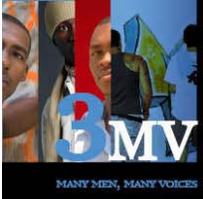
## ACKNOWLEDGMENTS

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The *Many Men, Many Voices Evaluation Field Guide* was developed with funding from the Centers for Disease Control and Prevention (CDC). Dr. Aisha Gilliam, of the Capacity Building Branch, Division of HIV/AIDS Prevention, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, provided leadership in the development of this document, reviewed the guide, and provided valuable recommendations on its contents.

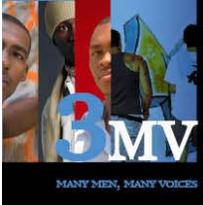
We wish to acknowledge the efforts of the development team of Macro International Inc. and the support of Macro's HIV Project Director, Dr. David Cotton.

It is hoped that this guide will prove useful to those implementing the Many Men, Many Voices program across the nation. It is our goal to keep this guide and its information as current as possible. To achieve this, we welcome your comments. Please contact Dr. Gilliam, DHAP, CDC, via electronic mail at [aisha.gilliam@cdc.hhs.gov](mailto:aisha.gilliam@cdc.hhs.gov) with any comments or concerns.



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## INTRODUCTION

### PURPOSE

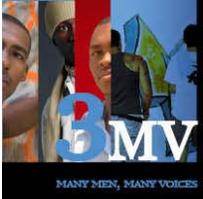
The *Many Men, Many Voices (3MV) Evaluation Field Guide* was developed to provide community-based organizations implementing 3MV with systematic methods to conduct evaluation processes and activities that will inform, guide, and assess their 3MV activities and their effectiveness. The evaluation field guide recommends staff responsibilities, indicates how an agency should track intervention activities and collect and manage data, states how data could be analyzed, and suggests plans for the dissemination of the data to 3MV stakeholders. This field guide is designed as a supplement to CBB's *Evaluation Capacity Building Guide* developed for the Capacity Building Branch (CBB), Division of HIV/AIDS Prevention (DHAP), National Center for HIV, Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC), under a contract with Macro International (CDC, 2008a).

This guide is one of several documents disseminated by DHAP to provide information and guidance on HIV prevention program evaluation, data collection, data utilization, and use of the variables included for CDC's National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS). Related documents include:

- ***Evaluation Capacity Building Guide.*** This guide provides an overview of monitoring and evaluation for evidence-based interventions, with particular focus on process monitoring and evaluation activities, tools, and templates (CDC, 2008a).
- ***National Monitoring and Evaluation Guidance for HIV Prevention Programs (NMEG).*** This manual provides a framework and specific guidance on using the Program Evaluation and Monitoring System (PEMS) variables to monitor and evaluate HIV prevention programs (CDC, 2008b).
- ***Program Evaluation and Monitoring System (PEMS) User Manual.*** This how-to manual describes the functionality of the PEMS software and provides step-by-step instructions for each module within the Web-based software tool. Screenshots, example extracts, and reports are used to illustrate key features included in the PEMS software. You can download this manual at the PEMS Web site (<http://team.cdc.gov>) under Trainings/PEMS User Manual (CDC, 2008c).
- ***National HIV Prevention Program Monitoring and Evaluation Data Set.*** The complete list and description of all M&E variables required for reporting to CDC and optional for local M&E and specific to certain interventions (CDC, 2008d).

**Disclaimer:** The reporting requirements for the National HIV Prevention Program Monitoring and Evaluation Data Set presented in this document are current as of September 2008. Please refer to the PEMS Web site (<https://team.cdc.gov>) for the most current reporting requirements.

These documents provide a foundation for monitoring and evaluating HIV prevention programs and reporting required data using PEMS software. Health departments and organizations directly funded by CDC can request monitoring and evaluation technical assistance through the Capacity Building Branch's Web-based system, Capacity Request Information System (CRIS). For more information about and access to CRIS, visit <http://www.cdc.gov/hiv/cba>. Additional information or technical assistance for the National HIV Prevention Program Monitoring and



Evaluation Plan and the PEMS software may be accessed through the Program Evaluation Branch's National HIV Prevention Program Monitoring and Evaluation Service Center, which you can reach by calling 1-888-PEMS-311 (1-888-736-7311) or e-mailing [pemsservice@cdc.gov](mailto:pemsservice@cdc.gov); visiting the PEMS Web site (<https://team.cdc.gov>); or contacting the DHAP Help Desk (1-877-659-7725 or [dhapsupport@cdc.gov](mailto:dhapsupport@cdc.gov)).

## MODIFYING MATERIALS

The evaluation questions and data collection forms in this document are very general in nature. These questions and data collection forms reflect the reporting requirements of CDC<sup>1</sup> and the basic monitoring and evaluation requirements of Many Men, Many Voices. Your agency may have additional reporting requirements or information needs that are not reflected in the evaluation questions or data collection forms. The data collection forms and questions can be modified to reflect the needs of your organization. The *Evaluation Capacity Building Guide* provides additional information on developing an agency-specific evaluation plan (CDC, 2008a).

## ORGANIZATION OF THIS DOCUMENT

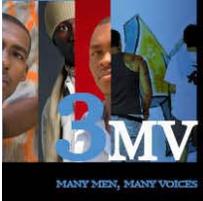
Section 1 of the document contains an overview of CDC's reporting requirements for Many Men, Many Voices (3MV). Section 2 of the document contains the evaluation objectives, followed by evaluation questions. A brief narrative that describes the relevance of the question follows each question. The table below each question provides a list of data that would answer the question, methods that can be used to obtain the data, and recommendations on how to analyze the data so that you can use the information to enhance your implementation of 3MV and plan for future implementation. Section 3 has data collection tables that summarize the data collection activities, recommends data collection schedules, provides a brief description of agency resources needed, and suggests ways to use the data. Section 4 includes all the required and optional 3MV instruments. The appendices consist of the 3MV behavioral risk analysis (Appendix A), conceptual framework (Appendix B), logic model (Appendix C), and a list of the NHM&E DS variables (not all are required for this intervention) (Appendix D).<sup>2</sup>

The development of the *Many Men, Many Voices Evaluation Field Guide* was guided by the development of a behavioral risk analysis, conceptual framework, and a behavior change logic model. The risk analysis explores possible circumstances that may place members of the target population at risk for acquiring or transmitting HIV and factors that may contribute to that risk. The conceptual framework links the types of intervention activities to the risk and protective factors identified in the behavioral risk analysis. The logic model describes the relationships between risk behaviors, the activities of the intervention, and intended outcomes. These appendices are based on program materials and consultations with members of the Science Application Team within CBB.

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<sup>1</sup> NHM&E DS variables for program planning, HIV testing, and agency data were finalized for January 1, 2008, reporting per the Dear Colleague Letter. The evaluation instruments in this guide are templates designed to capture data for evaluating Many Men, Many Voices in their entirety. They are also designed to capture most program planning and client services NHM&E DS variables. Agencies should check with their CDC Project Officer or other contract monitors' specific reporting requirements for Many Men, Many Voices.

<sup>2</sup> The variable requirements in Appendix D are for the January 1 and July 1, 2008, data collection periods, excluding variable requirements for HIV Testing and Partner Counseling and Referral Services (PCRS). Since this document only provides a summary of the requirements, please refer to the NHM&E DS (CDC, 2008d) for a more detailed description of definitions and value choices.



## Theoretical Basis and Core Elements

Many Men, Many Voices (3MV) is a group-level intervention designed to prevent HIV and sexually transmitted diseases (STDs) among black men who have sex with men (MSM) who may or may not identify themselves as gay. The intervention addresses the following factors that influence the behavior of black MSM: cultural, social, and religious norms; interactions between HIV and other STDs; sexual relationship dynamics; and the social influences that racism and homophobia have on HIV risk behaviors. The objectives of 3MV are to foster positive self-identity, educate participants about their risk for HIV and STDs, and teach assertiveness skills.

Many Men, Many Voices is based on the Behavioral Skills Acquisition Model for Risk Reduction (social cognitive theory) developed by Dr. Jeffrey Kelly, Director of the Center for AIDS Intervention Research (Kelly et al., 1989; Kelly, 1995). Although it was originally developed and evaluated in a sample of predominantly white, gay men in the 1980s, this model was selected because of established efficacy in influencing behavior change for MSM. Bandura's social cognitive theory posits that "behaviors, environment, attitudes, and beliefs are highly interactive and interdependent" (Bandura, 1994; Kalichman, 1998). The theory suggests that a relationship exists between risk behaviors and an individual's knowledge, attitudes, and beliefs, as well as the influence of their social peers and environment. Thus, 3MV was adapted and tailored by (1) integrating STD and HIV prevention and (2) addressing some of the behavioral influencing factors specific to black MSM, including HIV/STD knowledge, perception of STD risk, cultural and religious norms, social influence, and sexual relationship dynamics (Coury-Doniger, 2005).

Many Men, Many Voices is one of the interventions packaged by CDC's Replication of Effective Programs (REP). There are nine core elements of 3MV (Table 1). "Core elements are those parts of an intervention that must be done and cannot be changed. They come from the behavioral theory upon which the intervention or strategy is based; they are thought to be responsible for the intervention's effectiveness. Core elements are essential and cannot be ignored, added to, or changed" (CDC, 2006).

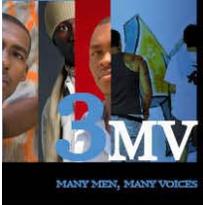
**TABLE 1. CORE ELEMENTS OF MANY MEN, MANY VOICES (3MV).**

- Enhance self-esteem related to racial identity and sexual behavior
- Educate clients about HIV risk and sensitize to personal risk
- Educate clients about interactions between HIV and other sexually transmitted diseases and sensitize to personal risk
- Develop risk-reduction strategies
- Build a menu of behavioral options for HIV and other sexually transmitted diseases risk reduction, including those that one can act on individually and those that require partner involvement
- Train in behavioral skills
- Enhance self-efficacy related to behavioral skills
- Train in partner communication and negotiation
- Provide social support and relapse prevention

In addition to core elements, there are six key characteristics of Many Men, Many Voices (Table 2). Key characteristics are activities and delivery methods for conducting an intervention, which, while considered of great value to the intervention, can be altered without changing the outcomes of the intervention. They can be adapted and tailored for your agency or target population (CDC, 2003).

**TABLE 2. KEY CHARACTERISTICS OF MANY MEN, MANY VOICES.**

- Foster positive identity development and self-esteem for black MSM by
  - ◆ exploring the dual identity culture of black MSM,
  - ◆ addressing social influences and family, religious, and cultural norms within the black community,
  - ◆ exploring the concept of internalized racism and homophobia.
- Discuss sexual relationship roles and risks, addressing knowledge of interactions between HIV and other sexually transmitted diseases and transmission risk, and exploring beliefs about those roles .
- Address perceived personal risk and personal susceptibility for infection with HIV and other sexually transmitted diseases as well as perceived barriers to remaining HIV negative.
- Increase skills, self-efficacy, and intentions with regard to protective barriers.
- Explore the dynamics of sexual relationships, including the dynamics of power and the concept of “tops” and “bottoms” for black MSM.
- Address the importance of peer support and social influence on maintaining healthy behaviors.



## SECTION 1: REPORTING HIV PREVENTION PROGRAM INFORMATION TO CDC

CDC has undertaken significant efforts to ensure that the HIV prevention programs it funds are effective in preventing the spread of HIV (Thomas, Smith, & Wright-DeAgüero, 2006). One strategy used by CDC to strengthen HIV prevention is improving organizational capacity to monitor and evaluate prevention programs (CDC, 2007). The National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS) is a major component of this strategy.

The NHM&E DS is the complete set of CDC's HIV prevention monitoring and evaluation (M&E) variables, including required variables for reporting to CDC and optional variables specific to an intervention or for local M&E. Implementation of NHM&E DS makes it possible for CDC to answer critical national questions about the following:

- Demographics and risk behaviors of clients being served by its grantees
- Resources used to provide these services
- Effectiveness of these services in preventing HIV infection and transmission

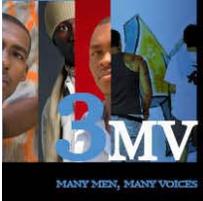
All HIV prevention grantees funded by CDC are required to collect and report data using the NHM&E DS. CDC has provided various M&E resources to assist grantees in this effort, including the following:

- *National Monitoring and Evaluating Guidance for HIV Prevention Programs (NMEG)*—describes how to use the NHM&E DS to improve the program, inform programmatic decisions, and answer local M&E questions (CDC, 2008b).
- *Program Evaluation and Monitoring System (PEMS) software*—optional, secure, browser-based software that allows for data management and reporting. PEMS includes all required and optional NHM&E DS variables (CDC, 2008c).

**Disclaimer:** The reporting requirements for the National HIV Prevention Program Monitoring and Evaluation Data Set presented in this document are current as of September 2008. Please refer to the PEMS Web site (<https://team.cdc.gov>) for the most current reporting requirements.

The NHM&E DS is organized into a series of data tables with specific variables. Variables from these tables are captured in the PEMS software in different modules according to categories (e.g., information about your agency, your HIV prevention programs, and the clients you serve). You should be familiar with the following key elements in the NHM&E DS:

- Variables required for reporting to CDC and optional variables needed for the 3MV intervention or for local M&E
- Variable name
- Variable number
- Definition of each variable



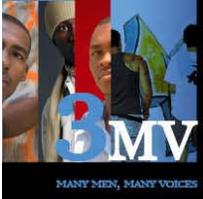
This evaluation field guide is designed to help your agency monitor and evaluate your day-to-day implementation of 3MV. Collecting and analyzing 3MV data will help you improve your implementation of 3MV and provide you with information to guide future planning. This section details only those tables and associated NHM&E DS modules you will use to collect and report information specific to 3MV. Though the data you collect will include NHM&E DS variables, you will collect and use more data than actually submitted to CDC. Please refer to the NHM&E DS for a complete list and description of all M&E variables required for reporting to CDC and optional variables for local M&E.

## NHM&E PROGRAM PLANNING DATA

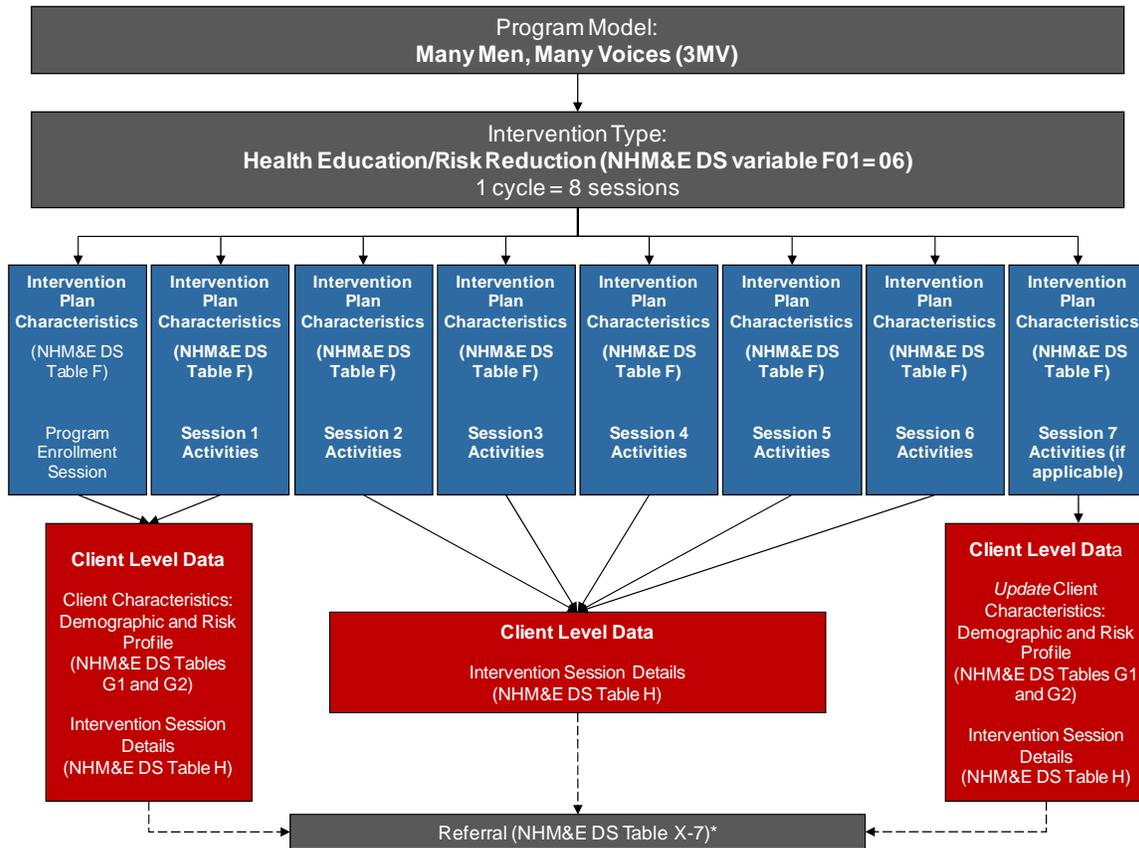
Your program plan describes:

- The population you will serve with 3MV
- The name you will use for 3MV within your agency
- The intervention type you will deliver
- The funds available to support delivery of the intervention
- Staff who will deliver the intervention
- How the intervention will be delivered
- How many times the intervention will be delivered

Carefully describing your program is a process that will help your agency determine how to best implement and monitor Many Men, Many Voices. A clearly described and well thought out program plan will allow you to use your process monitoring data to conduct process evaluations. Please refer to CDC's *Evaluation Capacity Building Guide* (CDC, 2008a) for additional information on conducting process evaluations and using that information to plan and improve your implementation of 3MV. Figure 1 illustrates how Many Men, Many Voices is organized in NHM&E DS.



