



Acknowledgments

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It is hoped that this guide will prove useful to those implementing the Healthy Relationships 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 Healthy Relationships Evaluation Field Guide was developed to provide community-based organizations implementing Healthy Relationships with systematic methods to conduct evaluation processes and activities that will inform, guide, and assess their Healthy Relationships 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 Healthy Relationships 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 the Division of HIV/AIDS Prevention (DHAP) to provide information and guidance on HIV prevention program evaluation, data collection, and data utilization, and to help prevention providers collect the variables included in the 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. The forms are designed to collect data for use toward program planning and improvement. These questions and data collection forms reflect the reporting requirements of CDC¹ and the basic monitoring and evaluation requirements of Healthy Relationships. Your agency may have additional reporting requirements or you may have information needs within your organization that are not addressed by 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 One of the document contains an overview of CDC's reporting requirements for Healthy Relationships. Section Two 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 Healthy Relationships and plan future implementation. Section Three has tables that summarize the data collection activities (arranged by Healthy Relationships primary activities), recommend data collection schedules, provide a brief description of agency resources needed, and suggest ways to use the data. Section Four includes all the required and optional Healthy Relationships instrument templates. Each evaluation instrument is arranged by Healthy Relationships activity. The appendices consist of the Healthy Relationships Behavioral Risk Analysis (Appendix A), Logic Model (Appendix B), and a list of the required NHM&E DS variables (Appendix C).²

¹ NHM&E DS variables for 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 Healthy Relationships 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 monitor regarding specific reporting requirements for Healthy Relationships.

² The variable requirements in Appendix C 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.

The development of the Healthy Relationships evaluation plan was guided by the development of a situational risk analysis (Appendix A) and a logic model (Appendix B). The risk analysis explores possible circumstances and factors that contribute to the target population's risk of transmitting HIV. The logic model describes the relationships between risk behaviors, the specific activities of the intervention, and intended outcomes. Both the situational risk analysis and the logic model are based on program materials and consultations with the University of Texas Southwestern Medical Center at Dallas and members of CDC's Science Application Team in the Capacity Building Branch, DHAP.

THEORETICAL BASIS AND CORE ELEMENTS

Healthy Relationships is a five-session, small group level intervention designed to help individuals living with HIV develop coping and decision-making skills related to disclosure and to help them increase safer sex practices with their sexual partners. Healthy Relationships sessions focus on developing skills, building self-efficacy and positive expectations about new behaviors through modeling behaviors and practicing new skills. Participants develop and practice decision-making and problem-solving skills, enabling them to make informed and safer decisions about disclosure and behavior. The sessions create a context wherein people can interact, examine their risks, develop risk-reduction skills, and receive feedback from others.

Healthy Relationships is based on the Social Cognitive Theory, which states that individuals are more likely to adopt a behavior if given the opportunity to learn about the behavior, which can be accomplished through modeling, practice, and performance feedback. According to this theory, behavior change is dependent on the following: (1) obtaining correct information to increase awareness of risks; (2) acquiring social and self-management skills to implement the behavior; (3) improving skills and developing self-efficacy; and (4) anticipating and receiving supportive reinforcements for performing the behavior. The theory considers the interaction between behaviors, environments, attitudes, and beliefs in relation to engaging in a particular behavior (Bandura, 1994; Kalichman, 1998; Kalichman, 2005).

Healthy Relationships incorporates the above theoretical components by providing information, examples, discussions, and opportunities to practice and receive feedback on coping skills, disclosure decision-making, risk reduction and communication behaviors. "In this context, social cognitive theory posits that enhancing self-efficacy for managing life stress, including risk-producing situations, leads to effective coping responses. Enacting coping responses that result in reduced emotional distress also facilitates coping with risky sexual situations" (Kalichman, 2005).

Healthy Relationships also uses strategies from Motivational Enhancement (Miller, Zweben, DiClemente, et al., 1992). Such strategies include establishing a collaborative environment, affirming strength and self-efficacy, and providing feedback based on results of initial assessments. "These strategies encourage favorable group processes by actively involving participants in the behavior change process and in developing risk reduction strategies that are suited to their own circumstances" (Hall, Few, Pyeatt, Belzle, & Freeman, 2004).

Healthy Relationships has been demonstrated to be effective in helping HIV-positive individuals change their behavior. It is one of the interventions replicated by the CDC Replication of Effective Programs (REP). There are five core elements of Healthy Relationships

(Table 1). “Core elements are those parts of an intervention that must be done and cannot be changed. They come from the behavioral theory upon which the intervention or strategy is based; they are thought to be responsible for the intervention’s effectiveness. Core elements are essential and cannot be ignored, added to, or changed” (CDC, 2006).

TABLE 1: THE CORE ELEMENTS OF HEALTHY RELATIONSHIPS	
1.	Defining stress and reinforcing coping skills with people living with HIV/AIDS across three life areas: <ol style="list-style-type: none"> a. Disclosing to family and friends b. Disclosing to sexual partners c. Building healthier and safer relationships
2.	Using modeling, role-play, and feedback to teach and practice skills related to coping with stress
3.	Teaching decision-making skills around the issue of disclosure of HIV status
4.	Providing participants with Personal Feedback Reports, based on the Initial Assessment Survey, to motivate change of risky behaviors and continuance of protective behaviors
5.	Using movie-quality clips to set up scenarios around disclosure and risk reduction to stimulate discussions and role-plays

In addition to core elements, there are five key characteristics of Healthy Relationships (Table 2). Key characteristics are activities and delivery methods of an intervention that, while considered of great value, can be altered without changing the outcome of the intervention. They can be adapted and tailored for your agency or target populations (CDC, 2006).

TABLE 2: KEY CHARACTERISTICS OF HEALTHY RELATIONSHIPS	
1.	Participants meet in small groups, similar in style to support groups. The groups are “closed,” meaning that new members cannot join once the series of sessions has begun
2.	Groups meet for at least five 120-minute sessions
3.	Participants sit in a circle, face-to-face
4.	Groups are divided by gender and sexual orientation of the members
5.	At least one group facilitator is an experienced and skilled counselor and, preferably, is a mental health professional. This facilitator may or may not be living with HIV/AIDS
6.	One facilitator is a peer counselor who is living with HIV/AIDS*
7.	One facilitator is male and the other female*
8.	At least one facilitator matches the ethnicity of the majority of the group members*
9.	Both facilitators have the personal characteristics and group skills of effective facilitators

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

Section One: 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** is 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).

If you use CDC funds to implement MMMV and you receive those funds from the health department or another agency or you use another funding source, consult with your funder regarding your specific data collection and reporting requirements.

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 Healthy Relationships 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 Healthy Relationships. Collecting and analyzing Healthy Relationships data will help you improve your implementation of Healthy Relationships 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 Healthy Relationships. 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

Program planning data provide information about what you intend to do. Your program plan describes the following:

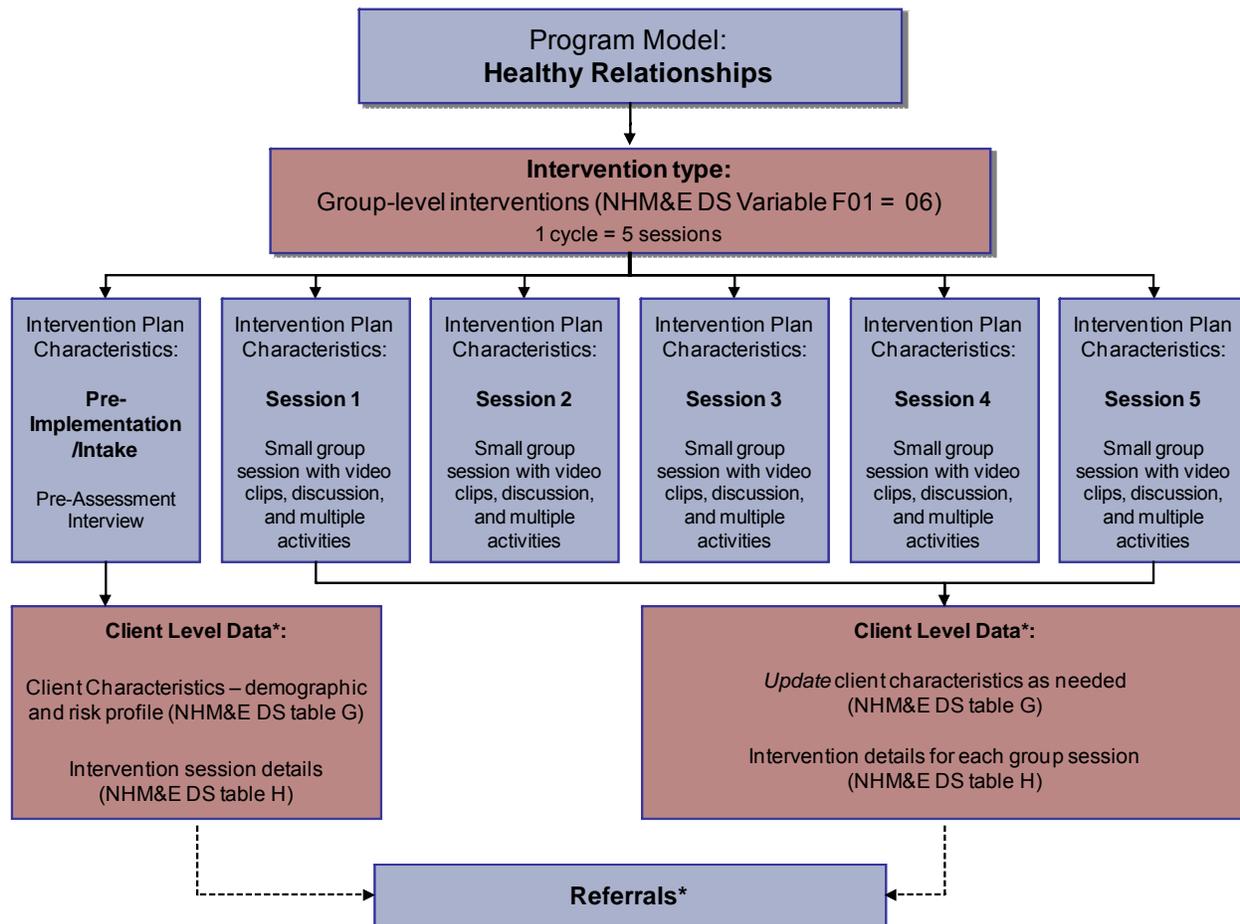
- The population you will serve with Healthy Relationships
- The name you will use for Healthy Relationships within your agency
- The intervention within Healthy Relationships you will deliver
- The funds available to support delivery of the intervention
- Staff members who will deliver the intervention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

Carefully describing your program is a process that will help your agency determine how to best implement and monitor Healthy Relationships. 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 Healthy Relationships.

RECOMMENDED ACTIVITY

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

The figure below illustrates how Healthy Relationships is organized 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.

The following table (Table 3) provides guidance on selecting NHM&E DS variables you can use to describe your intervention as you develop your program plan. The following table depicts program information variables that are applicable to and required for Healthy Relationships. For instance, Program Model Name (NHM&E DS number E101) is labeled “Agency Determined” because the name of your program model can be Healthy Relationships or any other name determined by your agency. The Evidence Base (NHM&E DS number E102) variable, however, specifies a particular variable code (“1.02”) because, regardless of what you have named your program, it is based on the Healthy Relationships model, one of CDC’s Effective Behavioral Interventions.

Note that the variables presented in the table include only those specific to monitoring Healthy Relationships; 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 C).

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 Healthy Relationships or any other name determined by the agency. See the <i>National Monitoring and Monitoring Guidance for HIV Prevention Programs</i> (CDC, 2008b) for additional information if you are implementing more than one Healthy Relationships program within the same agency.
Evidence Base	E102	1.02	Healthy Relationships (variable value code: 1.02)*
Target Population	E105	Agency determined	Healthy Relationships was designed for individuals living with HIV.

* Organizations funded directly by CDC to implement Healthy Relationships must adhere to the core elements. Organizations may alter or not follow the core elements at the discretion of their funding agency; however, the program can no longer use Healthy Relationships as the evidence base for their intervention, nor can they call it Healthy Relationships. If you intend to drop or change a core element of Healthy Relationships 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 Healthy Relationships. 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 reported at the aggregate or individual client level, and whether or not detailed client information will be collected from Healthy Relationships participants. The table below lists the NHM&E intervention plan variables with the DS number, the variable value code, and guidance to help you understand how to apply these variables when implementing Healthy Relationships.

Note that the variables presented in Table 4 include only those specific to monitoring Healthy Relationships. 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 C. 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	<ul style="list-style-type: none"> Healthy Relationships is a health education/risk reduction (HE/RR) intervention (variable value choice: 06).
Total Number of Clients	F05	Agency determined	<ul style="list-style-type: none"> The total number of clients is equal to the planned number of cycles (F07) multiplied by the number of individuals expected to be served in each intervention cycle. The Healthy Relationships manual recommends small groups of 5-12 people of common backgrounds. <i>NOTE:</i> the groups are closed to new members, so drop-ins are not allowed.

TABLE 4: PROGRAM INFORMATION—INTERVENTION DETAILS (CONTINUED)

VARIABLE	NHM&E DS NUMBER	VARIABLE CODE	GUIDANCE		
Planned Number of Cycles	F07	Agency determined	<ul style="list-style-type: none"> A cycle is the complete delivery of an intervention to its intended audience. For Healthy Relationships, five sessions = one cycle. Calculate the number of times you intend to implement a complete cycle of Healthy Relationships within the period reflected in your plan. 		
Number of Sessions	F08	Agency determined	<ul style="list-style-type: none"> Enter the total number of sessions you intend to deliver. The implementation manual states that one cycle of Healthy Relationships consists of five sessions. 		
Unit of Delivery	F09	03	<ul style="list-style-type: none"> Healthy Relationships is delivered to a small group of 5-12 people (variable value code: 03). 		
Activity	PRE-IMPLEMENTATION/INTAKE				
	F10	5.00	Pre-Assessment Interviews: Participants complete the Initial Assessment Survey (IAS), which includes demographic and risk profile questions.	05.00 Personalized Risk Assessment	
	SESSION 1				
	F10	05.00 08.08 11.05 11.12	Dealing with Stress Factors Facilitators lead discussion on stressors, particularly those related to living with HIV. Resources for dealing with stressors are identified and the resource packets distributed to participants.		08.08 Information – Availability of Social Services 11.12 Discussion – Living with HIV/AIDS
			Personal Feedback Report: Stress and Disclosure to Family and Friends Participants review Personal Feedback Report Form-A and consider their responses to the stress inventory.		05.00 Personalized Risk Assessment
			Stress and Disclosure to Family and Friends Participants view video clip #1-1 and discuss disclosure experiences.		11.05 Discussion – Disclosure of HIV status
			Risk Continuum Banner: Disclosing to Family and Friends Facilitator introduces the “Continuum of Risk” and participants participate in an activity to identify the risk level of disclosing HIV status to various types of family members and friends.		11.05 Discussion – Disclosure of HIV status

TABLE 4: PROGRAM INFORMATION—INTERVENTION DETAILS (CONTINUED)

VARIABLE	NHM&E DS NUMBER	VARIABLE CODE	GUIDANCE	
			Facilitator guides discussion on communication skills, assertiveness, active listening, and “I” messages.	11.05 Discussion – Disclosure of HIV status
Activity (continued)	F10	08.14 08.15 08.16 10.03 10.04 10.05 11.05 11.19	SESSION 2	
			Overview of Awareness Skills	
			Facilitator introduces awareness and leads a discussion of awareness in possible disclosure situations.	08.14 Information – Negotiation/communication 08.16 Information – Disclosure of HIV status 10.05 Practice – Disclosure of HIV status
			Listening for Meaning: Speakers-Listeners-Observers Activity	
			Participants explore and practice basic skills of good listening around the issue of disclosure.	10.03 Practice – Negotiation/communication 11.05 Discussion – Disclosure of HIV status
			Overview of Triggers and Barriers	
			Facilitator introduces trigger and barrier identification and leads discussion on triggers and barriers that promote or impede disclosure to family and friends.	08.16 Information – Disclosure of HIV status 11.05 Discussion – Disclosure of HIV status
			Overview of Problem-Solving	
			Facilitator introduces the steps of problem solving and leads discussion on problem solving to overcome the negative effect of triggers and barriers.	08.15 Information – Disclosure of HIV status 11.19 Discussion – Decision-making
			Overview of Effective Decision-making and Action	
Facilitator introduces the decision-making grid (i.e., weighing pros and cons) and how it leads to action. Participants engage in an activity about decisions around disclosure to family and friends.	08.15 Information – Decision-making 10.04 Practice – Decision-making 11.05 Discussion – Disclosure of HIV status 11.19 Discussion – Decision-making			

TABLE 4: PROGRAM INFORMATION—INTERVENTION DETAILS (CONTINUED)

VARIABLE	NHM&E DS NUMBER	VARIABLE CODE	GUIDANCE		
Activity (continued)	SESSION 2 (CONTINUED)				
	F10	10.04 10.05 11.05 11.19	<p>Dealing with Disclosure to Family and Friends</p> <p>Participants view movie clip #2-1 and discuss awareness, the triggers and barriers portrayed, steps for problem-solving, and decision-making related to disclosure to family members and/or friends. Participants model their own problem-solving steps for disclosure, as it relates to the video clip.</p>	<p>10.04 Practice – Decision-making</p> <p>10.05 Practice – Disclosure</p> <p>11.05 Discussion – Disclosure of HIV status</p> <p>11.19 Discussion – Decision-making</p>	
			<p>Participants view movie clip #2-2 and discuss awareness, the triggers and barriers portrayed, steps for problem solving, and decision-making related to disclosure to family members and/or friends. Participants model their own problem-solving steps for disclosure, as it relates to the video clip.</p>	<p>10.04 Practice – Decision making</p> <p>10.05 Practice – Disclosure</p> <p>11.05 Discussion – Disclosure of HIV status</p> <p>11.19 Discussion – Decision-making</p>	
			SESSION 3		
			F10	05.00 10.04 10.05 11.05 11.19	<p>Personal Feedback Form: Stress and Disclosure to Sex Partners</p> <p>Participants review Personal Feedback Report Form-B and consider their responses to stress inventory and questions about disclosure to sex partners.</p>
	<p>Risk Continuum Banner: Disclosing to Sex Partners</p> <p>Participants participate in “Risk Continuum” activity to identify the levels of risk associated with disclosure to different types of partners.</p>	<p>11.05 Discussion – Disclosure of HIV status</p>			
	<p>Skills Building Review: Telling Sex Partners</p> <p>Participants review skills of awareness, identifying triggers and barriers, problem solving, decision-making, and action.</p>	<p>11.05 Discussion – Disclosure of HIV status</p> <p>11.19 Discussion – Decision-making</p>			

TABLE 4: PROGRAM INFORMATION—INTERVENTION DETAILS (CONTINUED)

VARIABLE	NHM&E DS NUMBER	VARIABLE CODE	GUIDANCE	
SESSION 3 (CONTINUED)				
Activity (continued)	F10	05.00 10.04 10.05 11.05 11.19	<p>Dealing with Disclosure to Sex Partners</p> <p>Participants view movie clip #3-1 and discuss awareness, triggers and barriers portrayed, steps for problem solving, and decision-making related to making decisions around disclosure to sex partners. Participants model their own decision-making steps around disclosure to sex partners, as it relates to the video clip.</p>	
			<p>Participants view movie clip #3-2 and discuss awareness, triggers and barriers portrayed, steps for problem solving, and decision-making related to making decisions around disclosure to sex partners. Participants model their own decision-making steps around disclosure to sex partners, as it relates to the video clip.</p>	<p>10.04 Practice – Decision-making</p> <p>10.05 Practice – Disclosure</p> <p>11.05 Discussion – Disclosure of HIV status</p> <p>11.19 Discussion – Decision-making</p>
			<p>Participants view movie clip #3-3 and discuss awareness, triggers and barriers portrayed, steps for problem solving, and decision-making related to making decisions around disclosure to sex partners. Participants model their own decision-making steps around disclosure to sex partners, as it relates to the video clip.</p>	<p>10.04 Practice – Decision-making</p> <p>10.05 Practice – Disclosure</p> <p>11.05 Discussion – Disclosure of HIV status</p> <p>11.19 Discussion – Decision-making</p>

