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It is hoped that this guide will prove useful to those implementing SISTA 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 Ms. Gilliam, DHAP, CDC, via electronic mail at aisha.gilliam@cdc.hhs.gov with any comments or concerns.



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INTRODUCTION

PURPOSE

The SISTA (Sisters Informing Sisters about Topics on AIDS) Evaluation Field Guide was developed to provide community-based organizations implementing SISTA with systematic methods to conduct evaluation processes and activities that will inform, guide, and assess their SISTA activities and their effectiveness. The 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 SISTA stakeholders. This field guide is also designed as a supplement to the Centers for Disease Control and Prevention (CDC) Capacity Building Branch's (CBB) Evaluation Capacity Building Guide (CDC, 2008a) and the SISTA Facilitator's Manual (SISTA Project, HIV/AIDS Prevention Program Archives).

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

- ***Evaluation Capacity Building Guide.*** This guide provides an overview of monitoring and evaluating evidence-based interventions, with particular focus on process monitoring and evaluation activities, tools, and templates (CDC, 2008a).
- ***National Monitoring and Evaluation Guidance for HIV Prevention Programs (NMEG).*** This manual provides a framework and specific guidance on using NHM&E DS variables to monitor and evaluate HIV prevention programs (CDC, 2008b).
- ***Program Evaluation and Monitoring (PEMS) User Manual.*** This how-to manual describes the functionality within the application and provides step-by-step instructions for each module within the Web-based software tool. Screenshots, example extracts, 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 monitoring and evaluation (M&E) variables required for reporting to CDC and optional for local M&E and specific to certain interventions (CDC, 2008d).



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

These documents provide a foundation for monitoring and evaluating HIV prevention programs and reporting required data using PEMS software. Health departments and organizations directly funded by CDC can request monitoring and evaluation technical assistance through the Capacity Building Branch's Web-based system, Capacity Request Information System (CRIS). For more information about and access to CRIS, visit <http://www.cdc.gov/hiv/cba>. Additional information or technical assistance for the National HIV Prevention Program Monitoring and Evaluation Plan and the PEMS software may be accessed through the Program Evaluation Branch's National HIV Prevention Program Monitoring and Evaluation Service Center, which you can reach by calling 1-888-PEMS-311 (1-888-736-7311) or e-mailing pemsservice@cdc.gov; visiting the PEMS Web site (<https://team.cdc.gov>); or contacting the DHAP Help Desk (1-877-659-7725 or dhapsupport@cdc.gov).

MODIFYING MATERIALS

The evaluation questions and data collection forms contained in this document are very general in nature. The questions and data collection forms reflect the reporting requirements of CDC¹ and the basic monitoring and evaluation requirements of SISTA. Your agency may have additional reporting requirements or you may have information needs within your organization that are not reflected in the evaluation questions or data collection forms. The data collection forms and questions can be modified to reflect the needs of your organization. The Evaluation Capacity Building Guide provides additional information on developing an agency specific evaluation plan (CDC, 2008a).

ORGANIZATION OF THE DOCUMENT

Section One of the document contains an overview of CDC's reporting requirements for SISTA. Section Two contains the evaluation objectives, followed by evaluation questions. A brief narrative that describes the relevance of the question follows each

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 SISTA 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 SISTA.

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 SISTA and plan future implementation. Section Three has data collection tables that summarize the data collection activities (arranged by SISTA 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 SISTA instruments. Each evaluation instrument is arranged by SISTA activity. The appendices consist of the SISTA Behavioral Risk Analysis (Appendix A), Conceptual Framework (Appendix B), SISTA Logic Model (Appendix C), and a list of the required NHM&E DS variables (not all listed are required for SISTA) (Appendix D).²

The development of the SISTA evaluation plan was guided by the development of a behavioral risk analysis, conceptual framework, and logic model. The risk analysis explores possible circumstances that may place members of the target population at risk for acquiring or transmitting HIV and factors that may contribute to that risk. The analysis is grounded in the Theory of Gender and Power (Connell, 1987), Social Cognitive Theory (Bandura, 1977, 1986, 1989), and based on the research conducted by Dr. Gina Wingood and Dr. Ralph J. DiClemente (1995). The conceptual framework links the types of intervention activities to the risk and protective factors identified in the behavioral risk analysis. The logic model describes the relationships between risk behaviors, the activities of the intervention, and the intended outcomes. These appendices are based on program materials and consultations with members of the Science Application Team of the Capacity Building Branch.

THEORETICAL BASIS AND CORE ELEMENTS

SISTA is a group-level social skills training intervention designed for heterosexual African American women (ages 18-29) who engage in sexual behaviors that increase their vulnerability for HIV infection. The goal of SISTA is to reduce women's risk for contracting HIV infection by encouraging consistent condom use with male partners. SISTA focuses on building self-esteem; providing information on HIV risk reduction, communication, and proper condom use; and developing partner norms supportive of consistent condom use. The gender-relevant and culturally sensitive format provides

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

behavioral skills practice, group discussions, lectures, role-play, a prevention video, and take-home exercises over five 2-hour sessions.

SISTA is based on two theories—Social Cognitive Theory and Theory of Gender and Power. According to Social Cognitive Theory, people are more likely to adopt a behavior when given the opportunity to learn about the behavior. In addition to information, individuals need social and behavioral skills and norms to apply risk reduction strategies. Behavior change is dependent upon a belief by the individual that she can successfully perform the skills, have confidence to use the skills and apply knowledge, and anticipate that the outcomes will be beneficial. The Theory of Gender and Power (Connell, 1987; Wingood & DiClemente, 2000) asserts that willingness to adopt and maintain sexual risk reduction strategies is influenced by perception of power within heterosexual relationships, commitment to the relationship, and examination of a woman’s role in the relationship.

SISTA has been demonstrated to be effective in helping African American women consistently use condoms with their male partners. It is one of the interventions developed and disseminated through the Diffusion of Effective Behavioral Interventions (DEBI) Project. There are seven core elements of SISTA (Table 1). “Core elements are those parts of an intervention that must be done and cannot be changed. They come from the behavioral theory upon which the intervention or strategy is based; they are thought to be responsible for the intervention’s effectiveness. Core elements are essential and cannot be ignored, added to, or changed.” (CDC, April 2006).