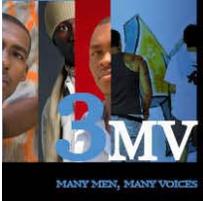
**FIGURE 1. ORGANIZATION OF MANY MEN, MANY VOICES IN THE NHM&E DS.**



\* In NHM&E DS, reporting on referral information is required when agency staff provide a formal referral for which they intend to conduct a referral follow-up.

Table 3 provides guidance on selecting NHM&E DS variables you can use to describe your intervention as you develop your program plan. The table depicts program information variables that are applicable to and required for Many Men, Many Voices. For instance, Program Model Name (NHM&E DS number E101) is labeled “Agency Determined” because the name of your program model can be Many Men, Many Voices,” “3MV,” or any other name determined by your agency. The evidence base (NHM&E DS number E102) variable, however, specifies a particular variable code (1.04) because, regardless of what you have named your program, it is based on Many Men, Many Voices, one of CDC’s Effective Behavioral Interventions.

Note that the variables presented in the table include only those specific to monitoring Many Men, Many Voices; additional, agency-specific variables are required. Please refer to NHM&E DS for a complete list and description of all M&E variables required for reporting to CDC and optional variables for local M&E.



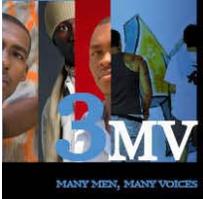
**TABLE 3. PROGRAM INFORMATION.**

Variable	NHM&E DS Number	Variable Code	Guidance
<b>Program Model Name</b>	E101	Agency Determined	The name of the program model can be Many Men, Many Voices, or any other name determined by the agency. See <i>National Monitoring and Evaluation Guidance for HIV Prevention Programs</i> (CDC, 2008b) for additional information if you are implementing more than one version of Many Men, Many Voices within the same program.
<b>Evidence Base</b>	E102	1.04	Many Men, Many Voices (variable code: 1.04).*
<b>Target Population</b>	E105	Agency Determined	3MV was designed for black men who have sex with men. Enter the variable value code for the population your agency intends to target with this intervention.

\* Organizations funded directly by CDC to implement Many Men, Many Voices are required to adhere to the core elements of the intervention. Other organizations may alter or not follow the core elements at the discretion of their funding agency; however, the program can no longer be called Many Men, Many Voices. If you intend to drop or change a core element of 3MV to meet the needs of your priority populations, use the fields provided to describe the changes to the core elements.

Intervention plan characteristics provide information about what you plan to do in your implementation of Many Men, Many Voices. They describe the activities you intend to implement, the planned number of cycles and sessions, the duration of the cycles, how the intervention(s) within 3MV will be implemented, whether client services data will be collected at the aggregate or individual client level, and whether or not detailed client information will be collected from 3MV participants. Table 4 lists NHM&E DS intervention plan variables with the NHM&E DS number, the variable value code, and guidance to help you understand how to apply these variables when implementing 3MV.

Note that the variables presented in the table include only those specific to monitoring Many Men, Many Voices; additional, agency-specific variables are required. Please refer to NHM&E DS for a complete list and description of all M&E variables required for reporting to CDC and optional variables for local M&E.



**TABLE 4. PROGRAM INFORMATION—INTERVENTION DETAILS**

Variable	NHM&E DS Number	Variable Code	Guidance	
Intervention Type	F01	06	Many Men, Many Voices is a Health Education/Risk Reduction intervention (variable value code: 06).	
Total Number of Clients	F05	Agency Determined	The total number of clients is equal to the planned number of cycles (F07) multiplied by the number of individuals expected to be served in each intervention cycle.  The program materials recommend that each session contain 6–12 clients.	
Planned Number of Cycles	F07	Agency Determined	A cycle is the complete delivery of an intervention to its intended audience. Estimate the number of times you intend to implement a complete cycle of 3MV within the time period reflected in your program plan.  For 3MV, one cycle is equal to six sessions (or seven if you use the optional session).	
Number of Sessions	F08	Agency Determined	Enter the total number of sessions you intend to deliver per cycle (e.g., six, or seven if you use the optional session).	
Unit of Delivery	F09	03	Many Men, Many Voices is delivered to a small group of 6–12 individuals (variable value code: 03).	
Activity	F10	<b>Session 1: The Dual Identity Culture of Black MSM</b>		
		05.00 08.01	Clients take 3MV KAB Survey.	<ul style="list-style-type: none"> <li>■ 05.00 Personalized risk assessment</li> </ul>
		08.03 11.04 11.10 11.66	Clients brainstorm and share past behaviors they tried to change (Exercise #1: What Have You Tried to Change?).	<ul style="list-style-type: none"> <li>■ 11.66 Discussion—Other</li> </ul>
			Group exercise and discussion around factors that influence human behavior (Exercise #2: Why We Do the Things We Do).	<ul style="list-style-type: none"> <li>■ 11.66 Discussion—Other</li> </ul>
			Clients brainstorm characteristics, norms, risk factors, and influencing factors associated with black men, gay men, and black gay men (Exercise #3: Brainstorming Wheels—Dual Identity).	<ul style="list-style-type: none"> <li>■ 11.66 Discussion—Other</li> </ul>

**TABLE 4. PROGRAM INFORMATION—INTERVENTION DETAILS (CONTINUED)**

Variable	NHM&E DS Number	Variable Code	Guidance	
			<p>Discussion of how external factors can be internalized and contribute to black MSM risk-taking behaviors and, subsequently, risk for HIV and STDs (Exercise #4: Making the Connection). Additionally, participants are given information about national and local STD and HIV incidence and prevalence.</p>	<ul style="list-style-type: none"> <li>■ 08.01 Information—HIV/AIDS transmission</li> <li>■ 08.03 Information—Other sexually transmitted diseases</li> <li>■ 11.10 Discussion—HIV/AIDS transmission</li> <li>■ 11.04 Discussion—Other sexually transmitted diseases</li> <li>■ 11.66 Discussion—Other</li> </ul>
<p><b>Activity</b> <i>(continued)</i></p>	<p>F10</p>	<p><b>Session 2: HIV Prevention for Black MSM: Sexual Roles and Risks</b></p>		
		<p>08.01 08.03 08.04 08.05 08.22 11.04 11.10 11.22 11.66</p>	<p>Clients brainstorm characteristics of Tops and Bottoms and how role in relationship and sexual position affects risk for HIV and STDs (including hepatitis) (Exercise #1: Roles and Risks for Tops and Bottoms).</p>	<ul style="list-style-type: none"> <li>■ 08.01 Information—HIV/AIDS transmission</li> <li>■ 08.03 Information—Other sexually transmitted diseases</li> <li>■ 08.04 Information—Viral hepatitis</li> <li>■ 11.04 Discussion—Other sexually transmitted diseases</li> <li>■ 11.10 Discussion—HIV/AIDS transmission</li> <li>■ 11.66 Discussion—Other</li> </ul>

**TABLE 4. PROGRAM INFORMATION—INTERVENTION DETAILS (CONTINUED)**

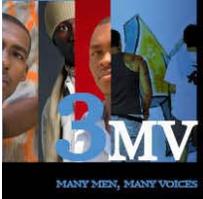
Variable	NHM&E DS Number	Variable Code	Guidance
			<p>Clients brainstorm types of bacterial and viral STDs (including HIV and viral hepatitis) and discuss differences between them, including how they are transmitted (Exercise #2: What do you know about STDs and HIV for black MSM?). After discussion, STD information slides are presented.</p> <ul style="list-style-type: none"> <li>■ 08.01 Information—HIV/AIDS transmission</li> <li>■ 08.03 Information—Other sexually transmitted diseases</li> <li>■ 08.04 Information—Viral hepatitis</li> <li>■ 08.22 Information—Sexual health</li> <li>■ 11.04 Discussion—Other sexually transmitted diseases</li> <li>■ 11.10 Discussion—HIV/AIDS transmission</li> <li>■ 11.22 Discussion—Sexual health</li> <li>■ 11.66 Discussion—Other</li> </ul>

**TABLE 4. PROGRAM INFORMATION—INTERVENTION DETAILS (CONTINUED)**

Variable	NHM&E DS Number	Variable Code	Guidance
			<p>Clients brainstorm all the different kinds of sex they can think of and rank each type according to the risk of getting an STD or HIV (Exercise #3: How do you get an STD or HIV from different kinds of sex and substance use?).</p> <p>Clients discuss which types of sex are typically associated with Tops or Bottoms.</p> <ul style="list-style-type: none"> <li>■ 08.01 Information—HIV/AIDS transmission</li> <li>■ 08.03 Information—Other sexually transmitted diseases</li> <li>■ 08.04 Information—Viral hepatitis</li> <li>■ 11.04 Discussion—Other sexually transmitted diseases</li> <li>■ 11.10 Discussion—HIV/AIDS transmission</li> <li>■ 11.66 Discussion—Other</li> </ul>
			<p>Clients engage in an interactive activity that depicts how HIV is contracted and how treating STDs is an important HIV prevention intervention (Exercise #4: Sex in the City: An Inside View).</p> <ul style="list-style-type: none"> <li>■ 08.01 Information—HIV/AIDS transmission</li> <li>■ 08.03 Information—Other sexually transmitted diseases</li> <li>■ 11.04 Discussion—Other sexually transmitted diseases</li> <li>■ 11.10 Discussion—HIV/AIDS transmission</li> <li>■ 11.66 Discussion—Other</li> </ul>

**TABLE 4. PROGRAM INFORMATION—INTERVENTION DETAILS (CONTINUED)**

Variable	NHM&E DS Number	Variable Code	Guidance
			<p>HIV “transmission puzzle” is presented to clients to explain “HIV infectivity” and how infectivity is affected by viral dose, exposure, and resistance.</p> <p>Distribution of available STD resources.</p> <ul style="list-style-type: none"> <li>■ 08.01 Information—HIV/AIDS transmission</li> <li>■ 08.03 Information—Other sexually transmitted diseases</li> <li>■ 08.05 Information—Availability of HIV/STD counseling and testing</li> <li>■ 11.04 Discussion—Other sexually transmitted diseases</li> <li>■ 11.10 Discussion—HIV/AIDS transmission</li> <li>■ 11.66 Discussion—Other</li> </ul>

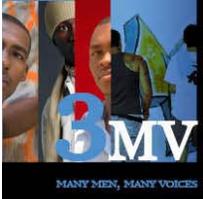


**TABLE 4. PROGRAM INFORMATION—INTERVENTION DETAILS (CONTINUED)**

Variable	NHM&E DS Number	Variable Code	Guidance	
<b>Activity</b> <i>(continued)</i>	F10	<b>Session 3: HIV Risk Assessment and Prevention Options</b>		
		05.00 08.01 08.03 08.10 08.11 11.01 11.02 11.04 11.10	Clients define and discuss philosophy of harm reduction and build a list of behaviors that may reduce risk of contracting HIV or STDs (Exercise #1: What Are My Chances If? Building a Menu of Options for STD/HIV Prevention Using the Transmission Puzzle for Harm Reductions).	<ul style="list-style-type: none"> <li>■ 08.01 Information—HIV/AIDS transmission</li> <li>■ 08.03 Information—Other sexually transmitted diseases</li> <li>■ 08.10 Information—Sexual risk reduction</li> <li>■ 11.01 Discussion—Sexual risk reduction</li> <li>■ 11.04 Discussion—Other sexually transmitted diseases</li> <li>■ 11.10 Discussion—HIV/AIDS transmission</li> </ul>
			Clients complete “Personal Inventory Chart” to determine what they would do sexually with whom (Exercise #2: Take Your Own Inventory: What Would You Do with Whom?); group discussion ranking sexual behaviors and types of relationships from lowest risk to highest risk.	<ul style="list-style-type: none"> <li>■ 05.00 Personalized risk assessment</li> <li>■ 08.10 Information—Sexual risk reduction</li> <li>■ 11.01 Discussion—Sexual risk reduction</li> </ul>

**TABLE 4. PROGRAM INFORMATION—INTERVENTION DETAILS (CONTINUED)**

Variable	NHM&E DS Number	Variable Code	Guidance	
			<p>Clients complete “My Personal STD/HIV Risk Behaviors Chart,” which captures information about sexual, substance use, partner-related, health care seeking, and other risk behaviors (Exercise #3: My Personal STD/HIV Risk Behaviors Are); group exercise (“processing”) to share risky behaviors individuals recorded on worksheet.</p>	<ul style="list-style-type: none"> <li>■ 05.00 Personalized risk assessment</li> <li>■ 08.10 Information—Sexual risk reduction</li> <li>■ 08.11 Information—IDU risk reduction</li> <li>■ 11.01 Discussion—Sexual risk reduction</li> <li>■ 11.02 Discussion—IDU risk reduction</li> </ul>



**TABLE 4. PROGRAM INFORMATION—INTERVENTION DETAILS (CONTINUED)**

Variable	NHM&E DS Number	Variable Code	Guidance	
<b>Activity</b> <i>(continued)</i>	F10	<b>Session 4: Intentions to Act and Capacity for Change</b>		
		05.00 08.15 10.04 11.19 11.66 88	Explain stages of change theory and ask clients to “stage themselves” on a variety of sexual behaviors (Exercise #1: Stage Yourself—How Ready Are You for Change?).	<ul style="list-style-type: none"> <li>■ 05.00 Personalized risk assessment</li> <li>■ 08.15 Information—Decision making</li> <li>■ 11.66 Discussion—Other</li> </ul>
			Clients choose a prevention goal or risk reduction option to try (Exercise #2: Choosing to Act).	<ul style="list-style-type: none"> <li>■ 10.04 Practice—Decision making</li> <li>■ 88 Other</li> </ul>
			Clients brainstorm when they first heard about STDs and HIV and share how they felt, how it affected their behavior, etc. (Exercise #3: Expressing Personal Ambivalence & Barriers); facilitator leads group discussion about “ambivalence” and how it is an influencing factor for behavior change .	<ul style="list-style-type: none"> <li>■ 11.66 Discussion—Other</li> </ul>
			Clients complete an “Exploring Pros and Cons of My Selected Behavior Change Worksheet” and share responses with group (Exercise #4: Exploring the Pros and Cons).	<ul style="list-style-type: none"> <li>■ 08.15 Information—Decision making</li> <li>■ 10.04 Practice—Decision making</li> <li>■ 11.19 Discussion—Decision making</li> </ul>
			Clients complete “Barriers and What Will Help Worksheet” before breaking into groups to discuss barriers and facilitators of behavior change; each client identifies one step he will take toward behavior change (Exercise #5: Getting Ready for Action).	<ul style="list-style-type: none"> <li>■ 08.15 Information—Decision making</li> <li>■ 10.04 Practice—Decision making</li> <li>■ 11.19 Discussion—Decision making</li> </ul>