TABLE 4: PROGRAM INFORMATION—INTERVENTION DETAILS (CONTINUED)

VARIABLE	NHM&E DS NUMBER	VARIABLE CODE	GUIDANCE	
Activity (continued)	F10	05.00 08.10 08.16 11.01 11.05 11.12 11.18 11.19	SESSION 4	
			Deciding About Disclosure to Sex Partners	
			Participants discuss disclosing their status to sex partners and review their own personal risks related to disclosing to various types of partners.	08.15 Information – Decision making 08.16 Information – Disclosure of HIV status 11.05 Discussion – Disclosure of HIV status 11.19 Discussion – Decision making
			Introduction to Relationships with Positive and Negative Partners	
			Participants view movie clip #4-1; facilitator leads discussion of the difference in relationships when only one partner is living with HIV/AIDS. Facilitator leads discussion on deciding whether or not to disclose to a sex partner.	11.12 Discussion – Living with HIV/AIDS
			Personal Feedback Report Form C: Safer Sex/Risk Reduction	
			Participants review Personal Feedback Report-C and consider their responses to questions about safer sex.	05.00 Personalized Risk Assessment
			Risk Continuum Banner: Safer Sex/Risk Reduction	
			Participants participate in “Risk Continuum” activity to identify types of high, moderate, and low risk sexual activities. Facilitator guides discussion about safer sex.	11.01 Discussion – Sexual risk reduction
HIV/AIDS Education				
Participants view video clip #4-2 that reviews HIV risk information.	08.10 Information – Sexual risk reduction 11.01 Discussion – Sexual risk reduction			

TABLE 4: PROGRAM INFORMATION—INTERVENTION DETAILS (CONTINUED)

VARIABLE	NHM&E DS NUMBER	VARIABLE CODE	GUIDANCE	
Activity (continued)	F10		SESSION 4 (CONTINUED)	
			Skill Building Review and Application	
		Participants review skills of awareness, identifying triggers and barriers, problem solving, decision-making, and action, and discuss how to use the skills to ensure safer sex/risk reduction.	<p>11.01 Discussion – Sexual risk reduction</p> <p>11.18 Discussion – Negotiation/communication</p>	
		SESSION 5		
		Review the Five Coping Skills		
		Participants review skills of awareness, identifying triggers and barriers, problem solving, decision-making, and action as they relate to safer sex/risk reduction.	11.66 Discussion – Other	
		Condom Skills and Other Alternatives to Unsafe Sex		
		Facilitator leads discussion on pros and cons of condoms. Participants view “Condom Demonstration” video (clip #5-1) and discuss. Facilitators model proper condom use. Participants practice proper condom use.	<p>08.13 Information – Condom/barrier use</p> <p>09.01 Demonstration – Condom/barrier use</p> <p>10.01 Practice – Condom/barrier use</p> <p>11.17 Discussion – Condom/barrier use</p> <p>11.18 Discussion – Negotiation/communication</p>	
		Dealing with Safer Sex Reduction		
		Participants view video clips (#5-2, #5-3, #5-4, and #5-5) and discuss the awareness, triggers and barriers portrayed, steps for problem-solving, decision-making, and action related to negotiating and practicing safer sex and safe alternatives to condom use.	<p>10.03 Practice – Negotiation and Communication</p> <p>10.04 Practice – Decision-making</p> <p>11.01 Discussion – Sexual risk reduction</p> <p>11.18 Discussion – Negotiation/communication</p> <p>11.19 Discussion – Decision-making</p>	
Participants model their own decisions around safer sex/risk reduction, as they relate to the video clips.	10.04 Practice – Decision-making			

TABLE 4: PROGRAM INFORMATION—INTERVENTION DETAILS (CONTINUED)

VARIABLE	NHM&E DS NUMBER	VARIABLE CODE	GUIDANCE
SESSION 5 (CONTINUED)			
Delivery Method	F11	01.00 03.00 07.00	<ul style="list-style-type: none"> The intervention is delivered in person (variable value code: 01.00). Printed materials are distributed and a video is shown at all 5 sessions (variable value codes: 03.00 and 07.00, respectively).
Detailed Behavior Data Collection	F13	Agency Determined	<ul style="list-style-type: none"> If you decide to collect behavioral details (see NHM&E DS Table 1 for a list of variables) in your delivery of Healthy Relationships, select variable value code “1” and collect these variables at intake and the final session.
Level of Data Collection	F14	1	<ul style="list-style-type: none"> For Healthy Relationships, service data to be collected for the HE/RR intervention will be collected in client-level form.
Duration of Intervention Cycle	F15	2	<ul style="list-style-type: none"> Healthy Relationships sessions are delivered over 5 weeks (i.e., 2 months).
Unit of Duration	F16	1	<ul style="list-style-type: none"> Healthy Relationships sessions are delivered over 5 weeks (i.e., 2 months) (variable value code: 1).
Specified Recall Period	F17	01	<ul style="list-style-type: none"> Healthy Relationship uses a local, 6-month recall period, (i.e., 180 days) on the initial and post-assessment surveys (variable value code: 01 and specify in text field)

NHM&E CLIENT SERVICES DATA

Client services data provide information about the clients who are receiving services and information about each session or encounter in which the client participates. Client services data describe the demographic and risk characteristics of individuals that participated in Healthy Relationships, the sessions that clients participated in, and the activities implemented during each session.

The client services data for Healthy Relationships 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 19-year-old Hispanic male”).

Client level 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 Healthy Relationships to what you included in your plan. This will help ensure that your activities and your participants are consistent with your plan.

Section Two: Objectives and Evaluation Questions

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

These questions 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.

HEALTHY RELATIONSHIPS PROGRAM OBJECTIVES

The objectives addressed as part of the Healthy Relationships evaluation are as follows:

- To determine if Healthy Relationships was implemented as intended
- To determine if the anticipated changes occurred among participants

PROCESS MONITORING AND EVALUATION QUESTIONS

The following are potential process monitoring and evaluation questions that stakeholders may ask about your agency's implementation of Healthy Relationships. **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?"

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?"

1. Which of the core elements were implemented?

It is important to know if all of the core elements of Healthy Relationships were implemented in order to learn whether the intervention was implemented as intended and was consistent with the design of the intervention.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> Sessions' content and activities 	<ul style="list-style-type: none"> Session Monitoring Forms Process Evaluation Form Observations (e.g., Facilitator Evaluation Form) 	<ul style="list-style-type: none"> Compare those core elements conducted with the list of core elements in the Healthy Relationships implementation manual

2. Which of the core elements were implemented as described in the implementation manual, Healthy Relationships?

It is important to know if an agency's implementation of the Healthy Relationships core elements matches the intended implementation as described in the manual. An agency's implementation of Healthy Relationships will affect the outcomes produced.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> Sessions' content and activities 	<ul style="list-style-type: none"> Session Monitoring Forms Process Evaluation Form Observations (e.g., Facilitator Evaluation Form) 	<ul style="list-style-type: none"> Compare the description of the core elements conducted with the description of core elements in the Healthy Relationships implementation manual

3. Which of the program activities were implemented as planned?

It is important to know if an agency's implementation of the Healthy Relationships matches its implementation plan. Agencies may modify program activities based on agency resources, priorities, and in consideration of current activities as long as the core elements are maintained; however, all modifications should be documented in the intervention plan. Knowledge of which activities are implemented as planned and which are modified provides context for better understanding the outcomes produced.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> Sessions' content and activities 	<ul style="list-style-type: none"> Session Monitoring Forms Process Evaluation Form 	<ul style="list-style-type: none"> Identify the activities not conducted as written in the Healthy Relationships implementation manual

4. Which of the program activities were modified?

Agencies may modify program activities based on agency resources, priorities, and in consideration of current activities as long as the core elements are maintained. For example, intervention activities may be tailored or modified to accommodate characteristics of the target population. Knowledge of which activities are implemented as planned and which are modified provides context for better understanding the outcomes produced, and may inform future modifications to intervention activities.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> Sessions' content and activities 	<ul style="list-style-type: none"> Session Monitoring Forms Process Evaluation Form 	<ul style="list-style-type: none"> Identify the activities not conducted as written in the Healthy Relationships implementation manual

5. How and why were program activities modified?

Healthy Relationships is designed to build the decision-making and problem-solving skills of men and women living with HIV to enable them to make informed decisions about disclosure and HIV transmission risk behaviors. Healthy Relationships addresses participants' HIV status, disclosure skills, and safer-sex negotiation skills. The activities described in the implementation manual are linked to the anticipated outcomes of the intervention, and it is important to document why and how activities were changed.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> Sessions' content and activities 	<ul style="list-style-type: none"> Session Monitoring Forms Process Evaluation Form 	<ul style="list-style-type: none"> Review rationale for changes made to the activities. Identify themes which may inform future implementation

6. What were the demographic characteristics of the individuals served?

A demographic profile of the individuals served by the program demonstrates the extent to which the intervention's intended target population is being reached. The profile also provides information that can be used to inform recruitment strategies and develop other prevention activities.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> Age Race Ethnicity Gender Educational level Employment status Sexual orientation 	<ul style="list-style-type: none"> Initial Assessment Survey 	<ul style="list-style-type: none"> Examine the participants' demographic characteristics to determine if the individuals served match that of the intended target population

7. What was the risk profile of the individuals served?

Healthy Relationships is intended for HIV seropositive individuals at high risk of transmitting HIV.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> Behavioral risk data for past 30 and 90 days 	<ul style="list-style-type: none"> Initial Assessment Survey 	<ul style="list-style-type: none"> Review the risk-taking behaviors reported by participants to determine if the individuals served match that of the intended target population

8. What were the barriers to and facilitators of implementation?

Identifying the barriers (i.e., what made it difficult) to implementing Healthy Relationships can improve implementation strategies. It is also important to identify facilitators (i.e., what made it easy) of implementing Healthy Relationships to recognize successful implementation activities and approaches.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> Barriers and facilitators identified by facilitators 	<ul style="list-style-type: none"> Session Monitoring Forms Process Evaluation Form Observations (e.g., Facilitator Evaluation Form) Participant Satisfaction Surveys Staff Meeting Minutes/Notes 	<ul style="list-style-type: none"> Review identified barriers and facilitators to implementation and identify strategies to overcome challenges

OUTCOME MONITORING QUESTIONS

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

1. *What changes occurred in the participants’ level of comfort regarding their decision-making skills around disclosing their status to their family and friends?*

An increase in comfort level for decision-making skills around disclosing HIV status to family and friends is one of the outcomes of Healthy Relationships. If the intervention sessions were implemented as planned, a decrease or small increase in comfort level may inform the need to modify or supplement activities to enhance participants’ comfort level regarding decision-making skills around disclosure of their status to family and friends.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> Participants’ self report of comfort level and confidence to disclose their HIV status to family and friends 	<ul style="list-style-type: none"> Initial Assessment Survey Post-Assessment Survey 	<ul style="list-style-type: none"> Compare participants’ initial assessment responses with responses from the post intervention assessment

2. *What changes occurred in the participants’ level of comfort regarding their decision-making skills around disclosing their status to their sex partners?*

An increase in comfort level for decision-making skills around disclosing HIV status to sex partners is one of the outcomes of Healthy Relationships. If the intervention sessions were implemented as planned, a decrease or small increase in comfort level may inform the need to modify or supplement activities to enhance participants’ comfort level regarding decision-making skills around disclosure of their status to sex partners.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> Participants’ self report of comfort level and confidence to disclose their HIV status to sex partners 	<ul style="list-style-type: none"> Initial Assessment Survey Post-Assessment Survey 	<ul style="list-style-type: none"> Compare participants’ initial assessment responses with responses from the post intervention assessment

3. What changes in self-efficacy for negotiating safer sex practices with partners occurred among participants?

An increase in negotiating safer sex practices is one of the long-term outcomes of Healthy Relationships. An immediate outcome is an increase in participants’ self-efficacy for negotiating safer sex practice. If the intervention sessions were implemented as planned, a decrease or small increase in self-efficacy may inform the need to modify or supplement activities to build participants’ self-efficacy for negotiating safer sex practices with their sex partners.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> Participants’ self report of confidence to negotiate safer sex practices with partners Demonstration of negotiating safer sex practices with partners 	<ul style="list-style-type: none"> Initial Assessment Survey Post-Assessment Survey Facilitators’ observations of role plays (Session Monitoring Forms) 	<ul style="list-style-type: none"> Compare participants’ initial assessment responses with responses from the post intervention assessment Review observation notes and identify trends and/or changes in negotiation skills

4. What changes in participants’ self-efficacy for using condoms with sex partners occurred among participants?

An increase in condom use with sex partners is one of the long-term outcomes of Healthy Relationships. An immediate outcome is an increase in participants’ self-efficacy for condom use. If the intervention sessions were implemented as planned, a decrease or small increase in self-efficacy may inform the need to modify or supplement activities to build participants’ self-efficacy to use condoms with their sex partners.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> Participants’ self report of confidence to use condoms with partners Demonstration of proper condom use 	<ul style="list-style-type: none"> Initial Assessment Survey Post-Assessment Survey Facilitators’ observations of practicing condom use (Session Monitoring Forms) 	<ul style="list-style-type: none"> Compare participants’ initial assessment responses with responses from the post intervention assessment Review observation notes and identify trends and/or changes in condom use skills

5. What changes occurred in participants’ intentions to use condoms with their sex partners?

An increase in condom use with sex partners is one of the long-term outcomes of Healthy Relationships. In addition to increased self-efficacy, intention is an immediate outcome for condom use. If the intervention sessions were implemented as planned, a decrease or small increase in intention may inform the need to modify or supplement activities to increase participants’ intentions to use condoms.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> Participants’ self report of intentions to use condoms with sex partners 	<ul style="list-style-type: none"> Initial Assessment Survey Post-Assessment Survey 	<ul style="list-style-type: none"> Compare participants’ initial assessment responses with responses from the post intervention assessment

6. What proportion of participants reported increased condom use with partners?

An increase in condom use with sex partners is one of the long-term outcomes of Healthy Relationships. If the intervention sessions were implemented as planned, a decrease or small increase in intention may inform the need to modify or supplement activities to build skills (e.g., communication and negotiation skills) and enhance self-efficacy and intentions related to condom use.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> Participants' self report of condom use with sex partners 	<ul style="list-style-type: none"> Initial Assessment Survey Post-Assessment Survey 	<ul style="list-style-type: none"> Compare participants' initial assessment responses with responses from the post intervention assessment

Section Three: Data Collection Activities and Schedule

DATA COLLECTION SCHEDULE

This section describes the data collection processes and instruments for Healthy Relationships. The table below (Table 5) indicates when each instrument should be administered, who administers the instruments, and who should complete the instrument. Subsequent tables (Tables 6 and 7) provide more detail regarding data collection activities and schedules for each component of Healthy Relationships.

TABLE 5: DATA COLLECTION SCHEDULE

INSTRUMENT	WHEN TO USE	ADMINISTERED BY	COMPLETED BY
Participant Interview Questionnaire	Before the intervention cycle begins	Facilitator, Program Manager, or Counselor	Participant (with assistance from facilitator, as needed)
Initial Assessment Survey	Before the intervention cycle begins	Facilitator, Program Manager, or Counselor	Participant (with assistance from facilitator, as needed)
Attendance Sheet	At the start of each session	Facilitator	Participant
Participant Feedback Form	At the end of each session	Facilitator	Participant
Session Monitoring Forms (1–5)	At the end of each session	Facilitator	Facilitator
Process Evaluation Form	At the end of each cycle	Facilitator	Facilitator
Facilitator Evaluation	During any session	Program Manager, Supervisor, or Consultant	Program Manager, Supervisor, or Consultant
Post-Assessment Survey	No sooner than at the end of the cycle; however, 1–3 months after completion of the intervention is ideal*	Facilitator, Program Manager, or Counselor	Participant (with assistance from facilitator, as needed)

* The opportunities to practice new skills or engage in the learned safe behaviors may not present themselves during the course of the intervention (e.g., weekend retreat, 5 weeks). Therefore, changes in self-efficacy and behavior may be minimal. It is ideal to give participants time to engage in the learned behaviors—typically, 3 to 6 months after the last session. As with the Initial Assessment Survey, an agency may choose to administer the Post-Assessment Survey in individual sessions, or ask participants to complete the survey at the end of the last session or by mail. Long-term follow-up may not be feasible for all agencies.

DATA COLLECTION ACTIVITIES

Tables 6 and 7 below are arranged by Healthy Relationships activity. Each table indicates when data should be collected; resources needed to collect the data; and data provided by the instruments located later in this field guide. The tables also include 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 Healthy Relationships.

TABLE 6: RECRUITMENT AND SCREENING DATA COLLECTION ACTIVITIES

PARTICIPANT INTERVIEW QUESTIONNAIRE	
Data Collection Methods	<ul style="list-style-type: none"> • Self report
When to Collect the Data	<ul style="list-style-type: none"> • Prior to beginning each cycle of Healthy Relationships (e.g., at intake)
Resources Needed	<ul style="list-style-type: none"> • Staff time to administer interview • Sufficient number of interview guides • Room to conduct interview and maintain clients' privacy • Database for managing data • Staff time to compile and analyze data
INITIAL ASSESSMENT SURVEY	
Data Collection Methods	<ul style="list-style-type: none"> • Self report
When to Collect the Data	<ul style="list-style-type: none"> • Prior to beginning each cycle of Healthy Relationships (e.g., at intake)
Resources Needed	<ul style="list-style-type: none"> • Staff time to administer survey • Sufficient number of forms • Room to conduct interview and maintain clients' privacy • Database for managing data • Staff time to compile and analyze data

TABLE 7: GROUP SESSIONS 1 – 5 DATA COLLECTION ACTIVITIES

ATTENDANCE SHEETS	
Data Collection Methods	<ul style="list-style-type: none"> • Self report • Observation
When to Collect the Data	<ul style="list-style-type: none"> • At the beginning of each session
Resources Needed	<ul style="list-style-type: none"> • Staff time to collect information • Sufficient number of forms • Database for managing data • Staff time to compile and analyze data
PARTICIPANT FEEDBACK FORM	
Data Collection Methods	<ul style="list-style-type: none"> • Self report
When to Collect the Data	<ul style="list-style-type: none"> • At the conclusion of each session
Resources Needed	<ul style="list-style-type: none"> • Staff time to collect information • Sufficient number of forms • Database for managing data • Staff time to compile and analyze data
SESSION MONITORING FORMS (1 – 5)	
Data Collection Methods	<ul style="list-style-type: none"> • Self report
When to Collect the Data	<ul style="list-style-type: none"> • At the conclusion of each session
Resources Needed	<ul style="list-style-type: none"> • Staff time to collect information • Sufficient number of forms • Database for managing data • Staff time to compile and analyze data

TABLE 7: GROUP SESSIONS 1 – 5 DATA COLLECTION ACTIVITIES (CONTINUED)

POST-ASSESSMENT SURVEY	
Data Collection Methods	<ul style="list-style-type: none"> • Self Report
When to Collect the Data	<ul style="list-style-type: none"> • The Post-Assessment Survey should be completed at the end of each cycle. This survey may also be conducted at some point in time after the conclusion of the cycle (e.g., 30 days after the last session)
Resources Needed	<ul style="list-style-type: none"> • Staff time to administer survey • Sufficient number of forms • Room to administer survey and maintain clients' privacy • Database for managing data • Staff time to compile and analyze data
FACILITATOR EVALUATION	
Data Collection Methods	<ul style="list-style-type: none"> • Direct observation
When to Collect the Data	<ul style="list-style-type: none"> • At random intervals for each facilitator or facilitation team
Resources Needed	<ul style="list-style-type: none"> • Time for program manager to observe and collect information • Sufficient number of forms • Database for managing data • Staff time to compile and analyze data
PROCESS EVALUATION FORM	
Data Collection Methods	<ul style="list-style-type: none"> • Compilation of Session Monitoring Forms
When to Collect the Data	<ul style="list-style-type: none"> • At the conclusion of each cycle
Resources Needed	<ul style="list-style-type: none"> • Staff time to collect information • Sufficient number of forms • Database for managing data • Staff time to compile and analyze data