TABLE 1: CORE ELEMENTS OF SISTA

- Convene small-group sessions to discuss the session objectives, model skills development, role-play women’s skill acquisition, and address the challenges and joys of being an African American woman.
- Use skilled African American female facilitators to implement SISTA group sessions.
- Use culture- and gender-appropriate materials to acknowledge pride, enhances self-worth in being an African American woman (e.g., use of poetry by African American women).
- Teach women to communicate both verbally and nonverbally to show that she cared for her partner and needs to protect herself (i.e., negotiation skills, assertive communication skills).
- Instruct women on how to effectively and consistently use condoms (i.e., condom use skills).
- Discuss culture- and gender-related barriers and facilitators to using condoms (e.g., provide information on African American women’s risk of HIV infection).
- Emphasize the importance of partner’s involvement in safer sex (i.e., enhance partner norms supportive of condom use).

In addition to core elements, there are four key characteristics of SISTA (Table 2). Key characteristics are activities and delivery methods for conducting an intervention that, while considered of great value to the intervention, can be altered without changing the

outcome of the intervention. They can be adapted and tailored for your agency or target populations (CDC, 2003).

TABLE 2: KEY CHARACTERISTICS OF SISTA³

- SISTA can be adapted for different populations of African American women.
- SISTA must be implemented with passion.
- SISTA must be publicized as a program that was developed by African American women for African American women
- SISTA should include HIV prevention discussions that address relationships, dating, and sexual health within the context of the African American women's experiences.

³ These key characteristics bring immediate credibility and access into groups.



SECTION 1: REPORTING HIV PREVENTION PROGRAM INFORMATION TO CDC

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

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

- demographic and risk behavior of clients being served by its grantees
- resources used to provide these services
- effectiveness of these services in preventing HIV infection and transmission

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

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

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

The NHM&E DS is organized into a series of data tables with specific variables. Variables from these tables are captured in the PEMS software in different modules according to categories, (e.g., information about your agency, your HIV prevention

programs, and the clients you serve). You should be familiar with following key elements in the NHM&E DS:

- Variables required for reporting to CDC and optional variables needed for SISTA 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 SISTA. Collecting and analyzing SISTA data will help you improve your implementation of SISTA 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 SISTA. Though the data you collect will include NHM&E DS variables, you will collect and use more data than you will actually submit 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 provides information about what you intend to do. Your program plan describes:

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

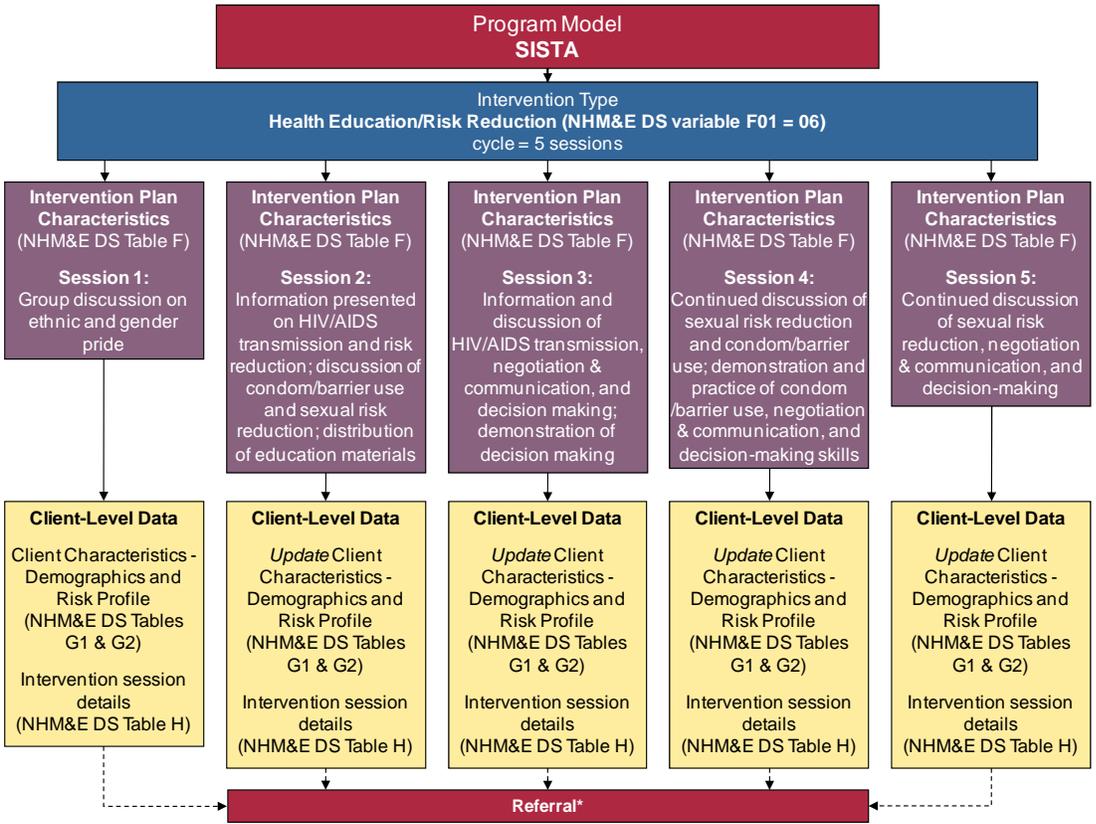
Carefully describing your program is a process that will help your agency determine how to best implement and monitor SISTA. A clearly described and well thought out program plan will allow you to use your process monitoring data to conduct process evaluations. Please refer to CDC's *Evaluation Capacity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



☑ 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 SISTA.

The figure below illustrates how SISTA 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 SISTA as you develop your program plan. The table depicts program information variables that are applicable to and required for SISTA. The Program Model Name (NHM&E DS E101) is labeled “Agency Determined” because the name of your Program Model can be SISTA or any other name determined by your agency. The Evidence Base (NHM&E DS E102) variable, however, specifies a particular variable code (“1.09) because, regardless of what you have named your program, it is based on SISTA, one of CDC’s Effective Behavioral Interventions.

Note that the variables presented in Table 3 include only those specific to monitoring SISTA; additional, agency-specific variables are required. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) or the

for the complete list and description of all M&E variables required for reporting to CDC and optional variables for local M&E or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).