**TABLE 4. PROGRAM INFORMATION—INTERVENTION DETAILS (CONTINUED)**

Variable	NHM&E DS Number	Variable Code	Guidance	
<b>Activity</b> <i>(continued)</i>	F10	<b>Session 5: Partner Selection, Communication, and Negotiation</b>		
		10.04 11.66	Clients fantasize about a relationship with a “man of their dreams,” share their experiences in previous relationships, and define sexism and stereotyping (Exercise #1: The Man of My Dreams).	<ul style="list-style-type: none"> <li>■ 11.66 Discussion—Other</li> </ul>
			Clients brainstorm and discuss as a group traditional heterosexual relationships within their black community, with a particular emphasis on who held the power (Exercise #2: Who’s Got the Power?).	<ul style="list-style-type: none"> <li>■ 11.66 Discussion—Other</li> </ul>
			Clients brainstorm and discuss as a group the power dynamics of Tops and Bottoms, focusing on role and identity in relationships as well as sexual position; discussion includes how being a Top or a Bottom affects STD/HIV risk-taking behaviors (Exercise #3: Why We Choose the Ones We Choose—Are You a Top or a Bottom?).  At the end of this exercise, participants choose a safer relationship option for STD/HIV risk reduction and identify a first step.	<ul style="list-style-type: none"> <li>■ 10.04 Practice—Decision making</li> <li>■ 11.66 Discussion—Other</li> </ul>

**TABLE 4. PROGRAM INFORMATION—INTERVENTION DETAILS (CONTINUED)**

Variable	NHM&E DS Number	Variable Code	Guidance	
<b>Activity</b> <i>(continued)</i>	F10	<b>Session 6: Social Support and Problem Solving to Maintain Change</b>		
		05.00 09.03 09.04	Review individual and relationship risk reduction options of each participant.	<ul style="list-style-type: none"> <li>■ 11.01 Discussion—Sexual risk reduction</li> </ul>
		10.03 10.04 11.01 11.18 11.19	Clients “jump into a scene” to practice problem-solving and/or negotiation skills (Exercise #1: “Play Your Own Scene”).	<ul style="list-style-type: none"> <li>■ 10.03 Practice—Negotiation and communication</li> <li>■ 10.04 Practice—Decision making</li> </ul>
			Two pairs of clients role-play a scene for the group that helps demonstrate problem solving and negotiation around safer sex (Exercise #2: Round Robin Role-Plays); each role-play followed by group discussion and “processing”.	<ul style="list-style-type: none"> <li>■ 09.03 Demonstration—Negotiation and communication</li> <li>■ 09.04 Demonstration—Decision making</li> <li>■ 11.18 Discussion—Negotiation and communication</li> <li>■ 11.19 Discussion—Decision making</li> </ul>
			Clients hear sexual encounter scenarios and brainstorm what hurdles may arise in the situation; group then problem-solves ways to overcome those hurdles (Exercise #3: Group Problem-Solving).	<ul style="list-style-type: none"> <li>■ 10.04 Practice—Decision making</li> <li>■ 11.19 Discussion—Decision making</li> </ul>
			Clients identify a situation in which they have relapsed, identifying their feelings associated with relapse, and then receive help from other clients to problem-solve by identifying hurdles and ways to overcome them (Exercise #4: “Falling Off the Wagon”).	<ul style="list-style-type: none"> <li>■ 10.04 Practice—Decision making</li> <li>■ 11.19 Discussion—Decision making</li> </ul>
			Clients take 3MV KAB Survey.	<ul style="list-style-type: none"> <li>■ 05.00 Personalized risk assessment</li> </ul>

**TABLE 4. PROGRAM INFORMATION—INTERVENTION DETAILS (CONTINUED)**

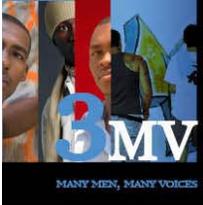
Variable	NHM&E DS Number	Variable Code	Guidance	
<b>Activity</b> <i>(continued)</i>	F10	<b>Session 7: Building Bridges and Community (Optional)</b>		
		04.00	Clients identify their ongoing	■ 04.00 Referral
		08.05	needs to assist in their	■ 14.01 Post-
		08.06	prevention efforts (Exercise	intervention
		08.08	#1: What Else Do You	follow-up
		08.09	Need?).	
		11.13	Facilitators open Treasure	
		11.14	Chest and assess which	
		11.15	needs have been met and	
		11.16	which are still ongoing and	
11.66	how to meet these needs.			
13.07	Linkages to other services			
14.01	may be provided at this			
	time.			
	Local mental health	■ 11.66		
	provider facilitates a	Discussion—		
	discussion of ongoing needs	Other		
	for self-development	■ 14.01 Post-		
	(Exercise #2: How Can I	intervention		
	Build on This Experience?).	follow-up		

**TABLE 4. PROGRAM INFORMATION—INTERVENTION DETAILS (CONTINUED)**

Variable	NHM&E DS Number	Variable Code	Guidance
			<p>Clients share other resources and services they have used in Sim City; facilitator distributes a Survival Guide, which includes local resources and services (Exercise #4: Writing a Survival Handbook for Black MSM in Sim City).</p> <ul style="list-style-type: none"> <li>■ 11.13 Discussion—Availability of HIV/STD counseling and testing</li> <li>■ 11.14 Discussion—Availability of partner notification services</li> <li>■ 11.15 Discussion—Availability of social services</li> <li>■ 11.16 Discussion—Availability of medical services</li> <li>■ 13.07 Distribution—Referral lists</li> </ul>

**TABLE 4. PROGRAM INFORMATION—INTERVENTION DETAILS (CONTINUED)**

Variable	NHM&E DS Number	Variable Code	Guidance
			<p>Facilitator presents information about services and programs of agency, including referral information (Exercise #5: Agency—What Else Do We Have for You?).</p> <ul style="list-style-type: none"> <li>■ 08.05 Information—Availability of HIV/STD counseling and testing</li> <li>■ 08.06 Information—Availability of partner notification services</li> <li>■ 08.08 Information—Availability of social services</li> <li>■ 08.09 Information—Availability of medical services</li> </ul>
<b>Delivery Method</b>	F11	01.00	3MV is delivered in person (variable value code: 01.00).
<b>Level of Data Collection</b>	F14	01	3MV requires the collection of individual client-level data (variable value code: 01).
<b>Duration of Intervention Cycle</b>	F15	2	CDC’s Procedural Guidance recommends that the intervention occur over 7 weeks (i.e., 2 months).
<b>Unit of Duration</b>	F16	1	CDC’s Procedural Guidance recommends that the intervention occur over 7 weeks (i.e., 2 months) (variable value code: 1 = months).
<b>Specified Recall Period</b>	F17	02	<p>Identify the recall period your agency wants to use for the collection of detailed behavioral data.</p> <p>The forms in this evaluation field guide use a 3-month (i.e., 90-day) recall period (variable value code: 02).</p>

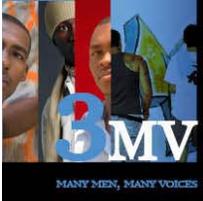


## NHM&E CLIENT SERVICES DATA

Client services data provide information about the clients who are receiving services and information about each service session or encounter in which the clients participate. Client services data describe the demographic and risk characteristics of individuals who participated in, and the activities implemented during, each session.

Client-level data are collected and reported for Many Men, Many Voices. Client-level data involve gathering specific information about each client (e.g., “The client was a 19-year-old black male”). NHM&E client services data for 3MV involve the collection of client-level data for NHM&E DS Tables H, G1, and G2.

Client services data provide your agency with process monitoring data. These data allow you to monitor who you are serving and what you are doing. You compare information from your implementation of 3MV with what you included in your plan. This will help ensure that your activities and your participants are consistent with your plan.



## SECTION 2: OBJECTIVES AND EVALUATION QUESTIONS

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This section includes objectives relative to the intervention and related evaluation questions organized by stage of evaluation—process monitoring, process evaluation, and outcome monitoring. Below each question is a brief rationale for why the question is important. Following the rationale is a table that describes the types of data needed, potential data sources, and how data may be analyzed to answer the question.

These questions are designed to help your agency collect data that can be used for program planning and improvement. Your agency may choose to ask additional questions. As your agency and stakeholders develop and prioritize questions, it may be beneficial to define the importance of the question and use the table to identify data sources. This will help your agency determine the feasibility of answering questions.

### MANY MEN, MANY VOICES PROGRAM OBJECTIVES

The goal of Many Men, Many Voices is “to help participants understand the factors that influence behaviors in general and how the special influencing factors for gay men of color (GMOC) can lead to negative feelings and STD/HIV risk-taking behaviors” (Coury-Doniger, 2005).

The objectives of 3MV state that as a result of the small group sessions, participants will:

- increase their awareness of how all the factors influencing GMOC—personal factors, such as the influence of social networks, the family, and the environment in which one is raised; the dual identity of being both men of color and bisexual men; internalized racism and homophobia; sexual relationship dynamics and other community norms for GMOC; etc.—can lead to negative emotions and self-destructive behaviors thereby influencing their risk behaviors and risk for STD/HIV infection,
- increase their knowledge about STD/HIV risk transmission and protective behaviors,
- increase their perceived risk of STD/HIV transmission or acquisition,
- increase their understanding of the stages of behavior change,
- develop formal intentions and strategies to act on one prevention option,
- enhance their communication and role negotiation skills,
- enhance their problem-solving skills,
- establish an ongoing support system to maintain behavior change.

## PROCESS MONITORING QUESTIONS

The following are examples of process monitoring questions that stakeholders may ask about your agency’s implementation of 3MV. Process monitoring information allows you to get a picture of the activities implemented, populations served, services provided, or resources used. This information can be used to inform program improvement and to conduct process evaluation. Process monitoring information often answers questions such as “What are the characteristics of the population served?” “What intervention activities were implemented?” and “What resources were used to deliver those activities?”

### 1. Which of the core elements were implemented?

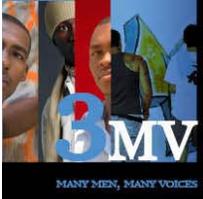
It is important to know whether all of the core elements of Many Men, Many Voices were implemented in order to learn whether the intervention was implemented as intended and consistent with the design of the intervention.

DATA	DATA COLLECTION METHOD	ANALYSIS
<ul style="list-style-type: none"> <li>■ Information about the type and content of intervention activities that address 3MV’s nine core elements</li> <li>■ Description of activities conducted and content covered during each session</li> <li>■ Description of materials used (e.g., slides, the transmission puzzle, the party video, handouts)</li> <li>■ Description of materials disseminated (e.g., session activity handouts, agency brochures and handouts, referral information)</li> </ul>	<ul style="list-style-type: none"> <li>■ Session Fidelity Logs</li> <li>■ Facilitator Observation Form</li> </ul>	<ul style="list-style-type: none"> <li>■ Review documents to identify which core elements were implemented consistently, how, and how often</li> </ul>

### 2. What was the risk profile of the intervention participants?

Many Men, Many Voices was intended for communities with black MSM. Both “black” and “MSM” are broad terms and need to be further defined, particularly with regard to risk behaviors, to provide guidance at the program level and on intervention implementation and recruitment of participants.

DATA	DATA COLLECTION METHOD	ANALYSIS
<ul style="list-style-type: none"> <li>■ Self-reported information on sexual risk behaviors</li> <li>■ Self-reported information on substance use risk behaviors</li> <li>■ Serostatus</li> </ul>	<ul style="list-style-type: none"> <li>■ Participant Enrollment Form</li> </ul>	<ul style="list-style-type: none"> <li>■ Summarize the participants’ risk characteristics</li> </ul>



### 3. What were the demographic characteristics of the individuals served?

A demographic profile of 3MV participants can provide information on whether or not you are reaching the intended target population. The information can be used in the development of other prevention activities for reaching other at-risk community members.

DATA	DATA COLLECTION METHOD	ANALYSIS
Demographic data from individuals including: <ul style="list-style-type: none"> <li>■ Geographic location</li> <li>■ Gender</li> <li>■ Race/ethnicity</li> <li>■ Age</li> </ul>	<ul style="list-style-type: none"> <li>■ Participant Enrollment Form</li> </ul>	<ul style="list-style-type: none"> <li>■ Summarize the participants' demographic characteristics</li> </ul>

## PROCESS EVALUATION QUESTIONS

Process evaluation involves an analysis of process data that facilitate comparison between what was planned and what actually occurred during implementation. Process evaluation allows you to determine if your process objectives can be met and provides information that guides planning and improvement. Process evaluation questions address issues such as “Was the intervention implemented as planned?” “Did the intervention reach the intended audience?” and “What barriers were experienced by clients and staff during the course of the intervention?” The following are examples of process evaluation questions for 3MV.

### 1. Which of the core elements were modified?

It is important to know whether an agency’s implementation of the 3MV core elements matches the intended implementation described in the manual. An agency’s implementation of 3MV will affect the outcomes produced.

DATA	DATA COLLECTION METHOD	ANALYSIS
<ul style="list-style-type: none"> <li>■ Information about the type and content of intervention activities that address 3MV’s nine core elements.</li> <li>■ Description of activities conducted and content covered during each session</li> <li>■ Description of materials used (e.g., slides, the transmission puzzle, the party video, handouts)</li> <li>■ Description of materials disseminated (e.g., session activity handouts, agency brochures and handouts, referral information)</li> </ul>	<ul style="list-style-type: none"> <li>■ Session Fidelity Logs</li> <li>■ Facilitator Observation Form</li> </ul>	<ul style="list-style-type: none"> <li>■ Review documents to identify which core elements were implemented consistently, how, and how often</li> <li>■ Calculate the proportion of core elements that were implemented across cycles, as described in the <i>3MV Intervention Manual</i> (Corry-Doniger, 2005)</li> </ul>

## 2. How and why were program activities modified?

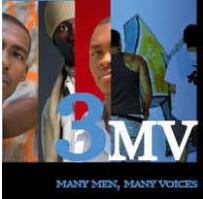
Agencies may modify program activities based on agency resources, priorities, and current activities as long as the core elements are maintained. For example, intervention activities may be tailored or modified to accommodate characteristics of the target population.

DATA	DATA COLLECTION METHOD	ANALYSIS
<ul style="list-style-type: none"> <li>■ Number of sessions conducted</li> <li>■ Length of sessions</li> <li>■ Description of activities conducted/material covered during each session</li> <li>■ Description of materials used (e.g., slides, the transmission puzzle, the party video, other handouts)</li> <li>■ Description of materials disseminated (e.g., session activity handouts, agency brochures and handouts, Survival Guide to be developed by the agency)</li> <li>■ Number and type of materials disseminated</li> <li>■ Number of facilitators</li> </ul>	<ul style="list-style-type: none"> <li>■ Session Fidelity Logs</li> <li>■ Facilitator Observation Form</li> </ul>	<ul style="list-style-type: none"> <li>■ Compare the activities conducted with those described in the <i>3MV Intervention Manual</i> (Corry-Doniger, 2005)</li> <li>■ Document the rationale for the changes made</li> <li>■ Identify trends (how participants responded to particular sessions, in which more or less emphasis was needed, etc.) across intervention cycles</li> </ul>

## 3. What proportion of the target population was served by the intervention?

An agency needs to determine the number of people in its target population and the proportion of that population that is being served by 3MV. This information can be used to guide planning and recruitment.

DATA	DATA COLLECTION METHOD	ANALYSIS
<ul style="list-style-type: none"> <li>■ Number of men in the target population</li> <li>■ Number of men enrolled in 3MV</li> </ul>	<ul style="list-style-type: none"> <li>■ Census Data</li> <li>■ Participant Enrollment Form</li> <li>■ Estimates of MSM subpopulation size</li> </ul>	<ul style="list-style-type: none"> <li>■ Determine the proportion of individuals enrolled in 3MV to the total number of individuals in the target population</li> </ul>



**4. What were the barriers to and facilitators of implementation?**

Identifying the barriers (what made it difficult) to implement 3MV can enhance or improve strategies used to implement the intervention. It is also important to identify facilitators (what made it easy) to implement 3MV, recognizing successful implementation activities and approaches.

DATA	DATA COLLECTION METHOD	ANALYSIS
<ul style="list-style-type: none"> <li>■ Challenges/facilitators identified by facilitators</li> <li>■ Challenges/facilitators identified by participants</li> </ul>	<ul style="list-style-type: none"> <li>■ Session Fidelity Logs</li> <li>■ Facilitator Observation Form</li> <li>■ Staff meeting minutes</li> <li>■ Participant Feedback Surveys</li> </ul>	<ul style="list-style-type: none"> <li>■ Identify and summarize barriers to implementation</li> <li>■ Identify and summarize facilitators to implementation</li> <li>■ Identify themes</li> </ul>

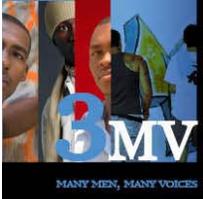
**OUTCOME MONITORING QUESTIONS**

Outcome monitoring involves reviewing and assessing changes that occurred after exposure to the intervention, such as changes in the knowledge, attitudes, behaviors, or service access of individuals who participated in the intervention; or changes in community norms or structural factors. Answers to outcome monitoring questions allow you to determine if your outcome objectives were met. Outcomes include changes in knowledge, attitudes, skills, or behaviors. Outcome monitoring answers the question, “Did the expected outcomes occur?”

