

ACKNOWLEDGMENTS

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It is hoped that this guide will prove useful to those implementing the CLEAR 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 with any comments or concerns.

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INTRODUCTION

PURPOSE

The *CLEAR Evaluation Field Guide* was developed to provide community-based organizations implementing CLEAR (Choosing Life: Empowerment, Action, Results!) with systematic methods to conduct evaluation processes and activities that will inform, guide, and assess their CLEAR 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 CLEAR stakeholders. This field guide is designed as a supplement to the *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 manual is one of several documents disseminated by DHAP to provide information and guidance on HIV prevention program evaluation, data collection, data utilization, and uses the variables included in 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 evaluating 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 NHM&E DS variables to monitor and evaluate HIV prevention programs (CDC, 2008b).
- ***Program Evaluation and Monitoring (PEMS) User Manual***. This how-to manual describes the functionality within the application and provides step-by-step instructions for each module within the Web-based software tool. Screenshots, example extracts of data, 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; visiting the PEMS Web site (<https://team.cdc.gov>); or contacting the DHAP Help Desk (1-877-659-7725 or dhapsupport@cdc.gov).

MODIFYING MATERIALS

The evaluation questions and data collection forms contained in this document are very general in nature. These questions and data collection forms reflect the reporting requirements of CDC¹ and the basic monitoring and evaluation requirements of CLEAR. Your agency may have additional reporting requirements or you may have information needs within your organization 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 CLEAR. Section 2 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 CLEAR and plan future implementation. Section 3 has data collection tables that summarize the data collection activities (arranged by primary activities), recommend data collection schedules, provide a brief description of agency resources needed, and suggest ways to use the data. Section 4 includes all the required and optional CLEAR instruments. Each evaluation instrument is arranged by CLEAR activity. The appendixes consist of the CLEAR behavioral risk analysis (Appendix A), conceptual framework (Appendix B), logic model (Appendix C), and a list of the NHM&E DS variables (not all of which are required for this intervention) (Appendix D).²

The development of the *CLEAR Evaluation Field Guide* was informed by the development of a behavioral risk analysis, conceptual framework, and 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 the intended outcomes. These appendixes are based on program materials and consultations with members of the Science Application Team within the Capacity Building Branch.

¹ 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 the CLEAR 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 CLEAR.

² 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

CLEAR is an individual-level intervention that was designed for individuals ages 16 and older who are living with HIV/AIDS or at high risk for HIV. The intervention provides them with the skills necessary to live their best life and to make healthy choices. The objectives of CLEAR are to increase behaviors that promote

- Healthy living
- Effectively facing the challenges of daily living
- Positive feelings, thoughts, and actions
- Developing daily routines to stay healthy

The intervention is based on Social Action Theory. Social Action Theory asserts that a person's ability to change behaviors that endanger his or her health is influenced by the individual's cognitive capability (ability to think, reason, imagine, etc.), as well as environmental factors and social interactions that encourage or discourage the change process. Social Action Theory incorporates the principles that are expressed in traditional social-cognitive models of health-behavior change. These models include Social Cognitive Theory, the Health Belief Model, and the Transtheoretical Model (Stages of Change), as well as theories related to social context, interpersonal relationships, and environmental influences.

With Social Action Theory as its foundation, CLEAR applies cognitive-behavioral strategies to maintaining health, reducing the risk for HIV and STI transmission or reinfection, and improving the quality of life of youth and adults living with HIV/AIDS. Strategies in the intervention include role-playing as a means of learning new skills and improving old ones, building client's belief that he or she can change a behavior (self-efficacy); and instilling the belief that changing behaviors will result in a desired outcome (response efficacy). The cognitive-behavioral strategies used in the intervention are introduced within the framework of the intervention's core elements (Rotheram-Borus, Swendeman, Comulada, Weiss, Lee, & Lightfoot, 2004).

The original CLEAR intervention was demonstrated to be effective with HIV-positive youth over a 15-month period by increasing their likelihood of engaging in safer sex behaviors, specifically condom use, and by reducing the number of sexual partners. During its preparation for use in the field, CLEAR was modified in several ways to make implementation easier. More detail is available in the implementation manual (Rotheram-Borus et al., 2004). CLEAR is one of the interventions developed by the CDC Replication of Effective Programs (REP). There are five core elements of the intervention (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, April 2006).

TABLE 1. THE CORE ELEMENTS OF CLEAR

1. Development of emotional awareness through use of a Feeling Thermometer and identification of the link among feelings, thoughts, and actions (F-T-D Framework)
2. Identification of Ideal Self to help motivate and personalize behavior change
3. Teaching, modeling, and practicing Short-and Long-Term Goal Setting
4. Teaching, modeling, and practicing SMART Problem-Solving
5. Teaching, modeling, and practicing Assertive Behavior and Communication

In addition to core elements, there are four key characteristics of CLEAR (Table 2). Key characteristics are activities and delivery methods for conducting an intervention that, while considered of great value to the intervention, can be altered without changing the outcome of the intervention. They can be adapted and tailored for your agency or target populations (CDC, 2003).

TABLE 2. THE KEY CHARACTERISTICS OF CLEAR*

1. **Use of incentives** to encourage clients to return to sessions. It is up to each implementing agency to decide whether or not to use incentives, what kind to use, and the estimated value of an incentive. The most appropriate incentive strategies are those that the agency's community advisory group and client pool think will work best to encourage attendance and participation.
2. **Time.** With practice, all sessions can be finished in the 60- to 75-minute time period indicated in the script of each session. It is recommended that the sessions be kept to the amount of time allocated for each session as often as possible.
3. **Intervals between sessions** can be tailored to the needs and capacity of the agency and population. A general rule of thumb is to conduct sessions once a week. A biweekly schedule may also work, although monthly sessions are not recommended except in very unusual situations. When planning for the session frequency, there are several things to consider:
 - Time for clients to think about what they have experienced
 - Ability to retain clients
 - Availability of both clients and counselors
 - It is not recommended that an agency conduct all core or menu sessions in 1 day or a weekend
4. **Location:** CLEAR can be held anywhere there is a private room. The venue and room should be handicapped accessible. For some communities, venues that advertise services for people living with HIV/AIDS are not good places to hold CLEAR sessions. Some clients have not disclosed their status and therefore would not attend sessions at a place that would compromise their privacy.

* These key characteristics bring immediate credibility and access to groups.

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 employed 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:

- Demographic and risk behavior 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 program, inform programmatic decisions, and answer local M&E questions (CDC, 2008b).
- ***Program Evaluation and Monitoring System (PEMS) software***—an 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 following key elements in the NHM&E DS:

- Variables required for reporting to CDC and optional variables needed for the CLEAR 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 CLEAR. Collecting and analyzing CLEAR data will help you improve your implementation of CLEAR 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 CLEAR. 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 National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS) for the 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

NHM&E DS program planning data provide information about what you intend to do. Your program plan describes the following:

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

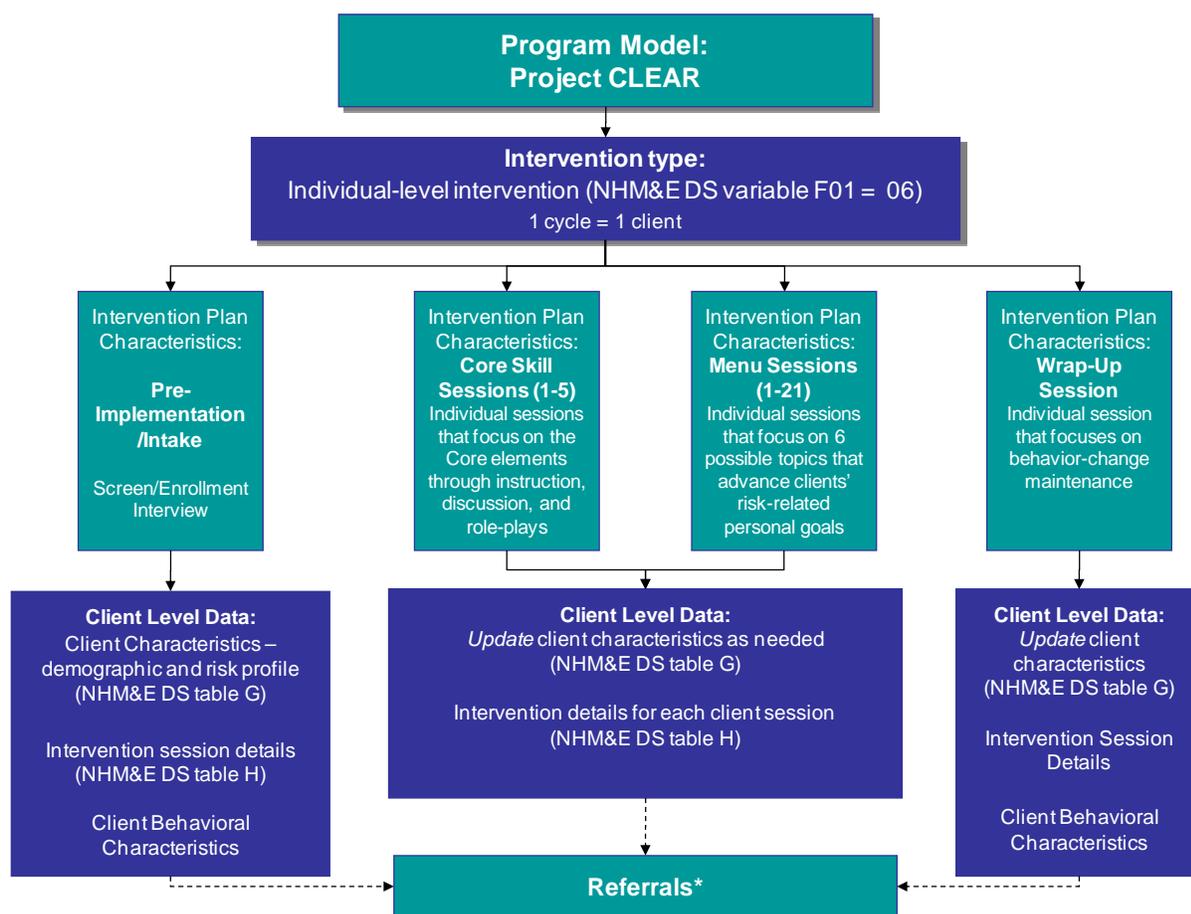
Carefully describing your program is a process that will help your agency determine how to best implement and monitor CLEAR. A clearly described and well-thought-out program plan will allow you to use your process monitoring data to conduct process evaluations. Please refer to CDC's *Evaluation Capacity Building Guide* (CDC, 2008a) for additional information on conducting process evaluations and using that information to plan and improve your implementation of CLEAR.

Recommended Activity

Review your client intake and session record forms to ensure you are gathering all the required NHM&E DS variables and the optional variables specific to CLEAR.

Figure 1 illustrates how CLEAR is organized in the NHM&E DS.

Figure 1. Organization of CLEAR in 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. This table depicts program information variables that are applicable to CLEAR and identifies which variables are required by CDC. For instance, Program Model Name (NHM&E DS E101) is labeled “Agency Determined” because the name of your program model can be CLEAR or any other name determined by your agency. The Evidence Base (NHM&E DS E102) variable, however, specifies a particular variable code (“1.15”) because, regardless of what you have named your program, it is based on the CLEAR model, one of CDC’s Effective Behavioral Interventions.

Note that the variables presented in the table include only those specific to CLEAR; additional, agency-specific variables are required. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) or the for the complete list and description of all M&E variables required for reporting to CDC and optional variables for local M&E or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).

TABLE 3. PROGRAM INFORMATION			
VARIABLE	NHM&E DS NUMBER	VARIABLE CODE	GUIDANCE
Program Model Name	E101	Agency determined	The name of the Program Model can be CLEAR or any other name determined by the agency. See the <i>National Monitoring and Evaluation Guidance for HIV Prevention Programs</i> (CDC, 2008b) for additional information if you are implementing more than one CLEAR within the same program.
Evidence Base	E102	1.15	CLEAR (variable value code: 1.15).*
Target Population	E105	Agency determined	CLEAR was designed for individuals ages 16+ who are living with HIV/AIDS or are at high risk for HIV. If you are targeting a different population with CLEAR, select the appropriate variable code.

* Organizations funded directly by CDC to implement CLEAR 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 CLEAR. If you intend to drop or change a core element of CLEAR to meet the needs of your priority populations, use the fields provided in E104 to describe the changes to the core elements.

Intervention Plan Characteristics provide information about what you plan to do in your implementation of CLEAR. It describes the activities you intend to implement, the planned number of cycles and sessions, the duration of the cycles, whether client services data will be collected at the aggregate or individual level from CLEAR participants. Table 4 lists the NHM&E DS Intervention Plan variables with the variable number and code, variables required to be reported to CDC and guidance to help you understand how to apply these variables when implementing CLEAR.

Note that the variables presented in Table 4 include only those specific to monitoring CLEAR. Additional, agency-specific variables are required. The complete list and description of all M&E variables required for reporting to CDC and optional variables for local M&E or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements can be found in Appendix D. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for further information and updates.