TABLE 3: PROGRAM INFORMATION			
Variable	NHM&E DS Number	Variable Code	Guidance
Program Model Name	E101	Agency determined	<ul style="list-style-type: none"> The name of the Program Model can be SISTA or any other name determined by the agency. The name distinguishes this Program Model from other Program Models within the same program. See the <i>National Monitoring and Evaluation Guidance for HIV Prevention Programs (CDC, 2008b)</i> for additional information if you are implementing more than one SISTA within the same program.
Evidence Base	E102	1.09	<ul style="list-style-type: none"> SISTA (variable value code: "1.09")
Target Population	E105	Agency determined	<ul style="list-style-type: none"> SISTA was designed for heterosexual African American women between the ages of 18 and 29. Select the population you intend to target with SISTA from the drop-down list. If you are funded to serve a specific population with SISTA, select that population.

* Organizations funded directly by CDC to implement SISTA are required to adhere to the core elements of the intervention. Other organizations may alter or not follow the core elements at the discretion of their funding agency; however the program can no longer be called SISTA. If you intent to drop or change a core element of SISTA 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 SISTA. It describes the activities you intend to implement, the planned number of cycles and sessions, the duration of the cycles, how SISTA will be implemented, 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 SISTA participants. The table below lists NHM&E DS intervention plan variables with the NHM&E DS number, the variable value code, and guidance to help you understand how to apply these variables when implementing SISTA.

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

TABLE 4: PROGRAM INFORMATION—INTERVENTION DETAILS

Variable	NHM&E DS Number	Variable Code	Guidance
Intervention Type	F01	06 HE/RR	<ul style="list-style-type: none"> SISTA is a health education/risk reduction (HE/RR) intervention (variable value code: 06).
Total Number of Clients	F05	Agency determined	<ul style="list-style-type: none"> Indicate the total number of women you intend to reach with all cycles (5 sessions + booster session(s) during the plan period (E 107Program Model Start Date and E108 Program Model End Date). Determine the number of cycles (groups) you will implement and multiply that by the number of participants you anticipate in each group.
Number of Sessions	F08	Agency determined	<ul style="list-style-type: none"> Enter the total number of sessions you intend to deliver within one cycle. SISTA intervention materials recommend five sessions and two booster sessions.
Unit of Delivery	F09	03 Small Group	<ul style="list-style-type: none"> SISTA is delivered to small groups (variable value code: 03).
Activities	Session 1: Ethnic and Gender Pride		
	F10	11.66	<ul style="list-style-type: none"> Opening and closing poems followed by discussions 11.66 Discussion—Other
			<ul style="list-style-type: none"> Discussion of gender and ethnic pride in the African American community and qualities of strong Black women 11.66 Discussion—Other
			<ul style="list-style-type: none"> Development of personal values followed by group discussion 11.66 Discussion—Other

TABLE 4: PROGRAM INFORMATION—INTERVENTION DETAILS

Variable	NHM&E DS Number	Variable Code	Guidance	
Activities (Continued)	Session 2: HIV/AIDS Education			
	F10	08.01 11.01 11.17 11.66 13.06	<ul style="list-style-type: none"> Opening and closing poems followed by discussions 	<ul style="list-style-type: none"> 11.66 Discussion—Other
			<ul style="list-style-type: none"> Review of homework from Session 1 	<ul style="list-style-type: none"> 11.66 Discussion—Other
			<ul style="list-style-type: none"> Presentation of information and facilitated discussion on HIV/AIDS statistics and transmission 	<ul style="list-style-type: none"> 08.01 Information—HIV/AIDS transmission 11.01 Discussion—Sexual risk reduction 13.06 Distribution—Education materials
			<ul style="list-style-type: none"> Group activity (“The Card Swap Game”) illustrating “how people get HIV and spread it to other people” 	<ul style="list-style-type: none"> 08.01 Information—HIV/AIDS transmission 11.01 Discussion—HIV/AIDS transmission
	Session 3: Assertiveness Skills Training			
	F10	8.14 09.04 11.01 11.18 11.19	<ul style="list-style-type: none"> Opening and closing poems followed by discussions 	<ul style="list-style-type: none"> 11.66 Discussion—Other
			<ul style="list-style-type: none"> Discussion of homework from Session 2 	<ul style="list-style-type: none"> 11.01 Discussion—HIV/AIDS transmission
			<ul style="list-style-type: none"> Information presented on—and discussion about—communication approaches (assertive, aggressive, and nonassertive behaviors) 	<ul style="list-style-type: none"> 8.14 Information—Negotiation/com munication 11.18 Discussion—Negotiation/com munication
			<ul style="list-style-type: none"> Use of vignettes to facilitate discussion of decision-making 	<ul style="list-style-type: none"> 09.04 Demonstration—Decision-making 11.19 Discussion—Decision-making

TABLE 4: PROGRAM INFORMATION—INTERVENTION DETAILS

Variable	NHM&E DS Number	Variable Code	Guidance	
Session 4: Behavioral Self-Management Training				
Activities (Continued)	F10	09.01 10.01 10.03 10.04 11.17 11.19 11.66	<ul style="list-style-type: none"> ■ Opening and closing poems followed by discussions 	<ul style="list-style-type: none"> ■ 11.66 Discussion—Other
			<ul style="list-style-type: none"> ■ Discussion of homework from Session 3 	<ul style="list-style-type: none"> ■ 11.19 Discussion—Decision-making ■ 11.01 Discussion—Sexual risk reduction
			<ul style="list-style-type: none"> ■ “Discussion: Why People Don’t Use Condoms”—group discussion of barriers to condom use and strategies to increase condom use 	<ul style="list-style-type: none"> ■ 11.17 Discussion—Condom/barrier use
			<ul style="list-style-type: none"> ■ “Condom Exploration”—women play with condoms 	<ul style="list-style-type: none"> ■ 10.01 Practice—Condom/barrier use
			<ul style="list-style-type: none"> ■ “Condom Card Line Up”—activity to order steps of condom use and discussion 	<ul style="list-style-type: none"> ■ 11.17 Discussion—Condom/barrier use
			<ul style="list-style-type: none"> ■ Condom demonstration followed by discussion 	<ul style="list-style-type: none"> ■ 09.01 Demonstration—Condom/barrier use ■ 11.17 Discussion—Condom/barrier use
			<ul style="list-style-type: none"> ■ Practice condom use with “veggies” 	<ul style="list-style-type: none"> ■ 10.01 Practice—Condom/barrier use
			<ul style="list-style-type: none"> ■ Negotiating safer sex role-plays 	<ul style="list-style-type: none"> ■ 10.03 Practice—Negotiation and communication ■ 10.04 Practice—Decision-making