**1. What changes occurred in knowledge of HIV/STD transmission and risk behaviors among participants?**

Changes might include an increase or decrease in knowledge about HIV or STD transmission and increased awareness of HIV/STD services. This information, which is self-reported by participants, describes whether program objectives were realized.

DATA	DATA COLLECTION METHOD	ANALYSIS
<ul style="list-style-type: none"> <li>■ Pre- and post-course HIV/STD and risk behavior knowledge scores</li> </ul>	<ul style="list-style-type: none"> <li>■ 3MV KAB Survey</li> <li>■ Session Fidelity Logs</li> <li>■ Facilitator Observation Form</li> </ul>	<ul style="list-style-type: none"> <li>■ Compare mean number of pretest correct responses to those posttest</li> <li>■ Summarize observations and facilitator data</li> </ul>



**2. What proportion of participants reported an increased knowledge of the influencing factors of HIV/STD risk-taking behaviors?**

This information determines whether or not there is a change in knowledge of the influencing factors of HIV/STD risk-taking behaviors.

DATA	DATA COLLECTION METHOD	ANALYSIS
<ul style="list-style-type: none"> <li>Pre- and post-course scores of knowledge of influencing factors</li> </ul>	<ul style="list-style-type: none"> <li>3MV KAB Survey</li> <li>Session Fidelity Logs</li> <li>Facilitator Observation Form</li> </ul>	<ul style="list-style-type: none"> <li>Compare mean number of pretest correct responses to those posttest</li> <li>Summarize observations and facilitator data</li> </ul>

**3. What proportion of participants reported an increase in communication skills?**

DATA	DATA COLLECTION METHOD	ANALYSIS
<ul style="list-style-type: none"> <li>Self-reported information on communication skills</li> </ul>	<ul style="list-style-type: none"> <li>3MV KAB Survey</li> <li>Session Fidelity Logs</li> <li>Facilitator Observation Form</li> </ul>	<ul style="list-style-type: none"> <li>Compare pretest responses with posttest responses</li> <li>Summarize observations and facilitator data</li> </ul>

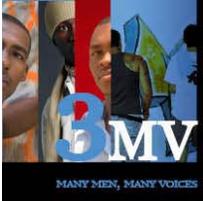
**4. What proportion of participants reported an increase in negotiation skills?**

DATA	DATA COLLECTION METHOD	ANALYSIS
<ul style="list-style-type: none"> <li>Self-reported information on negotiation skills</li> </ul>	<ul style="list-style-type: none"> <li>3MV KAB Survey</li> <li>Session Fidelity Logs</li> <li>Facilitator Observation Form</li> </ul>	<ul style="list-style-type: none"> <li>Compare pretest responses with posttest responses</li> <li>Summarize observations and facilitator data</li> </ul>

**5. What proportion of participants reported increased intention to practice safer sex (such as condom use)?**

This information determines whether or not there is a change in intention to use condoms, risk reduction strategies, or other safer sex practices.

DATA	DATA COLLECTION METHOD	ANALYSIS
<ul style="list-style-type: none"> <li>Self-reported information on intentions to practice safer sex</li> </ul>	<ul style="list-style-type: none"> <li>3MV KAB Survey</li> <li>Session Fidelity Logs</li> <li>Facilitator Observation Form</li> </ul>	<ul style="list-style-type: none"> <li>Compare pretest responses with posttest responses</li> <li>Summarize observations and facilitator data</li> </ul>



## SECTION 3: DATA COLLECTION SCHEDULE AND ACTIVITIES

### DATA COLLECTION SCHEDULE

This section describes the data collection processes and instruments for Many Men, Many Voices. Table 5 indicates when each evaluation instrument should be administered, who administers the instrument, and who should complete the instrument. Tables 6 and 7 provide more detail regarding data collection activities and schedules for each component of 3MV.

<b>TABLE 5. DATA COLLECTION SCHEDULE.</b>			
<b>Instrument</b>	<b>When to Use</b>	<b>Administered By</b>	<b>Completed By</b>
<b>Informed Consent Form</b>	During client intake prior to or at the beginning of Session 1	Facilitator(s)	Participants
<b>Participant Enrollment Form</b>	During client intake prior to or at the beginning of Session 1	Agency staff	Agency staff
<b>3MV KAB Survey</b>	Precourse survey: before or during the first session  Postcourse survey: at the end of the last session	Facilitator(s)	Participants
<b>Participant Feedback Surveys</b>	After each session	Facilitator(s)	Participants
<b>Facilitator Observation Form</b>	At least once a month during each intervention cycle	Supervisor	Supervisor
<b>Session Fidelity Logs</b>	After each session	Facilitator	Facilitator
<b>Referral Tracking Form</b>	As referrals are made	Agency staff providing referral (e.g., facilitator)	Agency staff providing referral

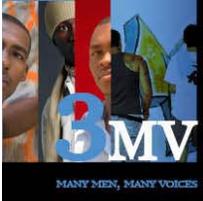
## DATA COLLECTION ACTIVITIES

Tables 6 and 7 are arranged by session type—participant enrollment and group sessions. Each table indicates when data should be collected, resources needed to collect data, data provided by the instruments located later in this field guide, how the data can be analyzed, the evaluation questions the data will be used to answer, and ways to use the data to plan, implement, and improve your implementation of 3MV.

Data Collection Methods	<ul style="list-style-type: none"> <li>Questionnaires and surveys</li> </ul>
Instruments	<ul style="list-style-type: none"> <li>Informed Consent Form and Ground Rules</li> <li>Participant Enrollment Form</li> </ul>
When to Collect the Data	<ul style="list-style-type: none"> <li>During client intake activities prior to Session 1 or at the beginning of Session 1</li> </ul>
Resources Needed	<ul style="list-style-type: none"> <li>Staff time to administer surveys</li> <li>Staff time to organize and analyze data</li> <li>Expertise to analyze data</li> <li>Access to health care provider/clinic client population</li> <li>Database to manage data</li> </ul>
Data Provided	<ul style="list-style-type: none"> <li>Client demographics (age, sex, race, ethnicity, etc.)</li> <li>Client risk profile (HIV testing history, sex, and drug use history, etc.)</li> </ul>
Analysis	<ul style="list-style-type: none"> <li>Descriptive (numbers and percentages) analysis</li> </ul>
Related Monitoring and Evaluation Questions	<ul style="list-style-type: none"> <li>What are the demographic and risk profiles of 3MV participants?</li> <li>What portion of the target population participates in 3MV?</li> </ul>
Possible Uses of Data	<ul style="list-style-type: none"> <li>Assess if recruitment efforts are reaching and attracting your target population</li> <li>Tailor intervention to address participants' demographic and behavioral characteristics</li> </ul>

**TABLE 7. GROUP SESSION DATA COLLECTION ACTIVITIES.**

Data Collection Methods	<ul style="list-style-type: none"> <li>■ Self-report</li> <li>■ Observation</li> </ul>
Instruments	<ul style="list-style-type: none"> <li>■ 3MV KAB Survey (precourse and postcourse)</li> <li>■ Participant Feedback Surveys</li> <li>■ Facilitator Observation Form</li> <li>■ Session Fidelity Logs</li> <li>■ Referral Tracking Form</li> </ul>
When to Collect the Data	<ul style="list-style-type: none"> <li>■ 3MV KAB Survey—precourse survey should be administered before or during the first session, and the postcourse survey should be administered after the last session in which the participant completes</li> <li>■ Participant Feedback Surveys should be completed after each session</li> <li>■ Facilitator Observation Form should be completed at least once for each intervention cycle during or immediately after a session</li> <li>■ Session Logs should be completed after each session</li> </ul>
Resources Needed	<ul style="list-style-type: none"> <li>■ Staff time to collect information</li> <li>■ Sufficient number of forms</li> <li>■ Room to conduct interviews and maintain clients' privacy (as needed)</li> <li>■ Database for managing data</li> <li>■ Staff time to compile and analyze data</li> </ul>
Data Provided	<ul style="list-style-type: none"> <li>■ Participants' knowledge, attitudes, behaviors, and skills related to risk reduction and safer sex</li> <li>■ Descriptions on how sessions were conducted (lessons or activities conducted, materials distributed, facilitator performance)</li> </ul>
Analysis	<ul style="list-style-type: none"> <li>■ Descriptive analysis of participant data (preintervention and postintervention)</li> <li>■ Review of session delivery and facilitation</li> </ul>
Related Monitoring and Evaluation Questions	<ul style="list-style-type: none"> <li>■ Was the intervention delivered as planned?</li> <li>■ What intervention activities were modified? How and why?</li> <li>■ What were the barriers and facilitators of implementation?</li> <li>■ What changes occurred in participants' knowledge, attitudes, skills, and behaviors related to risk reduction and safer sex?</li> </ul>
Possible Uses of Data	<ul style="list-style-type: none"> <li>■ Improve intervention delivery</li> <li>■ Identify intervention activities to tailor or modify</li> <li>■ Assess and report impact of intervention on immediate participant outcomes</li> </ul>



## SECTION 4: DATA COLLECTION PROTOCOLS

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This section includes the framework for each of the data collection activities previously described. The data collection and reporting requirements of CDC are incorporated in the data collection forms. This field guide includes forms from the Many Men, Many Voices Implementation Manual that have been modified to include NHM&E DS variables. These forms can be modified to meet your agency's specific information needs. There is no requirement to use the data collection forms included in this evaluation plan. However, it is important to make sure that any modifications to the instruments maintain the basic integrity of the original forms in order to fulfill the reporting requirements of your funding agency. In other words, do not remove questions that provide information you will need to report to your funding agency or use in implementing your intervention. You may, however, rephrase the question so that your participants better understand what you want to know.

The instruments and data collection forms in this section include instructions and recommendations for administering and/or completing the form. Additionally, certain forms include items that collect NHM&E DS variables that will be submitted to CDC.<sup>3</sup> Following the instructions for these forms is a table listing the NHM&E DS variables and the item on the form that corresponds to that variable.

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<sup>3</sup> NHM&E DS program planning, HIV testing, and agency data variables were finalized for January 1, 2008, reporting per the Dear Colleague Letter. The evaluation instruments in this guide are templates designed to capture data for evaluating Many Men, Many Voices in its entirety. They are also designed to capture most program planning and client services NHM&E DS variables. Agencies should check with their CDC Project Officer or other contract monitors' specific reporting requirements for 3MV.

## INFORMED CONSENT FORM AND GROUND RULES

### *When to Use:*

- At the beginning of 3MV Session 1

### *Administered By:*

- Facilitators

### *Completed By:*

- Participants

### *Instructions:*

The facilitators should distribute two copies of the 3MV Informed Consent Form and Ground Rules to each participant at the beginning of the first session of 3MV.

The facilitators should read aloud, or ask a participant to volunteer to read aloud, the form in its entirety. The facilitators should solicit and respond to any questions from participants and ask if participants would like to add any ground rules that were not discussed or included on the form.

Participants should then be instructed to sign and date both copies of the form if they agree with its contents and return one copy to the facilitators. Participants should be instructed to retain the second copy for their records and to refer to the ground rules throughout the duration of the 3MV workshop. The facilitators shall serve as witnesses and sign on the appropriate line after the session has ended.

## **Informed Consent Form and Ground Rules**

Many Men, Many Voices is a six-session (with an optional seventh session), group-level HIV/STD prevention model for black MSM. The model addresses behavioral influencing factors specific to black MSM, including cultural/social norms, sexual relationship dynamics, and the social influences of racism and homophobia, and responds to increased sexual risk taking and increases in HIV/STD across the United States (Morin et al., 2003; McFarland et al., 2004). The sessions aim to foster positive self-image, educate participants about their HIV/STD risks, and teach risk reduction and partner communication skills. If you agree to participate in this program, here are the things you should know:

- Your participation is voluntary.
- You may choose to leave any group session at any time for any reason with no penalty or consequence.
- Each group session will consist of 6–12 participants.
- You can choose not to answer any question at any time for any reason.
- You will not be asked any questions about your personal health.
- To protect your privacy, your name and answers to these questions will be treated in a confidential manner unless otherwise required by law.
- Your participation in these sessions poses few, if any, risks to you. You can choose not to answer any question for any reason.
- You may leave a session at any time for any reason. If you decide not to join, or to drop out later, you will lose no health care that you may expect apart from this program.

### **Ground Rules and Participant Guidelines**

There are six guidelines that each of us must follow during this workshop:

- First, all that is said in the workshop is confidential! That means what we say here must not be repeated to anyone who is not in this workshop, even if the person is a participant in other program-held functions, groups, or workshops.
- Second, we do not judge or criticize anything we hear someone else say in the workshop, even if we disagree with him. Everyone is entitled to his opinion on how he feels, thinks, or acts.
- Third, we do not want you to censor what you are thinking. Feel free to say whatever is on your mind because that is the only way we can help each other understand and use the information we share here. Remember—no one here will judge or criticize what you say.
- Fourth, we understand that this workshop is not meant to be a place to work on romantic relationships. What goes on outside of this workshop is up to the individuals, but please respect this important guideline while you participate in this workshop.
- Fifth, we must follow the time schedule of the workshop. Even if you are enjoying the activities during any part of a session, we must stop and go on to the next activity when we ask the group to do so. This is required in order for us to finish all the sessions and cover the material. Thoughts or ideas that can't be discussed during the session will be put in the "Treasure Chest." During Session 7, the Treasure Chest will be opened for more discussion of these related issues.

- Last, but not least, we should all have fun and enjoy this workshop.

**Contact Information:** If you have questions about the program, please contact  
(FACILITATOR NAME)  
(FACILITATOR PHONE NUMBER)

Please sign below to indicate that you have read the above, agree to take part in this program/intervention, and agree to adhere to the ground rules/participant guidelines.

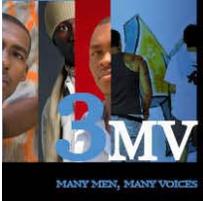
Please **print** your name:

Please **sign** your name:

**Witness Signature:**

**Date:**

**THANK YOU!**



## PARTICIPANT ENROLLMENT FORM

### When to Use:

- During client intake activities, prior to the first session

### Administered By:

- Agency staff

### Completed By:

- Agency staff

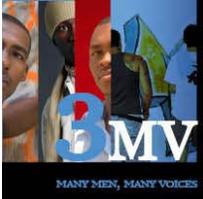
### Instructions:

The Participant Enrollment Form should be completed by a service provider representative prior to the session as a part of the client intake activities. The questions on the form are designed to collect client demographic and risk information.

Read the instructions to the respondent and ask him to answer the questions as truthfully as possible. Inform each prospective participant that all answers will remain confidential to the extent allowed by law.

The NHM&E DS variables listed in the table below are collected on the Participant Enrollment Form.