TABLE 4. PROGRAM INFORMATION—INTERVENTION DETAILS

VARIABLE	NHM&E DS NUMBER	VARIABLE CODE	GUIDANCE		
Intervention Type	F01	06	CLEAR is a Health Education/Risk Reduction intervention (variable value choice: 06).		
Total Number of Clients	F05	Agency determined	The total number of clients equals the total number of individuals expected to be served by CLEAR.		
Planned Number of Cycles	F07	Agency determined	A cycle is the complete delivery of an intervention to its intended audience. For CLEAR, because it is an individual-level session, provide the number of individuals expected to receive the intervention (same as F05 above).		
Number of Sessions	F08	Agency determined	A response of "unknown" is appropriate: the number of sessions in CLEAR is not standard across all clients; instead, it is determined individually during service delivery. You should instead note the number of sessions in variable H02: Intended Number of Sessions for each client enrolled in the intervention.		
Unit of Delivery	F09	09	CLEAR is delivered to individuals (variable value code: 09).		
CORE SKILL SESSION 1: GETTING TO KNOW EACH OTHER					
Activity	F10	08.15 11.12 11.19 11.66	What Is Our Commitment?	11.66	Discussion—Other
			How Do I Feel About Living With HIV/AIDS?	11.12	Discussion—Living with HIV/AIDS
			What Are Good Goals?	08.15 11.19	Information—Decision making Discussion—Decision making
CORE SKILL SESSION 2: CREATING A VISION FOR THE FUTURE					
Activity	F10	08.15 08.66 10.66 11.19	What Is My Ideal Self?	08.15 11.19	Information—Decision making Discussion—Decision making
			How Can I Create a Vision for My Future?	11.19	Discussion—Decision making
			How Can I Relax?	08.66 10.66	Information—Other Practice—Other

TABLE 4. PROGRAM INFORMATION—INTERVENTION DETAILS (CONTINUED)

VARIABLE	NHM&E DS NUMBER	VARIABLE CODE	GUIDANCE		
CORE SKILL SESSION 3: STRESSORS AND SMART PROBLEM-SOLVING					
Activity	F10	08.15 08.66 10.04 10.66 11.19	What Are My Current Stressors?	10.04 11.19	Practice—Decision making Discussion—Decision making
			What Is CLEAR Thinking?	08.15 11.19	Information—Decision making Discussion—Decision making
			What Is SMART Problem-Solving?	10.04	Practice—Decision making
			How Can I Relax?	08.66 10.66	Information—Other Practice—Other
			CORE SKILL SESSION 4: EXPLORING DIFFERENT TYPES OF COMMUNICATION		
Activity	F10	08.66 10.66	How Is Communication Related to F-T-D?	08.66	Information—Other
			What Are Different Types of Communication?	08.66	Information—Other
			How Can I Apply Assertive Communication in My Life?	10.66	Practice—Other
			How Can I Relax?	08.66 10.66	Information—Other Practice—Other
CORE SKILL SESSION 5: PUTTING IT ALL TOGETHER					
Activity	F10	05.00	What Prevention Steps Have I Already Taken?	05.00	Personalized Risk Assessment
			What Prevention Goals Do I Want to Start Working on as a Part of My Prevention Plan?	05.00	Personalized Risk Assessment

TABLE 4. PROGRAM INFORMATION—INTERVENTION DETAILS (CONTINUED)

VARIABLE	NHM&E DS NUMBER	VARIABLE CODE	GUIDANCE		
SEXUAL RISK 1: UNDERSTANDING WHY I HAVE UNSAFE SEX					
Activity	F10	05.00 11.01 11.21	What Leads Me to Have Unsafe Sex?	05.00 11.01 11.21	Personalized Risk Assessment Discussion—Sexual risk reduction Discussion—Alcohol and drug use prevention
			How Do I Handle My Unsafe Sex Triggers	11.01	Discussion—Sexual risk reduction
SEXUAL RISK 2: HOW TO USE CONDOMS (CORRECTLY)					
Activity	F10	05.00 08.13 09.01 11.01	What Are My Thoughts About Condoms?	05.00 11.01	Personalized Risk Assessment Discussion—Sexual risk reduction
			How Do I Use a Female Condom?	08.13 09.01	Information—Condom/barrier use Demonstration—Condom/barrier use
			How Do I Use a Male Condom?	08.13 09.01	Information—Condom/barrier use Demonstration—Condom/barrier use
SEXUAL RISK 3: CAN I INFLUENCE MY PARTNER TO USE CONDOMS?					
Activity	F10	05.00 08.14 10.03 11.17 11.18	What Does It Mean to Influence My Partner?	05.00 11.17 11.18	Personalized Risk Assessment Discussion—Condom/barrier use Discussion—Negotiation/communication
			How Do I Influence My Partner to Accept Condoms?	08.14 10.03	Information—Negotiation/communication Practice—Negotiation/communication
SEXUAL RISK 4: CAN I INFLUENCE MY PARTNER TO ENGAGE IN SAFER SEX?					
Activity	F10	08.10 08.14 10.03 11.01	What's Safe?	08.10 11.01	Information—Sexual risk reduction Discussion—Sexual risk reduction
			How Do I Communicate My Safer Sex Desires to My Partner?	08.14 10.03	Information—Negotiation/communication Practice—Negotiation/communication

TABLE 4. PROGRAM INFORMATION—INTERVENTION DETAILS (CONTINUED)

VARIABLE	NHM&E DS NUMBER	VARIABLE CODE	GUIDANCE		
SEXUAL RISK 5: HOW DO I REFUSE UNSAFE SEX?					
Activity	F10	08.14 10.03	How Do I Refuse Unsafe Sex?	08.14 10.03	Information— Negotiation/ communication Practice—Negotiation/ communication
SEXUAL RISK 6: SHOULD I DISCLOSE MY STATUS TO MY SEXUAL PARTNER(S)?					
Activity	F10	08.16 10.05 11.05	How Do I Feel About Disclosure?	11.05	Discussion—Disclosure of HIV status
			The Pros and Cons of Sharing My Status	11.05	Discussion—Disclosure of HIV status
			How Do I Tell a Partner I Am HIV Positive?	08.16 10.05	Information—Disclosure of HIV status Practice—Disclosure of HIS status
SUBSTANCE USE RISK 1: SETTING A FOUNDATION FOR CHANGE					
Activity	F10	08.15 08.21 11.19 11.21	What Are the Pros and Cons of My Substance Use?	11.21	Discussion—Alcohol and drug use prevention
			How Comfortable Am I with the Cons of My Substance Use?	11.19 11.21	Discussion—Decision making Discussion—Alcohol and drug use prevention
			Keeping Track of Progress	08.15 08.21	Information—Decision making Information—Alcohol and drug use prevention
SUBSTANCE USE RISK 2: WHAT ARE MY EXTERNAL DRUG AND ALCOHOL TRIGGERS?					
Activity	F10	05.00 08.21 11.21	What Keeps My Drug and Alcohol Use Going?	08.21	Information—Alcohol and drug use prevention
			What Are My External Triggers for Drug and Alcohol Use?	05.00 08.21	Personalized risk assessment Information—Alcohol and drug use prevention
			How Can I Handle My External Triggers?	08.21 11.21	Information—Alcohol and drug use prevention Discussion—Alcohol and drug use prevention

TABLE 4. PROGRAM INFORMATION—INTERVENTION DETAILS (CONTINUED)

VARIABLE	NHM&E DS NUMBER	VARIABLE CODE	GUIDANCE		
SUBSTANCE USE RISK 3: WHAT ARE MY INTERNAL DRUG AND ALCOHOL TRIGGERS?					
Activity	F10	05.00 11.19 11.21	What Are My Internal Triggers for Drug and Alcohol Use?	05.00	Personalized risk assessment
			How Can I Handle My Internal Triggers and Unhelpful Thoughts?	11.21	Discussion—Alcohol and drug use prevention
			What If I Slip?	11.19 11.21	Discussion—Decision making Discussion—Alcohol and drug use prevention
SUBSTANCE USE RISK 4: WHAT WILL HELP ME ACHIEVE MY GOAL AROUND INJECTION DRUG USE?					
Activity	F10	05.00 08.11 11.02	What Do I Think About Changing My Injection Drug Use Behaviors	05.00	Personalized risk assessment
			What Are My Injection Drug Use Triggers?	11.02	Discussion—IDU risk reduction
			How Do I Handle My Triggers and Unhelpful Thoughts?	11.02	Discussion—IDU risk reduction
			What’s Harmful About Injecting Drugs?	08.11	Information—IDU risk reduction
SUBSTANCE USE RISK 5: DRUGS, ALCOHOL, AND HIV					
Activity	F10	08.07 08.21 10.66 11.07 11.21	What Do People Living With HIV Need to Be Aware of When It Comes to Substance Use?	08.07 08.21	Information—Living with HIV/AIDS Information—Alcohol and drug use prevention
			How Do I Bring Up My Drug Use With My Health Care Provider?	08.21 10.66	Information—Alcohol and drug use prevention Practice—Other

TABLE 4. PROGRAM INFORMATION—INTERVENTION DETAILS (CONTINUED)

VARIABLE	NHM&E DS NUMBER	VARIABLE CODE	GUIDANCE		
SUBSTANCE USE RISK 5: DRUGS, ALCOHOL, AND HIV (CONTINUED)					
			How Can I Achieve Perfect Adherence When I'm High or Drunk?	11.07 11.21	Discussion—HIV medication therapy adherence Discussion—Alcohol and drug use prevention
ADHERENCE 1: UNDERSTANDING MY MEDICATIONS AND ADHERENCE					
Activity	F10	05.00 11.07	What Is My Current Medication Regimen?	05.00	Personalized Risk Assessment
			How Is My Adherence?	05.00	Personalized Risk Assessment
			What Affects the Way I Take My Medications?	11.07	Discussion—HIV medication therapy adherence
			How Can I Use CLEAR Thinking to Improve My Adherence?	11.07	Discussion—HIV medication therapy adherence
ADHERENCE 2: WHAT AFFECTS THE WAY I TAKE MY MEDICATIONS?					
Activity	F10	08.20 10.04 11.07	What Are My HIV Medications All About?	08.20	Information—HIV medication therapy adherence
			How Can I Use SMART Problem-Solving to Improve Adherence?	10.04 11.07	Practice—Decision Making Discussion—HIV medication therapy adherence
			How Can I Plan to Achieve My Adherence Goals?	11.07	Discussion—HIV medication therapy adherence

TABLE 4. PROGRAM INFORMATION—INTERVENTION DETAILS (CONTINUED)

VARIABLE	NHM&E DS NUMBER	VARIABLE CODE	GUIDANCE		
ADHERENCE 3: WHAT AFFECTS THE WAY I TAKE MY MEDICATIONS?					
Activity	F10	08.20 10.66 11.07	How Should I Talk to My Health Care Provider about Medication?	08.20 10.66	Information—HIV medication therapy adherence Practice—Other
			What Are the Barriers to Discussing Medication With My Health Care Provider?	11.07	Discussion—HIV medication therapy adherence
			Practice Discussing Medications with My Health Care Provider	10.66	Practice—Other
STIGMA 1: HOW CAN I COPE WITH INTERNAL STIGMA?					
Activity	F10	11.12	Who Am I?	11.12	Discussion—Living with HIV/AIDS
			How Do I Feel About Stigma?	11.12	Discussion—Living with HIV/AIDS
			CLEAR Thinking	11.12	Discussion—Living with HIV/AIDS
STIGMA 2: HOW CAN I DEAL WITH EXTERNAL STIGMA?					
Activity	F10	08.07 10.66 11.12	How Can I Use CLEAR Thinking to Handle External HIV Stigma?	10.66 11.12	Practice—Other Discussion—Living with HIV/AIDS
			What Are My Rights as a Person Living With HIV or AIDS?	08.07	Information—Living with HIV/AIDS
DISCLOSURE 1: SHOULD I DISCLOSE MY STATUS?					
Activity	F10	11.05	What Do I Feel About HIV Disclosure?	11.05	Discussion—Disclosure of HIV Status
			Disclosure: Advantages and Disadvantages	11.05	Discussion—Disclosure of HIV Status
			Who Needs to Know?	11.05	Discussion—Disclosure of HIV Status

TABLE 4. PROGRAM INFORMATION—INTERVENTION DETAILS (CONTINUED)