TABLE 4: PROGRAM INFORMATION—INTERVENTION DETAILS

Variable	NHM&E DS Number	Variable Code	Guidance	
Activities (Continued)	Session 5: Coping Skills			
	F10	8.15 11.01 11.18 11.19 11.66	<ul style="list-style-type: none"> Opening and closing poems followed by discussions 	<ul style="list-style-type: none"> 11.66 Discussion—Other
			<ul style="list-style-type: none"> Discussion of homework from Session 4 	<ul style="list-style-type: none"> 11.01 Discussion—Sexual risk reduction 11.18 Discussion—Negotiation/com munication
			<ul style="list-style-type: none"> “What Is Coping?”—information and discussion of coping and coping strategies in various potentially risky situations 	<ul style="list-style-type: none"> 11.01 Discussion—Sexual risk reduction 11.19 Discussion—Decision-making
			<ul style="list-style-type: none"> “Coping With Alcohol During Sex”—vignettes involving the use of alcohol discussed 	<ul style="list-style-type: none"> 8.15 Information—Decision-making 11.19 Discussion—Decision-making
			<ul style="list-style-type: none"> Discussion of unwanted outcomes to decisions to practice safer sex 	<ul style="list-style-type: none"> 11.19 Discussion—Decision-making
	Optional Booster Session 1—after 3 months (Unstructured)			
	F10	14.02	<ul style="list-style-type: none"> Discussion of problems they may struggle with in attempting to protect themselves when having sex, and ways to effectively deal with those problems 	<ul style="list-style-type: none"> 14.02 Post-intervention booster session
	Optional Booster Session 2—after 6 months (Unstructured)			
	F10	14.02	<ul style="list-style-type: none"> Address participants’ concerns 	<ul style="list-style-type: none"> 14.02 Post-intervention booster session
Delivery Method	F11	01.00 03.00 07.00	<ul style="list-style-type: none"> The intervention is delivered in person, with printed materials, and by video (variable value codes: 01.00, 03.00, and 07.00, respectively). 	

TABLE 4: PROGRAM INFORMATION—INTERVENTION DETAILS

Variable	NHM&E DS Number	Variable Code	Guidance
Booster Session 2—after 6 months (Unstructured)			
Detailed Behavior Data Collection	F13	1 Yes	<ul style="list-style-type: none"> For SISTA, this intervention will include the collection of detailed HIV risk behavior information before or during the first session and during the first booster session.
Level of Data Collection	F14	1 Individual	<ul style="list-style-type: none"> For SISTA, service data to be collected for the intervention will be collected in client-level form.
Duration of Intervention Cycle	F15	Within 8 months	<ul style="list-style-type: none"> For SISTA, there are five sessions delivered over the course of 5 weeks, with two booster sessions that occur 3 and 6 months after the fifth session. The duration of the intervention cycle would be 6 months plus 5 weeks
Unit of Duration	F16	1 – Months	<ul style="list-style-type: none"> For SISTA, the unit of measure for the duration of the intervention cycle is “1 – Months.”
Specified Recall Period	F17	Agency determined	<ul style="list-style-type: none"> A period of 90 days is standard for the SISTA protocol. Your agency must also select a PEMS specified recall period.

NHM&E CLIENT SERVICE DATA

Client service data provide information about the clients who are receiving services and information about each service session in which the client participates. Client service data describe the demographic and risk characteristics of individuals that participate in SISTA, the sessions that each client participated in, and the activities implemented during each session. SISTA requires the collection of client-level data for the 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 African American female”).

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

SECTION 2: OBJECTIVES AND EVALUATION QUESTIONS

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

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

The following evaluation objectives will be addressed as part of the SISTA evaluation:

- To determine whether SISTA was implemented as designed
- To determine whether SISTA was implemented as intended by the organization
- To determine whether anticipated behavior changes were realized among participating women

FORMATIVE EVALUATION QUESTIONS⁴

Formative evaluation questions can be used to better understand the needs of the population and/or community by the intervention and to guide the development of your program plan. In SISTA, formative evaluation questions address issues such as “What are women’s attitudes about condom use?” “Where do members of the target population go to receive HIV prevention information?” “What factors influence the risk behaviors of the target population?”

Formative evaluation is one of the pre-implementation activities of SISTA.

Question 1. What are the conditions and characteristics of the targeted population?

Information on the risk characteristics of the target population and the conditions that contribute to those risk characteristics is useful in determining what factors and issues

⁴ Each question is followed by a rationale for the question, including why the information is important. Each rationale is followed by a table that describes the data needed to answer the question, sources and methods to obtain the data, and ways you can analyze the data so that the information can be used.

should be addressed during the implementation of SISTA with any particular group. This information also helps determine the tailoring needed to focus the intervention.

DATA	DATA SOURCE/METHODS	ANALYSIS
<ul style="list-style-type: none"> Data from needs assessments Risk behaviors of the target population (e.g., unprotected sex, multiple partners, partners of unknown risk, substance-using partners) Attitudinal conditions or perceptions that influence risk Environmental conditions that influence risk Financial conditions that influence risk Relationship conditions that influence risk 	<ul style="list-style-type: none"> Focus group data Community observations Target group self-reports Community assessment data (e.g., key informant interviews, spot interviews, surveillance census, Behavioral Risk Factor Surveillance System [BRFSS] data) 	<ul style="list-style-type: none"> Examine behaviors and habits that increase vulnerability to infection Identify conditions that contribute to the continuation of risky behaviors and habits

Question 2. What are the needs of the target population?

Although no one intervention can address all of the needs of participants, to be effective, the needs of potential participants must be taken into account when planning intervention activities. This information is necessary to make the appropriate linkages for referrals to additional services during the planning phase.