CDC'S NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET VARIABLES			
NHM&E DS Table	NHM&E DS Number	Variable Name	(Item Number or Name)
G1: Client Characteristics–Demographic	01	Date collected	Today's date
	02	PEMS client unique key	<i>System generated</i>
	12	Date of birth–year	2
	13	Age	<i>System calculated</i>
	14	Ethnicity	5
	16	Race	6
	18	More than one race	6 ( <i>System generated</i> )
	20	State/territory of residence	State
	23	Assigned sex at birth	3
	24	Current gender	4



**CDC'S NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET VARIABLES  
(CONTINUED)**

NHM&E DS Table	NHM&E DS Number	Variable Name	(Item Number or Name)
<b>G2: Client Characteristics–Risk Profile</b>	00	Date collected	Today's date
	04	Previous HIV test	7
	05	Self-reported HIV test result	9
	06	Date of last HIV-negative test	8
	07	Date of first HIV-positive test	8
	08	Medical care (if HIV+)	10
	11	Client risk factors	12
	12	Additional risk factors	12
	13	Recent STD (not HIV)	11

## Participant Enrollment Form

To be completed by agency staff

**Staff name:** \_\_\_\_\_ **Staff ID:** \_\_\_\_\_

**Today's date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Location:** \_\_\_\_\_  
(month/day /year)

**Start time:** \_\_\_\_\_ am/pm **End time:** \_\_\_\_\_ am/pm

**Client name:** \_\_\_\_\_ **Client ID code:** \_\_\_\_\_  
(optional)

**Is client currently receiving services from this agency?**

Yes (please specify) \_\_\_\_\_  No

**Client address:** *Street:* \_\_\_\_\_  
(optional)

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip code:* \_\_\_\_\_

**Phone (optional):** *Home:* \_\_\_\_\_ *Cell:* \_\_\_\_\_

**E-mail (optional):** \_\_\_\_\_

**Interviewer instructions:** *I will be asking you questions to help our staff understand who is enrolling in this program and how the program can best meet your needs. Some of the questions are very personal. All of the information you provide will remain confidential, but if there is a question you are not comfortable answering, just say so—your ability to participate in this program will not be affected.*

1. How did you hear about this program?
  - Agency (please specify: \_\_\_\_\_)
  - Billboard, flyer, brochure, newspaper, etc. (please specify: \_\_\_\_\_)
  - Your partner
  - A family member or friend
  - Other (please specify: \_\_\_\_\_)
2. What is your date of birth? \_\_\_\_ / \_\_\_\_ / \_\_\_\_
3. Were you born as a male or a female?
  - Male
  - Female
  - Don't know
  - Refused to answer
  - Did not ask

4. How do you view yourself now (i.e., what is your current gender)?
- Male
  - Female
  - Transgender—Male to Female
  - Transgender—Female to Male
  - Don't know
  - Refused to answer
  - Did not ask
5. What best describes your ethnicity?
- Hispanic or Latino
  - Not Hispanic or Latino
  - Don't know
  - Refused to answer
  - Did not ask
6. What best describes your race? (check all that apply)
- American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Pacific Islander
  - White
  - Don't know
  - Refused to answer
  - Did not ask
7. Have you ever had an HIV test?
- Yes
  - No (*skip to question 11*)
  - Don't know (*skip to question 11*)
  - Refused to answer (*skip to question 11*)
  - Did not ask (*skip to question 11*)
8. When was your last HIV test? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Don't know
  - Refused to answer
  - Did not ask
9. What was your HIV test result?
- HIV-Positive (HIV+)
  - Preliminary positive (reactive rapid test result without conventional confirmatory test)
  - HIV-Negative (HIV-) (*skip to question 11*)
  - Don't know (*skip to question 11*)
  - Refused to answer (*skip to question 11*)
  - Did not ask (*skip to question 11*)

10. Are you currently receiving medical care or treatment for HIV?
- Yes
  - No
  - Don't know
  - Refused to answer
  - Did not ask
11. In the past 3 months have you been diagnosed with an STD (not including HIV)?
- Yes (please specify type)
    - Syphilis → *Confirmed lab results?*       Yes  No
    - Chlamydia → *Confirmed lab results?*       Yes  No
    - Gonorrhea → *Confirmed lab results?*       Yes  No
    - Other (specify: \_\_\_\_\_) → *Confirmed lab results?*  Yes  No
    - Don't know
    - Refused to answer
    - Did not ask
  - No
  - Don't know
  - Refused to answer
  - Did not ask
12. Please indicate if you have engaged in the following behaviors in the last 3 months.

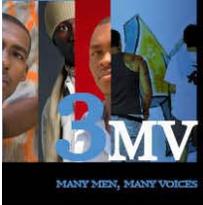
	Yes	No	Did not ask	Refused to answer
a. Injection drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sharing injection drug equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Oral sex with a female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Oral sex with a male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sex with a female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sex with a male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sex with a transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sex in exchange for money, drugs, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Sex while high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Sex with an injection drug user	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Sex with an HIV+ partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Sex with a person of unknown HIV status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Sex with a person who exchanges sex for money, drugs, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Sex with an anonymous partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Sex with a hemophiliac or transplant recipient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Sex with someone you met via Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Did not ask	Refused to answer
q. Sex without using a condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Interviewer instructions:** *For the next set of questions, if you do not know the answer to the question, please give your best guess.*

13. How many times have you had sex (anal or vaginal) in the past 3 months? \_\_\_\_\_ (*If “zero,” skip to end*)  
 Don't know  
 Refused to answer  
 Did not ask
14. In the past 3 months, how many of those times did you have unprotected sex? \_\_\_\_\_  
 Don't know  
 Refused to answer  
 Did not ask
15. How many sexual partners have you had in the past 3 months? \_\_\_\_\_  
 Don't know  
 Refused to answer  
 Did not ask

**Thank you for your participation!**



## 3MV KAB SURVEY

### *When to use:*

- At the beginning of 3MV Session 1 and at the end of the final session
- *Optional:* You can also administer this survey to participants at a predetermined period after the intervention ends (e.g., 30 days, 3 months, etc.) to see if changes lasted over time.

### *Administered By:*

- Facilitator(s)

### *Completed By:*

- Participants

### *Instructions:*

Use this form to collect information about your participants' knowledge, attitudes, and beliefs (KAB) regarding risk behaviors, safer sex, and risk reduction practices. Participants will need to complete this form at the beginning of Session 1 and at the end of the last session. Inform participants that these forms are used to help your agency improve the intervention.

In order to measure any changes, it will be important that you are able to match up the participant's first survey with the last one he completed. Participants will need to use the same anonymous ID number or code on both forms, so it is important that his ID number is something he can easily remember, such as the last four digits of his social security number.





**12. How ready are you to use condoms every time you have oral sex?**

- I don't see the need to use condoms every time because: \_\_\_\_\_
- \_\_\_\_\_
- I see the need to use condoms every time, but: \_\_\_\_\_
- \_\_\_\_\_
- I am ready to start using condoms every time
- I have been using condoms every time for 1 to 6 months
- I have been using condoms every time for more than 6 months

**13. How often can you get a partner to use a condom if you want him to?**

I always can do this 1 2 3 4 5 I never can do this

**14. Having an STD (such as herpes or gonorrhea) increases the chances of getting HIV or giving it to a partner.**

Strongly agree 1 2 3 4 5 Strongly disagree

Circle the number that indicates how much you agree or disagree with the following:

**15. Condoms should be used at all times if:**

	Strongly agree				Strongly disagree
a. You have many different partners	1	2	3	4	5
b. You or your partner has tested positive for HIV	1	2	3	4	5
c. Your sexual partner says he's gay	1	2	3	4	5
d. Your sexual partner says he's straight	1	2	3	4	5
e. You have anal sex with a man as a Bottom	1	2	3	4	5
f. You have anal sex with a man as a Top	1	2	3	4	5
g. You have oral sex with a man	1	2	3	4	5
h. You have vaginal sex with a woman	1	2	3	4	5

**16. If I get full (drink beer, etc.), smoke a blunt, or use cocaine, I will:**

	Never				Always
a. Give a blow-job without a condom	1	2	3	4	5
b. Have anal sex without a condom as a Bottom	1	2	3	4	5
c. Have anal sex without a condom as a Top	1	2	3	4	5

**17. If I pick up trade, I will:**

	Never					Always
a. Give a blow-job without a condom	1	2	3	4	5	
b. Have anal sex without a condom as a Bottom	1	2	3	4	5	
c. Have anal sex without a condom as a Top	1	2	3	4	5	
d. I never pick up trade (check True or False)	<input type="checkbox"/> True					<input type="checkbox"/> False

**18. If I cruise the park and meet someone there, I will:**

	Never					Always
a. Give a blow-job without a condom	1	2	3	4	5	
b. Have anal sex without a condom as a Bottom	1	2	3	4	5	
c. Have anal sex without a condom as a Top	1	2	3	4	5	
d. I never cruise the park (check True or False)	<input type="checkbox"/> True					<input type="checkbox"/> False

**19. If I have sex with a woman, I will:**

	Never					Always
a. Get a blow-job without putting on a condom	1	2	3	4	5	
b. Have anal sex without a condom	1	2	3	4	5	
c. Have vaginal sex without a condom	1	2	3	4	5	
d. I never have sex with women (check True or False)	<input type="checkbox"/> True					<input type="checkbox"/> False

**Thank you for participating in this survey.**

## PARTICIPANT FEEDBACK SURVEYS

### *When to Use:*

- After each session

### *Administered By:*

- Facilitator

### *Completed By:*

- Participants

### *Instructions:*

The 3MV Participant Feedback Survey includes a separate survey form for sessions 1–7. At the end of each session, the facilitator should distribute the appropriate form for that session to the participants for completion. The questions on the survey are designed to assess: (1) achievement of session objectives; (2) effectiveness of the facilitators in presenting information; (3) what topics, content, and/or concepts could have been covered in more or less detail; and (4) what other areas should be targeted for improvement.

Please direct the participants to read each item and response choice carefully and complete this survey as honestly and thoroughly as possible. The information collected will be used to guide process improvements that will benefit future participants of 3MV Sessions.

### *Includes surveys for:*

- Session 1: Black MSM: Dual Identity
- Session 2: STD/HIV Prevention for Black MSM: The Roles and Risks of Tops and Bottoms
- Session 3: STD/HIV Risk Assessment and Prevention Options
- Session 4: Intentions to Act and Capacity for Change
- Session 5: Relationship Issues: Partner Selection, Communication, and Negotiation of Roles for Black MSM
- Session 6: Social Support and Problem Solving to Maintain Change
- Session 7: Building Bridges and Community

## Participant Feedback Survey: Session 1

Please assess your achievement of the objectives for Session 1 by checking the appropriate boxes below.

As a result of this session, I am able to:	Strongly disagree	Disagree	Agree	Strongly agree
1. Discuss how behavior does not occur in a vacuum, but rather is the result of a combination of personal factors, the influence of social networks, and the family and environment in which one is raised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Describe the dual identity of being a black man and a gay man.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cite the identity issues for black MSM who do not self-identify as gay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Explain how family, social, and religious reactions to black MSM can create isolation, fear, and internalized racism and homophobia.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Describe how these external factors can get inside one's head and lead to negative emotions and self-destructive behaviors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Identify the sexual relationship dynamics and other norms for black MSM and the groups with which they interact (e.g., gay community, extended family, black churches, friends, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Describe how all these factors influencing black MSM also influence their risk behaviors and STD/HIV infections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please take a moment to rate how effective we were in presenting information to you today. Check the appropriate boxes.

<b>The group facilitator(s)...</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
1. Demonstrated expertise in the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clearly answered any questions I had.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Used clear, simple language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was/were comfortable talking about sensitive topics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Defined terms in a way that I could understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Gave all group members a chance to contribute and ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Listened carefully to what everybody said.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Used appropriate teaching strategies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Created a comfortable learning environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Was/were nonjudgmental.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Was/were friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Was/were enthusiastic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Was/were respectful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>As a participant, I found ...</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
1. The group discussions interesting and informative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The in-class games and exercises enhanced my ability to learn the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The handouts to be helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Overall, how would you rate the performance of the group leader(s)? Please circle a number.**

Poor		Okay						Excellent	
1	2	3	4	5	6	7	8	9	10

**Overall, how would you rate today's session? Please circle a number.**

Poor		Okay						Excellent	
1	2	3	4	5	6	7	8	9	10

**What topics, content, and/or concepts could have been covered in more detail?**

**What topics, content, and/or concepts could have been covered in less detail?**

**How else could this session be improved?**

**Other comments:**

**Thank you for your feedback!**

## Participant Feedback Survey: Session 2

Please assess your achievement of the objectives for Session 2 by checking the appropriate boxes below.

As a result of this session, I am able to:	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Describe how the assigned roles of Tops and Bottoms influence risk of STDs and HIV for black MSM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Discuss STDs and HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Explain why the risk of getting STDs and/or HIV varies depending on the types of sexual and substance use practices of black MSM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Describe how having an STD increases the chances of getting or transmitting HIV through sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Discuss why the epidemic of STDs and HIV is increasing for black MSM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please take a moment to rate how effective we were in presenting information to you today. Check the appropriate boxes.

The group facilitator(s)...	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Demonstrated expertise in the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clearly answered any questions I had.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Used clear, simple language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was/were comfortable talking about sensitive topics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Defined terms in a way that I could understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Gave all group members a chance to contribute and ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Listened carefully to what everybody said.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Used appropriate teaching strategies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Created a comfortable learning environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Was/were nonjudgmental.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The group facilitator(s)...	Strongly Disagree	Disagree	Agree	Strongly Agree
11. Was/were friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Was/were enthusiastic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Was/were respectful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a participant, I found ...	Strongly Disagree	Disagree	Agree	Strongly Agree
1. The group discussions interesting and informative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The in-class games and exercises enhanced my ability to learn the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The handouts to be helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Overall, how would you rate the performance of the group leader(s)?** *Please circle a number.*

Poor		Okay						Excellent	
1	2	3	4	5	6	7	8	9	10

**Overall, how would you rate today's session?** *Please circle a number.*

Poor		Okay						Excellent	
1	2	3	4	5	6	7	8	9	10

**What topics, content, and/or concepts could have been covered in more detail?**

**What topics, content, and/or concepts could have been covered in less detail?**

**How else could this session be improved?**

**Other comments:**

**As a result of last week's session, did you make some positive changes in your life?**

- Yes       No       I did not attend last week's session

*If yes, please describe the changes you made.*

**Thank you for your feedback!**

### Participant Feedback Survey: Session 3

Please assess your achievement of the objectives for Session 2 by checking the appropriate boxes below.

As a result of this session, I am able to:	Strongly Disagree	Disagree	Agree	Strongly Agree
1. List prevention options based on a harm reduction philosophy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Describe how my choices relate to my STD/HIV risks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Describe how my choices relate to my beliefs about what kinds of partners are risky.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Describe how my risk behaviors change depending on the kind of relationship I have with a certain sexual partner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Be aware my own sense of personal risk for getting STD/HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please take a moment to rate how effective we were in presenting information to you today.

The group facilitator(s)...	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Demonstrated expertise in the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clearly answered any questions I had.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Used clear, simple language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was/were comfortable talking about sensitive topics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Defined terms in a way that I could understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Gave all group members a chance to contribute and ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Listened carefully to what everybody said.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Used appropriate teaching strategies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Created a comfortable learning environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Was/were nonjudgmental.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The group facilitator(s)...	Strongly Disagree	Disagree	Agree	Strongly Agree
11. Was/were friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Was/were enthusiastic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Was/were respectful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a participant, I found ...	Strongly Disagree	Disagree	Agree	Strongly Agree
1. The group discussions interesting and informative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The in-class games and exercises enhanced my ability to learn the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The handouts to be helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Overall, how would you rate the performance of the group leader(s)?** *Please circle a number.*

Poor		Okay						Excellent	
1	2	3	4	5	6	7	8	9	10

**Overall, how would you rate today's session?** *Please circle a number.*

Poor		Okay						Excellent	
1	2	3	4	5	6	7	8	9	10

**What topics, content, and/or concepts could have been covered in more detail?**

**What topics, content, and/or concepts could have been covered in less detail?**

**How else could this session be improved?**

**Other comments:**

**As a result of last week's session, did you make some positive changes in your life?**

Yes       No       I did not attend last week's session

*If yes, please describe the changes you made.*

**Thank you for your feedback!**

## Participant Feedback Survey: Session 4

Please assess your achievement of the objectives for Session 4 by checking the appropriate boxes below.

As a result of this session, I am able to:	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Describe how behavior change occurs—the stages of change and the spiral pattern involving relapse and slips.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. State with confidence that I am ready to act on at least one prevention option of my choice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Recognize my own personal ambivalence and barriers for change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Identify a first step toward a particular behavior change and develop new skills related to that change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please take a moment to rate how effective we were in presenting information to you today.

The group facilitator(s)...	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Demonstrated expertise in the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clearly answered any questions I had.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Used clear, simple language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was/were comfortable talking about sensitive topics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Defined terms in a way that I could understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Gave all group members a chance to contribute and ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Listened carefully to what everybody said.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Used appropriate teaching strategies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Created a comfortable learning environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Was/were nonjudgmental.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Was/were friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Was/were enthusiastic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Was/were respectful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a participant, I found ...	Strongly Disagree	Disagree	Agree	Strongly Agree
1. The group discussions interesting and informative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The in-class games and exercises enhanced my ability to learn the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The handouts to be helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Overall, how would you rate the performance of the group leader(s)? Please circle a number.**

Poor		Okay						Excellent	
1	2	3	4	5	6	7	8	9	10

**Overall, how would you rate today's session? Please circle a number.**

Poor		Okay						Excellent	
1	2	3	4	5	6	7	8	9	10

**What topics, content, and/or concepts could have been covered in more detail?**

**What topics, content, and/or concepts could have been covered in less detail?**

**How else could this session be improved?**

**Other comments:**

**As a result of last week's session, did you make some positive changes in your life?**

Yes       No       I did not attend last week's session

*If yes, please describe the changes you made.*

**Thank you for your feedback!**

## Participant Feedback Survey: Session 5

Please assess your achievement of the objectives for Session 5 by checking the appropriate boxes below.