VARIABLE	NHM&E DS NUMBER	VARIABLE CODE	GUIDANCE		
DISCLOSURE 2: WHEN AND HOW SHOULD I DISCLOSE MY HIV STATUS?					
Activity	F10	08.66	Review	11.05	Discussion—Disclosure of HIV Status
		10.05	Practicing Disclosure	10.05	Practice—Disclosure of HIV Status
		10.66			
		11.05	Relaxation	08.66	Information—Other
				10.66	Practice—Other
HEALTH CARE 1: MOTIVATION FOR CHANGE: WANTING TO STAY HEALTHY					
Activity	F10	10.04	Why Should I Stay Healthy?	11.12	Discussion—Living with HIV/AIDS
		11.12	What Does It Mean to Stay Healthy?	11.12	Discussion—Living with HIV/AIDS
			What Are My Barriers to Staying Healthy and How Can I Cope With Them?	10.04	Practice—Decision Making
				11.12	Discussion—Living with HIV/AIDS
HEALTH CARE 2: ATTENDING HEALTH CARE APPOINTMENTS					
Activity	F10	10.04	What Weighs on My Decision to Keep or Skip Appointments?	11.12	Discussion—Living with HIV/AIDS
		11.12	Attending Medical Appointments: Breaking Down Barriers	10.04	Practice—Decision making
				11.12	Discussion—Living with HIV/AIDS
HEALTH CARE 3: PARTNERING IN MY CARE AND TREATMENT					
Activity	F10	10.04	How Do I Communicate What I Need to My Health Care Provider?	11.07	Discussion—HIV medication therapy adherence
		11.07	How Can I Promote a Productive Relationship With My Health Care Provider?	11.12	Discussion—Living with HIV/AIDS
		11.12			10.04
				11.12	Discussion—Living with HIV/AIDS
HEALTH CARE 3: PARTNERING IN MY CARE AND TREATMENT					
Activity	F10	08.07	How Do I Communicate What I Need to My Health Care Provider?	10.04	Practice—Decision making
		08.09	How Can I Promote a Productive Relationship With My Health Care Provider?	11.12	Discussion—Living with HIV/AIDS
		10.04			10.04
		11.12		11.12	Discussion—Living with HIV/AIDS

TABLE 4. PROGRAM INFORMATION—INTERVENTION DETAILS (CONTINUED)

VARIABLE	NHM&E DS NUMBER	VARIABLE CODE	GUIDANCE	
			What Are My Rights and Responsibilities?	08.07 Information—Living with HIV/AIDS 08.09 Information—Availability of medical services
WRAP-UP SESSION: HOW DO I MAINTAIN THE CHANGES I HAVE MADE?				
Activity	F10	11.19	What Do I Feel and Think About Maintaining the Changes I've Made?	11.19 Discussion—Decision Making
			How Do I Maintain the Changes I've Made?	11.19 Discussion—Decision making
Delivery Method	F11	01.00	CLEAR is delivered to clients in person (variable value code: 01.00).	
Level of Data Collection	F14	1	Data in CLEAR is collected at the client-level (variable value code: 1).	
Specified Recall Period	F17	02	CLEAR uses a 90-day recall period on the initial and post-assessment surveys (variable value code: 02).	

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 client participates. Client services data describe the demographic and risk characteristics of individuals that participated in CLEAR, the sessions that clients participated in, and the activities implemented during each session. The client services data for CLEAR involve the collection of client level data for NHM&E DS tables H, G1, and G2.

Client-Level Data

Specific information is gathered about each client (e.g., the client was a male 19-year-old HIV-positive Hispanic MSM).

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

SECTION 2: CLEAR OBJECTIVES AND EVALUATION QUESTIONS

This section includes objectives relative to the intervention and related evaluation questions. The objectives and evaluation questions are 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 which describes the types of data needed, potential data sources, and how data may be analyzed to answer the question.

These questions will 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.

CLEAR PROGRAM OBJECTIVES

The objectives that will be addressed as part of the CLEAR evaluation are as follows:

Process Objectives

- Recruit and retain client to CLEAR
- Implement CLEAR with fidelity to the intervention’s core elements

Outcome Objectives

- Increase clients’ emotional awareness
- Increase clients’ problem-solving and goal-setting skills
- Increase clients’ assertive behavior and communication skills
- Increase clients’ motivation to change behavior
- Increase clients’ intention and ability to decrease targeted risk behaviors

PROCESS MONITORING QUESTIONS

The following are potential process monitoring and evaluation questions that stakeholders may ask about your agency’s implementation of CLEAR. 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?” Table 5 includes examples of process monitoring questions for CLEAR.

**TABLE 5. PROCESS MONITORING QUESTIONS
CLIENT ENROLLMENT AND RETENTION**

1. WHAT PROPORTION OF THE RECRUITED INDIVIDUALS WAS ENROLLED IN CLEAR?

Rationale: It is important to determine the number of clients recruited and the proportion of that population participating in the intervention. This information can be used to examine recruitment strategies and guide planning.

MEASURES	DATA COLLECTION METHOD(S)	ANALYSIS
<ul style="list-style-type: none"> ■ Number of individuals recruited ■ Number of clients enrolled 	<ul style="list-style-type: none"> ■ Program Monitoring Summary 	<ul style="list-style-type: none"> ■ Compute the proportion by dividing the number of enrolled by the number of recruited.

2. WHAT PROPORTION OF THE ENROLLED CLIENTS COMPLETED ALL FIVE CORE SKILL SESSIONS?

Rationale: Data on the ability to retain clients and expose them to a “full dose” of the intervention has direct implications for planning (e.g., the use of incentives, client follow-up) and a direct bearing on the intervention’s effectiveness and ability to yield the intended outcomes.

MEASURES	DATA COLLECTION METHOD(S)	ANALYSIS
<ul style="list-style-type: none"> ■ Number of clients enrolled ■ Number of clients completed all Core Skill Sessions 	<ul style="list-style-type: none"> ■ Client Participation Record ■ Program Monitoring Summary 	<ul style="list-style-type: none"> ■ Compute the proportion by dividing the number of completed by the number of enrolled.

3. WHAT PROPORTION OF THE ENROLLED CLIENTS COMPLETED ALL FIVE CORE SKILL SESSIONS AND AT LEAST ONE DOMAIN FROM THE MENU SESSIONS?

Rationale: Data on the ability to retain clients and expose them to a “full dose” of the intervention has direct implications for planning (e.g., the use of incentives, client follow-up) and a direct bearing on the intervention’s effectiveness and ability to yield the intended outcomes.

MEASURES	DATA COLLECTION METHOD(S)	ANALYSIS
<ul style="list-style-type: none"> ■ Number of clients enrolled ■ Number of clients completed all Core Skill Sessions ■ Number of clients completed a full domain of Menu Sessions 	<ul style="list-style-type: none"> ■ Client Participation Record ■ Program Monitoring Summary 	<ul style="list-style-type: none"> ■ Compute the proportion by dividing the number of completed by the number of enrolled.

4. WHAT WERE THE DEMOGRAPHIC CHARACTERISTICS OF THE CLIENTS SERVED?

Rationale: It is important to know whether the population served is the same as the population that the agency intended to serve and that CLEAR was designed and adapted for. This information can be used to examine recruitment strategies and guide planning.

MEASURES	DATA COLLECTION METHOD(S)	ANALYSIS
<ul style="list-style-type: none"> ■ Sociodemographic characteristics (age, race, ethnicity, gender, sexual orientation, HIV status, etc.) 	<ul style="list-style-type: none"> ■ Program Enrollment Form ■ Program Monitoring Summary 	<ul style="list-style-type: none"> ■ For each demographic indicator, aggregate the number of clients who fall within each category (e.g., African American for race)

5. WHAT WAS THE RISK PROFILE OF THE CLIENTS SERVED?

Rationale: It is important to know whether the population served is the same as the population that the agency intended to serve and that CLEAR was designed and adapted for. This information can be used to examine recruitment strategies and guide planning.

MEASURES	DATA COLLECTION METHOD(S)	ANALYSIS
<ul style="list-style-type: none"> ■ Clients’ risk-related personal goals (identified initially and throughout the intervention) 	<ul style="list-style-type: none"> ■ Client Participation Record ■ Program Monitoring Summary 	<ul style="list-style-type: none"> ■ For each risk category: count the number of clients who set a related personal goal (e.g., goal to increase treatment adherence)

Process Evaluation Questions

Process evaluation involves an analysis of process data that facilitates 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?” Table 6 includes examples of process evaluation questions for CLEAR.

TABLE 6. PROCESS EVALUATION QUESTIONS ADHERENCE TO INTERVENTION DESIGN		
1. WHICH OF THE FIVE CORE ELEMENTS WERE IMPLEMENTED?		
Rationale: It is important to know whether all of the core elements of CLEAR were implemented as intended and consistent with the design of the intervention (fidelity). Fidelity has a direct bearing on an intervention’s effectiveness and ability to yield the intended outcomes.		
MEASURES	DATA COLLECTION METHOD(S)	ANALYSIS
<ul style="list-style-type: none"> ■ Fidelity to sessions and their components 	<ul style="list-style-type: none"> ■ Session Fidelity Form 	<ul style="list-style-type: none"> ■ Review the Session Fidelity Forms for each of the five Core Skill Sessions. ■ Qualitatively assess which core elements were implemented as designed, and which were not implemented or modified
2. WHAT WERE THE BARRIERS TO AND FACILITATORS OF IMPLEMENTATION?		
Rationale: Identifying the barriers to implementing CLEAR can help inform and enhance strategies used to implement the intervention. It is also important to identify facilitators to implementing CLEAR to recognize successful implementation activities and approaches.		
MEASURES	DATA COLLECTION METHOD(S)	ANALYSIS
<ul style="list-style-type: none"> ■ Barriers and facilitators identified ■ Data from clients ■ Data from staff ■ 	<ul style="list-style-type: none"> ■ Session Fidelity Form ■ Client Participation Record ■ Staff meetings ■ Staff observations 	<ul style="list-style-type: none"> ■ Identify barriers and facilitators to implementation ■ Qualitatively summarize barriers and facilitators; organize the identified issues by theme (e.g., client transportation, project space, etc.)

**TABLE 6. PROCESS EVALUATION QUESTIONS
ADHERENCE TO INTERVENTION DESIGN (CONTINUED)**

3. HOW AND WHY WERE PROGRAM ACTIVITIES MODIFIED?

Rationale: You may modify activities on the basis of the characteristics of the target population, agency resources, or priorities, or in consideration of current activities, as long as the core elements are maintained. For example, incentives may or may not be used or the content/sequence of the menu sessions may be tailored or adjusted to the needs of the target group.

4. HOW AND WHY WERE PROGRAM ACTIVITIES MODIFIED? (CONTINUED)

MEASURES	DATA COLLECTION METHOD(S)	ANALYSIS
<ul style="list-style-type: none"> ■ Number of sessions conducted ■ Length of sessions ■ Description of activities conducted/material covered during each session ■ Number and type of materials disseminated ■ Other 	<ul style="list-style-type: none"> ■ Session Fidelity Form ■ Client Participation Record ■ Staff meetings ■ Staff observations 	<ul style="list-style-type: none"> ■ Compare the activities conducted to those described in the <i>CLEAR Implementation Manual</i> ■ Document the rationale for the changes made ■ Identify trends (e.g., how participants responded to particular sessions, where more or less emphasis was needed) across clients

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?” Table 7 includes examples of possible outcome monitoring questions for CLEAR.

**TABLE 7. OUTCOME MONITORING QUESTIONS
CLIENT-LEVEL CHANGE**

1. TO WHAT EXTENT DID CLIENTS DEMONSTRATE AN UNDERSTANDING OF THE LINK BETWEEN THEIR FEELINGS, THOUGHTS, AND ACTIONS?

Rationale: The F-T-D grid is a central component of this intervention: many of the intervention’s objectives require that clients understand the interconnection between their feelings, thoughts, and actions. Clients’ grasp of it may be observed by facilitators or self-reported by participants.

MEASURES	DATA COLLECTION METHOD(S)	ANALYSIS
<ul style="list-style-type: none"> ■ Observations of clients’ behavior change motivation ■ Outcome monitoring data from posttest interview 	<ul style="list-style-type: none"> ■ Client Participation Record ■ Process Notes ■ Risk Reduction Interviews 	<ul style="list-style-type: none"> ■ Compare Risk Reduction Interview responses at pretest to responses at posttest ■ Summarize observations and informal interview data

**TABLE 7. OUTCOME MONITORING QUESTIONS
CLIENT-LEVEL CHANGE (CONTINUED)**

2. WHAT CHANGES OCCURRED IN CLIENTS' EMOTIONAL AWARENESS?

Rationale: Changes might occur in participants' ability to recognize and identify their emotional state and level of discomfort. They may demonstrate an understanding and use of the F-T-D framework and Feeling Thermometer, as taught in Core Skill Sessions. This information, which may be observed by facilitators or self-reported by participants, indicates whether program objectives were realized.

MEASURES	DATA COLLECTION METHOD(S)	ANALYSIS
<ul style="list-style-type: none"> ■ Clients' risk-related personal goals (identified initially and throughout the intervention) ■ Outcome monitoring data from pre- and posttest interviews ■ Observations of clients' practice of emotional awareness 	<ul style="list-style-type: none"> ■ Risk Reduction Interviews ■ Client Participation Record ■ Process Notes 	<ul style="list-style-type: none"> ■ Compare Risk Reduction Interview responses at pretest to responses at posttest ■ Summarize observations and informal interview data

3. WHAT CHANGES OCCURRED IN CLIENTS' PROBLEM-SOLVING SKILLS?

Rationale: Changes might occur in participants' ability to solve problems and make decisions. They may demonstrate an understanding and use of SMART problem-solving and CLEAR thinking, as taught in Core Skill Sessions. This information, which may be observed by facilitators or self-reported by participants, indicates whether program objectives were realized.