DATA	DATA SOURCE/METHODS	ANALYSIS
<ul style="list-style-type: none"> Data from needs assessments (e.g., services needed, services available) Data collected from previous work with the target populations 	<ul style="list-style-type: none"> Focus group data Community observations Target group self-reports (e.g., key informant interviews, spot interviews) Observations during other interventions or activities Intake records 	<ul style="list-style-type: none"> Review compiled list of identified needs



Question 3. Is the proposed plan appropriate and feasible for implementation with the selected target population?

In order for any intervention to be effective in changing risk behaviors, the intervention must be appropriate for the selected target population – the intervention components must reflect the needs of the target population. Careful comparisons of the needs and characteristics of the target population with the elements and characteristics of the intervention provide this information.

DATA	DATA SOURCE/METHODS	ANALYSIS
<ul style="list-style-type: none"> Conditions and characteristics of the target population (e.g., African American women, 19-29 , in a specific ZIP code) Needs of the target population Agency resources 	<ul style="list-style-type: none"> Focus group data Target group self-reports (e.g., key informant interviews, spot interviews) Intake records Observations during other interventions or activities Community needs assessment data Program Model logic model Program Model description Capacity assessment 	<ul style="list-style-type: none"> Review characteristics and mitigating conditions of the target population Review needs of the target population Review SISTA logic model and program description Determine whether risk characteristics and needs of the target population can be adequately addressed

PROCESS MONITORING AND EVALUATION QUESTIONS⁵

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 session participants?”, “What intervention activities were implemented?”, and “What resources were used to deliver those activities?”

Process evaluation involves an analysis of data that compares what was planned and what actually occurred during implementation. This 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

⁵ Each question is followed by a rationale for the question, including why the information is important. Each rationale is followed by a table that describes the data needed to answer the question, sources and methods to obtain the data, and ways you can analyze the data so that the information can be used.

audience?” and “What barriers were experienced by clients and staff during the course of the intervention?”

Question 1. Which core elements of SISTA were implemented?

It is important to know whether all of the core elements of SISTA were implemented as intended and consistent with the design of the intervention (fidelity).

DATA	DATA SOURCE/METHODS	ANALYSIS
<ul style="list-style-type: none"> ■ Number of sessions conducted ■ Length of sessions ■ Description of activities conducted/material covered during each session ■ Description of materials used (e.g., videos, penis models) ■ Description of materials disseminated (e.g., condoms, poems, information on resources available) ■ Number and type of materials disseminated ■ Number of facilitators 	<ul style="list-style-type: none"> ■ SISTA Fidelity Forms <ul style="list-style-type: none"> - Start and end times - Activities implemented - Activities not implemented - Spot interviews - Session observations 	<ul style="list-style-type: none"> ■ Compare the activities conducted to those described in the SISTA Manual

Question 2. How and why were the program activities modified?

You may modify activities on the basis of the characteristics of the target population, agency resources, or priorities, or in consideration of current activities, as long as the core elements are maintained. For example, the setting may be adapted to reach a vulnerable population, or the content in sessions may be tailored or adjusted to the needs of the target group.

DATA	DATA SOURCE/METHODS	ANALYSIS
<ul style="list-style-type: none"> ■ Number of sessions conducted ■ Length of sessions ■ Description of activities conducted/material covered during each session ■ Description of materials used (e.g., videos, penis models) ■ Description of materials disseminated (e.g., condoms, poems, information on resources available) ■ Number and type of materials disseminated ■ Number of facilitators 	<ul style="list-style-type: none"> ■ SISTA Fidelity Forms <ul style="list-style-type: none"> - Start and end times - Activities implemented - Activities not implemented - Spot interviews - Session observations 	<ul style="list-style-type: none"> ■ Compare the activities conducted to those described in the SISTA Manual ■ Document the rationale for the changes made ■ Identify trends (e.g., how participants responded to particular sessions, where more or less emphasis was needed) across intervention cycles

Question 3. What was the demographic profile of participating women?

A demographic profile of participating women demonstrates that the target population for which the intervention is intended is being reached. The information also provides information that can be used to inform the development of activities to address the needs of the target population.

DATA	DATA SOURCE/METHODS	ANALYSIS
<ul style="list-style-type: none"> ■ Demographic data of participating women, including the following: <ul style="list-style-type: none"> - Age - Race - Ethnicity - Gender - Educational level - Serostatus - Risk behaviors 	<ul style="list-style-type: none"> ■ Pre- and posttest surveys (About You, Section A) 	<ul style="list-style-type: none"> ■ Review personal information from pre- and posttest surveys ■ Total the responses for each demographic characteristic ■ Summarize the demographic profile of the participants by age, race, ethnicity, gender, educational level, serostatus, and risk level (high, medium, or low)

Question 4. What proportion of women recruited participated in SISTA?

It is important to determine the number of women recruited and the proportion of that population participating in the intervention. It is also important to know whether the population served is the same as the population that the agency intended to serve. This information can be used to examine recruitment strategies and guide planning.

DATA	DATA SOURCE/METHODS	ANALYSIS
<ul style="list-style-type: none"> ■ Number of target women reached through recruitment efforts ■ Number of women attending the first session ■ Number of sessions attended by each participant ■ Number of women participating in booster sessions 	<ul style="list-style-type: none"> ■ Attendance data ■ Participant satisfaction forms 	<ul style="list-style-type: none"> ■ Compare the number and description of those participating against the targeted population ■ Compare the number participating against the number recruited ■ Determine the proportion of recruited women who participated ■ Determine the proportion completing three or more sessions

Question 5. What were the barriers to, and facilitators of, implementation?

Identifying the barriers to implementing SISTA can help and enhance or improve strategies used to implement the intervention. It is also important to identify facilitators to implementing SISTA to recognize successful implementation activities and approaches.

DATA	DATA SOURCE/METHODS	ANALYSIS
<ul style="list-style-type: none"> ■ Barriers/facilitators identified ■ Data from staff meetings ■ Data from participants 	<ul style="list-style-type: none"> ■ Participant written feedback ■ Session observations ■ Spot interviews ■ Staff meeting discussions ■ Fidelity Forms 	<ul style="list-style-type: none"> ■ Identify barriers to implementation ■ Summarize barriers to implementation ■ Identify facilitators to implementation ■ Summarize facilitators to implementation ■ Identify themes

OUTCOME MONITORING EVALUATION QUESTIONS⁶

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?”