Section Four: Data Collection Protocols and Forms

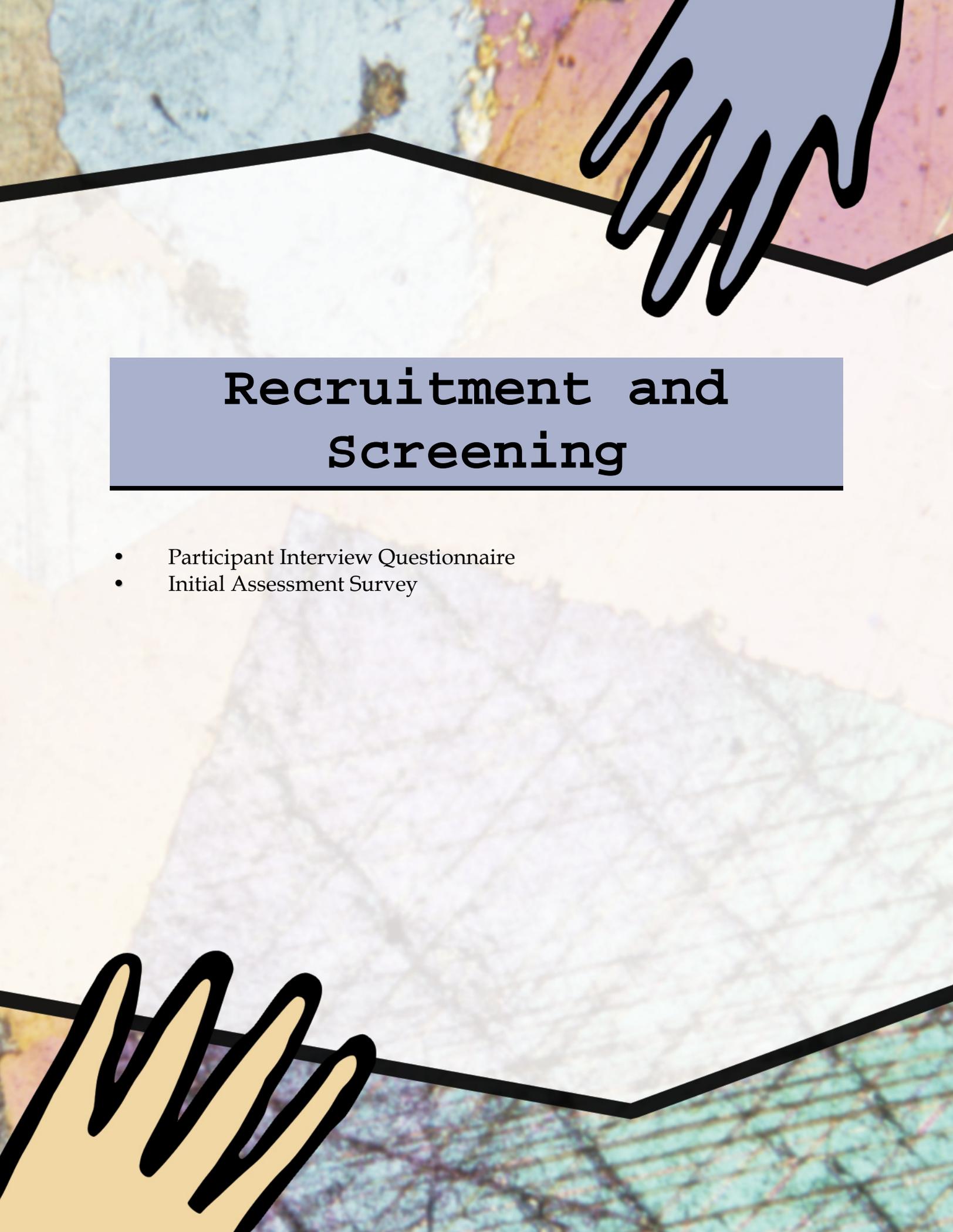
This section includes the framework for each of the data collection activities previously described. The data collection and reporting requirements of CDC are incorporated in the data collection forms. The protocols include when each form should be administered (When to Use), who administers the form (Administered By), and who provides the information for completing the form (Completed By). In instances when participant literacy is low, a facilitator, program manager, or counselor may assist the participant in completing the form.

This field guide includes instruments from the Healthy Relationships Implementation Manual that have been modified to include NHM&E DS variables. These forms can be modified to meet your agency's specific information needs. However, it is important to make sure that any modifications 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.

There is no requirement to use all of the data collection forms included in this evaluation plan. Tools such as the Initial Assessment Form and Personalized Feedback Reports are essential to implementing the intervention and are, therefore, required. Please check the Healthy Relationships Implementation Manual for required forms.

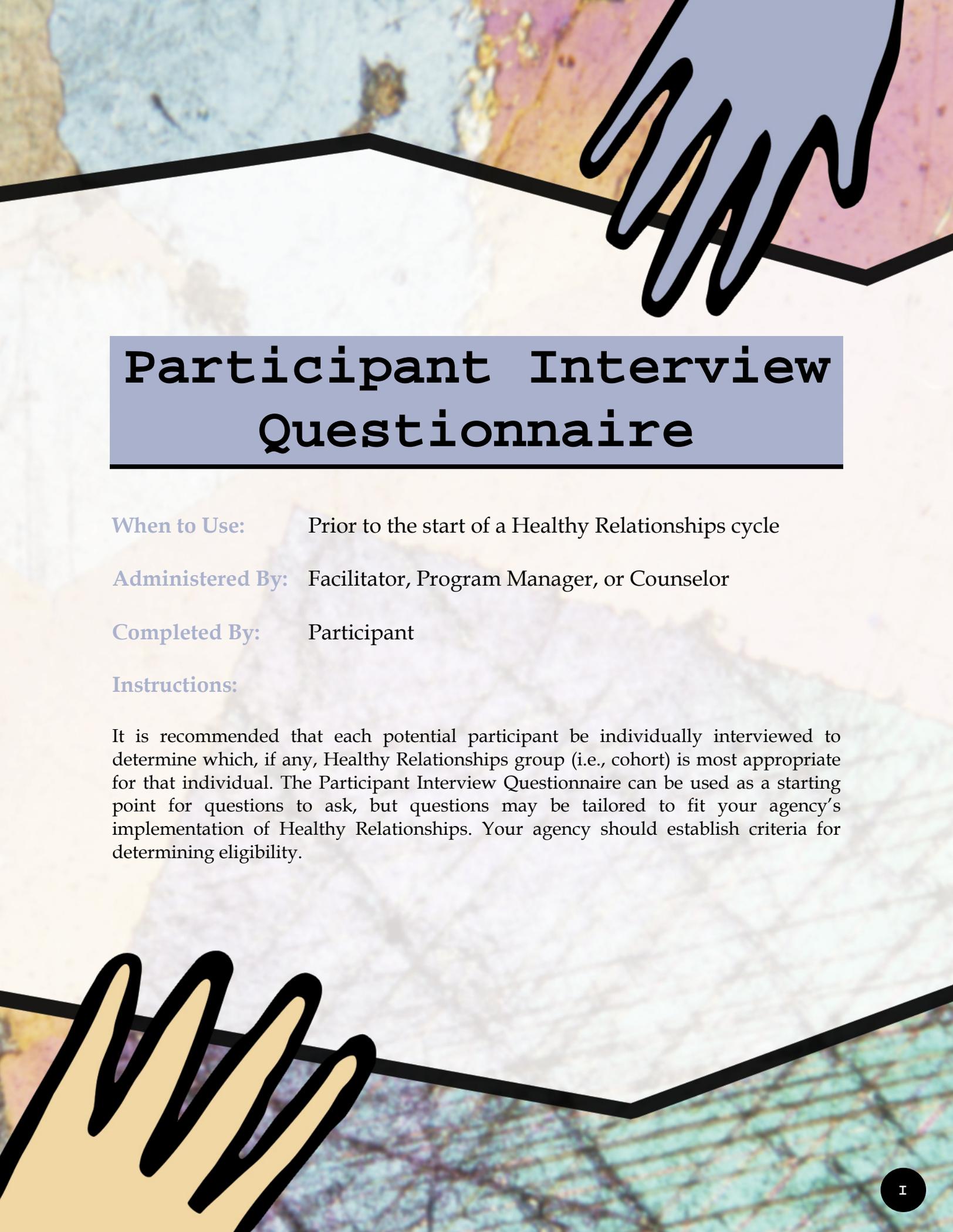
The instruments and data collection forms in this section are organized by phase of implementation. Each form includes instructions and recommendations for administering and/or completing the form. Additionally, certain forms include items that collect NHM&E DS variables that will be submitted to CDC.³ 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 Healthy Relationships 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 Healthy Relationships.

The background features a collage of elements: a blue and pink textured area at the top, a white map of the United States in the center, and a blue and green textured area at the bottom. Two stylized hands are overlaid on the map; a blue hand is at the top right, and a yellow hand is at the bottom left. A thick black line runs across the map, forming a shape similar to the state of Texas.

Recruitment and Screening

- Participant Interview Questionnaire
- Initial Assessment Survey

The background of the page is a stylized map with various colors like blue, pink, and yellow. A thick black zigzag line runs across the page. At the top right, a blue hand with black outlines is holding the line. At the bottom left, a yellow hand with black outlines is also holding the line.

Participant Interview Questionnaire

When to Use: Prior to the start of a Healthy Relationships cycle

Administered By: Facilitator, Program Manager, or Counselor

Completed By: Participant

Instructions:

It is recommended that each potential participant be individually interviewed to determine which, if any, Healthy Relationships group (i.e., cohort) is most appropriate for that individual. The Participant Interview Questionnaire can be used as a starting point for questions to ask, but questions may be tailored to fit your agency's implementation of Healthy Relationships. Your agency should establish criteria for determining eligibility.

HEALTHY RELATIONSHIPS PARTICIPANT INTERVIEW QUESTIONNAIRE

1. What has been your experience with support groups or discussion groups?
2. What do you like most about support or discussion groups?
3. What do you like least about groups?
4. What do you know about the Healthy Relationships group?
5. What do you see as the role of the group facilitators?
6. What do you feel like you will be able to share with others while attending the Healthy Relationships group?
7. What character traits do you feel like you will bring to group?
8. How do you feel you will benefit from participating in the Healthy Relationships group?
9. Would you be comfortable attending the group with someone with a sexual orientation different than your own?
10. How do you handle tension or conflict within groups of people?

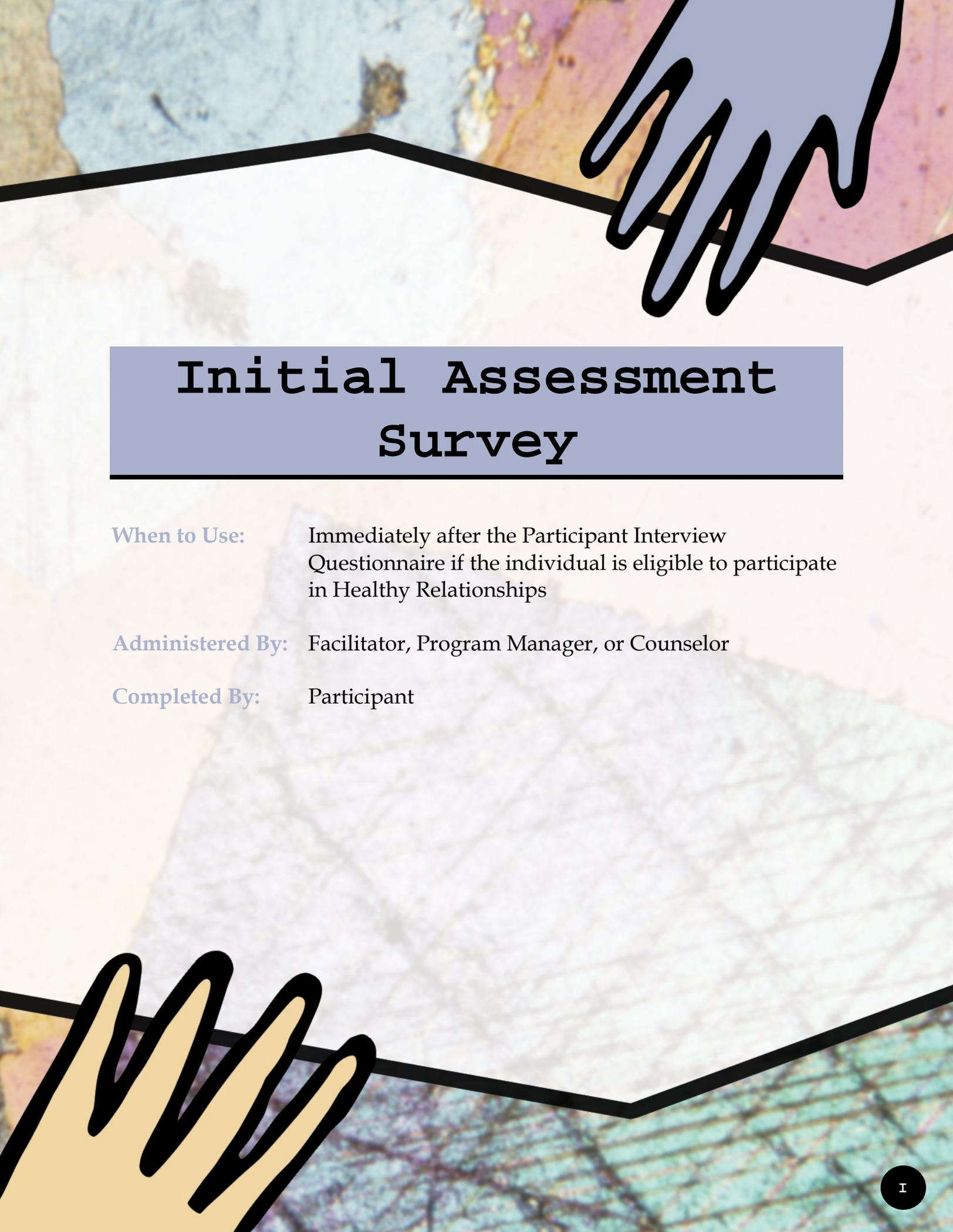
11. What do you see as your best quality?

12. What quality would you like to improve?

13. How long have you been diagnosed as being HIV positive?

14. How would you describe your present state of health?

15. Are you currently taking medications for HIV infection?

A hand holding a black line that zig-zags across the page. The hand is light blue with black outlines, positioned in the upper right corner. The background is a collage of textures, including a map, a grid, and abstract patterns in shades of blue, pink, and yellow.

Initial Assessment Survey

When to Use: Immediately after the Participant Interview
Questionnaire if the individual is eligible to participate
in Healthy Relationships

Administered By: Facilitator, Program Manager, or Counselor

Completed By: Participant



Instructions:

The Initial Assessment Survey (IAS) is used to collect demographic and behavioral information about the individuals who are deemed eligible to participate in the Healthy Relationships program (using the Participant Interview Questionnaire or other screening instrument).

The IAS may be administered immediately after the Participant Interview Questionnaire as a face-to-face interview or as a written survey. If the IAS is administered as an interview, you may skip questions for which your agency may already have information about the client (e.g., gender, date of birth, education level).

Your agency may also choose to change terminology on the IAS to be more appropriate for your target population or add questions to meet your agency's information needs. Changes to IAS items should be made with caution, as they are designed to assist your agency in gathering data that will be used during the Healthy Relationships sessions, to assess outcomes, and for reporting data to CDC.

Following the IAS are the Personalized Feedback Report (PFR) Forms A, B, and C, and the keys for filling in each PFR. Use the IAS to complete the PFR forms. The PFRs will be used during the Healthy Relationships sessions. One of each PFR—A, B, and C—should be completed for each client.

The NHM&E DS variables listed in the table below are collected on the IAS. 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 C).

CDC'S NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET (NHM&E DS) VARIABLES		
NHM&E DS TABLE	NHM&E DS NUMBER	VARIABLE NAME (ITEM #)
Client Characteristics – Demographic (Table G1)	01	Date collected (today's date)
	02	PEMS client unique key (system generated)
	12	Date of birth year (2)
	13	Age (system calculated)
	14	Ethnicity (6)
	16	Race (5)
	18	More than one race (system generated)
	20	State/territory of residence (1)
	23	Assigned sex at birth (3)
	24	Current gender (4)
Client Characteristics – Risk Profile (Table G2)	00	Date collected (today's date)
	04	Previous HIV test (assume as <i>Healthy Relationships</i> was originally designed for HIV+ individuals)
	05	HIV status (assume positive as <i>Healthy Relationships</i> was originally designed for HIV+ individuals)
	07	Date of first HIV positive test (8)
	08	Medical care if HIV+ (9)
	09	Pregnant (7)
	10	In prenatal care (if pregnant) (7a)
	11	Client risk factors (47)
13	Recent STD (Not HIV) (4b)	



If you choose to collect and use detailed behavioral characteristics data in your implementation of Health Relationships, the data collection tools included in this guide will collect the NHM&E DS variables indicated in the column, “Variable Name (item #).” If you do not intend to collect and use detailed behavioral characteristics data, use the information below to modify the IAS.

CDC'S NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET (NHM&E DS) VARIABLES		
NHM&E DS TABLE	NHM&E DS NUMBER	VARIABLE NAME (ITEM #)
Client Behavioral Characteristics – Detailed (Table I)	01	Behavioral recall period* (180 days)
	03	Number of sex partners (20)
	08	Number of unprotected sex events (Sum of 21, 22, 24, 25, 27, 28)

Your agency may choose to ask additional questions related to your clients' behavioral characteristics. Please refer to the *National HIV Prevention Program Monitoring and Evaluation Data Set* (CDC, 2008d) for additional information, the corresponding NHM&E DS number, and variable names.



HEALTHY RELATIONSHIPS INITIAL ASSESSMENT SURVEY

Participant ID Code: _____

Today's Date: ____ / ____ / ____
(month/day/year)

Please answer the following questions as truthfully as possible; there is no right or wrong answer. Please take your time, and read each section carefully. Some sections require you to provide numbers. Others require you to circle the appropriate response, and still others require complete sentences. The questions are designed to assess stress levels and your willingness to disclose your HIV status. All answers will remain confidential to the extent allowed by law.

1. In what state do you live? _____
2. What is your birth date? ____ / ____ / ____ (month/day/year)
3. Were you born as a male or female?
 Male Female
4. How do you view yourself now?
 Male Transgender - Male to Female
 Female Transgender - Female to Male
5. What is your racial background (select all that apply.)?
 American Indian/Alaska Native White
 Asian Native Hawaiian/Pacific Islander
 African American/Black
6. Is your ethnic background Hispanic/Latino?
 Hispanic or Latino Non-Hispanic or Latino
7. Are you currently pregnant? (*Only if female. If male, skip to question 8*)
 Yes
 No (*skip to question 8*)
 Don't Know (*skip to question 8*)

7a. Are you receiving prenatal care? (*Only if pregnant*)
 Yes No

8. When did you first test positive for HIV? ____ / ____ (month/year)

Don't Know

9. Are you currently receiving medical care or treatment for HIV?

Yes

No

Don't Know

10. Which of the following would you say create stress in your daily life? *Please circle as many as apply.*

Going on disability

Sexual dysfunction

Major loss of income

Death of a friend

Money problems

Change of viral load

Ending a relationship

Discrimination

Finding social services

Finding treatment

Telling a friend about HIV status

Starting a relationship

Change in health

Telling a partner about HIV status

Loneliness/abandonment

Substance abuse

Recovery

Waiting for test results

Religion/spirituality

Being hospitalized

Telling a family member about HIV status

Accessing health care

Transportation

Lack of or increased sexual drive

Poor health

Child Care/Custody

Infecting a partner

Taking medications

Work

Uncertainty of the future

Change in T-Cells

Fatigue

Depression

Treatment side effects

Housing

Please answer the following questions as they relate to talking about your HIV status to others (disclosing). Please answer as accurately as possible.

- If you have told no family members or friends, put zeros in the blanks for both questions, and skip to question 17.
- If you have told no family members but you have told friends, fill in the blanks below, and skip to question 13.