As a result of this session, I am able to:	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Describe how sexual position (Top or Bottom) is linked to relationship role.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Describe how sexual position (Top or Bottom) is linked to power.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Describe how these relationship dynamics for black MSM affect STD/HIV risk-taking behaviors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Discuss how communication skills influence my ability to practice risk reduction options.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Discuss how role negotiation skills influence my ability to practice risk reduction options.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please take a moment to rate how effective we were in presenting information to you today.

The group facilitator(s)...	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Demonstrated expertise in the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clearly answered any questions I had.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Used clear, simple language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was/were comfortable talking about sensitive topics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Defined terms in a way that I could understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Gave all group members a chance to contribute and ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Listened carefully to what everybody said.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Used appropriate teaching strategies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Created a comfortable learning environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Was/were nonjudgmental.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>The group facilitator(s)...</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
11. Was/were friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Was/were enthusiastic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Was/were respectful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>As a participant, I found ...</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
1. The group discussions interesting and informative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The in-class games and exercises enhanced my ability to learn the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The handouts to be helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Overall, how would you rate the performance of the group leader(s)? Please circle a number.**

<b>Poor</b>		<b>Okay</b>						<b>Excellent</b>	
1	2	3	4	5	6	7	8	9	10

**Overall, how would you rate today's session? Please circle a number.**

<b>Poor</b>		<b>Okay</b>						<b>Excellent</b>	
1	2	3	4	5	6	7	8	9	10

**What topics, content, and/or concepts could have been covered in more detail?**

**What topics, content, and/or concepts could have been covered in less detail?**

**How else could this session be improved?**

**Other comments:**

**As a result of last week's session, did you make some positive changes in your life?**

Yes       No       I did not attend last week's session

*If yes, please describe the changes you made.*

**Thank you for your feedback!**

## Participant Feedback Survey: Session 6

Please assess your achievement of the objectives for Session 6 by checking the appropriate boxes below.

As a result of this session, I am able to:	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Continue to practice my behavior change efforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Practice individual and relationship decision-making skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Use problem-solving strategies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Identify an ongoing support system to help me maintain my behavior change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please take a moment to rate how effective we were in presenting information to you today.

The group facilitator(s)...	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Demonstrated expertise in the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clearly answered any questions I had.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Used clear, simple language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was/were comfortable talking about sensitive topics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Defined terms in a way that I could understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Gave all group members a chance to contribute and ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Listened carefully to what everybody said.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Used appropriate teaching strategies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Created a comfortable learning environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Was/were nonjudgmental.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Was/were friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Was/were enthusiastic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The group facilitator(s)...	Strongly Disagree	Disagree	Agree	Strongly Agree
13. Was/were respectful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a participant, I found ...	Strongly Disagree	Disagree	Agree	Strongly Agree
1. The group discussions interesting and informative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The in-class games and exercises enhanced my ability to learn the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The handouts to be helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, how would you rate the performance of the group leader(s)? *Please circle a number.*

Poor			Okay				Excellent		
1	2	3	4	5	6	7	8	9	10

Overall, how would you rate today's session? *Please circle a number.*

Poor			Okay				Excellent		
1	2	3	4	5	6	7	8	9	10

Overall, how would you rate the 3MV Program? *Please circle a number.*

Poor			Okay				Excellent		
1	2	3	4	5	6	7	8	9	10

What topics, content, and/or concepts could have been covered in more detail?

What topics, content, and/or concepts could have been covered in less detail?

**How else could this session be improved?**

**Other comments:**

**As a result of last week's session, did you make some positive changes in your life?**

- Yes       No       I did not attend last week's session

*If yes, please describe the changes you made.*

**Thank you for your feedback!**

## Participant Feedback Survey: Session 7

Please assess your achievement of the objectives for Session 7 by checking the appropriate boxes below.

As a result of this session, I am able to:	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Identify my ongoing needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Recognize the need for ongoing support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Recognize the need to continue to develop a personal philosophy of ongoing self-development, exploration, personal growth, and behavior change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Recognize the need to link to other services and resources (e.g., linkages to substance use treatment, mental health services, legal and social services, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Recognize the need for ongoing community development to create an environment in which black MSM feel safe and accepted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please take a moment to rate how effective we were in presenting information to you today.

The group facilitator(s)...	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Demonstrated expertise in the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clearly answered any questions I had.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Used clear, simple language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was/were comfortable talking about sensitive topics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Defined terms in a way that I could understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Gave all group members a chance to contribute and ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Listened carefully to what everybody said.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Used appropriate teaching strategies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Created a comfortable learning environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Was/were nonjudgmental.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Was/were friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>The group facilitator(s)...</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
12. Was/were enthusiastic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Was/were respectful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>As a participant, I found ...</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
1. The group discussions interesting and informative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The in-class games and exercises enhanced my ability to learn the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The handouts to be helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Overall, how would you rate the performance of the group leader(s)?** *Please circle a number.*

<b>Poor</b>		<b>Okay</b>						<b>Excellent</b>	
1	2	3	4	5	6	7	8	9	10

**Overall, how would you rate today's session?** *Please circle a number.*

<b>Poor</b>		<b>Okay</b>						<b>Excellent</b>	
1	2	3	4	5	6	7	8	9	10

**Overall, how would you rate the 3MV Program?** *Please circle a number.*

<b>Poor</b>		<b>Okay</b>						<b>Excellent</b>	
1	2	3	4	5	6	7	8	9	10

**What topics, content, and/or concepts could have been covered in more detail?**

**What topics, content, and/or concepts could have been covered in less detail?**

**How else could this session be improved?**

**Other comments:**

**As a result of last week's session, did you make some positive changes in your life?**

Yes       No       I did not attend last week's session

*If yes, please describe the changes you made.*

**Thank you for your feedback!**

## FACILITATOR OBSERVATION FORM

### *When to Use:*

- At least once a month

### *Administered By:*

- Supervisor

### *Completed By:*

- Supervisor

### *Instructions:*

It is important to: (1) determine whether a facilitator is delivering 3MV with fidelity to its core elements and (2) document the quality of the facilitation and management of the session's activities. When conducting the observation, it is important to focus specifically on a facilitator's interactions with the participants and their nonverbal behavior.

Be sure to have the staff person completing the observation form include the facilitator's name, the observer's name, date, 3MV session number, length of session, and location. They should also provide feedback on the facilitator's strengths, areas of improvement, and the observer's next steps for communicating the feedback to the appropriate staff persons.

## Facilitator Observation Form

Facilitator Name: _____	Observer Name: _____
Session Number: _____	Length of Session: _____
Date: ____ / ____ / ____	Location: _____

Please circle the number that best represents your response to the questions.

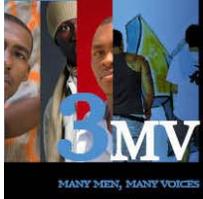
How well did the facilitator:	Not Well	Fairly Well	Well	Very Well	N/A
1. Encourage group participation?	<input type="checkbox"/>				
2. Respond to the group (i.e., address questions)?	<input type="checkbox"/>				
3. Redirect the group?	<input type="checkbox"/>				
4. Manage the affect of the group (deal with stress)?	<input type="checkbox"/>				
5. Control the group's behavior?	<input type="checkbox"/>				
6. Draw quiet people out?	<input type="checkbox"/>				
7. Deal with crises?	<input type="checkbox"/>				
8. Stay on time for each activity?	<input type="checkbox"/>				
9. Empathize with participants?	<input type="checkbox"/>				
10. Maintain neutral judgment?	<input type="checkbox"/>				
11. Maintain a degree of professionalism?	<input type="checkbox"/>				
12. Explain the didactic portions of the session?	<input type="checkbox"/>				
13. Conduct condom use role modeling?	<input type="checkbox"/>				
14. Conduct sexual negotiation modeling?	<input type="checkbox"/>				
15. Engage group in role-playing with condoms?	<input type="checkbox"/>				
16. Engage the group in role-playing negotiation scenarios?	<input type="checkbox"/>				
17. Provide positive reinforcement?	<input type="checkbox"/>				
18. Provide corrective feedback?	<input type="checkbox"/>				
19. Manage all the materials (e.g., props)?	<input type="checkbox"/>				
20. Demonstrate respect and appreciation for cultural, racial, gender, and religious diversity?	<input type="checkbox"/>				

**Overall Comments:**

**Facilitator strengths:**

**Areas to be improved:**

**Action Plan/Next Steps**



## SESSION FIDELITY LOGS

### When to Use:

- After each session

### Administered By:

- Facilitator

### Completed By:

- Facilitator

### Instructions:

- **Do not distribute these instruments to the participants.** This 3MV Session Fidelity Logs are for *you*, the program facilitator. This evaluation instrument asks for feedback on the ways you implemented each component or activity within the program.
- **There is an evaluation page for each session.** The 3MV evaluation includes an “activity grid,” which provides an opportunity for you to give feedback on each activity within the session. For each program activity, indicate whether you *taught* the activity *as suggested*, *taught* the activity *with changes*, or *did not teach* the activity.
- **Complete the form promptly.** Complete the form immediately after the session, or within 2 days of presenting the material, so that your experiences are fresh in your mind.
- **Provide as much feedback as possible.** The more feedback you provide, the more helpful this evaluation tool will be in future implementations of the program. Please explain any changes made to the session in the *Remarks* section, as well as ways in which the session can be enhanced. Comments and suggestions concerning the program content, structure, and clarity of the materials are particularly helpful and should be shared with your supervisor.
- **Create your own form.** You may create your own form if you have significantly tailored or modified the sessions to meet the needs of your target population.

NHM&E DS Table H variables—Client Intervention Characteristics—for each session are collected on the Session Fidelity Logs. Note that the variables presented in the table include only those required variables captured on this instrument. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for a complete list and description of all M&E variables required for reporting to CDC, optional variables for local M&E, or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).

CDC'S NATIONAL HIV PREVENTION PROGRAM MONITORING & EVALUATION DATA SET VARIABLES		
NHM&E DS Table	NHM&E DS Number	Variable Name (Item Number or Name)
H: Client Intervention Characteristics	05	Session Number
	06	Session Date–Month (Today's Date)
	07	Session Date–Day (Today's Date)
	08	Session Date–Year (Today's Date)
	11	Duration of Session (End Time–Start Time)
	20	Session Activities

## Session 1 Log

Facilitator 1: \_\_\_\_\_  
 Date of Session: \_\_\_\_\_  
 Start Time: \_\_\_\_\_  
 No. of Participants in Attendance: \_\_\_\_\_

Facilitator 2: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_  
 End Time: \_\_\_\_\_  
 Location: \_\_\_\_\_

<b>Activity</b>	
<p><b>1.1 Check-in and KABS Survey</b></p> <p><input type="checkbox"/> Administered KABS  <input type="checkbox"/> Did not administer KABS</p> <p><i>Remarks:</i></p>	<p><b>1.2 Setting the Stage</b></p> <p><input type="checkbox"/> Taught all as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>
<p><b>1.3 Exercise 1: What Have You Tried to Change?</b></p> <p><input type="checkbox"/> Taught all as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>	<p><b>1.4 Exercise 2: Why We Do the Things We Do</b></p> <p><input type="checkbox"/> Taught all as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>
<p><b>1.5 Exercise 3: Brainstorming Wheels–Dual Identity</b></p> <p><input type="checkbox"/> Taught all as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>	<p><b>1.6 Exercise 4: Making the Connection</b></p> <p><input type="checkbox"/> Taught all as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>
<p><b>1.7 Evaluation</b></p> <p><input type="checkbox"/> Administered  <input type="checkbox"/> Did not administer</p> <p><i>Remarks:</i></p>	<p><b>1.8 Closure/Tie-in to Next Session</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>

## Session 2 Log

Facilitator 1: \_\_\_\_\_  
 Date of Session: \_\_\_\_\_  
 Start Time: \_\_\_\_\_  
 No. of Participants in Attendance: \_\_\_\_\_

Facilitator 2: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_  
 End Time: \_\_\_\_\_  
 Location: \_\_\_\_\_

<b>Activity</b>	
<p><b>2.1 Check-in</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>	<p><b>2.2 Review/Preview</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>
<p><b>2.3 Exercise 1: Roles and Risks for Tops and Bottoms</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>	<p><b>2.4 Exercise 2: What Do You Know About STDs and HIV for Black MSM?</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>
<p><b>2.5 Exercise 3: How Do You Get an STD or HIV from Different Kinds of Sexual/Substance Use Risk Behaviors?</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>	<p><b>2.6 Exercise 4a: Sex in the City: An Inside View (Demonstration)</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>

<b>Activity</b>	
<p><b>2.7 Exercise 4b: Transmission Puzzle Presentation</b></p> <p> <input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach </p> <p><i>Remarks:</i></p>	<p><b>2.8 Evaluation</b></p> <p> <input type="checkbox"/> Administered  <input type="checkbox"/> Did not administer </p> <p><i>Remarks:</i></p>
<p><b>2.9 Closure/Tie-in to Next Session</b></p> <p> <input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach </p> <p><i>Remarks:</i></p>	

## Session 3 Log

Facilitator 1: \_\_\_\_\_  
 Date of Session: \_\_\_\_\_  
 Start Time: \_\_\_\_\_  
 No. of Participants in Attendance: \_\_\_\_\_

Facilitator 2: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_  
 End Time: \_\_\_\_\_  
 Location: \_\_\_\_\_

Activity	Remarks
<p><b>3.1 Check-in</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>	<p><b>3.2 Review/Preview</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>
<p><b>3.3 Exercise 1: What Are My Chances If?</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>	<p><b>3.4 Exercise 2: Take Your Own Inventory: What Would You Do With Whom?</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>
<p><b>3.5 Exercise 3: My Personal STD/HIV Risk Behaviors Are...</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>	<p><b>3.6 Evaluation</b></p> <p><input type="checkbox"/> Administered  <input type="checkbox"/> Did not administer</p> <p><i>Remarks:</i></p>

## Session 4 Log

Facilitator 1: \_\_\_\_\_  
 Date of Session: \_\_\_\_\_  
 Start Time: \_\_\_\_\_  
 No. of Participants in Attendance: \_\_\_\_\_

Facilitator 2: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_  
 End Time: \_\_\_\_\_  
 Location: \_\_\_\_\_

<b>Activity</b>	
<p><b>4.1 Check-in</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>	<p><b>4.2 Review/Preview</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>
<p><b>4.3 Exercise 1: Stage Yourself—How Ready Are You for Change?</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>	<p><b>4.4 Exercise 2: Choosing to Act</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>
<p><b>4.5 Exercise 3: Expressing Personal Ambivalence and Barriers</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>	<p><b>4.6 Exercise 4: Exploring the Pros and Cons of Selected Change</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>

<b>Activity</b>	
<p><b>4.7 Exercise 5: Getting Ready for Action</b></p> <p> <input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach         </p> <p><i>Remarks:</i></p>	<p><b>4.8 Evaluation</b></p> <p> <input type="checkbox"/> Administered  <input type="checkbox"/> Did not administer         </p> <p><i>Remarks:</i></p>
<p><b>4.9 Closure/Tie-in to Next Session</b></p> <p> <input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach         </p> <p><i>Remarks:</i></p>	

## Session 5 Log

Facilitator 1: \_\_\_\_\_  
 Date of Session: \_\_\_\_\_  
 Start Time: \_\_\_\_\_  
 No. of Participants in Attendance: \_\_\_\_\_

Facilitator 2: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_  
 End Time: \_\_\_\_\_  
 Location: \_\_\_\_\_

<b>Activity</b>	
<p><b>5.1 Check-in</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>	<p><b>5.2 Review/Preview</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>
<p><b>5.3 Revisit chosen Option for STD/HIV Risk Reduction—Develop a Plan</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>	<p><b>5.4 Exercise 1: The Man of My Dreams</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>
<p><b>5.5 Exercise 2: Who's Got the Power?</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>	<p><b>5.6 Exercise 3: Why We Choose the Ones We Choose—Are You a Top or a Bottom?</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>

<b>Activity</b>	
<p><b>5.7 Evaluation</b></p> <p><input type="checkbox"/> Administered  <input type="checkbox"/> Did not administer</p> <p><i>Remarks:</i></p>	<p><b>5.8 Closure/Tie-in to Next Session</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>

## Session 6 Log

Facilitator 1: \_\_\_\_\_  
 Date of Session: \_\_\_\_\_  
 Start Time: \_\_\_\_\_  
 No. of Participants in Attendance: \_\_\_\_\_

Facilitator 2: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_  
 End Time: \_\_\_\_\_  
 Location: \_\_\_\_\_