MEASURES	DATA COLLECTION METHOD(S)	ANALYSIS
<ul style="list-style-type: none"> ■ Outcome monitoring data from pre- and posttest interviews ■ Observations of clients' practice of problem-solving skills 	<ul style="list-style-type: none"> ■ Risk Reduction Interviews ■ Client Participation Record ■ Process Notes 	<ul style="list-style-type: none"> ■ Compare Risk Reduction Interview responses at pretest to responses at posttest ■ Summarize observations and informal interview data

4. WHAT CHANGES OCCURRED IN CLIENTS' GOAL-SETTING SKILLS?

Rationale: Changes might occur in participants' ability to set general life goals and prevention goals for themselves. They may demonstrate an understanding and use of short- and long-term goal setting, as taught in Core Skill Sessions. This information, which may be observed by facilitators or self-reported by participants, indicates whether program objectives were realized.

MEASURES	DATA COLLECTION METHOD(S)	ANALYSIS
<ul style="list-style-type: none"> ■ Outcome monitoring data from pre- and posttest interviews ■ Observations of clients' practice of goal-setting skills 	<ul style="list-style-type: none"> ■ Risk Reduction Interviews ■ Client Participation Record ■ Process Notes 	<ul style="list-style-type: none"> ■ Compare Risk Reduction Interview responses at pretest to responses at posttest ■ Summarize observations and informal interview data

**TABLE 7. OUTCOME MONITORING QUESTIONS
CLIENT-LEVEL CHANGE (CONTINUED)**

5. WHAT CHANGES OCCURRED IN CLIENTS' ASSERTIVE BEHAVIOR AND COMMUNICATION SKILLS?

Rationale: Changes might occur in participants' ability to interact effectively with others. They may demonstrate an understanding and use of assertive communication and behavior, as taught in Core Skill Sessions. This information, which may be observed by facilitators or self-reported by participants, indicates whether program objectives were realized.

MEASURES	DATA COLLECTION METHOD(S)	ANALYSIS
<ul style="list-style-type: none"> ■ Outcome monitoring data from pre- and posttest interviews ■ Observations of clients' practice of assertive communication and behavior skills 	<ul style="list-style-type: none"> ■ Risk Reduction Interviews ■ Client Participation Record ■ Process Notes 	<ul style="list-style-type: none"> ■ Compare Risk Reduction Interview responses at pretest to responses at posttest ■ Summarize observations and informal interview data

6. WHAT CHANGES OCCURRED IN CLIENTS' OVERALL BEHAVIOR CHANGE MOTIVATION?

Rationale: Changes might occur in participants' overall behavior change motivation. They may demonstrate an understanding and use of the Ideal Self, as taught in Core Skill Sessions. This information, which may be observed by facilitators or self-reported by participants, indicates whether program objectives were realized.

MEASURES	DATA COLLECTION METHOD(S)	ANALYSIS
<ul style="list-style-type: none"> ■ Outcome monitoring data from pre- and posttest interviews ■ Observations of clients' behavior change motivation 	<ul style="list-style-type: none"> ■ Risk Reduction Interviews ■ Client Participation Record ■ Process Notes 	<ul style="list-style-type: none"> ■ Compare Risk Reduction Interview responses at pretest to responses at posttest ■ Summarize observations and informal interview data

7. TO WHAT EXTENT WAS THERE IMPROVEMENT IN CLIENTS' INTENTION TO CHANGE TARGETED RISK BEHAVIORS FOR WHICH THEY RECEIVED MENU SESSIONS?

Rationale: Changes might occur in participants' intention to change relevant risk behaviors and attitudes. They may demonstrate a willingness to employ concepts that are taught in Core Skill Sessions. This information, which may be observed by facilitators or self-reported by participants, indicates whether program objectives were realized.

MEASURES	DATA COLLECTION METHOD(S)	ANALYSIS
<ul style="list-style-type: none"> ■ Outcome monitoring data from pre- and posttest interviews ■ Observations of clients' behavior change motivation 	<ul style="list-style-type: none"> ■ Risk Reduction Interview ■ Client Participation Record ■ Process Notes 	<ul style="list-style-type: none"> ■ Compare Risk Reduction Interview responses at pretest to responses at posttest ■ Summarize observations and informal interview data

8. TO WHAT EXTENT WAS THERE IMPROVEMENT IN CLIENTS' KNOWLEDGE ABOUT TARGETED RISK BEHAVIORS FOR WHICH THEY RECEIVED MENU SESSIONS?

Rationale: Changes might occur in participants' knowledge and understanding of their risk behaviors and attitudes. They may demonstrate an understanding of the concepts that are taught in Core Skill Sessions. This information, which may be observed by facilitators or self-reported by participants, indicates whether program objectives were realized.

MEASURES	DATA COLLECTION METHOD(S)	ANALYSIS
<ul style="list-style-type: none"> ■ Outcome monitoring data from pre- and posttest interviews ■ Observations of clients' behavior change motivation 	<ul style="list-style-type: none"> ■ Risk Reduction Interview ■ Client Participation Record ■ Process Notes 	<ul style="list-style-type: none"> ■ Compare Risk Reduction Interview responses at pretest to responses at posttest ■ Summarize observations and informal interview data

SECTION 3: DATA COLLECTION SCHEDULE AND ACTIVITIES

This section describes the data collection processes and instruments for CLEAR. Table 8 indicates when each instrument should be administered, who administers the instruments, and who should complete the instrument. Subsequent tables (9–12) provide more detail regarding data collection activities and schedules for each component of CLEAR.

INSTRUMENT	WHEN TO USE	ADMINISTERED BY	COMPLETED BY
Risk Reduction Interview	<ul style="list-style-type: none"> ■ Prior to or during the first Core Skill Session, AND ■ During or shortly after the Wrap-Up Session 	<ul style="list-style-type: none"> ■ Counselor ■ Intake Staff 	<ul style="list-style-type: none"> ■ Counselor
Session Fidelity Forms	<ul style="list-style-type: none"> ■ Following each session 	<ul style="list-style-type: none"> ■ Counselor 	<ul style="list-style-type: none"> ■ Counselor
Client Participation Record	<ul style="list-style-type: none"> ■ Following each session 	<ul style="list-style-type: none"> ■ Counselor 	<ul style="list-style-type: none"> ■ Counselor
Program Monitoring Summary	<ul style="list-style-type: none"> ■ On an agency-determined timeline (e.g., quarterly) 	<ul style="list-style-type: none"> ■ Project Manager ■ Counselor 	<ul style="list-style-type: none"> ■ Project Director ■ Counselor

DATA COLLECTION ACTIVITIES

Tables 9–12 are arranged by CLEAR activity. 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 answer, and ways to use the data to plan, implement, and improve your implementation of CLEAR.

DATA COLLECTION METHODS	<ul style="list-style-type: none"> ■ Interviews ■ Records ■ Notes
INSTRUMENTS	<ul style="list-style-type: none"> ■ Risk Reduction Interview ■ Client Participation Record ■ Program Monitoring Summary
WHEN TO COLLECT THE DATA	<ul style="list-style-type: none"> ■ Risk Reduction Interview: prior to or during first Core Skill Session ■ Client Participation Record: daily, following each session ■ Program Monitoring Summary: monthly or quarterly
RESOURCES NEEDED	<ul style="list-style-type: none"> ■ Staff time to record process data ■ Staff time to organize and analyze data monthly or quarterly
DATA PROVIDED	<ul style="list-style-type: none"> ■ Number of clients recruited, enrolled, and retained ■ Demographic and risk characteristics of clients
POSSIBLE USES OF DATA	<ul style="list-style-type: none"> ■ Inform recruitment and screening strategies ■ Inform retention strategies (e.g., incentives, follow-ups) ■ Determine if intervention adaptation is required and appropriate ■ Identify barriers and facilitators of implementation

TABLE 10. DATA COLLECTION ACTIVITIES—DELIVERY OF CORE SKILL SESSIONS

DATA COLLECTION METHODS	<ul style="list-style-type: none"> ■ Records ■ Notes
INSTRUMENTS	<ul style="list-style-type: none"> ■ Session Fidelity Forms ■ Client Participation Record ■ Program Monitoring Summary
WHEN TO COLLECT THE DATA	<ul style="list-style-type: none"> ■ Session Fidelity Form and Client Participation Record: daily, following each session ■ Program Monitoring Summary: monthly or quarterly
RESOURCES NEEDED	<ul style="list-style-type: none"> ■ Staff time to record process data ■ Staff time to organize and analyze data monthly or quarterly
DATA PROVIDED	<ul style="list-style-type: none"> ■ Client participation ■ Adherence to core elements ■ Adherence to original design of sessions
POSSIBLE USES OF DATA	<ul style="list-style-type: none"> ■ Ensure that counselors are sufficiently familiar with and trained in CLEAR ■ Assess intervention fidelity ■ Determine if intervention adaptation is required and appropriate ■ Identify barriers and facilitators of implementation

TABLE 11. DATA COLLECTION ACTIVITIES—DELIVERY OF TARGETED MENU SESSIONS

DATA COLLECTION METHODS	<ul style="list-style-type: none"> ■ Records ■ Notes
INSTRUMENTS	<ul style="list-style-type: none"> ■ Session Fidelity Forms ■ Client Participation Record ■ Program Monitoring Summary
WHEN TO COLLECT THE DATA	<ul style="list-style-type: none"> ■ Session Fidelity Form and Client Participation Record: daily, following each session ■ Program Monitoring Summary: monthly or quarterly
RESOURCES NEEDED	<ul style="list-style-type: none"> ■ Staff time to record process data ■ Staff time to organize and analyze data monthly or quarterly
DATA PROVIDED	<ul style="list-style-type: none"> ■ Client participation ■ Adherence to core elements ■ Adherence to original design of sessions
POSSIBLE USES OF DATA	<ul style="list-style-type: none"> ■ Ensure that counselors are sufficiently familiar with and trained in CLEAR ■ Assess intervention fidelity ■ Determine if intervention adaptation is required and appropriate ■ Assess the risk behaviors and needs of the target population ■ Identify barriers and facilitators of implementation

TABLE 12. DATA COLLECTION ACTIVITIES—EVALUATION & MAINTENANCE

DATA COLLECTION METHODS	<ul style="list-style-type: none">■ Interviews■ Records■ Notes
INSTRUMENTS	<ul style="list-style-type: none">■ Risk Reduction Interviews■ Program Monitoring Summary
WHEN TO COLLECT THE DATA	<ul style="list-style-type: none">■ Reduction Interview (pretest): before the first session for each client■ Risk Reduction Interview (posttest): upon completion of the intervention for each client■ Program Monitoring Summary: monthly or quarterly
RESOURCES NEEDED	<ul style="list-style-type: none">■ Staff time to enter data■ Staff time to organize and analyze data monthly or quarterly
DATA PROVIDED	<ul style="list-style-type: none">■ Client characteristics■ Client risk-related goals■ Change in clients' knowledge, behavior, attitudes, intentions
POSSIBLE USES OF DATA	<ul style="list-style-type: none">■ Evaluate the intervention's ability to achieve intended outcomes■ Ensure that counselors are sufficiently familiar with and trained in CLEAR■ Determine if intervention adaptation is required and appropriate■ Assess the risk behaviors and needs of the target population■ Identify barriers and facilitators of implementation

SECTION 4: DATA COLLECTION PROTOCOLS

This section includes protocols 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 *CLEAR Implementation Manual* (Rotheram-Borus & Klosinski, 2008) that have been modified to include NHM&E DS data 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 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 understand what you want to know.

Each of the four evaluation forms includes instructions and recommendations for administering and completing the form. Each form includes 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.³ 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.

³ 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 the CLEAR 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 CLEAR.

PROGRAM ENROLLMENT FORM

When to use: During the Program Enrollment Session after the client has agreed to participate in CLEAR.

Administered by: Counselor/intake staff

Completed by: Counselor/intake staff

Instructions: The Program Enrollment Form should be part of the enrollment process to determine prospective clients' eligibility for, and interest in, the CLEAR. The form is set up as a structured interview and should be conducted individually with each client. The Program Enrollment Form is unsuitable for self-administration by clients.

When administering the form, the service provider should explain to the client the reasons for wanting such personal information and how it will be used to provide services. For example, "This information will be used by program staff to understand who is enrolling in this program and how the program can best meet your needs."

All respondents should be instructed to answer the questions as honestly and thoroughly as possible. It is important that the respondent be reminded that all answers will remain confidential to the extent allowed by law. Your agency may require clients to sign a Health Insurance Portability Accountability Act (HIPAA) waiver or consent form prior to participating in CLEAR.

Staff administering this interview should ask the respondent to listen to each question and the corresponding answer choices before responding. If the client is eligible for CLEAR, you continue the session with the Risk Reduction Interview.