11. Of the following groups, **how many** people have you told about your HIV status?

11a. # of family members: _____

11b. # of friends: _____

12. Which of the following family members know of your HIV status? *Please circle as many as apply.*

- | | | |
|----------------|------------|----------------|
| Mother | Father | Brother/Sister |
| Grandparent | Aunt/Uncle | Cousin |
| Partner/Spouse | Children | Grandchildren |
| Nephew/Niece | In-laws | Other |

13. Of the people who know your HIV status, **how many** of them responded in a positive and supportive manner?

13a. # of family members who responded well: _____

13b. # of friends who responded well: _____

14. Who was it most important to tell about your HIV status? **Please list.** What made you choose this/these person(s)?

15. Who was it most difficult to tell about your HIV status? **Please list.** What made it difficult?

16. Who was it easy to tell about your HIV status? **Please list.** What made it easy?

17. If you have not told anyone your HIV status, what is your major worry about doing so?

Please answer the following questions about your experiences and feelings about disclosing your HIV status to sex partners. Please answer as accurately as possible.

18. Have you had sexual intercourse (vaginal or anal sex) with a partner in the past 6 months?

Yes

No (If "No," skip to question 27)

19. Were your partners male, female, and or transgender? (*check all that apply*)

Male

Female

Transgender

20. In the past 6 months, with how many sexual partners have you had sexual intercourse (vaginal or anal)? _____ (*if 0, skip to 27*)

20a. In the past 6 months, how many sex partners did you not tell about your HIV status and practiced **safer** sex? _____

20b. In the past 6 months, how many sex partners did you not tell about your HIV status and practiced **unsafe** sex? _____

21. In the past 6 months, how many times did you put your penis in someone's vagina without a condom? _____

Not applicable (check only if female)

22. In the past 6 months, how many times did someone put his penis in your vagina without a condom? _____

Not applicable (check only if male)

23. In the past 6 months, how often were condoms used during vaginal intercourse? *Please circle one.*

Never

Almost never

Half of the time

Almost always

Always

24. In the past 6 months, how many times did someone put his penis in your anus without a condom? _____

25. In the past 6 months, how many times did you put your penis in someone's anus without a condom? _____

Not applicable (check only if female)

26. In the past 6 months, how often were condoms used during anal intercourse? *Please circle one.*

Never Almost never Half of the time Almost always Always

27. In the past 6 months, how many times did you receive oral sex without a condom/latex dam? _____

28. In the past 6 months, how many times did you perform oral sex without a condom/latex dam? _____

29. In the past 6 months, how often were condoms/latex dams used during oral sex? *Please circle one.*

Never Almost never Half of the time Almost always Always

For each of the following statements, please circle the one response that most closely matches your feelings. Please circle only one response.

30. How sure are you that you could decide whether or not to tell a family member or friend that you are HIV positive?

Not sure at all Unsure Undecided Sure Very sure

31. How comfortable are you about telling a family member or friend that you are HIV positive?

Very uncomfortable Uncomfortable Undecided Comfortable Very comfortable

32. Of the people you know, how many would support you in your decisions about disclosure?

None Very few Some Most Everyone

33. Of the people you know, how many would support you in your decisions about safer sex?

None Very few Some Most Everyone

34. How sure are you that you could decide whether or not to tell a sex partner you are HIV positive?

Not sure at all Unsure Undecided Sure Very sure

35. How sure are you that you could know whether it is safe to disclose your status to a sex partner?

Not sure at all Unsure Undecided Sure Very sure

36. If you did not know a person's status, how sure are you that you could decide whether or not to tell him or her about your HIV status before having sex?

Not sure at all Unsure Undecided Sure Very sure

37. How sure are you that you could decide about whether or not to tell someone that you are dating about your HIV status?

Not sure at all Unsure Undecided Sure Very sure

38. How sure are you that you could decide about whether or not to discuss your HIV status with a new sex partner?

Not sure at all Unsure Undecided Sure Very sure

39. How sure are you that you could decide about whether or not to tell a new partner about your HIV status, even if you had been drinking and/or doing drugs?

Not sure at all Unsure Undecided Sure Very sure

40. How sure are you that you could talk about the need for safer sex practices with your sex partner(s)?

Not sure at all Unsure Undecided Sure Very sure

41. How sure are you that you could refuse to have unsafe sex if pressured by your sex partner(s)?

Not sure at all Unsure Undecided Sure Very sure

42. How sure are you that you can use a condom correctly?

Not sure at all Unsure Undecided Sure Very sure

43. How much risk is there that you will transmit HIV to someone else through sex?

Very low risk Some risk Undecided High risk Very high risk

44. Has a Health Care Provider **ever** told you that you had a sexually transmitted disease (STD), not including HIV? (*Please check as many as apply. If none apply, skip to question 45.*)

Syphilis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis C	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chlamydia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Human Papilloma Virus (HPV/ Genital Warts)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gonorrhea	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Herpes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis B	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (specify: _____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

44a. Were you diagnosed with an STD (not including HIV) in the past 6 months?

Yes No (*If no, skip to 45*)

44b. Which STDs? (*Please check all that apply*)

<input type="checkbox"/> Syphilis	<input type="checkbox"/> Gonorrhea
<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Herpes
<input type="checkbox"/> Chlamydia	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Human Papilloma Virus (HPV/Genital Warts)	<input type="checkbox"/> Other (specify: _____)

44c. Were you treated for the STD(s)? *(Please check all that apply)*

- Yes, treated for all
- Yes, treated for some
- No
- Don't Know

45. Have you ever used drugs or alcohol before or during sexual activities?

- Yes
- No *(If no, skip to 46)*

45a. Which of the following drugs have you **ever** used before or during sexual activities?
(Please check all that apply.)

- Amphetamines, meth, speed, crystal, or crank
- Crack
- Cocaine
- Downers (Valium, Ativan, Xanax)
- Pain Killers (OxyContin, Percocet)
- Hallucinogens (including LSD)
- Ecstasy
- GHB or ketamine
- Heroin
- Marijuana
- Poppers (amyl nitrite)
- Special K
- Alcohol
- Don't Know
- Other (specify: _____)

46. Have you ever injected any drugs or medications?

- Yes
- No *(If no, skip to 47)*

46a. Which of the following drugs have you **ever** injected? *(Please check all that apply.)*

- Heroin alone
- Other narcotic drugs
- Insulin
- Cocaine alone
- Hormones
- Vitamins
- Heroin and Cocaine together
- Steroids
- Depo-Provera (birth control)
- Crack
- Silicone
- Other medical substance
- Botox
- Amphetamines, speed, crystal, meth, ice
- Prescription drugs (codeine, morphine)
- Other (specify: _____)

46b. If you have injected drugs or medications, what kind of needles did you use? *(Please check all that apply.)*

- New
- Bleached

- Origin unknown
- Reused my own
- Shared (someone used before me)

- Shared (someone used after me)

Note to interviewer: Before asking the client about these items, check their answers to the questions above, as he or she may have already provided the answers.

47. Please indicate if you have engaged in the following behaviors in the last 6 months:

	YES	NO	DON'T KNOW
Sex with a male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with a female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with a transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with an injection drug user	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral sex with a male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral sex with a female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shared injection drug equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

That is all of the questions! Thank you for completing this survey.

PERSONALIZED FEEDBACK REPORT FORM (PFR-A)

1. During the survey and interview you completed before attending the group sessions, you answered several questions regarding your experiences and your feelings. Below is a list of things that you said you find most stressful.

Going on disability	Sexual dysfunction	Major loss of income
Death of a friend	Money problems	Change of viral load
Ending a relationship	Discrimination	Finding social services
Finding treatment	Telling a friend about HIV status	Starting a relationship
Change in health	Telling a partner about HIV status	Loneliness/abandonment
Substance abuse	Recovery	Waiting for test results
Religion/spirituality	Being hospitalized	Telling a family member about HIV status
Accessing health care	Transportation	Lack of/increased sexual drive
Poor health	Child care/custody	Infecting a partner
Taking medications	Work	Uncertainty of the future
Change in T-Cells	Fatigue	Depression
Treatment side effects	Housing	

2. You said the following family members know of your HIV status.

Mother	Father	Brother/Sister
Grandparent	Aunt/Uncle	Cousin
Partner/Spouse	Children	Grandchildren
Nephew/Niece	In-laws	Other

About disclosing your status... Below is a summary of your responses to some of the survey and interview questions.

3. You said that you have disclosed your status to _____ family members and _____ friends.

4. For those _____ people who you have disclosed to, you said that _____ responded in a positive and supportive manner.

KEY FOR CREATING PFR-A FROM INITIAL ASSESSMENT SURVEY (IAS)

Circle those responses previously indicated by the client from IAS question #10.

1. During the survey and interview you completed before attending the group sessions, you answered several questions regarding your experiences and your feelings. Below is a list of things that you said you find most stressful.

Going on disability	Sexual dysfunction	Major loss of income
Death of a friend	Money problems	Change of viral load
Ending a relationship	Discrimination	Finding social services
Finding treatment	Telling a friend about HIV status	Starting a relationship
Change in health	Telling a partner about HIV status	Loneliness/abandonment
Substance abuse	Recovery	Waiting for test results
Religion/spirituality	Being hospitalized	Telling a family member about HIV status
Accessing health care	Transportation	Lack of/increased sexual drive
Poor health	Child care/custody	Infecting a partner
Taking medications	Work	Uncertainty of the future
Change in T-Cells	Fatigue	Depression
Treatment side effects	Housing	

Circle those responses previously indicated by the client from IAS question #12.

2. You said the following family members know of your HIV status.

Mother	Father	Brother/Sister
Grandparent	Aunt/Uncle	Cousin
Partner/Spouse	Children	Grandchildren
Nephew/Niece	In-laws	Other

About disclosing your status... Below is a summary of your responses to some of the survey and interview questions.

Write in the responses previously reported from IAS question #11.

3. You said that you have disclosed your status to (#11a) family members and (#11b) friends.

Write in the responses previously reported from IAS questions #11 and #13 (totalled).

4. For those (total of #11a & #11b) people who you have disclosed to, you said that (total of #13a & #13b) responded in a positive and supportive manner.

PERSONALIZED FEEDBACK REPORT FORM (PFR-B)

During the survey and interview you completed before attending the group sessions, you answered questions about your experiences and your feelings about disclosing your status to sex partners. Below is a summary of your responses.

1. You said that you had _____ sex partners in the past 6 months whom you did not tell you are HIV positive.
2. You indicated that you were _____ that you could make effective decisions of whether to tell a sex partner that you are HIV positive.
3. You indicated that you were _____ that you could know whether it is safe to tell a sex partner that you are HIV positive.

The following are your answers to five questions.

4. If you did not know a person's status, how sure are you that you could decide whether or not to tell him or her about your HIV status before having sex?

Not sure at all Unsure Undecided Sure Very sure

5. How sure are you that you could decide about whether or not to discuss your HIV status with a new sex partner?

Not sure at all Unsure Undecided Sure Very sure

6. How sure are you that you could decide about whether or not to tell someone that you are dating about your HIV status?

Not sure at all Unsure Undecided Sure Very sure

7. How sure are you that you could decide about whether or not to tell a new partner about your HIV status, even if you had been drinking and/or doing drugs?

Not sure at all Unsure Undecided Sure Very sure

8. How sure are you that you could refuse to have unsafe sex if pressured by your sex partner(s)?

Not sure at all Unsure Undecided Sure Very sure

KEY FOR CREATING PFR-B FROM INITIAL ASSESSMENT SURVEY (IAS)

During the survey and interview you completed before attending the group sessions, you answered questions about your experiences and your feelings about disclosing your status to sex partners. Below is a summary of your responses.

Write in the responses previously reported from IAS questions #20a and #20b, totaled.

1. You said that you had (total of #20a & #20b) sex partners in the past 6 months whom you did not tell you are HIV positive.

Write in the response previously reported from IAS question #34.

2. You indicated that you were (#34) that you could make effective decisions of whether to tell a sex partner that you are HIV positive.

Write in the response previously indicated by the client from IAS question #35.

3. You indicated that you were (#35) that you could know whether it is safe to tell a partner that you are HIV positive.

The following are your answers to five questions.

Circle the response previously indicated by the client from IAS question #36.

4. If you did not know a person's status, how sure are you that you could decide whether or not to tell him or her about your HIV status before having sex?

Not sure at all Unsure Undecided Sure Very sure

Circle the response previously indicated by the client from IAS question #38.

5. How sure are you that you could decide about whether or not to discuss your HIV status with a new sex partner?

Not sure at all Unsure Undecided Sure Very sure

Circle the response previously indicated by the client from IAS question #37.

6. How sure are you that you could decide about whether or not to tell someone that you are dating about your HIV status?

Not sure at all Unsure Undecided Sure Very sure

Circle the response previously indicated by the client from IAS question #39.

7. How sure are you that you could decide about whether or not to tell a new partner about your HIV status, even if you had been drinking and/or doing drugs?

Not sure at all Unsure Undecided Sure Very sure

Circle the response previously indicated by the client from IAS question #41.

8. How sure are you that you could refuse to have unsafe sex if pressured by your sex partner(s)?

Not sure at all Unsure Undecided Sure Very sure

PERSONALIZED FEEDBACK REPORT FORM (PFR-C)

During the survey and interview you completed before attending the group sessions, you answered questions about your experiences and your feelings about practicing safer sex. Below is a summary of your responses.

1. You said that you were _____ that you could bring up the need to practice safer sex with your sex partner(s).
2. You said that you were _____ that you could refuse to have unsafe sex if your partner pressured you to be unsafe.
3. You said that you had _____ sex partners in the past 6 months.

Below are sexual activities you said you practiced in the past 6 months.

4. During anal intercourse without a condom, you were top _____ times.
5. During anal intercourse without a condom, you were bottom _____ times.
6. You said condoms were used _____ during anal intercourse.
7. You received oral intercourse without a condom/latex dam _____ times.
8. You performed oral intercourse without a condom/latex dam _____ times.
9. You had vaginal intercourse without a condom _____ times.
10. You said condoms were used _____ during vaginal intercourse.

Below are drug-using behaviors you said you practiced.

11. You said you have used the following drugs before or during sex:

12. If you said you have injected drugs/medications before, you indicated using the following:

13. If you said you have injected drugs/medicines before, you indicated using the following kinds of needles:

KEY FOR CREATING PFR-C FROM INITIAL ASSESSMENT SURVEY (IAS)

During the survey and interview you completed before attending the group sessions, you answered questions about your experiences and your feelings about practicing safer sex. Below is a summary of your responses.

Write in the response previously reported from IAS question #40.

1. You said that you were (#40) that you could bring up the need to practice safer sex with your sex partner(s).

Write in the response previously reported from IAS question #41.

2. You said that you were (#41) that you could refuse to have unsafe sex if your partner pressured you to be unsafe.

Write in the response previously reported from IAS question #20.

3. You said that you had (#20) sex partners in the past 6 months.

Below are sexual activities you said you practiced in the past 6 months.

Write in the response previously reported from IAS question #25.

4. During anal intercourse without a condom, you were top (#25) times.

Write in the response previously reported from IAS question #24.

5. During anal intercourse without a condom, you were bottom (#24) times.

Write in the response previously reported from IAS question #26.

6. You said condoms were used (#26) during anal intercourse.

Write in the response previously reported from IAS question #27.

7. You received oral intercourse without a condom/latex dam (#27) times.

Write in the response previously reported from IAS question #28.

8. You performed oral intercourse without a condom/latex dam (#28) times.

Write in the responses previously reported from IAS question #21 and/or #22 (totaled)

9. You had vaginal intercourse without a condom (total of #21 & #22) times.

Write in the response previously reported from IAS question #23.

10. You said condoms were used (#23) during vaginal intercourse.

Below are drug using behaviors you said you practiced.

Write in the response previously reported from IAS question #45a.

11. You said you have used the following drugs before or during sex:

Write in the response previously reported from IAS question #46a.

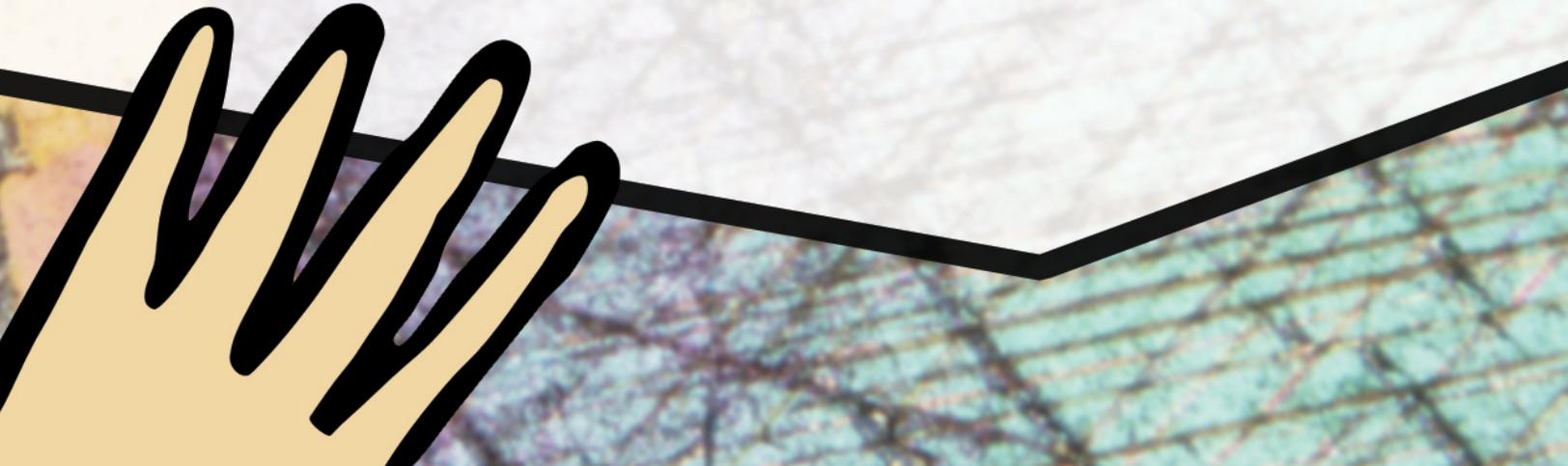
12. If you said you have injected drugs/medications before, you indicated using the following:

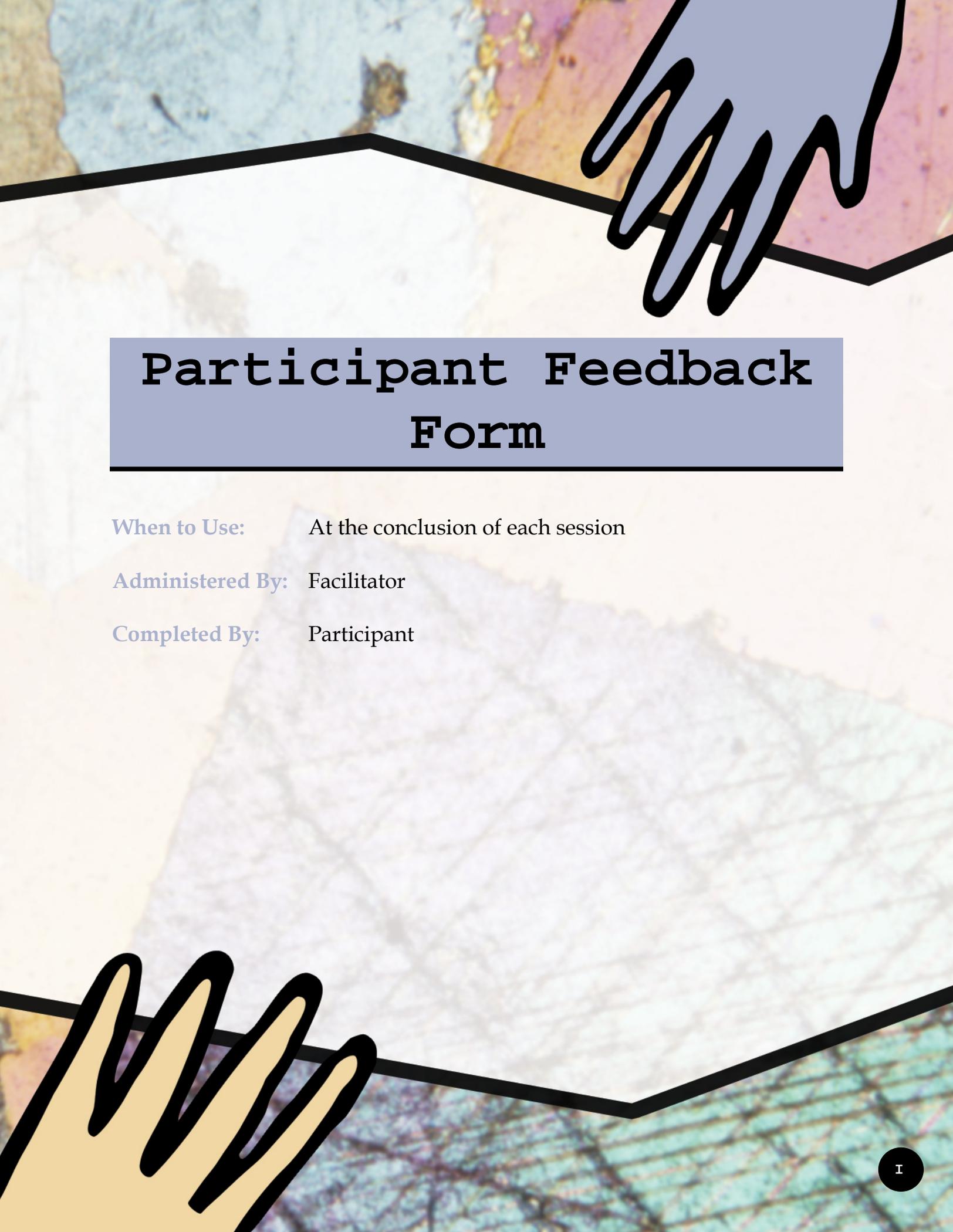
Write in the response previously reported from IAS question #46b.