<b>Activity</b>	
<p><b>6.1 Check-in</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>	<p><b>6.2 Review/Preview</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>
<p><b>6.3 Review Individual and Relationship Risk Reduction Options of Each Participant</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>	<p><b>6.4 Exercise 1: Play Your Own Scene</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>
<p><b>6.5 Exercise 2: Round Robin Role-Plays</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>	<p><b>6.6 Exercise 3: Group Problem-Solving</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>
<p><b>6.7 Exercise 4: Falling Off the Wagon</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>	<p><b>6.8 Repeat KAB Survey</b></p> <p><input type="checkbox"/> Administered  <input type="checkbox"/> Did not administer</p> <p><i>Remarks:</i></p>

<b>Activity</b>	
<p><b>6.9 Evaluation</b></p> <p><input type="checkbox"/> Administered  <input type="checkbox"/> Did not administer</p> <p><i>Remarks:</i></p>	<p><b>6.10 Closure/Tie-in to Next Session</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>

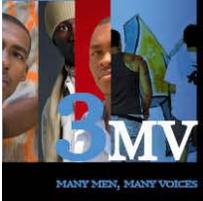
## Session 7 Log

Facilitator 1: \_\_\_\_\_  
 Date of Session: \_\_\_\_\_  
 Start Time: \_\_\_\_\_  
 No. of Participants in Attendance: \_\_\_\_\_

Facilitator 2: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_  
 End Time: \_\_\_\_\_  
 Location: \_\_\_\_\_

<b>Activity</b>	
<p><b>7.1 Check-in</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>	<p><b>7.2 Review/Preview</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>
<p><b>7.3 Exercise 1: What Else Do You Need?</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>	<p><b>7.4 Exercise 2: How Can I Build on This Experience?</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>
<p><b>7.5 Exercise 3: How Can We Build a Community?</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>	<p><b>7.6 Exercise 4: Writing a Survival Handbook for Black MSM in Sim City</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>

<b>Activity</b>	
<p><b>7.7 Exercise 5: Agency—What Else Do We Have for You?</b></p> <p> <input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach </p> <p><i>Remarks:</i></p>	<p><b>7.8 Evaluation</b></p> <p> <input type="checkbox"/> Administered  <input type="checkbox"/> Did not administer </p> <p><i>Remarks:</i></p>
<p><b>7.9 Closing Ceremony</b></p> <p> <input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach </p> <p><i>Remarks:</i></p>	



## REFERRAL TRACKING FORM

### When to Use:

- When formal referrals are made

### Administered By:

- Agency staff providing referral (e.g., facilitator, outreach worker, program manager)

### Completed By:

- Agency staff providing referral

### Instructions:

The Referral Tracking Form is required only when an individual receives a referral that will be tracked over time. The Referral Tracking Form should be used to document the provider's efforts and the results of these efforts to follow up on each referral made for a client. Explanations for response options are listed on the page following the form. Use the individual's Participant Enrollment Form to record his client demographic and risk information on to this form. Remember to record the client ID in order to match the necessary from his Participant Enrollment Form.

The NHM&E DS variables listed in the table below are collected on the Referral Tracking Form. Note that the variables presented in the table include only those required variables captured on this instrument. Please refer to the NHM&E DS (CDC, 2008d) for a complete list and description of all M&E variables required for reporting to CDC and optional variables for local M&E, or the 2008 NHM&E DS Variable Requirements (Appendix D).

CDC'S NATIONAL MONITORING & EVALUATION SYSTEM FOR HIV PREVENTION PROGRAM DATA SET VARIABLES		
NHM&E DS Table	NHM&E DS Number	Variable Name (Item Number or Name)
X-7: Referral	01	Referral code (A)
	02	Referral date (B)
	03	Referral service type (C)
	05	Referral follow-up (D)
	06	Referral outcome (E)
	10	Referral close date (F)
	16	Age (from Participant Enrollment Form)
	17	Ethnicity (from Participant Enrollment Form)
	18	Race (from Participant Enrollment Form)
	19	Current gender (from Participant Enrollment Form)
	20	Risk category (from Participant Enrollment Form)
21	Self-reported HIV status (from Participant Enrollment Form)	

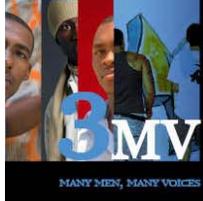
## Referral Tracking Form

Client ID: \_\_\_\_\_

<b>A. Referral Code:</b>	_____		
<b>B. Referral Date:</b>	____/____/____ mm dd yyyy		
<b>C. Referral Service Type:</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> HIV testing  <input type="checkbox"/> HIV confirmatory test  <input type="checkbox"/> HIV prevention counseling  <input type="checkbox"/> STD screening/treatment  <input type="checkbox"/> Viral hepatitis screening/ treatment/immunization  <input type="checkbox"/> TB testing  <input type="checkbox"/> Syringe exchange services  <input type="checkbox"/> Substance abuse prevention or treatment services  <input type="checkbox"/> IDU risk reduction services  <input type="checkbox"/> Reproductive health services                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Prenatal care  <input type="checkbox"/> HIV medical care/treatment  <input type="checkbox"/> General medical care  <input type="checkbox"/> PCRS  <input type="checkbox"/> PCM  <input type="checkbox"/> Other HIV prevention services  <input type="checkbox"/> Mental health services  <input type="checkbox"/> Other support services (specify): _____  <input type="checkbox"/> Other services (specify): _____                 </td> </tr> </table>	<input type="checkbox"/> HIV testing <input type="checkbox"/> HIV confirmatory test <input type="checkbox"/> HIV prevention counseling <input type="checkbox"/> STD screening/treatment <input type="checkbox"/> Viral hepatitis screening/ treatment/immunization <input type="checkbox"/> TB testing <input type="checkbox"/> Syringe exchange services <input type="checkbox"/> Substance abuse prevention or treatment services <input type="checkbox"/> IDU risk reduction services <input type="checkbox"/> Reproductive health services	<input type="checkbox"/> Prenatal care <input type="checkbox"/> HIV medical care/treatment <input type="checkbox"/> General medical care <input type="checkbox"/> PCRS <input type="checkbox"/> PCM <input type="checkbox"/> Other HIV prevention services <input type="checkbox"/> Mental health services <input type="checkbox"/> Other support services (specify): _____ <input type="checkbox"/> Other services (specify): _____
<input type="checkbox"/> HIV testing <input type="checkbox"/> HIV confirmatory test <input type="checkbox"/> HIV prevention counseling <input type="checkbox"/> STD screening/treatment <input type="checkbox"/> Viral hepatitis screening/ treatment/immunization <input type="checkbox"/> TB testing <input type="checkbox"/> Syringe exchange services <input type="checkbox"/> Substance abuse prevention or treatment services <input type="checkbox"/> IDU risk reduction services <input type="checkbox"/> Reproductive health services	<input type="checkbox"/> Prenatal care <input type="checkbox"/> HIV medical care/treatment <input type="checkbox"/> General medical care <input type="checkbox"/> PCRS <input type="checkbox"/> PCM <input type="checkbox"/> Other HIV prevention services <input type="checkbox"/> Mental health services <input type="checkbox"/> Other support services (specify): _____ <input type="checkbox"/> Other services (specify): _____		
<b>D. Referral Follow-up Method:</b> <i>(Choose only one)</i>	<input type="checkbox"/> None <input type="checkbox"/> Active referral <input type="checkbox"/> Passive referral—agency verification <input type="checkbox"/> Passive referral—client verification		
<b>E. Referral Outcome:</b> <i>(Choose only one)</i>	<input type="checkbox"/> Pending <input type="checkbox"/> Confirmed—accessed service <input type="checkbox"/> Confirmed—did not access service <input type="checkbox"/> Lost to follow-up		
<b>F. Referral Close Date:</b>	____/____/____ mm dd yyyy		
<b>G. Referral Notes</b>	_____ _____ _____ _____ _____ _____		

## Referral Tracking Form: Codes and Explanations

<b>A</b>	<b>Referral Code</b>	Create and enter a unique code that your agency will use to track the client's referral to another agency.
<b>B</b>	<b>Referral Date</b>	The date the referral was made.
<b>C</b>	<b>Referral Service Type</b>	Indicate the type of service to which the client is being referred.
<b>D</b>	<b>Referral Follow-up Method</b>	<p>Indicate the method by which the referral will be verified.</p> <p><u>Options include:</u></p> <ul style="list-style-type: none"> <li>• <b>Active referral:</b> Direct linkage (access) to a service provider</li> <li>• <b>Passive referral—agency verification:</b> Confirmation that the client accessed services by the receiving agency</li> <li>• <b>Passive referral—client verification:</b> Confirmation by the client that he/she accessed services</li> <li>• <b>None:</b> No plan to verify the completion of this referral</li> </ul>
<b>E</b>	<b>Referral Outcome</b>	<p>Indicate the status of the referral at the time of follow-up.</p> <p><u>Options include:</u></p> <ul style="list-style-type: none"> <li>• <b>Pending:</b> The status of the referral can't be confirmed or denied</li> <li>• <b>Confirmed—accessed service</b></li> <li>• <b>Confirmed—did not access service</b></li> <li>• <b>Lost to follow-up:</b> The provider has been unable to verify the status of the referral within 60 days of the referral date.</li> </ul>
<b>F</b>	<b>Referral Close Date</b>	A date indicating when the referral is confirmed or lost to follow-up.
<b>G</b>	<b>Referral Notes</b>	<i>(Optional)</i> Additional notes about the referral.

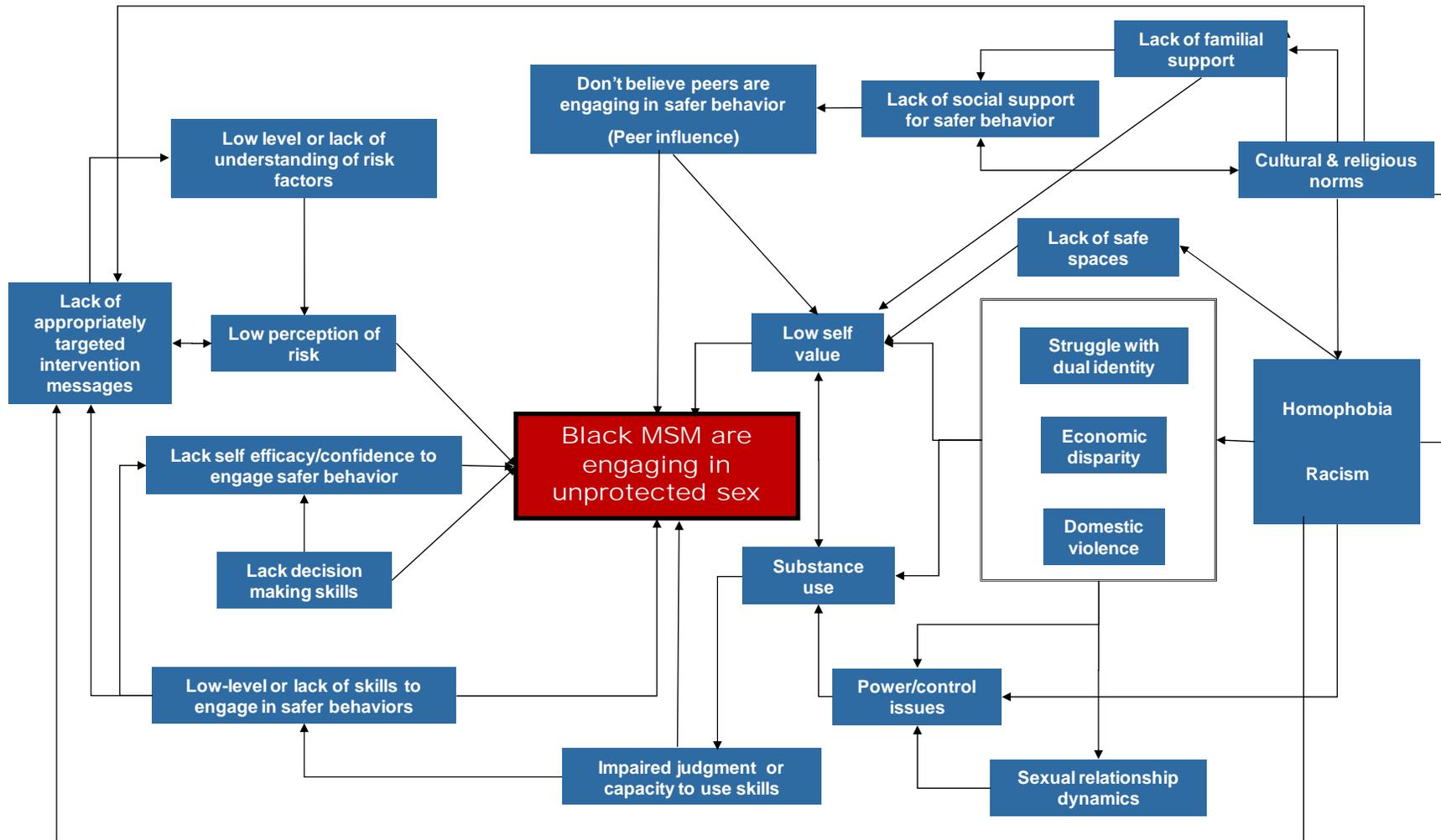


## APPENDIX A: 3MV BEHAVIORAL RISK ANALYSIS

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This appendix provides a generic behavior risk analysis for the populations identified in Many Men, Many Voices—Black MSM engaging in unprotected sex. A behavioral risk analysis shows the relationships between the personal, interpersonal, societal, and environmental factors (also referred to as “behavioral determinants” or “determinants of risk”) that facilitate high-risk behaviors. This information is used to understand why members of the target population engage in the identified risk behavior, and where 3MV intervenes to protect individuals against the determinants of risk. You should modify the risk analysis to illustrate the influencing factors specific to your target population and local environmental conditions. Use information obtained through a needs assessment of your target population to modify your behavioral risk analysis.

## APPENDIX A: MANY MEN, MANY VOICES BEHAVIORAL RISK ANALYSIS



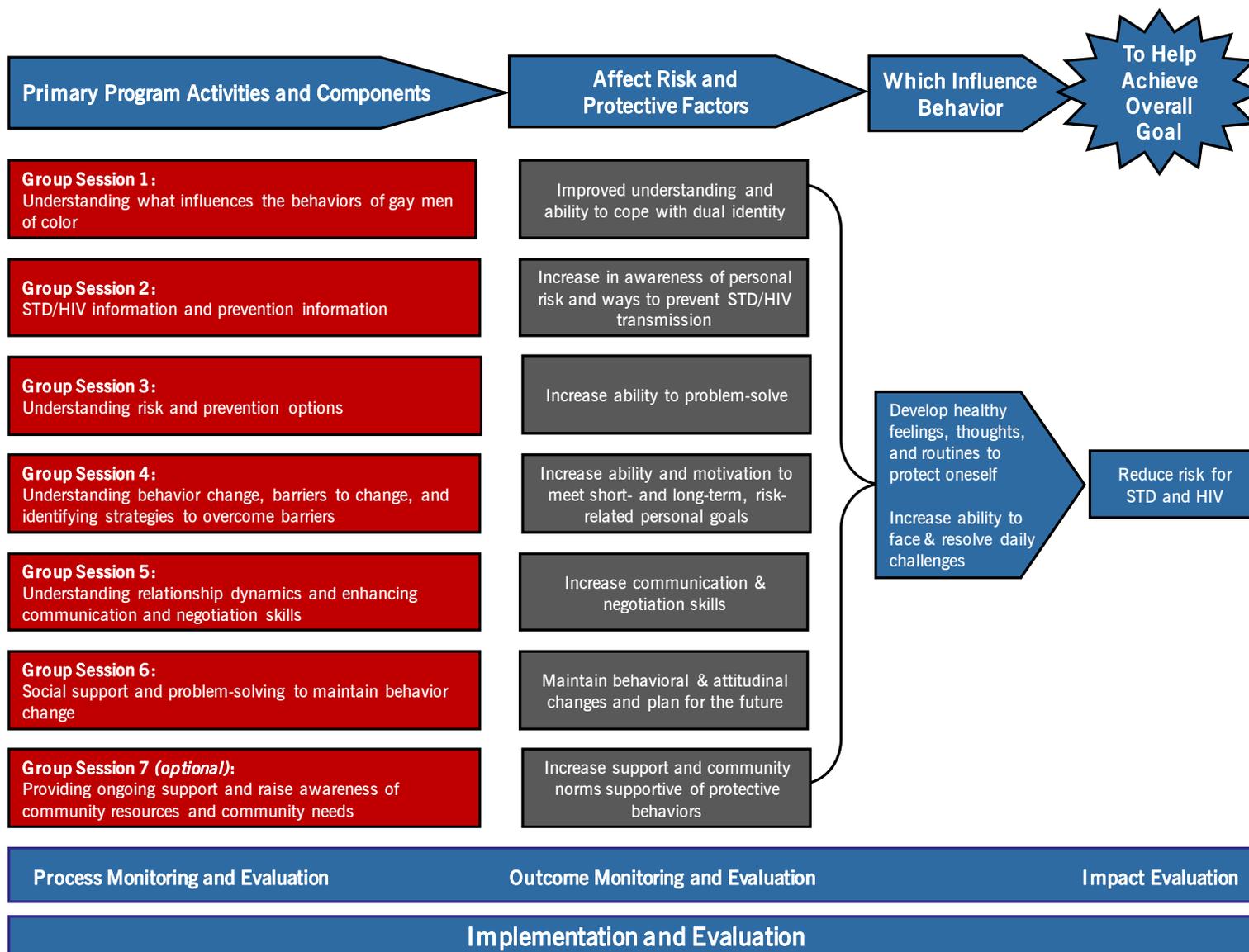


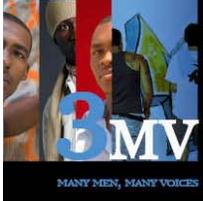
## **APPENDIX B: 3MV CONCEPTUAL FRAMEWORK**

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This appendix provides a conceptual framework for Many Men, Many Voices. This framework depicts the influential relationship of intervention activities on determinants of risk to influence behavior change. Use information obtained through a needs assessment to modify the conceptual framework to illustrate the determinants of risk specific to your target population.