The NHM&E DS variables listed in the table below are collected on the Program Enrollment Form. 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 the 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 AND EVALUATION DATA SET VARIABLES			
NHM&E DS TABLE	NHM&E DS NUMBER	VARIABLE NAME	ITEM # ON FORM
Client Characteristics - Demographic (NHM&E DS Table G1)	01	Date collected (today's date)	
	02	PEMS Client Unique Key (<i>system generated</i>)	
	12	Date of birth year	1
	13	Age (<i>system calculated</i>)	
	14	Ethnicity	6
	16	Race	7
	18	More than one race	7
	20	State/territory of residence	2
	23	Assigned sex at birth	4
	24	Current gender	5
Client Characteristics - Risk Profile (NHM&E DS Table G2)	04	Previous HIV test	8
	05	HIV test result	8a
	06	Date of last HIV-negative test (if HIV-)	8a
	07	Date of first HIV-positive test (if HIV+)	9
	08	Medical care (if HIV+)	10
	09	Pregnant	11
	10	In prenatal care (if pregnant)	12
	11	Client risk factors	18
	12	Additional risk factors	13-17
	13	Resent STD (Not HIV) (9)	19
Client Intervention Characteristics (NHM&E DS Table H)	06	Session date	
	09	Worker ID	
	11	Duration of session	
	13	Recruitment source	3
	18	Recruitment source—service /intervention type (<i>if agency referral</i>)	3
	21	Incentive provided	

Program Enrollment Form

To be completed by agency staff	
Staff Name: _____	Staff ID: _____
Today's Date _____ / _____ / _____ Month Day Year	
Session Number: _____	Site ID: _____
Start Time _____ : _____ AM / PM (circle one)	End Time: _____ : _____ AM / PM (circle one)
Client name (optional): _____	
Client ID Code: _____	
Is the client currently receiving services from this agency?	
<input type="checkbox"/> Yes (specify): _____	
<input type="checkbox"/> No	
Was an incentive provided? <input type="checkbox"/> Yes (specify): _____	
<input type="checkbox"/> No	

Interviewer: Please answer the following questions to help *<Name of Implementing Agency>* and its HIV prevention programs gather information to help with their HIV prevention efforts. Your answers are anonymous. Thanks for your help.

- What is your birth date? ____ / ____ / ____ (month/day/year)
- Please provide the following information for you and an emergency contact.

Client's Address (*optional*): _____
Street *Apt*

_____ *City* *State* *Zip code*

Phone (*optional*): Home: _____ Mobile: _____

E-mail (*optional*): _____

Hangouts: (1) _____ (2) _____

Contact name: _____ Relationship: _____

6. What best describes your ethnicity?
- Hispanic or Latino
 - Non-Hispanic or Latino
 - Don't know
 - Did not ask
 - Refused to answer
7. What best describes your race? (select all that apply)
- American Indian/Alaska Native
 - Asian
 - African American/Black
 - White
 - Native Hawaiian/Pacific Islander
 - Don't know
 - Did not ask
 - Refused to answer
8. When was your last HIV test? ____ / ____ (month/year)
- Don't Know
- 8a. What was the result of your last HIV test?
- Positive Negative Don't Know
9. When did you first test positive for HIV? ____ / ____ (month/year)
- Never Don't Know
10. Are you currently receiving medical care or treatment for HIV?
- Yes No
11. Are you currently pregnant?
- Yes
 - No (skip to question 13)
 - Don't know (skip to question 13)
 - Did not ask (skip to question 13)
 - Refused to answer (skip to question 13)
12. Are you receiving prenatal care?
- Yes
 - No
 - Don't know
 - Did not ask
 - Refused to answer

Interviewer: To help prevent the spread of HIV, the <Name of Implementing Agency> needs to know about risk behaviors of young people. Some of these questions are personal. You may choose not to answer any questions. We appreciate your cooperation in answering the following questions. Please check the box next to the response which best reflects your answer.

13. In the last 3 months, have you had sex?

- Yes
- No (skip to Question #14)
- Refused to Answer (skip to Question #14)

13a. If yes, how many sex partners did you have?

- Number of men _____
- Number of women _____
- Don't Know
- Refused to Answer

14. In the last 3 months, how often did you or your partner(s) use condoms for sex?

- Always
- Most of the time
- Sometimes
- Never
- Don't Know
- Refused to Answer
- Not Applicable

15. In the past 3 months, have you had unprotected sex with someone whom you knew had HIV/AIDS?

- Yes
- No
- Don't Know
- Refused to Answer

16. In the past 3 months, did you use? (Check all that apply)

- Crystal
- Ecstasy
- Cocaine
- Crack
- Heroin
- Amphetamine/speed (pills)
- Downers or tranquilizers (Valium, etc.)
- Nitrites
- LSD
- Inhalants
- Alcohol
- Other: (Specify): _____

17. In the last 3 months, did you have sex with someone while you were high on drugs and/or alcohol?

- Yes
- No
- Don't Know
- Refused to Answer

18. Please indicate if you have engaged in the following behaviors in the past 12 months:

	Yes	No	Did Not Ask	Refused to Answer
a. Injection drug use (including skin popping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Share injection drug equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sex with transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sex with female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sex with male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Oral sex with female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Oral sex with male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Exchanged sex for drugs/money/or something you need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Sex while intoxicated and/or high on drugs	<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 someone who is HIV positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Sex with someone 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 drug/money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Sex with a man who has sex with men (MSM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Sex with an anonymous partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Sex with a person who has hemophilia or a transfusion/transplant recipient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Sex without using a condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. In the past 12 months, have you been diagnosed with syphilis, gonorrhea, or Chlamydia?
- Yes (specify type)
 - a) Syphilis → Self report Laboratory confirmed
 - b) Chlamydia: → Self report Laboratory confirmed
 - c) Gonorrhea: → Self report Laboratory confirmed
 - No
 - Did Not Ask
 - Refused to Answer

Interviewer: Those are all of my questions. Thank you for your patience and sharing this information with me.

RISK REDUCTION INTERVIEW

When to use: Pretest: Prior to or during the first session
Posttest: during or following the wrap-up session

Administered by: Counselor

Completed by: Counselor

Instructions: The Risk Reduction Interview is used to assess attitudes and behaviors before and after participation in CLEAR. Consistent with the intervention’s Menu Sessions, six areas are assessed in this interview through 17 specific behaviors and attitudes. The skills that are covered during the Core Skill Sessions are integrated incorporated throughout.

Before administering the Risk Reduction Interview, your agency will need to decide whether to administer the pre-test interview during the enrollment phase (e.g. during a screening or enrollment meeting), or during the first Core Skill Session of CLEAR. It is preferable that this interview be administered by itself, on a different day from any intervention activities. If, for some reason, your agency plans to have clients complete a written form, please revise the document to exclude non-response categories such as “Did not ask” and “Refused to answer.”

This template includes items for the NHM&E DS variables related to clients’ demographic, risk profile, and risk behavior characteristics. It is very important for your agency to identify which items answer your evaluation questions and which data elements are required by your funding agency. Your agency may choose not to ask questions that do not meet your information needs or reporting requirements—be careful not to delete questions that provide data required by your funding agency.

Administration: Read each question or statement to the client exactly as it is written. Do not change the wording of the items. Text that should be read aloud to the client is shown in bold. Record the client’s responses by checking the appropriate box following each question or statement. Some of the risk reduction behaviors may be skipped, as determined by the client’s response to the four general risk questions that are administered first.

For each one of the risk reduction behaviors listed, read the behavior aloud to the client (e.g., “using condoms with my sexual partner”), then read each of the statements below it and mark “Yes,” “Somewhat,” or “No” for each statement according to the client’s response. Do not let the client fill out the form him or herself. Be sure that the client responds to all of the statements in each block that is administered. As each block of statements is administered, check for obvious inconsistencies between the client’s responses (e.g., saying “No” to “I have tried doing this in the last 90 days ”and“ Yes” to “I have had 100% success doing this in the last 90 days”), and bring these to the attention of the client. Resolve response inconsistencies as they are encountered.

NOTES:

- The Sexual Risk (1–6) and Substance Use Risk (7 and 8) tables should only be asked if the client reports having had sex and having used substances within the last 90 days, respectively.
- The Disclosure, Stigma, Health Care, and Adherence tables (9–17) should only be asked of HIV-positive clients.

Risk Reduction Interview

Interviewer Read Aloud:

Now we're going to find out where you stand on a number of issues that impact people's lives. I am going to give you a topic (read the first topic aloud.), and then I am going to read you some statements on that topic. Please tell how much you agree or disagree with the following statement: (Read the first opinion statement aloud.) Say "Yes" if you agree with the statement and believe it is true for you, "No" if you disagree with the statement and believe it is not true for you, and "Somewhat" if your opinion is somewhere in between. So, for the statement I have read, would you say "Yes," "No," or "Somewhat" so far as [risk reduction behavior] is concerned for you?

Now, here is the next statement. Tell me "Yes," "No," or "Somewhat" depending on how you believe it applies to you. (Read the second opinion statement aloud. Follow the same procedure for the remaining seven statements.)

Sexual Risk

1. Using condoms with my sexual partner (Skip if no sex during last 90 days: Q1=No) Score ____	Yes (2)	Somewhat (1)	No (0)
a. I believe doing this can keep me from getting or giving HIV.			
b. Doing this has more positives than negatives in my mind.			
c. I believe that I am ready to do this.			
d. I am confident in my ability to do this.			
e. I have planned how to go about doing this.			
f. I have tried doing this in the last 90 days.			
g. I have been able to do this in the last 90 days.			
h. I have had 100% success doing this in the last 90 days.			
i. I feel certain I will be able to continue doing this for the next 3 months.			

2. Disclosing my HIV status to my sexual partner (Skip if no sex during last 90 days: Q1=No) Score ____	Yes (2)	Somewhat (1)	No (0)
a. I believe doing this can keep me from getting or giving HIV.			
b. Doing this has more positives than negatives in my mind.			
c. I believe that I am ready to do this.			
d. I am confident in my ability to do this.			
e. I have planned how to go about doing this.			
f. I have tried doing this in the last 90 days.			
g. I have been able to do this in the last 90 days.			
h. I have had 100% success doing this in the last 90 days.			
i. I feel certain I will be able to continue doing this for the next 3 months.			

Continued on next page

3. Discussing condom use with my sexual partner (Skip if no sex during last 90 days: Q1=No) Score ____	Yes (2)	Somewhat (1)	No (0)
a. I believe doing this can keep me from getting or giving HIV.			
b. Doing this has more positives than negatives in my mind.			
c. I believe that I am ready to do this.			
d. I am confident in my ability to do this.			
e. I have planned how to go about doing this.			
f. I have tried doing this in the last 90 days.			
g. I have been able to do this in the last 90 days.			
h. I have had 100% success doing this in the last 90 days.			
i. I feel certain I will be able to continue doing this for the next 3 months.			

4. Refusing to have unsafe sex, even if I am pressured (Skip if no sex during last 90 days: Q1=No) Score ____	Yes (2)	Somewhat (1)	No (0)
a. I believe doing this can keep me from getting or giving HIV.			
b. Doing this has more positives than negatives in my mind.			
c. I believe that I am ready to do this.			
d. I am confident in my ability to do this.			
e. I have planned how to go about doing this.			
f. I have tried doing this in the last 90 days.			
g. I have been able to do this in the last 90 days.			
h. I have had 100% success doing this in the last 90 days.			
i. I feel certain I will be able to continue doing this for the next 3 months.			

5. Having fewer sex partners (Skip if no sex during last 90 days: Q1=No) Score ____	Yes (2)	Somewhat (1)	No (0)
a. I believe doing this can keep me from getting or giving HIV.			
b. Doing this has more positives than negatives in my mind.			
c. I believe that I am ready to do this.			
d. I am confident in my ability to do this.			
e. I have planned how to go about doing this.			
f. I have tried doing this in the last 90 days.			
g. I have been able to do this in the last 90 days.			
h. I have had 100% success doing this in the last 90 days.			
i. I feel certain I will be able to continue doing this for the next 3 months.			

Continued on next page

6. Having sex when drunk or high (Skip if no sex during last 90 days: Q1=No) Score ____	Yes (2)	Somewhat (1)	No (0)
a. I believe doing this can keep me from getting or giving HIV.			
b. Doing this has more positives than negatives in my mind.			
c. I believe that I am ready to do this.			
d. I am confident in my ability to do this.			
e. I have planned how to go about doing this.			
f. I have tried doing this in the last 90 days.			
g. I have been able to do this in the last 90 days.			
h. I have had 100% success doing this in the last 90 days.			
i. I feel certain I will be able to continue doing this for the next 3 months.			

Substance Use Risk

7. Knowing what triggers my drug use (Skip if no substance use during last 90 days: Q1=No) Score ____	Yes (2)	Somewhat (1)	No (0)
a. I believe knowing this can help me stay healthy.			
b. Being aware of my triggers has more positives than negatives in my mind.			
c. I believe that I am ready to do this.			
d. I am confident in my ability to do this.			
e. I have planned how to go about doing this.			
f. I have tried doing this in the last 90 days.			
g. I have been able to do this in the last 90 days.			
h. I have had 100% success doing this in the last 90 days.			
i. I feel certain I will be able to continue doing this for the next 3 months.			