13. If you said you have injected drugs/medicines before, you indicated using the following kinds of needles:



Process Monitoring and Evaluation

- Participant Feedback Form
 - Session Monitoring Forms (1-5)
 - Facilitator Observation Form
 - Process Evaluation Form
- 

The background features a stylized illustration of two hands, one light blue and one light yellow, holding a thick black line that zig-zags across the page. The background is a collage of various textures and colors, including blue, pink, and white.

Participant Feedback Form

When to Use: At the conclusion of each session

Administered By: Facilitator

Completed By: Participant

An illustration of two hands holding a piece of paper. The top hand is blue with black outlines, and the bottom hand is yellow with black outlines. The paper is white with a faint grid pattern. The background is a collage of colorful, textured paper scraps in shades of blue, pink, and yellow.

Instructions:

Ask participants to provide their feedback at the end of each Healthy Relationships session. Information from these forms may be used to determine if and how program activities, schedules, etc., should be modified. Changes to the form may be made to meet the information needs of your agency.

HEALTHY RELATIONSHIPS PARTICIPANT FEEDBACK FORM

Session #: _____

Today's date: ____ / ____ / ____

1. What did you like most about the Healthy Relationships group session?
2. What did you like least about the Healthy Relationships group session?
3. How do you feel you benefited from participating in the Healthy Relationships group?
4. Did you feel comfortable sharing your experiences with members of the group? Was there anything that the facilitators could have done to make you more comfortable?
5. How do you feel that tension or conflict within the group was handled by the facilitators? Was there anything that they could have done differently to handle conflict or tension?
6. Were there some topics that needed more time for discussion? If yes, please specify which topics.
7. Were there some topics that you would have liked to have been in the session that were not covered?

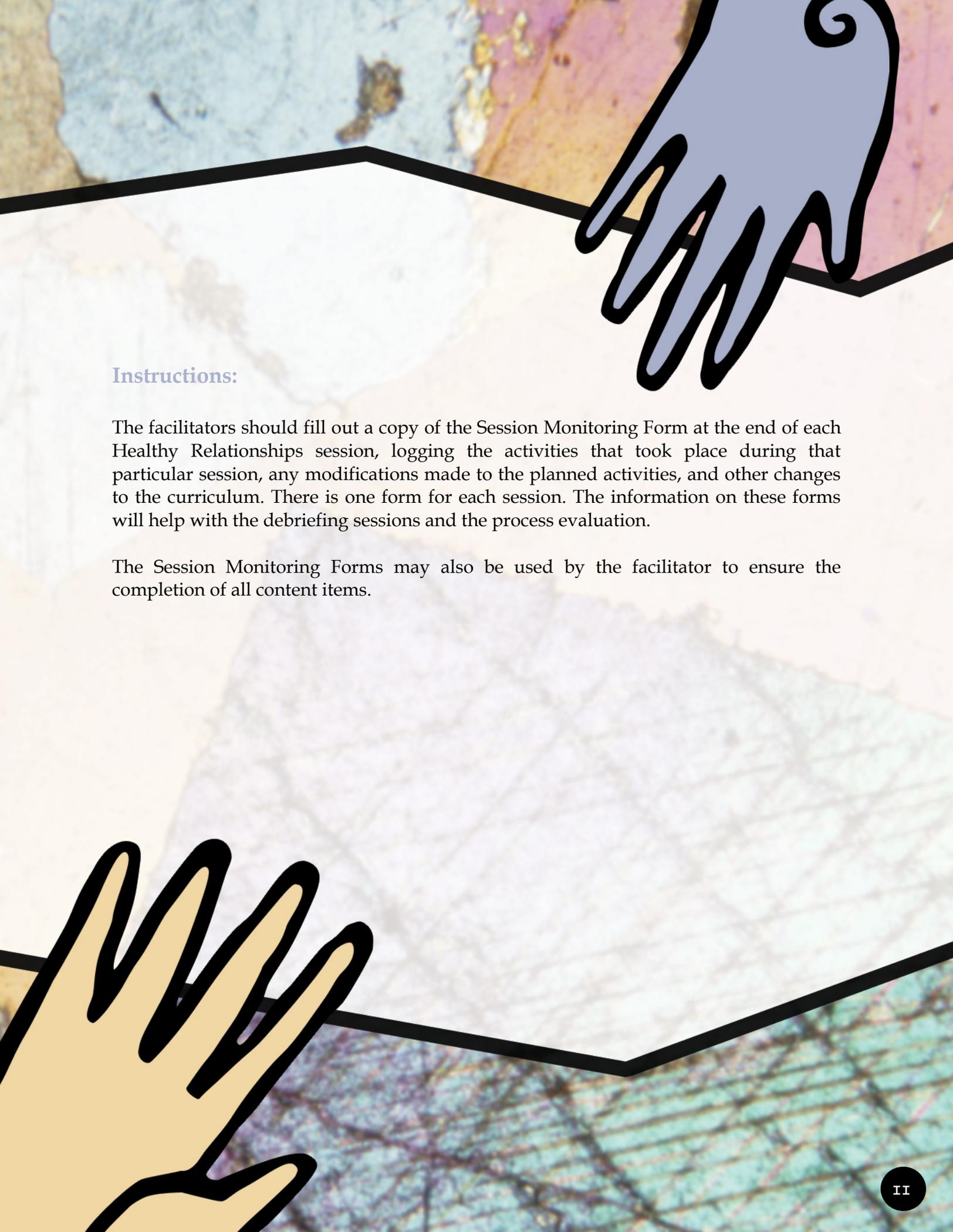


Session Monitoring (Sessions 1-5)

When to Use: At the conclusion of each session.
There is a separate form for each session.

Administered By: Facilitator

Completed By: Facilitator

A stylized illustration of two hands holding a thick black line. The hand on the right is light blue with a black outline and a spiral on the back. The hand on the left is light yellow with a black outline. The background is a collage of textures: a blue and white marbled pattern at the top, a white and yellow marbled pattern in the middle, and a blue and white grid pattern at the bottom. The black line runs horizontally across the page, with a slight dip in the middle.

Instructions:

The facilitators should fill out a copy of the Session Monitoring Form at the end of each Healthy Relationships session, logging the activities that took place during that particular session, any modifications made to the planned activities, and other changes to the curriculum. There is one form for each session. The information on these forms will help with the debriefing sessions and the process evaluation.

The Session Monitoring Forms may also be used by the facilitator to ensure the completion of all content items.

The NHM&E DS variables listed in the table below are collected on the Session Monitoring 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 C).

CDC'S NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET (NHM&E DS) VARIABLES

NHM&E DS TABLE	NHM&E DS NUMBER	VARIABLE NAME (ITEM #)
Intervention Characteristics (Table H)	05	Session number
	06	Session date-month (date of session)
	07	Session date-day (date of session)
	08	Session date-year (date of session)
	09	Local worker ID (facilitators)
	10	Site name (location)
	11	Duration of session (end time minus start time)
	20	Activity (session objectives)

SESSION 1 MONITORING FORM

Date of session: ____ / ____ / ____

Start time: _____ End time: _____

Facilitator(s): _____

Location: _____

of participants attending: _____

of participants missing: _____

1. If participants missed this session, list any information you have on why they were not there.

2. What went well in the session?

3. What could have been done better in the session?

4. List any memorable "quotes" from the session.

5. How engaged or involved (or not) were the majority of the participants?

Very

Somewhat

Not Very

Not At All

6. List any triggers or barriers to involvement or participation.

7. List any suggestions for increasing involvement.

8. List any signs of attitude change in the participants, particularly related to the 3 life areas.

9. List any signs of behavior change in the participants, particularly related to the 3 life areas.

10. List any referrals or additional information requested by the participants.

11. List any problems with the room, supplies, or equipment.

12. List any additional comments.

SESSION 1 OBJECTIVES

The objectives of this session are listed below. For each objective, check the box indicating whether the objective was taught as suggested, taught with changes, or not taught during this session. Note any modifications made, reasons why objectives were not taught, or if there were problems meeting an objective.

1.1 INTRODUCE THE GOALS AND EXPECTATIONS OF THE PROGRAM.	
<input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach	Remarks:
1.2 ESTABLISH GROUP COHESIVENESS AND TRUST.	
<input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach	Remarks:
1.3 INTRODUCE CONNECTION OF STRESS AND HIV/AIDS.	
<input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach	Remarks:
1.4 INTRODUCE DISCLOSURE TO FAMILY AND FRIENDS AS A POTENTIAL STRESSOR.	
<input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach	Remarks:
1.5 IDENTIFY PERSONAL DISCLOSURE TO FAMILY AND FRIENDS RISK CONTINUUM.	
<input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach	Remarks:
LIST ANY ITEMS THAT REQUIRE FOLLOW-UP AT THE NEXT SESSION.	

FACILITATORS' SESSION 1 OUTLINE

Element	Comments/Notes
Before Session:	
Set up for session (including Easel Chart Guides, Risk Continuum Banner, video)	
Welcome participants; give out prize ticket (if applicable)	
During Session:	
Introduce facilitators and agency	
Introduce purpose	
Set up group rules	
Conduct "Interview Pairs" activity	
Guide discussion of dealing with stress factors related to HIV/AIDS	
Distribute and introduce Resource Packets	
Introduce communication skills	
Distribute and guide discussion of PFR-A	
Set up, show, and guide discussion of Clip #1-1	
Conduct Risk Continuum Banner activity (family and friends), and guide related discussion	

FACILITATORS' SESSION 1 OUTLINE

Element	Comments/Notes
End of Session:	
Recap session concepts	
Set up and show Clips #1-2 and #1-3	
Thank participants for coming	
Remind participants about Resource Packet	
Remind participants of next meeting	
Conduct prize drawing (if applicable)	
After Session:	
Fill out Session Evaluation	
Attend debriefing	

Signature of Facilitator(s) filling out this form:

Signature

Signature

Printed Name

Printed Name

Date

Date

SESSION 2 MONITORING FORM

Date of session: ____ / ____ / ____

Start time: _____ End time: _____

Facilitator(s): _____

Location: _____

of participants attending: _____

of participants missing: _____

1. If participants missed this session, list any information you have on why they were not there.

2. What went well in the session?

3. What could have been done better in the session?

4. List any memorable "quotes" from the session.

5. How engaged or involved (or not) were the majority of the participants?

Very

Somewhat

Not Very

Not At All

6. List any triggers or barriers to involvement or participation.

7. List any suggestions for increasing involvement.

8. List any signs of attitude change in the participants, particularly related to the 3 life areas.

9. List any signs of behavior change in the participants, particularly related to the 3 life areas.

10. List any referrals or additional information requested by the participants.

11. List any problems with the room, supplies, or equipment.

12. List any additional comments.

SESSION 2 OBJECTIVES

The objectives of this session are listed below. For each objective, check the box indicating whether the objective was taught as suggested, taught with changes, or not taught during this session. Note any modifications made, reasons why objectives were not taught, or if there were problems meeting an objective.

2.1 EXPLORE THE ELEMENTS OF DISCLOSURE TO FAMILY AND FRIENDS.	
<input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach	Remarks:
2.2 INTRODUCE AND PRACTICE AWARENESS SKILLS.	
<input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach	Remarks:
2.3 INTRODUCE AND PRACTICE IDENTIFICATION OF TRIGGERS AND BARRIERS.	
<input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach	Remarks:
2.4 INTRODUCE AND PRACTICE PROBLEM-SOLVING.	
<input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach	Remarks:
2.5 LEARN DECISION-MAKING.	
<input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach	Remarks:
LIST OTHER ITEMS THAT REQUIRE FOLLOW-UP AT THE NEXT SESSION.	

FACILITATORS' SESSION 2 OUTLINE

Element	Comments/Notes
Before Session:	
Set up for session (including Easel Chart Guides, video)	
Welcome participants; give out prize ticket (if applicable)	
During Session:	
Thank participants for coming	
Note and inquire about missing participants	
Review group rules	
Do overview and guide discussion of awareness skills	
Conduct Listeners-Speakers-Observers activity	
Do overview and guide discussion of triggers and barriers identification skills	
Segue into and do overview and guided discussion of problem-solving skills	
Do overview and guide discussion of effective decision-making and action	
Demonstrate the Decision-making Grid	
Set up and show Clip #2-1, relate to Five Coping Skills and disclosure to family and friends, guide discussion, and conduct role-play	

FACILITATORS' SESSION 2 OUTLINE

Element	Comments/Notes
During Session (continued):	
Set-up and show Clip #2-2, relate to Five Coping Skills and disclosure to family and friends, guide discussion, and conduct role-play	
End of Session:	
Recap session concepts (Five Coping Skills)	
Thank participants for coming	
Remind participants about Resource Packet	
Remind participants of next meeting	
Conduct prize drawing (if applicable)	
After Session:	
Fill out Session Evaluation	
Attend debriefing	

Signature of Facilitator(s) filling out this form:

Signature

Signature

Printed Name

Printed Name

Date

Date

SESSION 3 MONITORING FORM

Date of session: ____ / ____ / ____ Start time: _____ End time: _____
Facilitator(s): _____ Location: _____
of participants attending: _____ # of participants missing: _____

1. If participants missed this session, list any information you have on why they were not there.

2. What went well in the session?

3. What could have been done better in the session?

4. List any memorable "quotes" from the session.

5. How engaged or involved (or not) were the majority of the participants?

Very

Somewhat

Not Very

Not At All

6. List any triggers or barriers to involvement or participation.

7. List any suggestions for increasing involvement.

8. List any signs of attitude change in the participants, particularly related to the 3 life areas.

9. List any signs of behavior change in the participants, particularly related to the 3 life areas.

10. List any referrals or additional information requested by the participants.

11. List any problems with the room, supplies, or equipment.

12. List any additional comments.

SESSION 3 OBJECTIVES

The objectives of this session are listed below. For each objective, check the box indicating whether the objective was taught as suggested, taught with changes, or not taught during this session. Note any modifications made, reasons why objectives were not taught, or if there were problems meeting an objective.

3.1 INTRODUCE DISCLOSURE TO SEX PARTNERS AS A POTENTIAL STRESSOR.

- Taught as suggested
- Taught with changes
- Did not teach

Remarks:

3.2 IDENTIFY PERSONAL DISCLOSURE TO SEX PARTNERS RISK CONTINUUM.

- Taught as suggested
- Taught with changes
- Did not teach

Remarks:

3.3 REVIEW SKILLS BUILDING: AWARENESS, TRIGGER AND BARRIER IDENTIFICATION, PROBLEM-SOLVING, DECISION-MAKING AND ACTION.

- Taught as suggested
- Taught with changes
- Did not teach

Remarks:

3.4 PRACTICE DISCLOSURE TO SEX PARTNERS.

- Taught as suggested
- Taught with changes
- Did not teach

Remarks:

LIST OTHER ITEMS THAT REQUIRE FOLLOW-UP AT THE NEXT SESSION.

--

FACILITATORS' SESSION 3 OUTLINE

Element	Comments/Notes
Before Session:	
Set up for session (including Easel Chart Guides, Risk Continuum Banner, video)	
Welcome participants; give out prize ticket (if applicable)	
During Session:	
Thank participants for coming	
Note and inquire about missing participants	
Review group rules	
Distribute and guide discussion of PFR-B	
Conduct Risk Continuum Banner activity (sex partners), and guide related discussion	
Review Five Coping Skills as related to disclosure to sex partners	
Set up and show Clip #3-1, relate to Five Coping Skills and disclosure to sex partners, guide discussion, and conduct role-play	
Set up and show Clip #3-2, relate to Five Coping Skills and disclosure to sex partners, guide discussion, and conduct role-play	
Set up and show Clip #3-3, relate to Five Coping Skills and disclosure to sex partners, guide discussion, and conduct role-play	

FACILITATORS' SESSION 3 OUTLINE

Element	Comments/Notes
End of Session:	
Recap session concepts (Five Coping Skills as related to disclosure to sex partners)	
Thank participants for coming	
Remind participants about Resource Packet	
Remind participants of next meeting	
Ask participants to think about how disclosure to HIV- partners is different than to HIV+ partners	
Conduct prize drawing (if applicable)	
After Session:	
Fill out Session Evaluation	
Attend debriefing	

Signature of Facilitator(s) filling out this form:

Signature

Signature

Printed Name

Printed Name

Date

Date

SESSION 4 MONITORING FORM

Date of session: ____ / ____ / ____ Start time: _____ End time: _____
Facilitator(s): _____ Location: _____
of participants attending: _____ # of participants missing: _____

1. If participants missed this session, list any information you have on why they were not there.

2. What went well in the session?

3. What could have been done better in the session?

4. List any memorable "quotes" from the session.

5. How engaged or involved (or not) were the majority of the participants?

Very

Somewhat

Not Very

Not At All

6. List any triggers or barriers to involvement or participation.

7. List any suggestions for increasing involvement.

8. List any signs of attitude change in the participants, particularly related to the 3 life areas.

9. List any signs of behavior change in the participants, particularly related to the 3 life areas.

10. List any referrals or additional information requested by the participants.

11. List any problems with the room, supplies, or equipment.

12. List any additional comments.

SESSION 4 OBJECTIVES

The objectives of this session are listed below. For each objective, check the box indicating whether the objective was taught as suggested, taught with changes, or not taught during this session. Note any modifications made, reasons why objectives were not taught, or if there were problems meeting an objective.

4.1 EXPLORE DISCLOSURE TO SEX PARTNERS.	
<input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach	Remarks:
4.2 EXPLORE RELATIONSHIPS WITH POSITIVE AND NEGATIVE PARTNERS.	
<input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach	Remarks:
4.3 INTRODUCE SAFER SEX/RISK REDUCTION.	
<input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach	Remarks:
4.4 IDENTIFY PERSONAL SAFER SEX/RISK REDUCTION CONTINUUM.	
<input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach	Remarks:
4.5 REVIEW THE FIVE COPING SKILLS.	
<input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach	Remarks:
LIST OTHER ITEMS THAT REQUIRE FOLLOW-UP AT THE NEXT SESSION.	