⁶ Each question is followed by a rationale for the question, including why the information is important. Each rationale is followed by a table that describes the data needed to answer the question, sources and methods to obtain the data, and ways you can analyze the data so that the information can be used.



Question 1. To what extent was there a change in participants' knowledge about personal risk and safer sex practices?

Changes might include an increase or decrease in knowledge about HIV or other sexually transmitted diseases (STDs), or how to reduce personal risk. This information, which may be observed by facilitators or self-reported by participants, indicates whether program objectives were realized.

DATA	DATA SOURCE/METHODS	ANALYSIS
<ul style="list-style-type: none"> Outcome monitoring data from pre- and posttest surveys Observation of group participants 	<ul style="list-style-type: none"> Participant observation Spot interviews Pre- and posttest surveys (Section E) 	<ul style="list-style-type: none"> Compare responses at pretest to responses at posttest Summarize observations and informal interview data

Question 2. To what extent was there a change in attitudes and intentions among participants regarding condom use?

These data inform whether outcome objectives regarding attitudes about condom use were realized and the degree of change.

DATA	DATA SOURCE/METHODS	ANALYSIS
<ul style="list-style-type: none"> Outcome monitoring data from pre- and posttest surveys Observation of group participants Observation of skills demonstrations 	<ul style="list-style-type: none"> Participant observation Spot interviews Pre- and posttest surveys (Sections B and G) 	<ul style="list-style-type: none"> Compare responses at pretest to the responses at posttest Summarize observations and informal interview data

Question 3. To what extent was there a change in participants' confidence to negotiate condom use?

These data inform whether outcome objectives about sexual negotiation were realized and the degree of change.

DATA	DATA SOURCE/METHODS	ANALYSIS
<ul style="list-style-type: none"> Outcome monitoring data from pre- and posttest surveys Observation of group participants Observation of skills demonstrations 	<ul style="list-style-type: none"> Participant observation Spot interviews Pre- and posttest surveys (Section C) 	<ul style="list-style-type: none"> Compare responses at pretest to responses at posttest Summarize observations and informal interview data

Question 4. To what extent was there a change in participants' condom use confidence?

These data inform whether outcome objectives regarding confidence to use condoms were realized and the degree of change.

DATA	DATA SOURCE/ METHODS	ANALYSIS
<ul style="list-style-type: none"> Outcome monitoring data from pre- and posttest surveys Observation of group participants Observation of skills demonstrations 	<ul style="list-style-type: none"> Participant observation Spot interviews Pre- and posttest surveys (Section D) 	<ul style="list-style-type: none"> Compare responses at pretest to responses at posttest Summarize observations and informal interview data

Question 5. To what extent was there a change in sexual behavioral risks among participants?

These data inform whether outcome objectives regarding HIV risk behaviors were realized and the degree of change.

DATA	DATA SOURCE/ METHODS	ANALYSIS
<ul style="list-style-type: none"> Outcome monitoring data from pre- and posttest surveys Observation of group participants Observation of skills demonstrations 	<ul style="list-style-type: none"> Participant observation Spot interviews Pre- and posttest surveys (Section F) 	<ul style="list-style-type: none"> Compare responses at pretest to responses at posttest Summarize observations and informal interview data

SECTION 3: DATA COLLECTION INSTRUMENTS AND SCHEDULES

This section describes the data collection processes and instruments for SISTA. 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 6–10) provide more detail regarding data collection activities and schedules for each component of SISTA.

Table 5: SISTA Evaluation Summary Sheet

INSTRUMENT	WHEN TO USE	ADMINISTERED BY	COMPLETED BY
Focus Group Protocol	Before implementation	Facilitator	Facilitator
Fidelity Process Form	After each session	Facilitator	Facilitator
Participant Evaluation Form	After each session	Facilitator	Participant
Facilitator Observation Form	At least once a month	Supervisor	Supervisor
Pretest Survey Contains the following scales/measures: <ul style="list-style-type: none"> ■ Demographics ■ Attitudes toward condom use ■ Communication self-efficacy ■ Condom use self-efficacy ■ HIV knowledge ■ Condom use intentions ■ Condom use behaviors 	Before or during the first session	Facilitator	Participant
Posttest Survey Contains the same scales/measures used in the pretest survey	Three and 6 months after the last session or during the booster sessions	Facilitator	Participant

The tables below (Tables 6–10) are arranged by evaluation activity. Each table indicates when data should be collected, resources needed to collect data, data provided by the instruments located later in this field guide, how the data can be analyzed, the evaluation questions the data will answer, and ways to use the data to plan, implement, and improve your implementation of SISTA.

Table 6

FOCUS GROUPS DATA COLLECTION AND USE	
When to Collect the Data	<ul style="list-style-type: none"> Before implementation
Resources Needed	<ul style="list-style-type: none"> SISTA Focus Group Protocol Skilled moderator or trained staff Space to conduct focus group Focus group participant recruiting materials Incentives for participants Two staff members or volunteers to take notes during focus groups (recorders) Staff or volunteer time to reconcile notes Staff time to organize and analyze notes
Data Provided	<ul style="list-style-type: none"> Characteristics of participating women Needs, issues, and perceptions of HIV risk Accuracy of HIV transmission information Norms and values of participating women Environmental conditions of participating women
Analysis	<ul style="list-style-type: none"> Theme analysis of focus group data
Related Evaluation Questions	<ul style="list-style-type: none"> What are the conditions and characteristics of the target population? What are the needs of the target population? Is the proposed plan appropriate and feasible for implementation with the selected target population?
Possible Uses of Data	<ul style="list-style-type: none"> Determine what should be addressed during implementation of SISTA Determine what tailoring is needed to focus the intervention activities Identify supplemental activities or materials to enhance the implementation Identify participant incentives Identify communication patterns and terminology used by the target group Identify appropriate referral linkages for additional services as needed Determine the appropriateness of intervention for the target group