8. Stopping myself from using drugs (Skip if no substance use during last 90 days: Q1=No) Score ____	Yes (2)	Somewhat (1)	No (0)
a. I believe doing this can help me stay healthy.			
b. Doing this has more positives than negatives in my mind.			
c. I believe that I am ready to do this.			
d. I am confident in my ability to do this.			
e. I have planned how to go about doing this.			
f. I have tried doing this in the last 90 days.			
g. I have been able to do this in the last 90 days.			
h. I have had 100% success doing this in the last 90 days.			
i. I feel certain I will be able to continue doing this for the next 3 months.			

Continued on next page

Disclosure of HIV Positive Status

9. Disclosing my HIV status to others Score ____	Yes (2)	Somewhat (1)	No (0)
a. I believe doing this can keep me from getting or giving HIV.			
b. Doing this has more positives than negatives in my mind.			
c. I believe that I am ready to do this.			
d. I am confident in my ability to do this.			
e. I have planned how to go about doing this.			
f. I have tried doing this in the last 90 days.			
g. I have been able to do this in the last 90 days.			
h. I have had 100% success doing this in the last 90 days.			
i. I feel certain I will be able to continue doing this for the next 3 months.			

Coping with Stigma

10. Coping with the stigmas and negative images out there about people who are HIV positive Score ____	Yes (2)	Somewhat (1)	No (0)
a. I believe doing this can help me stay healthy.			
b. Doing this has more positives than negatives in my mind.			
c. I believe that I am ready to do this.			
d. I am confident in my ability to do this.			
e. I have planned how to go about doing this.			
f. I have tried doing this in the last 90 days.			
g. I have been able to do this in the last 90 days.			
h. I have had 100% success doing this in the last 90 days.			
i. I feel certain I will be able to continue doing this for the next 3 months.			

11. Coping with my own feelings about being HIV positive Score ____	Yes (2)	Somewhat (1)	No (0)
a. I believe doing this can help me stay healthy.			
b. Doing this has more positives than negatives in my mind.			
c. I believe that I am ready to do this.			
d. I am confident in my ability to do this.			
e. I have planned how to go about doing this.			
f. I have tried doing this in the last 90 days.			
g. I have been able to do this in the last 90 days.			
h. I have had 100% success doing this in the last 90 days.			
i. I feel certain I will be able to continue doing this for the next 3 months.			

Continued on next page

Health Care

12. Attending health care appointments Score ____	Yes (2)	Somewhat (1)	No (0)
a. I believe doing this can help me stay healthy.			
b. Doing this has more positives than negatives in my mind.			
c. I believe that I am ready to do this.			
d. I am confident in my ability to do this.			
e. I have planned how to go about doing this.			
f. I have tried doing this in the last 90 days.			
g. I have been able to do this in the last 90 days.			
h. I have had 100% success doing this in the last 90 days.			
i. I feel certain I will be able to continue doing this for the next 3 months.			

13. Developing relationships with health care providers Score ____	Yes (2)	Somewhat (1)	No (0)
a. I believe doing this can help me stay healthy.			
b. Doing this has more positives than negatives in my mind.			
c. I believe that I am ready to do this.			
d. I am confident in my ability to do this.			
e. I have planned how to go about doing this.			
f. I have tried doing this in the last 90 days.			
g. I have been able to do this in the last 90 days.			
h. I have had 100% success doing this in the last 90 days.			
i. I feel certain I will be able to continue doing this for the next 3 months.			

14. Overall staying motivated and dedicated to my health Score ____	Yes (2)	Somewhat (1)	No (0)
a. I believe doing this can help me stay healthy.			
b. Doing this has more positives than negatives in my mind.			
c. I believe that I am ready to do this.			
d. I am confident in my ability to do this.			
e. I have planned how to go about doing this.			
f. I have tried doing this in the last 90 days.			
g. I have been able to do this in the last 90 days.			
h. I have had 100% success doing this in the last 90 days.			
i. I feel certain I will be able to continue doing this for the next 3 months.			

Continued on next page

Treatment Adherence

15. Understanding my medications and adherence	Score ____	Yes (2)	Somewhat (1)	No (0)
a. I believe doing this can help me stay healthy.				
b. Doing this has more positives than negatives in my mind.				
c. I believe that I am ready to do this.				
d. I am confident in my ability to do this.				
e. I have planned how to go about doing this.				
f. I have tried doing this in the last 90 days.				
g. I have been able to do this in the last 90 days.				
h. I have had 100% success doing this in the last 90 days.				
i. I feel certain I will be able to continue doing this for the next 3 months.				

16. Taking my medications as prescribed	Score ____	Yes (2)	Somewhat (1)	No (0)
a. I believe doing this can help me stay healthy.				
b. Doing this has more positives than negatives in my mind.				
c. I believe that I am ready to do this.				
d. I am confident in my ability to do this.				
e. I have planned how to go about doing this.				
f. I have tried doing this in the last 90 days.				
g. I have been able to do this in the last 90 days.				
h. I have had 100% success doing this in the last 90 days.				
i. I feel certain I will be able to continue doing this for the next 3 months.				

17. Discussing my medications with my health care provider	Score ____	Yes (2)	Somewhat (1)	No (0)
a. I believe doing this can help me stay healthy.				
b. Doing this has more positives than negatives in my mind.				
c. I believe that I am ready to do this.				
d. I am confident in my ability to do this.				
e. I have planned how to go about doing this.				
f. I have tried doing this in the last 90 days.				
g. I have been able to do this in the last 90 days.				
h. I have had 100% success doing this in the last 90 days.				
i. I feel certain I will be able to continue doing this for the next 3 months.				

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Interviewer Read Aloud:

I realize that there were a lot of personal questions. Thank you for answering them honestly. Is there anything else you would like to say or do you have any questions that you would like to ask me?

Thank you again for taking the time to complete this interview.

SESSION FIDELITY FORMS

When to use: After each session with a client

Administered by: Counselor

Completed by: Counselor

Instructions: The Session Fidelity Forms are for the counselor to complete. They ask for feedback on the ways each component was implemented during a session.

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 “Session Notes” 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.

Note: templates of this form are only provided for the 5 Core Skill Sessions in this CLEAR Evaluation Field Guide. Agencies are encouraged to develop similar forms for the menu sessions that are implemented with clients, since fidelity to the menu sessions should be monitored as well.

The NHM&E DS variables listed in the table below are collected on the Session Fidelity Form. 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 the 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 AND EVALUATION SYSTEM DATA SET
(NHM&E DS) VARIABLES**

NHM&E DS TABLE	NHM&E DS NUMBER	VARIABLE NAME
Client Intervention Characteristics (NHM&E DS Table H)	01	Intervention Name/ID
	04a	Form ID
	05	Session Number
	06	Session Date
	09	Worker ID
	10	Site ID
	11	Duration of Session
	12	Unit of Duration
	20	Activities (1-4)
	21	Incentive Provided

Core Skill Session 1: Getting to Know Each Other

Counselor: _____

Client name/ID: _____

Date of Session: _____

Today's Date: _____

Time Started: _____

Time Ended: _____

Session Notes	Session Activities: Check one box for each activity	
<p>Describe here reasons for eliminating, adding, or modifying activities, and suggested changes:</p>	<p>1. What can CLEAR do for me?</p> <p><input type="checkbox"/> Facilitated as suggested <input type="checkbox"/> Facilitated with changes <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>	<p>2. What is our commitment?</p> <p><input type="checkbox"/> Facilitated as suggested <input type="checkbox"/> Facilitated with changes <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>
	<p>3. How do I feel about living with HIV?</p> <p><input type="checkbox"/> Facilitated as suggested <input type="checkbox"/> Facilitated with changes <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>	<p>4. What are good goals?</p> <p><input type="checkbox"/> Assigned as suggested <input type="checkbox"/> Assigned with changes <input type="checkbox"/> Did not assign</p> <p><i>Remarks:</i></p>

Core Skill Session 2: Creating a Vision for the Future

Counselor: _____

Client name/ID: _____

Date of Session: _____

Today's Date: _____

Time Started: _____

Time Ended: _____

Session Notes	Session Activities: Check one box for each activity	
<p>Describe here reasons for eliminating, adding, or modifying activities, and suggested changes:</p>	<p>1. Check-in</p> <p><input type="checkbox"/> Facilitated as suggested <input type="checkbox"/> Facilitated with changes <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>	<p>2. What is my Ideal Self?</p> <p><input type="checkbox"/> Facilitated as suggested <input type="checkbox"/> Facilitated with changes <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>
	<p>3. How can I create a vision for my future?</p> <p><input type="checkbox"/> Facilitated as suggested <input type="checkbox"/> Facilitated with changes <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>	<p>4. How can I relax?</p> <p><input type="checkbox"/> Facilitated as suggested <input type="checkbox"/> Facilitated with changes <input type="checkbox"/> Did not teach</p> <p><i>Remarks:</i></p>
	<p>5. What's next?</p> <p><input type="checkbox"/> Assigned as suggested <input type="checkbox"/> Assigned with changes <input type="checkbox"/> Did not assign</p> <p><i>Remarks:</i></p>	

Core Skill Session 3: Stressors and SMART Problem-Solving

Counselor: _____
 Date of Session: _____
 Time Started: _____

Client name/ID: _____
 Today's Date: _____
 Time Ended: _____

Session Notes	Session Activities: Check one box for each activity	
Describe here reasons for eliminating, adding, or modifying activities, and suggested changes:	1. Check-in <input type="checkbox"/> Facilitated as suggested <input type="checkbox"/> Facilitated with changes <input type="checkbox"/> Did not teach <i>Remarks:</i>	2. What are my current stressors? <input type="checkbox"/> Facilitated as suggested <input type="checkbox"/> Facilitated with changes <input type="checkbox"/> Did not teach <i>Remarks:</i>
	3. What is CLEAR thinking? <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach <i>Remarks:</i>	4. What is SMART problem-solving? <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach <i>Remarks:</i>
	5. How can I relax? <input type="checkbox"/> Facilitated as suggested <input type="checkbox"/> Facilitated with changes <input type="checkbox"/> Did not teach <i>Remarks:</i>	6. What's next? <input type="checkbox"/> Assigned as suggested <input type="checkbox"/> Assigned with changes <input type="checkbox"/> Did not assign <i>Remarks:</i>

Core Skill Session 4: Exploring Different Types of Communication

Counselor: _____
 Date of Session: _____
 Time Started: _____

Client name/ID: _____
 Today's Date: _____
 Time Ended: _____

Session Notes	Session Activities: Check one box for each activity	
Describe here reasons for eliminating, adding, or modifying activities, and suggested changes:	1. Check-in <input type="checkbox"/> Facilitated as suggested <input type="checkbox"/> Facilitated with changes <input type="checkbox"/> Did not teach <i>Remarks:</i>	2. How is communication related to F-T-D? <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach <i>Remarks:</i>
	3. What are different types of communication? <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach <i>Remarks:</i>	4. How can I apply assertive communication in my life? <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach <i>Remarks:</i>
	5. How can I relax? <input type="checkbox"/> Facilitated as suggested <input type="checkbox"/> Facilitated with changes <input type="checkbox"/> Did not teach <i>Remarks:</i>	6. What's next? <input type="checkbox"/> Assigned as suggested <input type="checkbox"/> Assigned with changes <input type="checkbox"/> Did not assign <i>Remarks:</i>

Core Skill Session 5: Getting to Know Each Other

Counselor: _____

Client name/ID: _____

Date of Session: _____

Today's Date: _____

Time Started: _____

Time Ended: _____

Session Notes	Session Activities: Check one box for each activity	
Describe here reasons for eliminating, adding, or modifying activities, and suggested changes:	1. What can CLEAR do for me? <input type="checkbox"/> Facilitated as suggested <input type="checkbox"/> Facilitated with changes <input type="checkbox"/> Did not teach <i>Remarks:</i>	2. What prevention steps have I already taken? <input type="checkbox"/> Facilitated as suggested <input type="checkbox"/> Facilitated with changes <input type="checkbox"/> Did not teach <i>Remarks:</i>
	3. What prevention goals do I want to start working on as a part of my prevention plan? <input type="checkbox"/> Facilitated as suggested <input type="checkbox"/> Facilitated with changes <input type="checkbox"/> Did not teach <i>Remarks:</i>	4. What's next? <input type="checkbox"/> Assigned as suggested <input type="checkbox"/> Assigned with changes <input type="checkbox"/> Did not assign <i>Remarks:</i>

CLIENT PARTICIPATION RECORD FORM

When to use: Updated after each session for each client

Administered by: Counselor

Completed by: Counselor

Instructions: After each CLEAR session, the counselor should update the Client Participation Record.