FACILITATORS' SESSION 4 OUTLINE

Element	Comments/Notes
Before Session:	
Set up for session (including Easel Chart Guides, Risk Continuum Banner, video)	
Welcome participants; give out prize ticket (if applicable)	
During Session:	
Thank participants for coming	
Note and inquire about missing participants	
Review group rules	
Guide discussion of personal disclosure risks with various types of sex partners	
Introduce and guide discussion of disclosure risk assessment	
Summarize key points of disclosure decisions	
Set up and show Clip #4-1	
Guide discussion, based on Clip #4-1, of issues related to serodiscordant couples	
Distribute and guide discussion of PFR-C	
Conduct Risk Continuum Banner activity (sexual behaviors), and guide related discussion	
Set up and show Clip #4-2 (HIV/AIDS education video) or otherwise present information	
Review Five Coping Skills as they relate to safer sex/risk reduction	

FACILITATORS' SESSION 4 OUTLINE

Element	Comments/Notes
End of Session:	
Thank participants for coming	
Remind participants about Resource Packet	
Remind participants of next meeting and that it will be the last session	
Conduct prize drawing (if applicable)	
After Session:	
Fill out Session Evaluation	
Attend debriefing	

Signature of Facilitator(s) filling out this form:

Signature

Signature

Printed Name

Printed Name

Date

Date

SESSION 5 MONITORING FORM

Date of session: ____ / ____ / ____ Start time: _____ End time: _____
Facilitator(s): _____ Location: _____
of participants attending: _____ # of participants missing: _____

1. If participants missed this session, list any information you have on why they were not there.

2. What went well in the session?

3. What could have been done better in the session?

4. List any memorable "quotes" from the session.

5. How engaged or involved (or not) were the majority of the participants?

Very

Somewhat

Not Very

Not At All

6. List any triggers or barriers to involvement or participation.

7. List any suggestions for increasing involvement.

8. List any signs of attitude change in the participants, particularly related to the 3 life areas.

9. List any signs of behavior change in the participants, particularly related to the 3 life areas.

10. List any referrals or additional information requested by the participants.

11. List any problems with the room, supplies, or equipment.

12. List any additional comments.

SESSION 5 OBJECTIVES

The objectives of this session are listed below. For each objective, check the box indicating whether the objective was taught as suggested, taught with changes, or not taught during this session. Note any modifications made, reasons why objectives were not taught, or if there were problems meeting an objective.

5.1 BUILD CONDOM SKILLS AND ALTERNATIVES TO UNSAFE SEX.	
<input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach	Remarks:
5.2 IDENTIFY THE PROS AND CONS OF CONDOMS AND PROBLEM-SOLVE CONS.	
<input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach	Remarks:
5.3 PRACTICE SAFER SEX/RISK REDUCTION SKILLS.	
<input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach	Remarks:
LIST OTHER ITEMS THAT REQUIRE FOLLOW-UP AT THE NEXT SESSION.	

FACILITATORS' SESSION 5 OUTLINE

Element	Comments
Before Session:	
Set up for session (including Easel Chart Guides, video)	
Welcome participants; give out prize ticket (if applicable)	
During Session:	
Thank participants for coming	
Note and inquire about missing participants	
Review group rules	
Review Five Coping Skills	
Guide discussion of pros and cons of condom use	
Set up and show Clip #5-1 (condom demos)	
Demonstrate proper condom use	
Conduct condom practice	
Discuss negotiating safer sex	
Set up and show Clip #5-2, relate to Five Coping Skills and safer sex/risk reduction, guide discussion, and conduct role-play	
Set up and show Clip #5-3, relate to Five Coping Skills and safer sex/risk reduction, guide discussion, and conduct role-play	
Set up and show Clip #5-4, relate to Five Coping Skills and safer sex/risk reduction, guide discussion, and conduct role-play	
Set up and show Clip #5-5, relate to Five Coping Skills and safer sex/risk reduction, guide discussion, and conduct role-play	

FACILITATORS' SESSION 5 OUTLINE

Element	Comments
End of Session:	
Recap concepts from all sessions	
Give participants opportunity to share what they gained from the sessions	
Guide discussion of action plans	
Thank participants for coming	
Remind participants about Resource Packet	
Present participants with certificate, award, and acknowledgement	
Ask participants to fill out post-group evaluation	
Conduct prize drawing (if applicable)	
After Session:	
Fill out Session Evaluation	
Attend debriefing	

Signature of Facilitator(s) filling out this form:

Signature

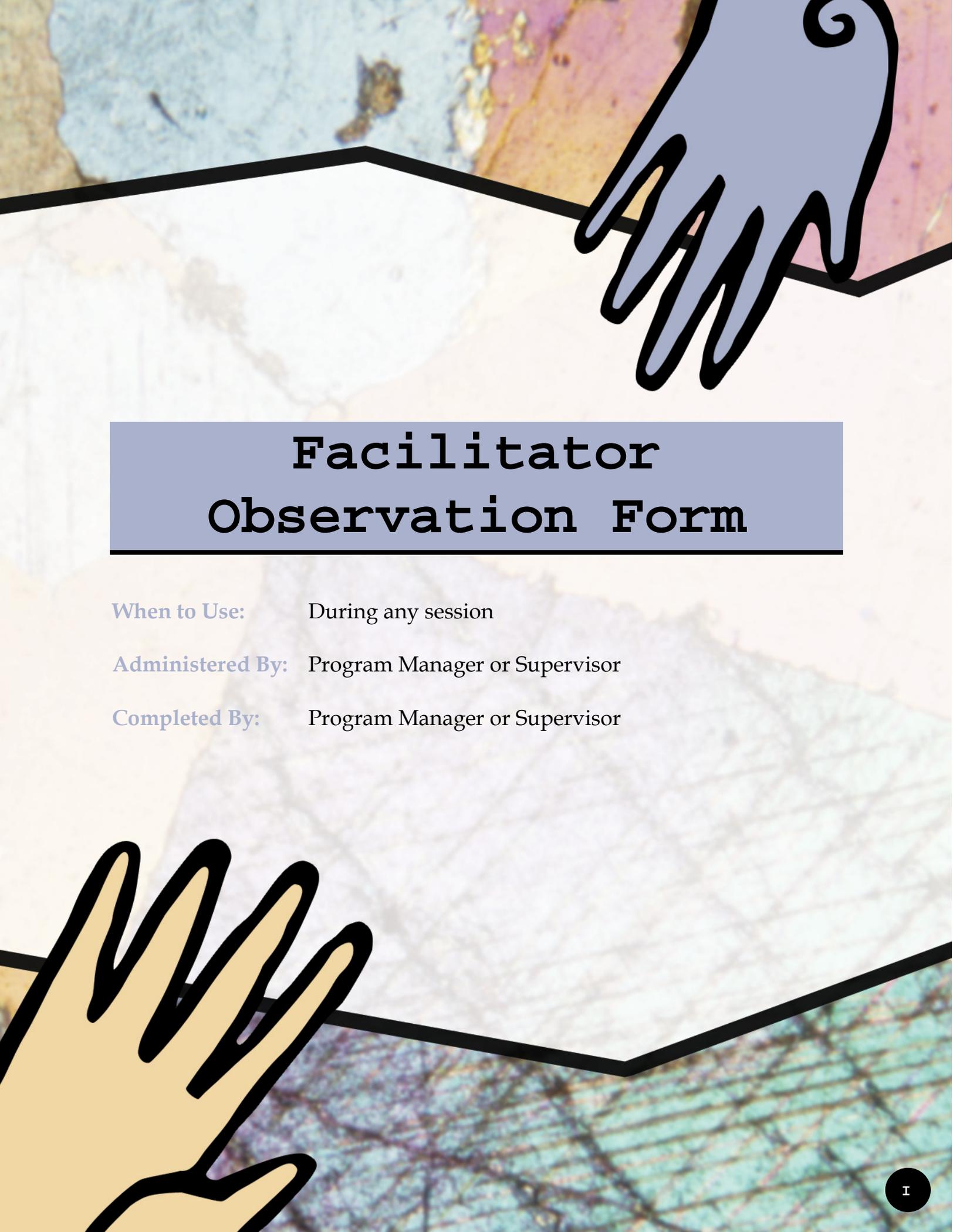
Signature

Printed Name

Printed Name

Date

Date

The background of the page features a stylized illustration of two hands holding a thick black line. The hand on the right is light blue with a black outline and a spiral on the back. The hand on the left is light yellow with a black outline. The background is a collage of textures, including a blue and pink marbled pattern at the top, a white and yellow marbled pattern in the middle, and a blue and green marbled pattern at the bottom. A dark grey rectangular box with a black border is centered on the page, containing the title text.

Facilitator Observation Form

When to Use: During any session

Administered By: Program Manager or Supervisor

Completed By: Program Manager or Supervisor



Instructions:

A Program Manager or Supervisor should observe the facilitators conducting the Healthy Relationships sessions. These observations may be at random intervals throughout the year. It is important that the facilitators get permission from the group before allowing the Program Manager or Supervisor to sit in and observe. It is also important that the facilitators introduce you (the observer) to the group participants and reassure them that you are bound by the same rules of confidentiality as the facilitators.

The Facilitator Observation Form may be used to monitor the facilitators.



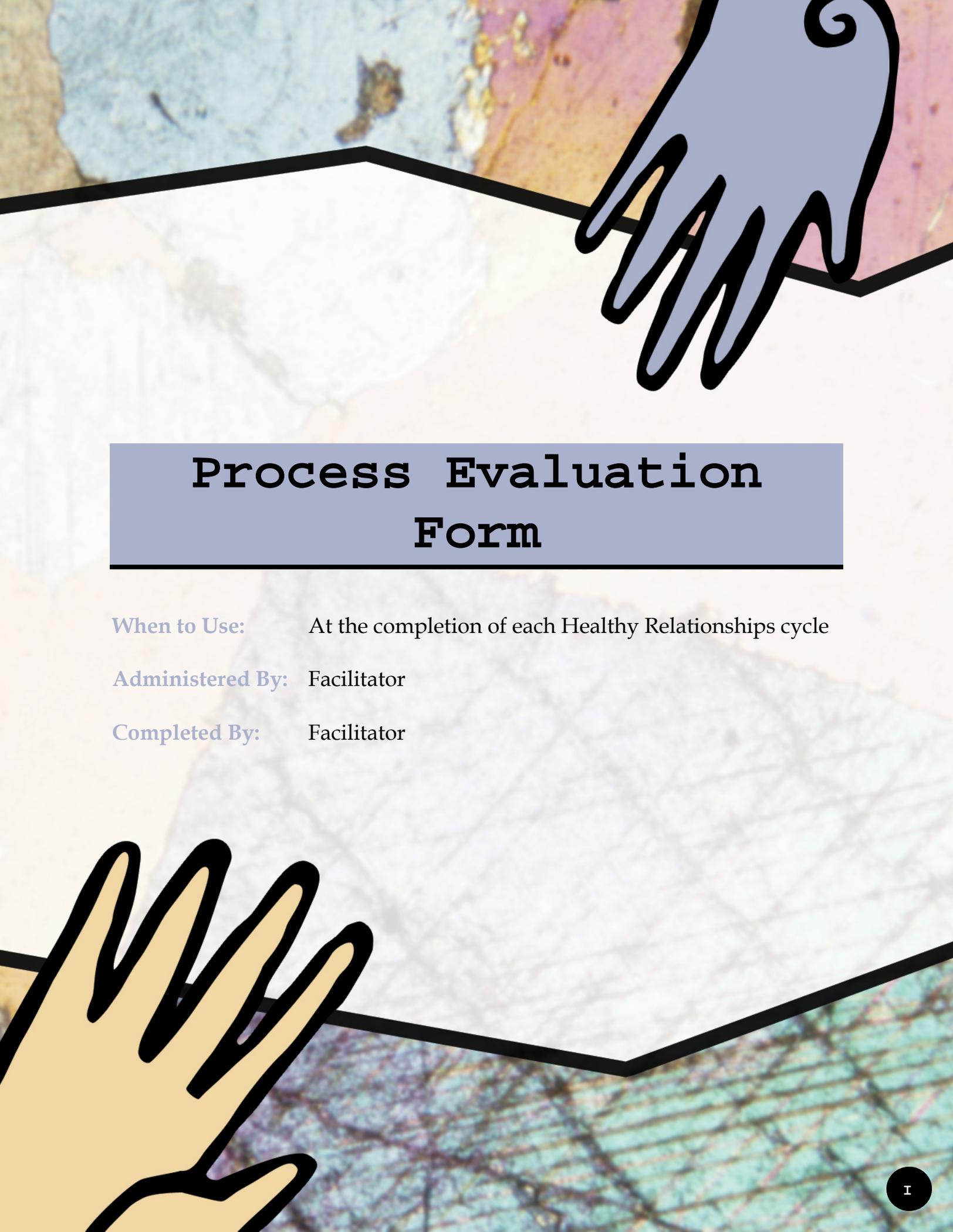
HEALTHY RELATIONSHIPS FACILITATOR OBSERVATION FORM

Facilitator: _____ Evaluator: _____

Date of Session: ____ / ____ / ____ Number of Participants: _____

Please circle the number that best represents your response to the items, where 5=strongly agree and 1=strongly disagree.

PERSONAL CHARACTERISTICS	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Able to build rapport	5	4	3	2	1
Creates warm and welcoming environment	5	4	3	2	1
Authentic	5	4	3	2	1
Trustworthy	5	4	3	2	1
Flexible	5	4	3	2	1
Active listener	5	4	3	2	1
Good observer	5	4	3	2	1
Understanding and nonjudgmental	5	4	3	2	1
Dynamic and friendly	5	4	3	2	1
Empathetic and supportive	5	4	3	2	1
Patient	5	4	3	2	1
Interested in working with groups	5	4	3	2	1
Respectful of others and their opinions	5	4	3	2	1
Respect for confidentiality	5	4	3	2	1
GROUP PROCESS SKILLS					
Good knowledge of group process	5	4	3	2	1
Knowledge of HIV/AIDS	5	4	3	2	1
Ability to promote communication	5	4	3	2	1
Understanding of group dynamics	5	4	3	2	1
Ability to manage and control problems	5	4	3	2	1
Ability to work with people where they are	5	4	3	2	1
Maintains eye contact	5	4	3	2	1
Uses humor effectively and appropriately	5	4	3	2	1
Ability to adapt to changing dynamics in the group	5	4	3	2	1
Ability to adjust agenda times to meet the needs of the group	5	4	3	2	1
Focuses on group needs instead of own personal agenda	5	4	3	2	1
Ability to make appropriate referrals to services	5	4	3	2	1
Follows up on identified needs	5	4	3	2	1
Willingness to learn from the group	5	4	3	2	1



Process Evaluation Form

When to Use: At the completion of each Healthy Relationships cycle

Administered By: Facilitator

Completed By: Facilitator



Instructions:

At the conclusion of each Healthy Relationships cycle, the facilitators should complete the Process Evaluation Form. Using information from the Sessions 1-5 Evaluation Forms, attendance sheets, client files, and other documentation the facilitators can determine who was in attendance, the extent to which core elements and other activities were implemented as planned, what changes were made to the sessions and why, and lessons learned for future implementation of Healthy Relationships. Questions may be added to meet your agency's information needs regarding the implementation process and outputs of your Healthy Relationships cycles.



HEALTHY RELATIONSHIPS PROCESS EVALUATION FORM

Cycle #: _____ Target population: _____
Facilitators: _____ Total # of sessions: _____
_____ Date of 1st session of this cycle: _____

1. How many people were contacted as part of the intervention recruitment? _____

a. Where/How were they contacted and by whom:

2. How many of those people contacted agreed to attend the sessions? _____

3. How many people were recontacted to ensure their attendance? _____

4. Of those recontacted, how many times were they contacted? _____

a. By what means were these participants recontacted? (*check all that apply*)

- Phone
- Face-to-face
- E-mail
- Case Manager
- Other: _____

5. What was the total number of participants who attended each session?

Session 1: _____ Session 4: _____
Session 2: _____ Session 5: _____
Session 3: _____

6. How many new participants were added to each session after Session 1?

Session 2: _____ Session 4: _____
Session 3: _____ Session 5: _____

7. What was the # of contacts between each session to maintain attendance? _____

a. By what means were these participants contacted between each session? (*check all that apply*)

- Phone
- Face-to-face
- E-mail
- Case Manager
- Other : _____
- NA (no between-session contacts made)

8. If the number of participants for a session was lower than a previous session, were you able to determine the reason for the participant no-shows? How did you do that, and what were the participants' reasons?
9. Did you have to cancel a session due to lack of attendance?
- Yes
 - No
- a. How many and which session(s)?
10. How soon after the missed session was the session rescheduled? _____

This next section deals with the Core Elements of Healthy Relationships. Please indicate whether you implemented each of the following core elements as written in the manual, modified the core element, or dropped it from your implementation of the intervention. Note how and why a core element was modified or dropped.

Core Element #1

Defining stress and reinforcing coping skills with people living with HIV/AIDS across three life areas:

- Disclosing to family and friends
- Disclosing to sexual partners
- Building healthier and safer relationships

11. How was this core element implemented?

- As written in the manual
- With changes
- Not implemented at all

a. If modified or dropped, please explain how and why.

Core Element #2

Using modeling, role-play, and feedback to teach and practice skills related to coping with stress

12. How was this core element implemented?

- As written in the manual
- With changes
- Not implemented at all

a. If modified or dropped, please explain how and why.

Core Element #3

Teaching decision-making skills around the issue of disclosure of HIV status

13. How was this core element implemented?

- As written in the manual
- With changes
- Not implemented at all

a. If modified or dropped, please explain how and why.

Core Element #4:

Providing participants with Personal Feedback Reports, based on the Initial Assessment Survey, to motivate change of risky behaviors and continuance of protective behaviors

14. How was this core element implemented?

- As written in the manual
- With changes
- Not implemented at all

a. If modified or dropped, please explain how and why.

Core Element #5:

Using movie-quality clips to set up scenarios around disclosure and risk reduction to stimulate discussions and role-plays

15. How was this core element implemented?

- As written in the manual
- With changes
- Not implemented at all

a. If modified or dropped, please explain how and why.

16. Rate how closely your organization implemented the Core Elements exactly as outlined in the intervention manual.

Not at all

Not very closely

Somewhat closely

Closely

Very closely

This section deals with the changes or adaptations you made to Healthy Relationships.

17. How did you change Healthy Relationships to fit your agency and its circumstances for this intervention cycle? List all changes as they relate to the following areas, and indicate how successful you feel they were and why.

	CHANGES MADE	LEVEL OF SUCCESS	COMMENTS
Number of sessions			
Length of sessions			
Facilitators			
Participants			
Videos and/or movie clips			
Guided discussion			

	CHANGES MADE	LEVEL OF SUCCESS	COMMENTS
Role-playing			
Easel chart guides			
Activities (e.g., decision-making matrix)			
Resource packets and other handouts			
Condom skills			
Snacks			
Incentives			

	CHANGES MADE	LEVEL OF SUCCESS	COMMENTS
Other			

18. How did you change Healthy Relationships to fit your target population for this intervention cycle? List all changes as they relate to the following areas, and indicate how successful you feel they were and why.

	CHANGES MADE	LEVEL OF SUCCESS	COMMENTS
Number of sessions			
Length of sessions			
Facilitators			
Participants			
Videos and other clips			
Guided discussion			

	CHANGES MADE	LEVEL OF SUCCESS	COMMENTS
Role-playing			
Easel chart guides			
Activities (e.g., decision-making matrix)			
Resource packets and other handouts			
Condom skills			
Snacks			
Incentives			

	CHANGES MADE	LEVEL OF SUCCESS	COMMENTS
Other			

The background features a collage of textures and colors. At the top, there are patches of blue, pink, and gold. A thick black line runs across the page, with a blue hand illustration on the right side holding it. Below this line is a large, light-colored map of the United States. At the bottom, there is a yellow hand illustration on the left side holding the thick black line. The bottom right corner shows a blue and green grid pattern.

Outcomes Monitoring

- Post-Assessment Survey

The background features a stylized illustration of two hands, one light blue and one light yellow, holding a thick black line that zig-zags across the page. The background is a collage of various textures and colors, including blue, pink, and white.

Post-Assessment Survey

When to Use: At the completion of each Healthy Relationships cycle

Administered By: Facilitator, Program Manager, or Counselor

Completed By: Participant



Instructions:

The Post-Assessment Survey may be administered at the conclusion of the last Healthy Relationships session of each cycle or a follow-up sometime after the last session.* Like the IAS, the survey may be administered orally or as a written survey. The recall period used on the IAS (6 months) should also be used on the Post-Assessment Survey. This form may be modified to incorporate a local recall period if one was also specified on the IAS. Refer to the *National Monitoring and Evaluation Guidance for HIV Prevention Programs* (CDC, 2008b) for more information.