## APPENDIX B: 3MV CONCEPTUAL FRAMEWORK



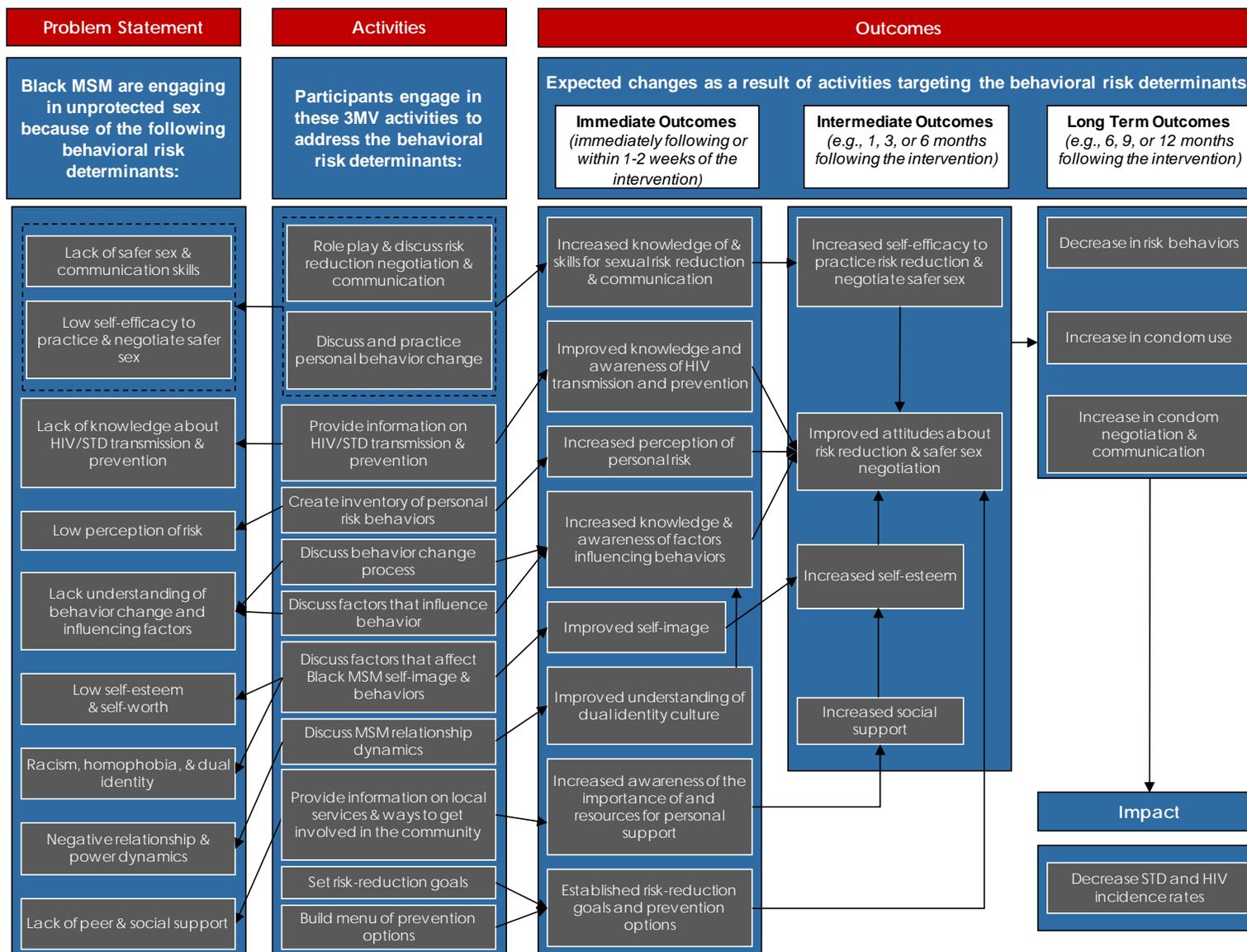


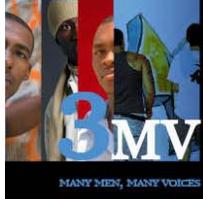
## APPENDIX C: 3MV BEHAVIOR CHANGE LOGIC MODEL

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This section provides a generic logic model for Many Men, Many Voices. Please note that this behavior change logic model is different from the logic model provided during the 3MV trainings. This model reflects activities designed to affect the behaviors and attitudes of members of targeted communities and illustrates the relationship of the program's activities to the expected outputs and outcomes as described in the 3MV Implementation Manual. As with the behavioral risk analysis, it is important that you adapt and tailor this logic model to reflect your agency's implementation of 3MV.

## APPENDIX C: 3MV BEHAVIORAL CHANGE LOGIC MODEL

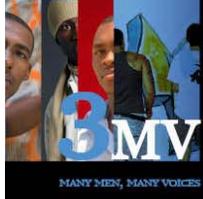




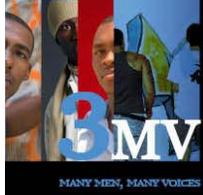
## APPENDIX D: 2008 NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET VARIABLE REQUIREMENTS

The table below presents a summary of the variable requirements for the data collection periods of January 1 and July 1, 2008, excluding variable requirements for HIV Testing and Partner Counseling and Referral Services (PCRS). HIV testing variable requirements are currently specified in the *HIV Testing Form and Variables Manual* and the *CDC HIV Testing Variables Data Dictionary* (both are available on the PEMS Web site, <https://team.cdc.gov>). Requirements for PCRS will be released later in 2008. Since this document only provides a summary of the requirements, please refer to the NHM&E DS (CDC, 2008d) for a more detailed description of definitions and value choices.

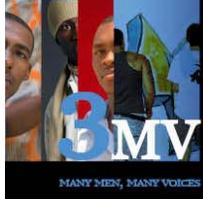
VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
<b>General Agency Information (Table A)</b>		
A01	Agency Name	Required
A01a	PEMS Agency ID	Required
A02	Community Plan Jurisdiction	Required
A03	Employer Identification Number (EIN)	Required
A04	Street Address 1	Required
A05	Street Address 2	Required
A06	City	Required
A08	State	Required
A09	ZIP Code	Required
A10	Agency Web site	Required
A11	Agency DUNS Number	Required
A12	Agency Type	Required
A13	Faith-based	Required
A14	Race/Ethnicity Minority Focused	Required
A18	Directly Funded Agency	Required
A21	Agency Contact Last Name	Required
A22	Agency Contact First Name	Required
A23	Agency Contact Title	Required
A24	Agency Contact Phone	Required
A25	Agency Contact Fax	Required
A26	Agency Contact E-mail	Required



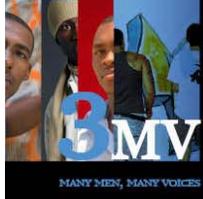
VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
<b>CDC Program Announcement Award Information (Table B)</b>		
B01	CDC HIV Prevention PA Number	Required
B02	CDC HIV Prevention PA Budget Start Date	Required
B03	CDC HIV Prevention PA Budget End Date	Required
B04	CDC HIV Prevention PA Award Number	Required
B06	Total CDC HIV Prevention Award Amount	Required
B06a	Annual CDC HIV Prevention Award Amount Expended	Required
B07	Amount Allocated for Community Planning	Required
B08	Amount Allocated for Prevention Services	Required
B09	Amount Allocated for Evaluation	Required
B10	Amount Allocated for Capacity Building	Required
<b>Contractor Information (Table C)</b>		
C01	Agency Name	Required
C04	City	Required
C06	State	Required
C07	ZIP Code	Required
C13	Employer Identification Number (EIN)	Required
C14	DUNS Number	Required
C15	Agency Type	Required
C16	Agency Activities	Required
C17	Faith-based	Required
C18	Race/Ethnicity Minority Focused	Required
C19	Contract Start Date–Month	Required
C20	Contract Start Date–Year	Required
C21	Contract End Date–Month	Required
C22	Contract End Date–Year	Required
C23	Total Contract Amount Awarded	Required
C25	CDC HIV Prevention Program Announcement Number	Required
C26	CDC HIV Prevention PA Budget Start Date	Required
C27	CDC HIV Prevention PA Budget End Date	Required



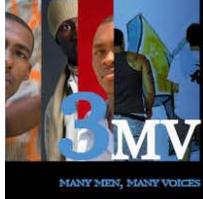
VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
<b>Site Information (Table S)</b>		
S01	Site ID	Required
S03	Site Name	Required
S04	Site Type	Required
S08	County	Required
S09	State	Required
S10	ZIP Code	Required
S16	Use of Mobile Unit	Required
<b>Program Name–Planning (Table D)</b>		
D01	Program Name	Required
D02	Community Planning Jurisdiction	Required
D03	Community Planning Year	Required
<b>Program Model and Budget–Planning (Table E1)</b>		
E101	Program Model Name	Required
E102	Evidence Base	Required
E103	CDC Recommended Guidelines	Required
E104	Other Basis for Program Model	Required
E105	Target Population	Required
E107	Program Model Start Date	Required
E108	Program Model End Date	Required
E109	Proposed Annual Budget	Required
<b>Intervention Plan Characteristics (Table F)</b>		
F01	Intervention Type	Required
F02	Intervention Name/ID	Required
F03	HIV+ Intervention	Required
F04	Perinatal Intervention	Required
F05	Total Number of Clients	Required
F06	Sub-Total Target Population	Required
F07	Planned Number of Cycles	Required
F08	Number of Sessions	Required
F09	Unit of Delivery	Required
F11	Delivery Method	Required
F14	Level of Data Collection	Required



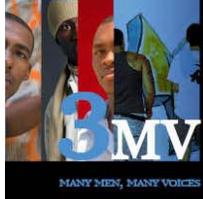
VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
<b>Client Characteristics (Table G)</b>		
G101	Date Collected	Required
G102	PEMS Client Unique Key	Required
G112	Date of Birth–Year	Required
G113	Calculated Age	Required
G114	Ethnicity	Required
G116	Race	Required
G120	State/Territory of Residence	Required
G123	Assigned Sex at Birth	Required
G124	Current Gender	Required
G200	Date Collected	Required
G204	Previous HIV Test	Required
G205	Self-Reported HIV Test Result	Required
G208	In HIV Medical Care/Treatment (only if HIV+)	Required
G209	Pregnant (only if female)	Required
G210	In Prenatal Care (only if pregnant)	Required
G211	Client Risk Factors***	Required
G212	Additional Client Risk Factors^^^	Required
G213	Recent STD (Not HIV)	Required
<p>***Note: The recall period for client risk factors is 12 months.            ^^Note: Additional value choices for risk factors added:</p> <ul style="list-style-type: none"> <li>■ Sex without using a condom</li> <li>■ Sharing drug injection equipment</li> </ul>		
<b>Client Intervention Characteristics (Table H)</b>		
H01	Intervention Name/ID	Required
H01a	Cycle	Required
H05	Session Number	Required
H06	Session Date–Month	Required
H07	Session Date–Day	Required
H08	Session Date–Year	Required
H10	Site Name/ID	Required
H13	Recruitment Source	Required
H18	Recruitment Source–Service/Intervention Type	Required
H21	Incentive Provided	Required
H22	Unit of Delivery	Required
H23	Delivery Method	Required



VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
<b>Referral (Table X7)</b>		
X701	PEMS Referral Code	Required
X702	Referral Date	Required
X703	Referral Service Type	Required
X706	Referral Outcome	Required
X710	Referral Close Date	Required
<b>Aggregate HE/RR and Outreach (Table AG)</b>		
AG00	Intervention Name	Required
AG01	Session Number	Required
AG02	Date of Event/Session	Required
AG03	Duration of Event/Session	Required
AG04	Number of Client Contacts	Required
AG05a	Delivery Method	Required
AG05c	Incentive Provided	Required
AG06	Site Name/ID	Required
AG08a	Client Primary Risk–MSM	Required
AG08b	Client Primary Risk–IDU	Required
AG08c	Client Primary Risk–MSM/IDU	Required
AG08d	Client Primary Risk–Sex Involving Transgender	Required
AG08e	Client Primary Risk–Heterosexual Contact	Required
AG08f	Client Primary Risk–Other/Risk Not Identified	Required
AG09a	Client Gender–Male	Required
AG09b	Client Gender–Female	Required
AG09c	Client Gender–Transgender MTF	Required
AG09d	Client Gender–Transgender FTM	Required
AG10a	Client Ethnicity–Hispanic or Latino	Required
AG10b	Client Ethnicity–Not Hispanic or Latino	Required
AG11a	Client Race–American Indian or Alaska Native	Required
AG11b	Client Race–Asian	Required
AG11c	Client Race–Black or African American	Required
AG11d	Client Race–Native Hawaiian or Other Pacific Islander	Required
AG11e	Client Race–White	Required
AG12a	Client Age–Younger Than 13 years	Required



VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
<b>Aggregate HE/RR and Outreach (Table AG) (continued)</b>		
AG12b	Client Age-13-18 years	Required
AG12c	Client Age-19-24 years	Required
AG12d	Client Age-25-34 years	Required
AG12e	Client Age-35-44 years	Required
AG12f	Client Age-45 years and Older	Required
AG14a	Materials Distributed-Male Condoms	Required
AG14b	Materials Distributed-Female Condoms	Required
AG14c	Materials Distributed-Bleach or Safer Injection Kits	Required
AG14d	Materials Distributed-Education Materials	Required
AG14e	Materials Distributed-Safe Sex Kits	Required
AG14f	Materials Distributed-Referral List	Required
AG14g	Materials Distributed-Role Model Stories	Required
AG14h	Materials Distributed-Other (specify)	Required
<b>Health Communication/Public Information (Table HC)</b>		
HC01	Intervention Name	Required
HC02	HC/PI Delivery Method	Required
HC05	Event Start Date	Required
HC06	Event End Date	Required
HC07	Total Number of Airings	Required
HC08	Estimated Total Exposures	Required
HC09	Number of Materials Distributed	Required
HC10	Total Number of Web Hits	Required
HC11	Total Number of Attendees	Required
HC12	Number of Callers	Required
HC13	Number of Callers Referred	Required
HC14	Distribution-Male Condoms	Required
HC15	Distribution-Female Condoms	Required
HC16	Distribution-Lubricants	Required
HC17	Distribution-Bleach or Safer Injection Kits	Required
HC18	Distribution-Referral Lists	Required
HC19	Distribution-Safe Sex Kits	Required
HC20	Distribution-Other	Required



VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
<b>Community Planning Level (Table CP-A/B/C)</b>		
CP-A01	Name of HIV Prevention CPG	HD only
CP-A02	Community Plan Year	HD only
CP-B01	Priority Population	HD only
CP-B02	Rank	HD only
CP-B03	Age	HD only
CP-B04	Gender	HD only
CP-B05	Ethnicity	HD only
CP-B06	Race	HD only
CP-B07	HIV Status	HD only
CP-B08	Geo Location	HD only
CP-B09	Transmission Risk	HD only
CP-C01	Name of the Prevention Activity/Intervention	HD only
CP-C02	Prevention Activity/Intervention Type	HD only
CP-C04	Evidence Based	HD only
CP-C05	CDC Recommended Guidelines	HD only
CP-C06	Other Basis for Intervention	HD only
CP-C07	Activity	HD only



## APPENDIX E: REFERENCES

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