Client Participation Record Form

Client Name: _____	Client I.D.: _____
Enrollment Date: ___ / ___ / ___	Program Enrollment Date: ___ / ___ / ___
Recruitment Source(s): _____	

Risk-Related Personal Goals:

- | | |
|--|--|
| <input type="checkbox"/> Sexual risk | <input type="checkbox"/> HIV stigma |
| <input type="checkbox"/> Substance use risk | <input type="checkbox"/> Disclosure of HIV status |
| <input type="checkbox"/> Treatment adherence | <input type="checkbox"/> Health care and self care |

Checklist of Sessions Completed:

Core Skill Sessions	<input type="checkbox"/> Core 1	Substance Use Risk Sessions	<input type="checkbox"/> Substance Use 1
	<input type="checkbox"/> Core 2		<input type="checkbox"/> Substance Use 2
	<input type="checkbox"/> Core 3		<input type="checkbox"/> Substance Use 3
	<input type="checkbox"/> Core 4		<input type="checkbox"/> Substance Use 4
	<input type="checkbox"/> Core 5		<input type="checkbox"/> Substance Use 5
Sexual Risk Sessions	<input type="checkbox"/> Sexual 1	Adherence Sessions	<input type="checkbox"/> Adherence 1
	<input type="checkbox"/> Sexual 2		<input type="checkbox"/> Adherence 2
	<input type="checkbox"/> Sexual 3		<input type="checkbox"/> Adherence 3
	<input type="checkbox"/> Sexual 4		
	<input type="checkbox"/> Sexual 5		
	<input type="checkbox"/> Sexual 6		
Stigma Sessions	<input type="checkbox"/> Stigma 1	Disclosure Sessions	<input type="checkbox"/> Disclosure 1
	<input type="checkbox"/> Stigma 2		<input type="checkbox"/> Disclosure 1

CORE SKILL SESSIONS

CORE SKILL session 1:	Date ___ / ___ / _____ (month/day/year)
<i>Weekly goal:</i>	
<i>Progress toward goal:</i>	
<i>Barriers or reasons goal not achieved:</i>	

CORE SKILL session 2:	Date ___ / ___ / _____ (month/day/year)
<i>Weekly goal:</i>	
<i>Progress toward goal:</i>	
<i>Barriers or reasons goal not achieved:</i>	

CORE SKILL session 3:	Date ___ / ___ / _____ (month/day/year)
<i>Weekly goal:</i>	
<i>Progress toward goal:</i>	
<i>Barriers or reasons goal not achieved:</i>	

CORE SKILL session 4:		Date ___ / ___ / _____ (month/day/year)
<i>Weekly goal:</i>		
<i>Progress toward goal:</i>		
<i>Barriers or reasons goal not achieved:</i>		

CORE SKILL session 5:		Date ___ / ___ / _____ (month/day/year)
<i>Weekly goal:</i>		
<i>Progress toward goal:</i>		
<i>Barriers or reasons goal not achieved:</i>		

SEXUAL RISK MENU SESSIONS

SEXUAL RISK session 1: Date ___ / ___ / _____ (month/day/year)	
<i>Weekly goal:</i>	
<i>Progress toward goal:</i>	
<i>Barriers or reasons goal not achieved:</i>	

SEXUAL RISK session 2: Date ___ / ___ / _____ (month/day/year)	
<i>Weekly goal:</i>	
<i>Progress toward goal:</i>	
<i>Barriers or reasons goal not achieved:</i>	

SEXUAL RISK session 3: Date ___ / ___ / _____ (month/day/year)	
<i>Weekly goal:</i>	
<i>Progress toward goal:</i>	
<i>Barriers or reasons goal not achieved:</i>	

SEXUAL RISK session 4:		Date ___ / ___ / _____ (month/day/year)
<i>Weekly goal:</i>		
<i>Progress toward goal:</i>		
<i>Barriers or reasons goal not achieved:</i>		

SEXUAL RISK session 5:		Date ___ / ___ / _____ (month/day/year)
<i>Weekly goal:</i>		
<i>Progress toward goal:</i>		
<i>Barriers or reasons goal not achieved:</i>		

SEXUAL RISK session 6:		Date ___ / ___ / _____ (month/day/year)
<i>Weekly goal:</i>		
<i>Progress toward goal:</i>		
<i>Barriers or reasons goal not achieved:</i>		

SUBSTANCE USE RISK MENU SESSIONS

SUBSTANCE USE session 1:	Date ___ / ___ / _____ (month/day/year)
<i>Weekly goal:</i>	
<i>Progress toward goal:</i>	
<i>Barriers or reasons goal not achieved:</i>	

SUBSTANCE USE session 2:	Date ___ / ___ / _____ (month/day/year)
<i>Weekly goal:</i>	
<i>Progress toward goal:</i>	
<i>Barriers or reasons goal not achieved:</i>	

SUBSTANCE USE session 3:	Date ___ / ___ / _____ (month/day/year)
<i>Weekly goal:</i>	
<i>Progress toward goal:</i>	
<i>Barriers or reasons goal not achieved:</i>	

SUBSTANCE USE session 4:		Date ___ / ___ / _____ (month/day/year)
<i>Weekly goal:</i>		
<i>Progress toward goal:</i>		
<i>Barriers or reasons goal not achieved:</i>		

SUBSTANCE USE session 5:		Date ___ / ___ / _____ (month/day/year)
<i>Weekly goal:</i>		
<i>Progress toward goal:</i>		
<i>Barriers or reasons goal not achieved:</i>		

ADHERENCE MENU SESSIONS

ADHERENCE session 1: Date ___ / ___ / _____ (month/day/year)	
<i>Weekly goal:</i>	
<i>Progress toward goal:</i>	
<i>Barriers or reasons goal not achieved:</i>	

ADHERENCE session 2: Date ___ / ___ / _____ (month/day/year)	
<i>Weekly goal:</i>	
<i>Progress toward goal:</i>	
<i>Barriers or reasons goal not achieved:</i>	

ADHERENCE session 3: Date ___ / ___ / _____ (month/day/year)	
<i>Weekly goal:</i>	
<i>Progress toward goal:</i>	
<i>Barriers or reasons goal not achieved:</i>	

STIGMA MENU SESSIONS

STIGMA session 1:	Date ___ / ___ / _____ (month/day/year)
<i>Weekly goal:</i>	
<i>Progress toward goal:</i>	
<i>Barriers or reasons goal not achieved:</i>	

STIGMA session 2:	Date ___ / ___ / _____ (month/day/year)
<i>Weekly goal:</i>	
<i>Progress toward goal:</i>	
<i>Barriers or reasons goal not achieved:</i>	

DISCLOSURE MENU SESSIONS

DISCLOSURE session 1:		Date ___ / ___ / _____ (month/day/year)
<i>Weekly goal:</i>		
<i>Progress toward goal:</i>		
<i>Barriers or reasons goal not achieved:</i>		

DISCLOSURE session 2:		Date ___ / ___ / _____ (month/day/year)
<i>Weekly goal:</i>		
<i>Progress toward goal:</i>		
<i>Barriers or reasons goal not achieved:</i>		

HEALTH CARE MENU SESSIONS

HEALTH CARE session 1: Date ___ / ___ / _____ (month/day/year)	
<i>Weekly goal:</i>	
<i>Progress toward goal:</i>	
<i>Barriers or reasons goal not achieved:</i>	

HEALTH CARE session 2: Date ___ / ___ / _____ (month/day/year)	
<i>Weekly goal:</i>	
<i>Progress toward goal:</i>	
<i>Barriers or reasons goal not achieved:</i>	

HEALTH CARE session 3: Date ___ / ___ / _____ (month/day/year)	
<i>Weekly goal:</i>	
<i>Progress toward goal:</i>	
<i>Barriers or reasons goal not achieved:</i>	

PROGRAM MONITORING SUMMARY

When to use it: Monthly or quarterly

Administered by: Project Manager; Counselor

Completed by: Project Manager; Counselor

Instructions: Identify a standard interval—e.g., monthly or quarterly—for completing this form.

For each item, review the data collected on the other monitoring and evaluation forms (Risk Reduction Interview, Client Participation Record). Enter the total number of each item on the line provided.

Program Monitoring Summary

Staff ID: _____

Date: ____ / ____ / ____

Number of Clients Enrolled	Total
Total number of clients recruited during the period.	_____
Total number of clients enrolled during the period.	_____
Number of clients with sex-related personal goals.	_____
Number of clients with drug-related personal goals.	_____
Number of clients with adherence-related personal goals.	_____
Number of clients with stigma-related personal goals.	_____
Number of clients with disclosure-related personal goals.	_____
Number of clients with health care-related personal goals.	_____
Number of clients with two or more personal goals.	_____

Number of Clients Attending Sessions	Total
Core Skill Session 1.	_____
Core Skill Session 2.	_____
Core Skill Session 3.	_____
Core Skill Session 4.	_____
Core Skill Session 5.	_____
Sexual Risk Session 1.	_____
Sexual Risk Session 2.	_____
Sexual Risk Session 3.	_____
Sexual Risk Session 4.	_____
Sexual Risk Session 5.	_____
Sexual Risk Session 6.	_____
Substance Use Risk Session 1.	_____
Substance Use Risk Session 2.	_____
Substance Use Risk Session 3.	_____
Substance Use Risk Session 4.	_____
Substance Use Risk Session 5.	_____
Adherence Session 1.	_____
Adherence Session 2.	_____
Adherence Session 3.	_____
Stigma Session 1.	_____
Stigma Session 2.	_____
Disclosure Session 1.	_____
Disclosure Session 2.	_____
Health Care Session 1.	_____
Health Care Session 2.	_____
Health Care Session 3.	_____
Wrap-up Session	_____

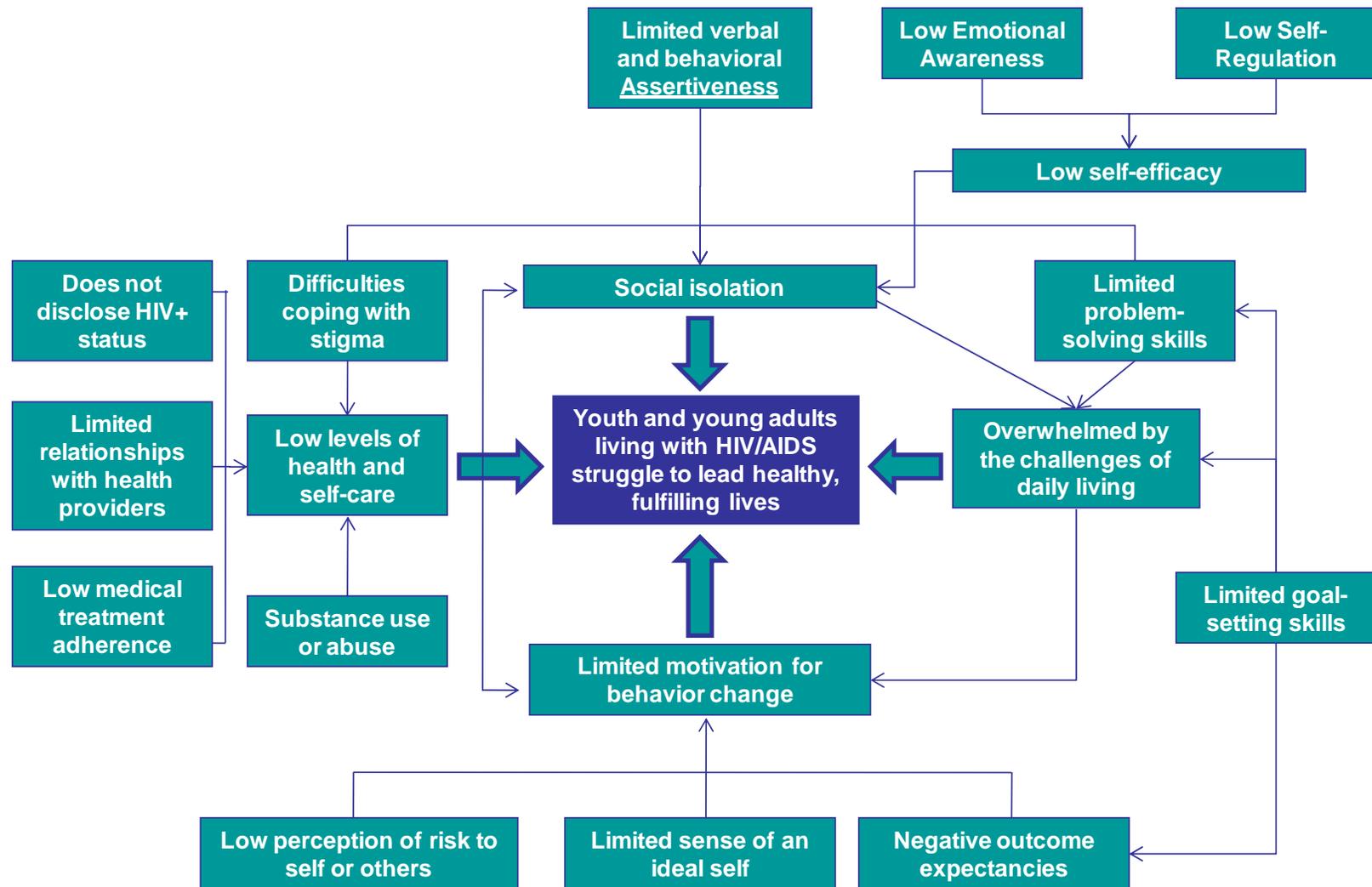
Number of Clients Completing:	Total
All Core Skill Sessions.	_____
All Sexual Risk Menu Sessions.	_____
All Substance Use Risk Menu Sessions	_____
All Adherence Menu Sessions.	_____
All Stigma Menu Sessions.	_____
All Disclosure Menu Sessions.	_____
All Health Care Menu Sessions.	_____
All Core Skill Sessions & Wrap-up Session (but no Menu Sessions)	_____
All Core Skill Sessions & One or More Menu Session Domain.	_____

Comments:

APPENDIX A: CLEAR BEHAVIORAL RISK ANALYSIS

This appendix provides a generic behavior risk analysis for the populations identified in CLEAR—HIV positive youth engaging in high risk behaviors. 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”) which facilitate high-risk behaviors. This information is used to understand why members of the target population engage in the identified risk behavior, and where CLEAR intervenes to protect individuals against the determinants of risk. Your agency 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 populations.