Your agency may choose to change terminology on the survey to be more appropriate for your target population or add questions to meet your agency's information needs. Make changes to the items with caution, as they are designed to assist your agency in gathering data that will be used to assess outcomes and for collecting NHM&E DS variables. Compare data from the Post-Assessment Survey to the IAS to determine changes in attitudes and behaviors.

* The opportunity to practice new skills or engage in the learned safe behaviors may not present itself during the course of the intervention (e.g., weekend retreat, 5 weeks). Changes in self-efficacy and behavior may be minimal. It is ideal to give participants time to engage in the learned behaviors—typically, 3 to 6 months after the last session. As with the Initial Assessment Survey, an agency may choose to administer the Post-Assessment Survey in individual sessions, or ask participants to complete the survey at the end of the last session or by mail. Long-term follow-up may not be feasible for all agencies.





The NHM&E DS variables listed in the table below are collected on the Post-Assessment Survey. Only use this survey to collect the detailed behavioral characteristics listed below if you collected this information using the IAS. 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 C).

CDC'S NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET (NHM&E DS) VARIABLES		
NHM&E DS TABLE	NHM&E DS NUMBER	VARIABLE NAME (ITEM #)
Client Behavioral Characteristics – Detailed (Table I)	01	Behavioral recall period (180 days)
	03	Number of sex partners (20)
	08	Number of unprotected sex events (Sum of 21, 22, 24, 25, 27, 28)

If your agency chose to ask additional questions related to your clients' behavioral characteristics, remember to add those questions to this survey. Please refer to the *National HIV Prevention Program Monitoring and Evaluation Data Set* (CDC, 2008d) for additional information, the corresponding NHM&E DS number, and variable names.



HEALTHY RELATIONSHIPS POST-ASSESSMENT SURVEY

Participant ID Code: _____

Today's Date: ____ / ____ / ____
(month/day/year)

Please answer the following questions as truthfully as possible; there are no right or wrong answers. Please take your time, and read each section carefully. Some sections require you to provide numbers. Others require you to circle the appropriate response, and still others require complete sentences. The questions are designed to assess stress levels and your willingness to disclose your HIV status. All answers will remain confidential to the extent allowed by law.

1. In what state do you live? _____
2. What is your birth date? ____ / ____ / ____ (month/day/year)
3. Were you born as a male or female?
 Male Female
4. How do you view yourself now?
 Male Transgender – Male to Female
 Female Transgender – Female to Male
5. What is your racial background (select all that apply.)?
 American Indian/ Alaska Native White
 Asian Native Hawaiian/Pacific Islander
 African American/Black
6. Is your ethnic background Hispanic/Latino?
 Hispanic or Latino Non-Hispanic or Latino
7. Are you currently pregnant? (*Only if female. If male, skip to question 8*)
 Yes
 No (*skip to question 8*)
 Don't Know (*skip to question 8*)
7a. Are you receiving prenatal care? (*Only if pregnant*)
 Yes No

8. When did you first test positive for HIV? ____ / ____ (month/year)

Don't Know

9. Are you currently receiving medical care or treatment for HIV?

Yes

No

Don't Know

10. Which of the following would you say create stress in your daily life? *Please circle as many as apply.*

Going on disability

Sexual dysfunction

Major loss of income

Death of a friend

Money problems

Change of viral load

Ending a relationship

Discrimination

Finding social services

Finding treatment

Telling a friend about HIV status

Starting a relationship

Change in health

Telling a partner about HIV status

Loneliness/abandonment

Substance abuse

Recovery

Waiting for test results

Religion/spirituality

Being hospitalized

Telling a family member about HIV status

Accessing health care

Transportation

Lack of/increased sexual drive

Poor health

Child Care/Custody

Infecting a partner

Taking medications

Work

Uncertainty of the future

Change in T-Cells

Fatigue

Depression

Treatment side effects

Housing

Please answer the following questions as they relate to talking about your HIV status to others (disclosing). Please answer as accurately as possible.

- If you have told no family members or friends, put zeros in the blanks for both questions, and skip to question 17.
- If you have told no family members but you have told friends, fill in the blanks below, and skip to question 13.

11. Of the following groups, **how many** people have you told about your HIV status?

11a. # of family members: _____

11b. # of friends: _____

12. Which of the following family members know of your HIV status? *Please circle as many as apply.*

- | | | |
|----------------|------------|----------------|
| Mother | Father | Brother/Sister |
| Grandparent | Aunt/Uncle | Cousin |
| Partner/Spouse | Children | Grandchildren |
| Nephew/Niece | In-laws | Other |

13. Of the people who know your HIV status, **how many** of them responded in a positive and supportive manner?

13a. # of family members who responded well: _____

13b. # of friends who responded well: _____

14. Who was it most important to tell about your HIV status? **Please list.** What made you choose this/these person(s)?

15. Who was it most difficult to tell about your HIV status? **Please list.** What made it difficult?

16. Who was it easy to tell about your HIV status? **Please list.** What made it easy?

17. If you have not told anyone your HIV status, what is your major worry about doing so?

Please answer the following questions about your experiences and feelings about disclosing your HIV status to sex partners. Please answer as accurately as possible.

18. Have you had sexual intercourse (vaginal or anal sex) with a partner in the past 6 months?

Yes

No (If "No," skip to question 27)

19. Were your sex partners male, female, and/or transgender? (check all that apply)

Male

Female

Transgender

20. In the past 6 months, with how many sexual partners have you had sexual intercourse (vaginal or anal)? _____ (if 0, skip to 27)

20a. In the past 6 months, how many sex partners did you not tell about your HIV status and practiced **safer** sex? _____

20b. In the past 6 months, how many sex partners did you not tell about your HIV status and practiced **unsafe** sex? _____

21. In the past 6 months, how many times did you put your penis in someone's vagina without a condom? _____

Not applicable (check only if female)

22. In the past 6 months, how many times did someone put his penis in your vagina without a condom? _____

Not applicable (check only if male)

23. In the past 6 months, how often were condoms used during vaginal intercourse? *Please circle one.*

Never

Almost never

Half of the time

Almost always

Always

24. In the past 6 months, how many times did someone put his penis in your anus without a condom? _____

25. In the past 6 months, how many times did you put your penis in someone's anus without a condom? _____

Not applicable (check only if female)

26. In the past 6 months, how often were condoms used during anal intercourse? ***Please circle one.***

Never Almost never Half of the time Almost always Always

27. In the past 6 months, how many times did you receive oral sex without a condom/latex dam? _____

28. In the past 6 months, how many times did you perform oral sex without a condom/latex dam? _____

29. In the past 6 months, how often were condoms/latex dams used during oral sex? *Please circle one.*

Never Almost never Half of the time Almost always Always

For each of the following statements, please circle the one response that most closely matches your feelings. Please circle only one response.

30. How sure are you that you could decide whether or not to tell a family member or friend that you are HIV positive?

Not sure at all Unsure Undecided Sure Very sure

31. How comfortable are you about telling a family member or friend that you are HIV positive?

Very uncomfortable Uncomfortable Undecided Comfortable Very comfortable

32. Of the people you know, how many would support you in your decisions about disclosure?

None Very few Some Most Everyone

33. Of the people you know, how many would support you in your decisions about safer sex?

None Very few Some Most Everyone

34. How sure are you that you could decide whether or not to tell a sex partner you are HIV positive?

Not sure at all Unsure Undecided Sure Very sure

35. How sure are you that you could know whether it is safe to disclose your status to a sex partner?

Not sure at all Unsure Undecided Sure Very sure

36. If you did not know a person's status, how sure are you that you could decide whether or not to tell him or her about your HIV status before having sex?

Not sure at all Unsure Undecided Sure Very sure

37. How sure are you that you could decide about whether or not to tell someone that you are dating about your HIV status?

Not sure at all Unsure Undecided Sure Very sure

38. How sure are you that you could decide about whether or not to discuss your HIV status with a new sex partner?

Not sure at all Unsure Undecided Sure Very sure

39. How sure are you that you could decide about whether or not to tell a new sex partner about your HIV status, even if you had been drinking and/or doing drugs?

Not sure at all Unsure Undecided Sure Very sure

40. How sure are you that you could talk about the need for safer sex practices with your sex partner(s)?

Not sure at all Unsure Undecided Sure Very sure

41. How sure are you that you could refuse to have unsafe sex if pressured by your sex partner(s)?

Not sure at all Unsure Undecided Sure Very sure

42. How sure are you that you can use a condom correctly?

Not sure at all Unsure Undecided Sure Very sure

43. How much risk is there that you will transmit HIV to someone else through sex?

Very low risk Some risk Undecided High risk Very high risk

44. Has a Health Care Provider **ever** told you that you had a sexually transmitted disease (STD), not including HIV? (*Please check as many as apply. If none apply, skip to question 45.*)

Syphilis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis C	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chlamydia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Human Papilloma Virus (HPV/ Genital Warts)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gonorrhea	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Herpes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis B	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (specify: _____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

44a. Were you diagnosed with an STD (not including HIV) in the past 6 months?

Yes No (*If no, skip to 46*)

44b. Which STDs? (*Please check all that apply*)

<input type="checkbox"/> Syphilis	<input type="checkbox"/> Gonorrhea
<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Herpes
<input type="checkbox"/> Chlamydia	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Human Papilloma Virus (HPV/Genital Warts)	<input type="checkbox"/> Other (specify: _____)

44c. Were you treated for the STD(s)? *(Please check all that apply)*

- Yes, treated for all
- Yes, treated for some
- No
- Don't Know

45. Have you ever used drugs or alcohol before or during sexual activities?

- Yes
- No *(If no, skip to 46)*

45a. Which of the following drugs have you **ever** used before or during sexual activities?
(Please check all that apply.)

- Amphetamines, meth, speed, crystal, or crank
- Crack
- Cocaine
- Downers (Valium, Ativan, Xanax)
- Pain Killers (OxyContin, Percocet)
- Hallucinogens (including LSD)
- Ecstasy
- GHB or ketamine
- Heroin
- Marijuana
- Poppers (amyl nitrite)
- Special K
- Alcohol
- Don't Know
- Other (specify: _____)

46. Have you ever injected any drugs or medications?

- Yes
- No *(If no, skip to 47)*

46a. Which of the following drugs have you **ever** injected? *(Please check all that apply.)*

- Heroin alone
- Other narcotic drugs
- Insulin
- Cocaine alone
- Hormones
- Vitamins
- Heroin and cocaine together
- Steroids
- Depo-Provera (birth control)
- Crack
- Silicone
- Other medical substance
- Botox
- Amphetamines, speed, crystal, meth, ice
- Prescription drugs (codeine, morphine)
- Other (specify: _____)

46b. If you have injected drugs or medications, what kind of needles did you use? *(Please check all that apply.)*

- New
- Bleached

Origin unknown

Reused my own

Shared (someone used before me)

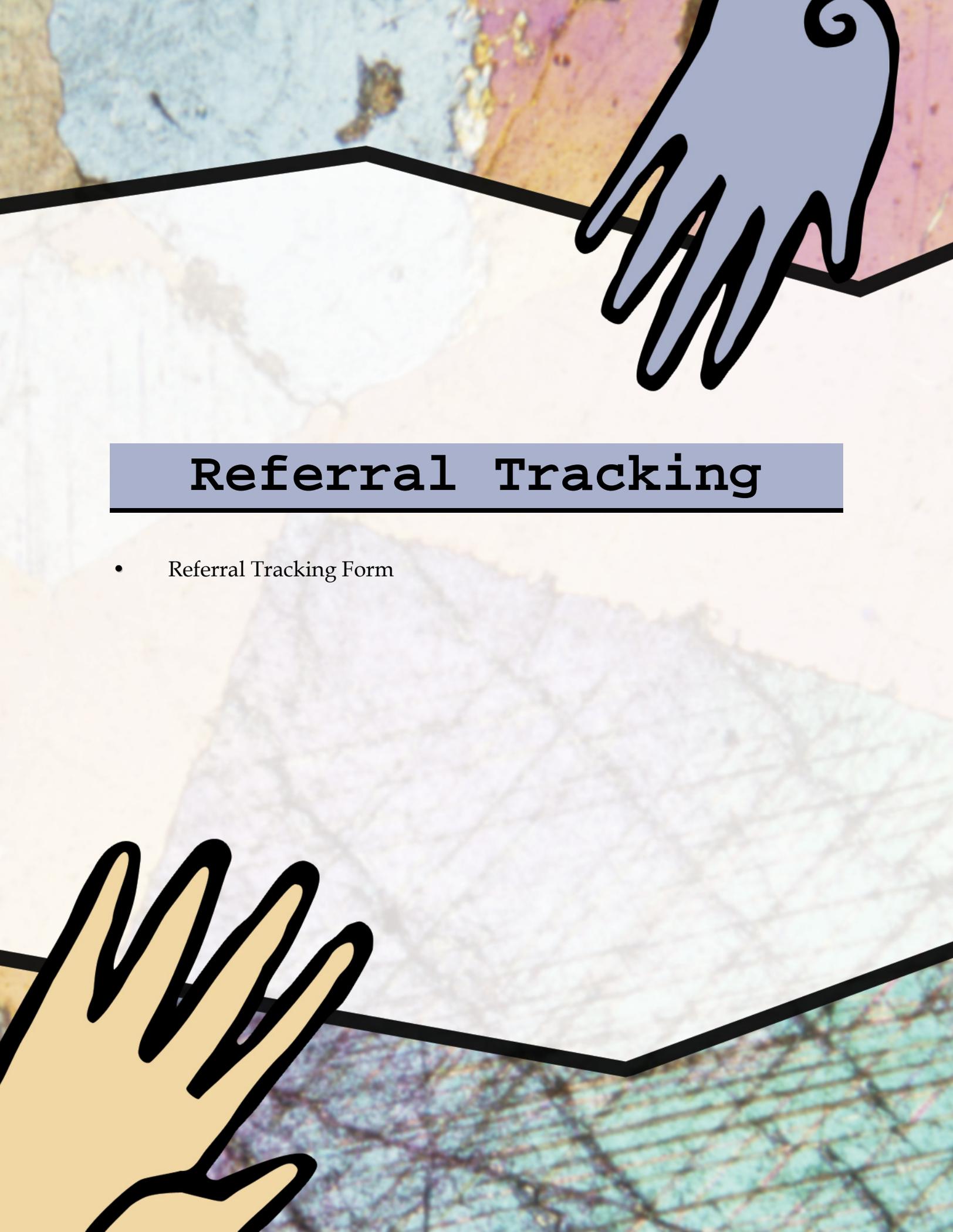
Shared (someone used after me)

Note to interviewer: Before asking the client about these items, check their answers to the questions above, as he or she may have already provided the answers.

47. Please indicate if you have engaged in the following behaviors in the last 6 months:

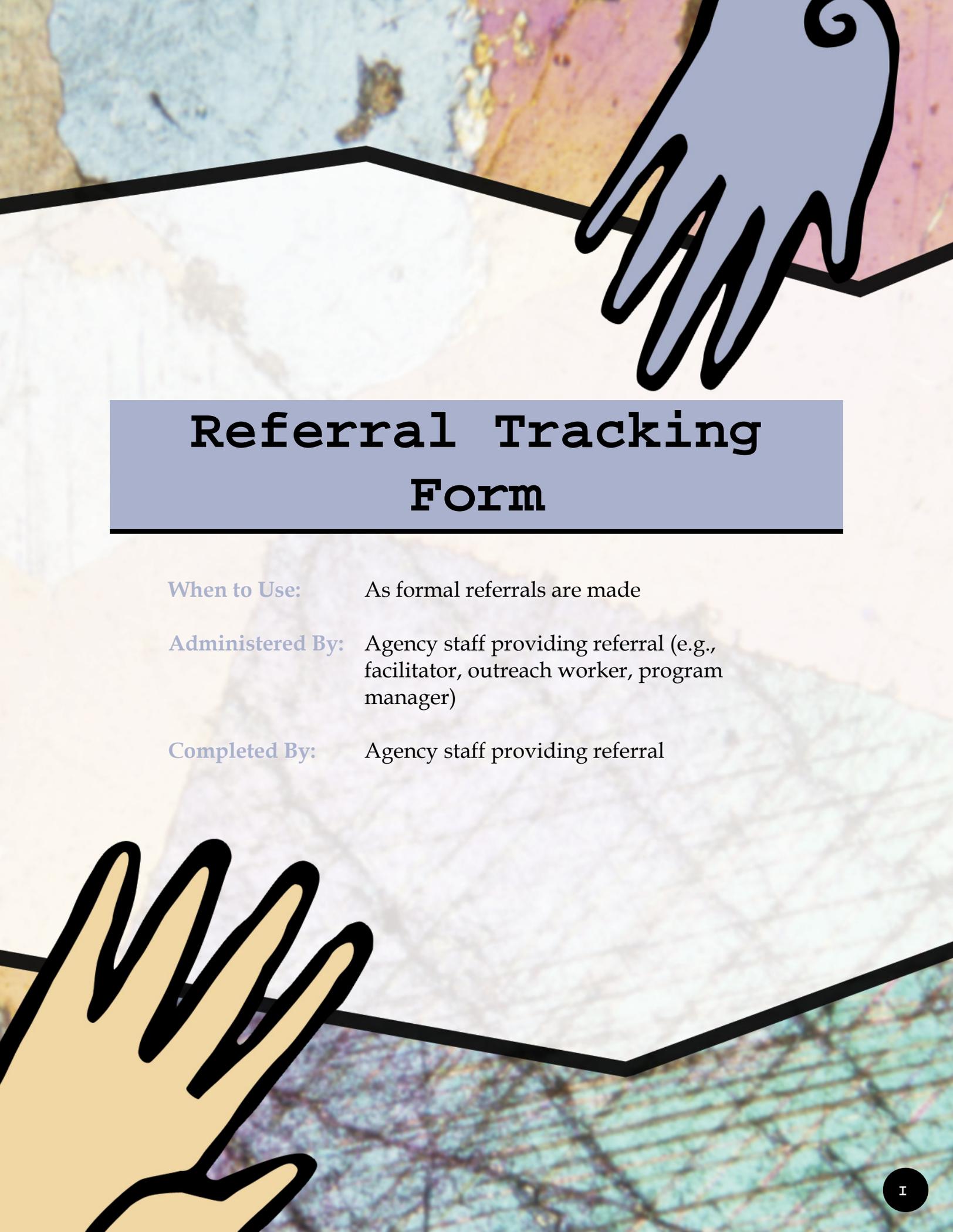
	YES	NO	DON'T KNOW
Sex with a male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with a female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with a transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with an injection drug user	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral sex with a male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral sex with a female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shared injection drug equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

That is it! Thank you for completing this survey!



Referral Tracking

- Referral Tracking Form

The background features a stylized illustration of two hands, one light blue and one light yellow, holding a thick black line that zig-zags across the page. The background is a collage of various textures and colors, including blue, pink, and white.

Referral Tracking Form

- When to Use:** As formal referrals are made
- Administered By:** Agency staff providing referral (e.g., facilitator, outreach worker, program manager)
- Completed By:** Agency staff providing referral

The background of the page features a stylized map of the United States. A thick black line runs across the map, with a hand holding it from the top right and another hand holding it from the bottom left. The hand at the top right is light blue with a black outline and a spiral on the back. The hand at the bottom left is light tan with a black outline. The map is rendered in a light, textured style with various colors representing different regions.

Instructions:

A Referral Tracking Form is for each individual who receives a formal referral, through the Healthy Relationships program, that will be followed-up over time. Reference the *National HIV Prevention Program Monitoring and Evaluation Data Set* (CDC, 2008d) for specifications regarding referrals and when to use this form.

The NHM&E DS variables listed in the table below can be used to follow-up any referrals made. These variables are collected on the Referral Tracking Form. Note that the variables presented in the table include only those required variables captured on this instrument. Please refer to the 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 C).

CDC'S NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET (NHM&E DS) VARIABLES

NHM&E DS TABLE	NHM&E DS TABLE	NHM&E DS TABLE
Referral (Table X-7)	01	Referral code
	02	Referral date
	03	Referral service type
	05	Referral follow-up
	06	Referral outcome
	10	Referral close date
	16	Age (from IAS)
	17	Ethnicity (from IAS)
	18	Race (from IAS)
	19	Current gender (from IAS)
	20	Risk category (from IAS)
	21	Self-reported HIV status (from IAS)

HEALTHY RELATIONSHIPS REFERRAL TRACKING FORM

Instructions:

- The Referral Tracking Form is optional but should be completed for each individual who receives a referral that will be tracked over time.
- Referral forms can be used to document your efforts and the results of these efforts to follow-up on each referral made for a client.
- PEMS variable codes and explanations on how to use and complete this form are on the following page.