Table 7

SESSION FIDELITY PROCESS DATA COLLECTION AND USE	
When to Collect the Data	<ul style="list-style-type: none"> After each session
Resources Needed	<ul style="list-style-type: none"> SISTA Fidelity Process Forms for each session Facilitator time to complete forms Secure database to enter and store data Staff time to review and analyze data
Data Provided	<ul style="list-style-type: none"> Activities implemented during each session Changes to activities or materials Deletion of activities Rationale for changes to activities Supplemental activities implemented Supplemental materials used Location of session Length of session Identification of facilitators attending sessions Number of session participants Number and types of materials disseminated
Analysis	<ul style="list-style-type: none"> Descriptive analysis
Related Evaluation Questions	<ul style="list-style-type: none"> Which core elements of SISTA were implemented? How and why were the program activities modified? What were the barriers to and facilitators of implementation?
Possible Uses of Data	<ul style="list-style-type: none"> Determine whether the sessions were implemented with fidelity Determine how activities should be presented to meet the needs and accommodate the characteristics of the target population Identify trends and patterns in the facilitation of sessions Make adjustments and improvements to the facilitation of sessions Plan future implementations of SISTA Determine which strategies are most appropriate for which groups of women

Table 8

PARTICIPANT SESSION EVALUATION DATA AND USE	
When to Collect the Data	<ul style="list-style-type: none"> After each session
Resources Needed	<ul style="list-style-type: none"> Participant Evaluation Forms Facilitator time to disseminate and collect responses Secure database to enter and store data Staff time to review and analyze data
Data Provided	<ul style="list-style-type: none"> Participant perceptions of whether or not session objectives were realized Utility of materials used Self-report of the impact of activities on constructs addressed in each session Participant ratings of facilitator Participant ratings of session Recommendations to improve session Additional needs and concerns of participants
Analysis	<ul style="list-style-type: none"> Descriptive analysis Theme analysis
Related Evaluation Questions	<ul style="list-style-type: none"> What were the barriers to and facilitators of implementation? To what extent was there a change in confidence to negotiate condom use? To what extent was there a change in condom use confidence?
Possible Uses of Data	<ul style="list-style-type: none"> Determine modifications needed to improve sessions Make midcourse corrections Plan future sessions

Table 9

OBSERVATION OF SESSION FACILITATION DATA AND USE	
When to Collect the Data	<ul style="list-style-type: none"> At least once monthly for new facilitators At least quarterly for experienced facilitators
Resources Needed	<ul style="list-style-type: none"> Facilitator Observation Forms Staff time to observe sessions Secure database to enter and store data Staff time to review and analyze data
Data Provided	<ul style="list-style-type: none"> Length of session Location of session Use of facilitator skills Identification of facilitator skills Identification of areas in need of improvement
Analysis	<ul style="list-style-type: none"> Descriptive analysis

OBSERVATION OF SESSION FACILITATION DATA AND USE (CONTINUED)	
Related Evaluation Question	<ul style="list-style-type: none"> What were the barriers to and facilitators of implementation?
Possible Uses of Data	<ul style="list-style-type: none"> Facilitator professional development Planning future implementation of SISTA

Table 10

PARTICIPANT KNOWLEDGE, ATTITUDES, AND INTENTION PRETEST AND POSTTEST	
When to Collect the Data	<ul style="list-style-type: none"> Before or during the first session Three and 6 months after the fifth session (posttest can be administered during booster sessions)
Resources Needed	<ul style="list-style-type: none"> Pre- and posttest surveys for each participant Staff time to disseminate and collect forms Incentives for participants (posttest) Secure database to enter and store data Software to analyze data Staff time to organize, clean, and analyze data
Data Provided	<ul style="list-style-type: none"> Participant demographic information Participant attitudes regarding condom use Participant confidence to negotiate condom use Participant condom use confidence Participant knowledge of HIV transmission Participant behavioral risk profile Participant intention to use condoms in the future
Analysis	<ul style="list-style-type: none"> Descriptive statistical analysis Comparative analysis (<i>t</i> test) Inferential analysis (logistic regression)
Related Evaluation Questions	<ul style="list-style-type: none"> To what extent was there a change in knowledge about personal risk and safer sex practices? To what extent was there a change in attitudes and intentions regarding condom use? To what extent was there a change in confidence to negotiate condom use? To what extent was there a change in condom use confidence? To what extent was there a change in sexual behavioral risks?
Possible Uses of Data	<ul style="list-style-type: none"> Utilize demographic and behavioral risk information to tailor prevention messages Determine whether participating women are consistent with agency expectations Adjust recruitment strategies Determine whether the anticipated outcomes were realized among participants Communicate with stakeholders Determine factors associated with anticipated outcomes Plan future implementations of SISTA