APPENDIX A: CLEAR BEHAVIORAL RISK ANALYSIS FLOWCHART

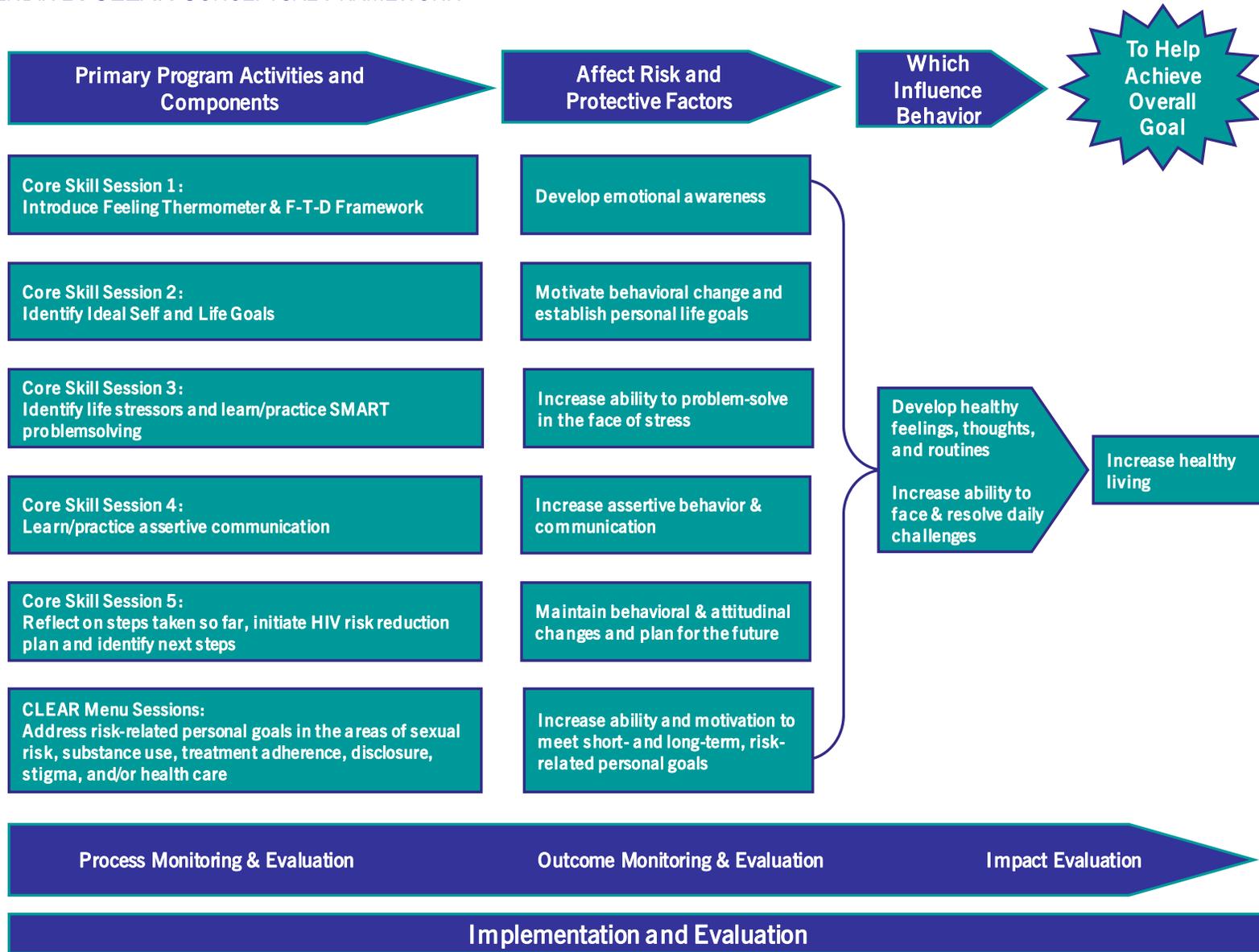


Underlined risks are directly targeted by CLEAR's five core elements and core sessions

APPENDIX B: CLEAR CONCEPTUAL FRAMEWORK

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

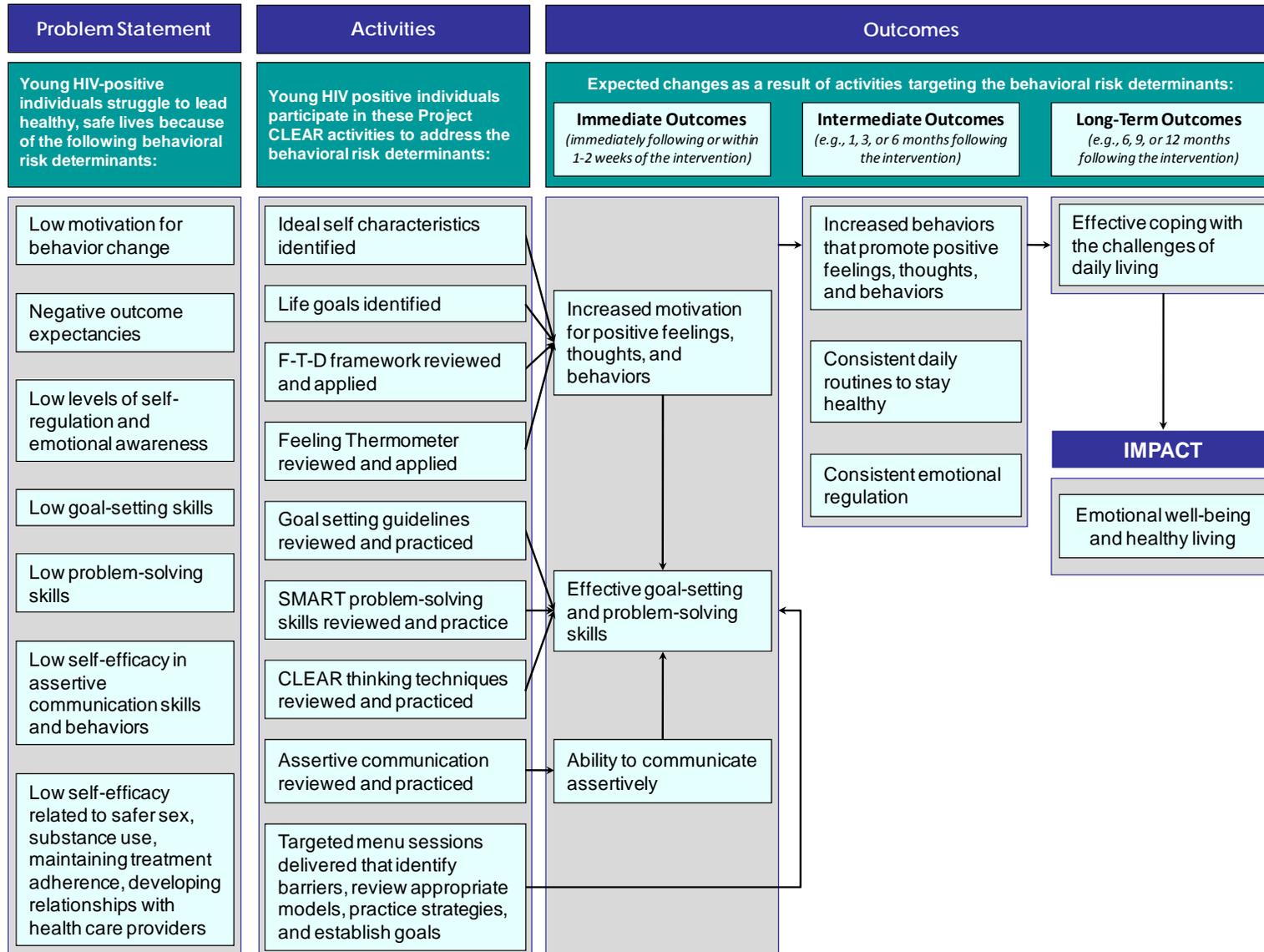
APPENDIX B: CLEAR CONCEPTUAL FRAMEWORK



APPENDIX C: CLEAR LOGIC MODEL

This section provides a generic logic model for CLEAR. The 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 *CLEAR Implementation Manual* (Rotheram-Borus & Klosinski, 2008). As with the behavioral risk analysis, it is important that you adapt and tailor this logic model to reflect your agency's implementation of CLEAR.

APPENDIX C: CLEAR BEHAVIOR CHANGE LOGIC MODEL



APPENDIX D: 2008 NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET (NHM&E DS) 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
GENERAL AGENCY INFORMATION (TABLE A)		
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
CDC PROGRAM ANNOUNCEMENT AWARD INFORMATION (TABLE 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
CONTRACTOR INFORMATION (TABLE C)		
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
SITE INFORMATION (TABLE S)		
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

VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
PROGRAM NAME - PLANNING (TABLE D)		
D01	Program Name	Required
D02	Community Planning Jurisdiction	Required
D03	Community Planning Year	Required
PROGRAM MODEL AND BUDGET - PLANNING (TABLE E1)		
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
INTERVENTION PLAN CHARACTERISTICS (TABLE F)		
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
CLIENT CHARACTERISTICS (TABLE G)		
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

VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
CLIENT CHARACTERISTICS (TABLE G) (CONTINUED)		
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.</p> <p>^^Note: Additional value choices for risk factors added:</p> <ul style="list-style-type: none"> • Sex without using a condom • Sharing drug injection equipment 		
CLIENT INTERVENTION CHARACTERISTICS (TABLE H)		
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
REFERRAL (TABLE X7)		
X701	PEMS Referral Code	Required
X702	Referral Date	Required
X703	Referral Service Type	Required
X706	Referral Outcome	Required
X710	Referral Close Date	Required
AGGREGATE HE/RR AND OUTREACH (TABLE AG)		
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

VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
AGGREGATE HE/RR AND OUTREACH (TABLE AG) (CONTINUED)		
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 - Under 13 years	Required
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
HEALTH COMMUNICATION / PUBLIC INFORMATION (TABLE HC)		
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

VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
HEALTH COMMUNICATION / PUBLIC INFORMATION (TABLE HC) (CONTINUED)		
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
COMMUNITY PLANNING LEVEL (TABLE CP-A/B/C)		
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

1. Centers for Disease Control and Prevention (2003). *Procedural guidance for selected strategies and interventions for community based organizations funded under program announcement 04064*: Draft 9 Dec 03. Atlanta, GA: Author.
2. Centers for Disease Control and Prevention (2006). *Provisional procedural guidance for community-based organizations*: Revised April 2006. Atlanta, GA: Author. Retrieved March 14, 2007, from http://www.cdc.gov/hiv/topics/prev_prog/AHP/resources/guidelines/pro_guidance.pdf
3. Centers for Disease Control and Prevention. (2007). *HIV prevention strategic plan: extended through 2010*. Retrieved April 2, 2008, from <http://www.cdc.gov/hiv/resources/reports/psp/pdf/psp.pdf>
4. Centers for Disease Control and Prevention (2008a). *Evaluation capacity building guide*. Draft in preparation. Developed for the Centers for Disease Control and Prevention under contract number 200-2006-18987. Atlanta, GA: Author.
5. Centers for Disease Control and Prevention (2008b). *National monitoring and evaluation guidance for HIV prevention programs*. Draft in preparation. Developed for the Centers for Disease Control and Prevention under contract number 200-2003-01926. Atlanta, GA: Author.
6. Centers for Disease Control and Prevention (2008c). *Program Evaluation and Monitoring System (PEMS) user manual*. Atlanta, GA: Author.
7. Centers for Disease Control and Prevention. (2008d). *National HIV prevention program monitoring and evaluation data set*. Retrieved September 16, 2008, from <http://team.cdc.gov>
8. Rotheram-Borus, M., Swendeman, D., Comulada, S., Weiss, R. E., Lee, M., & Lightfoot, M. (2004). Prevention for substance-using HIV positive young people: Telephone and in-person delivery. *Journal of Acquired Immune Deficiency Syndrome*, *37*(2) S68–S77.
9. Rotheram-Borus, M. J., & Klosinski, L. E. (2008). *CLEAR: Choosing life: Empowerment, action, results!* (implementation manual). Developed for the Centers for Disease Control and Prevention under cooperative agreement #200-2004-09778. Los Angeles: The University of California, Center for Community Health, Semel Institute for Neuroscience and Human Behavior.
10. Thomas, C. W., Smith, B. D., & Wright-DeAgüero, L. (2006). The Program Evaluation and Monitoring System: A key source of data for monitoring evidence-based HIV prevention program processes and outcomes. *AIDS Education and Prevention*, *18*(Suppl. A), 74–80.