Client ID: _____

A. Referral Code:	_____	
B. Referral Date:	____ / ____ / ____ mm dd yyyy	
C. Referral Service Type:	<input type="checkbox"/> HIV testing <input type="checkbox"/> HIV confirmatory test <input type="checkbox"/> HIV prevention counseling <input type="checkbox"/> STD screening/treatment <input type="checkbox"/> Viral hepatitis screening/treatment/immunization <input type="checkbox"/> TB testing <input type="checkbox"/> Syringe exchange services <input type="checkbox"/> Substance abuse prevention or treatment services <input type="checkbox"/> IDU risk reduction services <input type="checkbox"/> Reproductive health services <input type="checkbox"/> Prenatal care	<input type="checkbox"/> HIV medical care/treatment <input type="checkbox"/> General medical care <input type="checkbox"/> PCRS <input type="checkbox"/> PCM <input type="checkbox"/> Other HIV prevention services <input type="checkbox"/> Mental health services <input type="checkbox"/> Other support services (specify): _____ _____ <input type="checkbox"/> Other services (specify): _____ _____
D. Referral Follow-up Method: (Choose only one)	<input type="checkbox"/> None <input type="checkbox"/> Active Referral <input type="checkbox"/> Passive Referral – Agency Verification <input type="checkbox"/> Passive Referral – Client Verification	
E. Referral Outcome: (Choose only one)	<input type="checkbox"/> Pending <input type="checkbox"/> Confirmed – Accessed service <input type="checkbox"/> Confirmed – Did not access service <input type="checkbox"/> Lost to follow up	
F. Referral Close Date:	____ / ____ / ____ mm dd yyyy	
G. Referral Notes:	_____ _____ _____ _____ _____ _____	

REFERRAL CODES AND EXPLANATIONS

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



Appendices



Appendix A
Healthy
Relationships
Behavioral Risk
Analysis

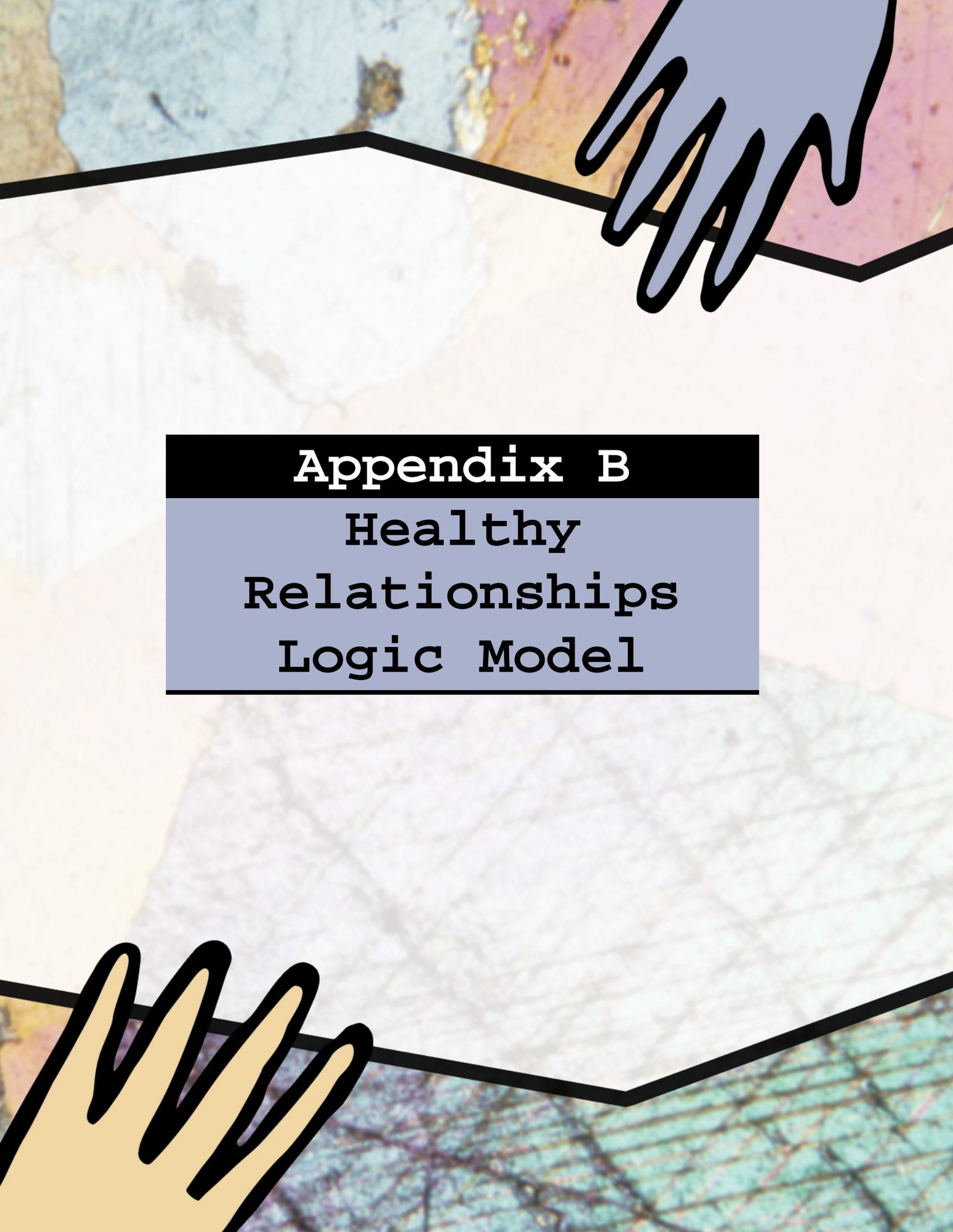


Appendix A depicts a generic behavioral risk analysis for the populations identified in the Healthy Relationships Implementation Manual. A behavioral risk analysis shows the relationships between the personal, interpersonal, societal, and environmental factors (also referred to as “behavioral determinants” or “determinants of risk”) which influence people living with HIV/AIDS (PLWHA) to engage in unprotected sex practices. This information is used to understand why members of the target population engage in the identified risk behavior, and where Healthy Relationships intervenes to protect individuals against the determinants of risk.

Appendix A-1 describes the determinants that influence HIV risk behaviors in the populations in a table format. The arrows show the influencing relationship between determinants. The flowchart that follows the table (Appendix A-2) is another way to show the relationships between the factors that influence HIV risk and the targeted risk behavior. You should modify the risk analysis to illustrate the influencing factors specific to your target population and local environmental conditions. Use information obtained through a community needs assessment of your target populations. You may choose to map out the relationships between the determinants of risk in a table format or as a flowchart.

Appendix A-1: Healthy Relationships Behavioral Risk Analysis Table

WHO	RISK BEHAVIOR	WHY . . .						
Persons Living with HIV/AIDS	Engaging in unprotected sex	<ul style="list-style-type: none"> ← Don't know HIV+ status 	<ul style="list-style-type: none"> ← Denial ← Lack of HIV-testing resources ← Lack of educational/awareness programs around HIV testing 					
		<ul style="list-style-type: none"> ← Unaware of personal risk 	<ul style="list-style-type: none"> ← Misconceptions about HIV/AIDS transmission and reinfection 	<ul style="list-style-type: none"> ← Insufficient or inappropriate health education/awareness programs for PLWHA 	<ul style="list-style-type: none"> ← PLWHA are not part of "mainstream" society with political and/or economic power 	<ul style="list-style-type: none"> ← HIV/AIDS stigma ← Societal norms and perceptions of minority populations 		
			<ul style="list-style-type: none"> ← Perceive sex will be less pleasurable 					
		<ul style="list-style-type: none"> ← Do not want to use a condom 	<ul style="list-style-type: none"> ← Desire to please partner 	<ul style="list-style-type: none"> ← Pressure from partner not to use condoms ← Partners may see condom use as a violation of trust 	<ul style="list-style-type: none"> ← Fear loss of relationship ← Fear of violence 	<ul style="list-style-type: none"> ← Financial and/or emotional dependence 		
		<ul style="list-style-type: none"> ← Poor decision-making skills 	<ul style="list-style-type: none"> ← Insufficient or inappropriate health education/awareness programs for PLWHA 		<ul style="list-style-type: none"> ← PLWHA are not part of "mainstream" society with political and/or economic power 		<ul style="list-style-type: none"> ← Partner does not know HIV positive 	<ul style="list-style-type: none"> ← Unwillingness /desire not to disclose status ← Stress around disclosure ← Poor communication skills
		<ul style="list-style-type: none"> ← Poor condom negotiation skills 					<ul style="list-style-type: none"> ← Poor condom use skills 	<ul style="list-style-type: none"> ← HIV/AIDS stigma ← Societal and gender norms ← Poor self-esteem ← Poor coping skills
<ul style="list-style-type: none"> ← Lack of access to condoms 								

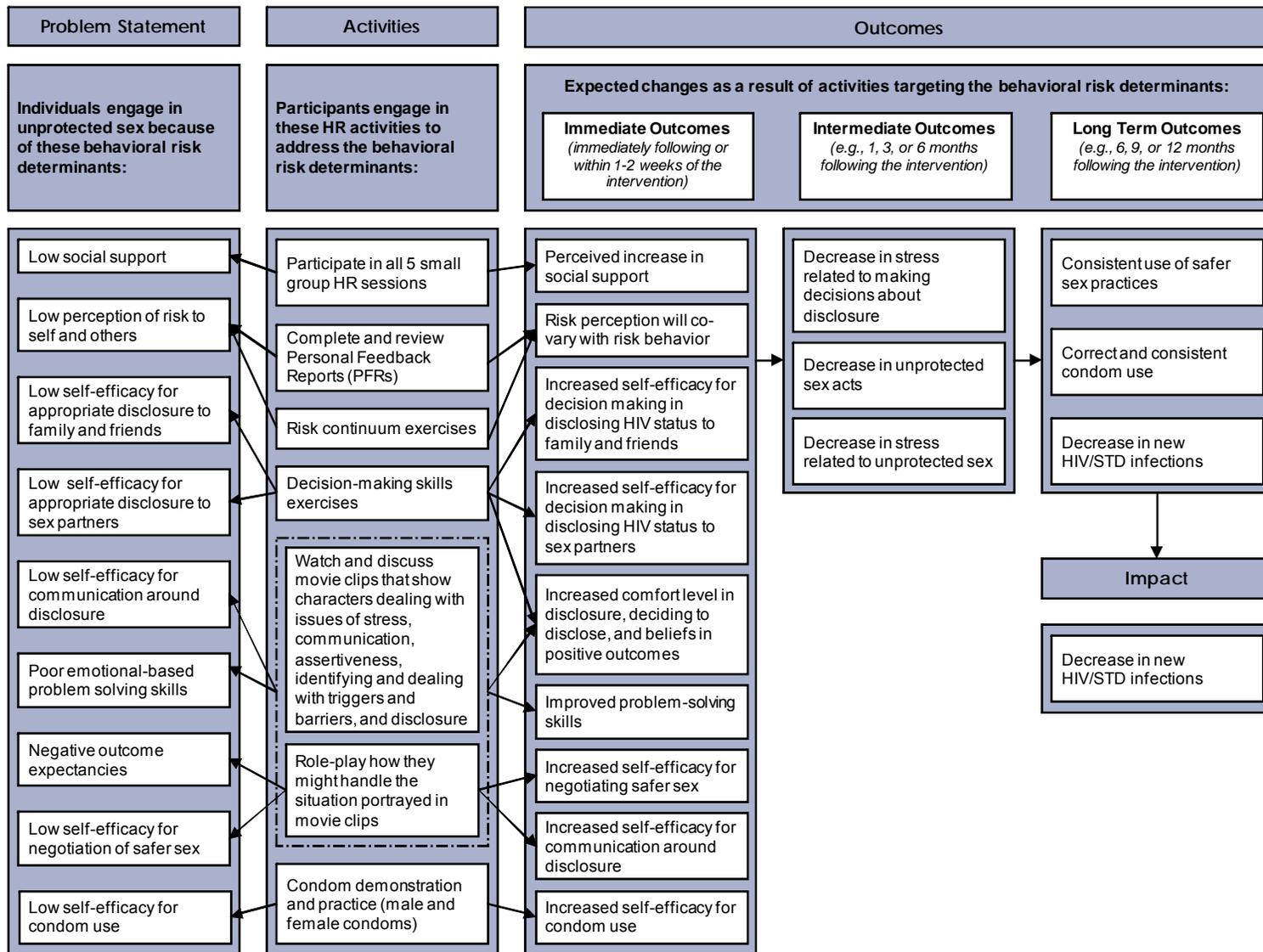
The background features a collage of images. At the top, a hand in a blue glove holds a black line that zig-zags across the page. Below this, a map of the United States is visible. At the bottom, a hand in a tan glove holds another black line that zig-zags across the page. The overall theme is interconnectedness and support.

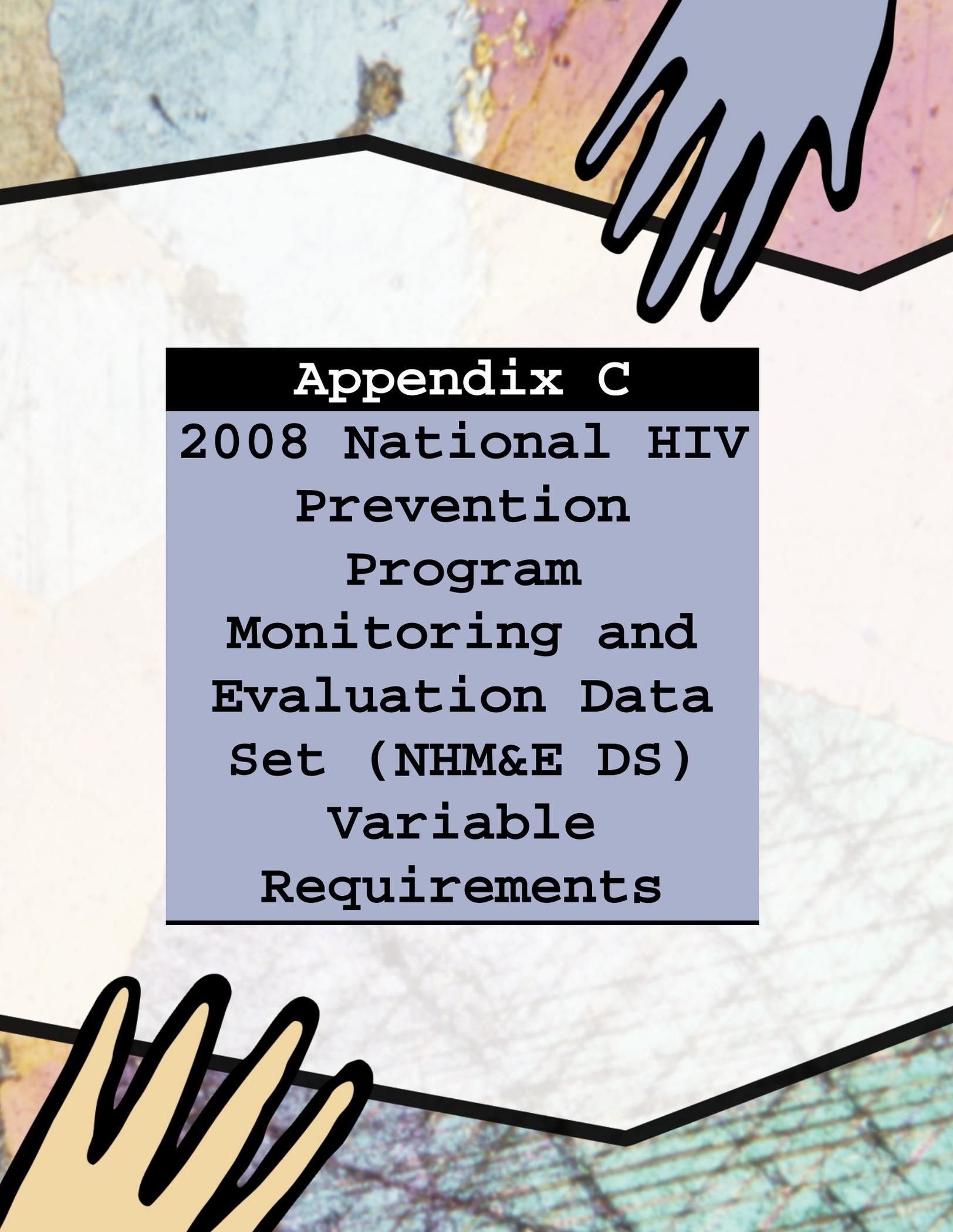
Appendix B
Healthy
Relationships
Logic Model

An illustration of two hands holding a map. The top hand is blue with black outlines, and the bottom hand is yellow with black outlines. The map is a light-colored, textured surface with a grid pattern, possibly representing a globe or a map of the world. The background is a mix of blue, pink, and yellow colors.

Appendix B provides a generic logic model for Healthy Relationships. The model reflects activities designed to affect the behaviors and attitudes of members of the target audience and illustrates the relationship of the program’s activities to the expected outputs and outcomes as described in the Healthy Relationships program materials. It is important that you adapt and tailor this logic model to reflect your agency’s implementation of Healthy Relationships.

Healthy Relationships Logic Model



The background of the slide features a stylized map with various colors like blue, pink, and yellow. A thick black line runs across the map, and two hands are illustrated: a blue hand at the top right and a yellow hand at the bottom left, both with thick black outlines, appearing to shake hands over the map.

Appendix C

**2008 National HIV
Prevention
Program
Monitoring and
Evaluation Data
Set (NHM&E DS)
Variable
Requirements**

Appendix C: 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 Email	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

VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
Client Characteristics (Table G) (Continued)		
G209	Pregnant (only if female)	Required
G210	In Prenatal Care (only if pregnant)	Required
G211	Client Risk Factors ***	Required
G212	Additional Client Risk Factors ^^^	Required
G213	Recent STD (Not HIV)	Required
<p>***Note: The recall period for client risk factors is 12 months. ^^^Note: Additional value choices for risk factors added:</p> <ul style="list-style-type: none"> • 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

VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
Aggregate HE/RR and Outreach (Table AG) (Continued)		
AG08c	Client Primary Risk - MSM/IDU	Required
AG08d	Client Primary Risk - Sex Involving Transgender	Required
AG08e	Client Primary Risk - Heterosexual Contact	Required
AG08f	Client Primary Risk - Other/Risk Not Identified	Required
AG09a	Client Gender - Male	Required
AG09b	Client Gender - Female	Required
AG09c	Client Gender - Transgender MTF	Required
AG09d	Client Gender - Transgender FTM	Required
AG10a	Client Ethnicity - Hispanic or Latino	Required
AG10b	Client Ethnicity - Not Hispanic or Latino	Required
AG11a	Client Race - American Indian or Alaska Native	Required
AG11b	Client Race - Asian	Required
AG11c	Client Race - Black or African American	Required
AG11d	Client Race - Native Hawaiian or Other Pacific Islander	Required
AG11e	Client Race - White	Required
AG12a	Client Age - 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 over	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

VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
Health Communication / Public Information (Table HC) (Continued)		
HC12	Number of Callers	Required
HC13	Number of Callers Referred	Required
HC14	Distribution - Male Condoms	Required
HC15	Distribution - Female Condoms	Required
HC16	Distribution - Lubricants	Required
HC17	Distribution - Bleach or Safer Injection Kits	Required
HC18	Distribution - Referral Lists	Required
HC19	Distribution - Safe Sex Kits	Required
HC20	Distribution - Other	Required
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

The background features a collage of elements: a hand holding a pen at the top right, a hand holding a pen at the bottom left, and a map of the United States in the center. A thick black line runs across the page, forming a shape that resembles a stylized 'D' or a bracket, framing the central text.

Appendix D

References

References

1. Bandura, A. (1994). Social cognitive theory and exercise of control over HIV infection. In R. DiClemente & J. Peterson (Eds.), *Preventing AIDS: Theories, methods, and behavioral interventions* (pp. 25–60). New York: Plenum.
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