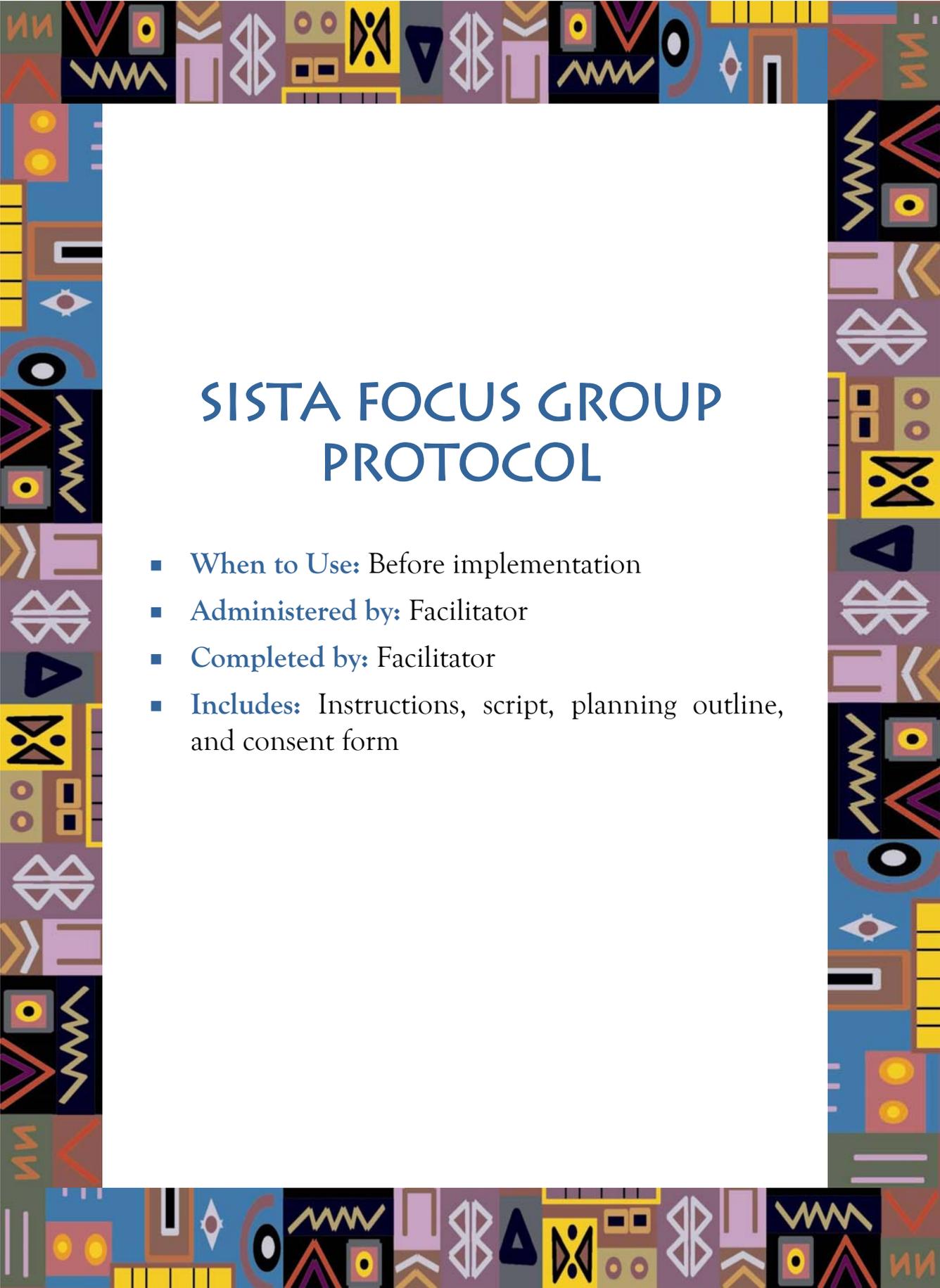
SECTION 4: DATA COLLECTION PROTOCOLS AND FORMS

This section includes framework for each of the data collection activities previously described. The data collection and reporting requirements of CDC are incorporated in the data collection forms. This field guide includes forms from the SISTA Project materials that have been modified to include NHM&E DS variables. These forms can be modified to meet your agency's specific information needs. There is no requirement to use the data collection forms included in this evaluation plan. However, it is important to make sure that any modifications to the instruments maintain the basic integrity of the original forms in order to fulfill reporting requirements of the funding agency (see tables in Section 1 and consult with your Project Office on CDC reporting requirements). 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 SISTA participants better understand what you want to know.

Each evaluation tool 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.⁷ 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.

⁷ 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 SISTA 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 SISTA.





SISTA FOCUS GROUP PROTOCOL

- **When to Use:** Before implementation
- **Administered by:** Facilitator
- **Completed by:** Facilitator
- **Includes:** Instructions, script, planning outline, and consent form



SISTA FOCUS GROUP PROTOCOL

INSTRUCTIONS

This focus group protocol will help you gather information from women in your community who are likely to participate in your SISTA project. These focus groups can provide information to guide successful approaches to recruiting and retaining women in your implementation of SISTA, develop/revise materials (e.g., messages, session handouts, session role-play scenarios and exercises), and get feedback on evaluation tools.

It is recommended that you conduct at least two focus groups with 8 to 10 women from the population that you plan to serve. This process will provide any modifications to SISTA materials and activities that will be needed for participant groups.

It is important to conduct focus groups before implementing SISTA in your community because you can use the information to modify your implementation of SISTA so it meets the needs of the women in your community in a way that is acceptable and culturally appropriate.

INTRODUCTION

Note: Before discussing the ground rules, or as part of the introduction, explain and ask participants to complete the Consent Form

Thanks everyone for coming today. We are really excited because we have been planning this .group. Today we are going to have fun. We are going to discuss your relationships, both any current relationships that you have as well as your previous relationships. We are interested in knowing where you meet your partners, what attracts you to your partners, why you like having sex, and what you think about using condoms. So, we are viewing you as the experts in these areas and would like to know your opinions, ideas, attitudes, and beliefs about relationships. (Other moderator) and I will take turns asking the group questions about these topics. Because everyone likes to talk about these topics, we have a couple of ground rules:

1. First, everything that we say in here today is confidential, which means please don't use anyone's last name. If you are talking about your partner, don't use their name, and we will only address you by your first name.
2. We want to hear from all of you so please let one person talk at a time. If everyone is talking at once, it is hard to understand what people are saying.
3. Please respect one another. This means don't call people ugly names, don't swear at anyone, and don't laugh at another person just because they may have a different opinion than you.
4. Also, we won't pressure you into answering any questions. Your opinions, beliefs, and ideas will help us develop programs for individuals like yourself to live healthier lives.

In about an hour, we will have lunch. I hope everyone likes pizza!! At the end of our meeting, you will be reimbursed for your time and transportation.

Does anyone have any questions or would you like to add anything?

To begin, we are going to play a game. It is called three truths and a lie. To play this game, I would like for everybody to go around the room and tell us your name and four things about yourself. However, one of the things that you tell us should be a lie. The group will try to guess which statement is a lie. I can begin.

(Conduct icebreaker)

Thanks for sharing that information. That was fun.

Now we are going to start asking you some questions. First, I would like to ask—

Meeting Potential Partners

1. Where do you meet guys?
(*Probe:* school, house party, bar)
2. How do you meet guys?
(*Probe:* Does he approach you, or do you approach him?)
3. What attracts you to a guy?
(*Probe:* looks, popular in school, he's older)

Making the First Move

4. How soon after you meet your partner does he start coming on to you (e.g., kissing, caressing)?
5. Do you like it when he first comes on to you?
(*Probe:* If yes, why? If no, why not?)
6. How do you feel when he first does this to you?
(*Probe:* scared, anxious, excited)
7. Why do you feel this way?

I am going to read you three responses, and I would like you to choose one of them. I would like everyone in the group to answer this question.

8. Do you talk about what you want from the relationship?
 - A) Before your partner comes on to you
 - B) After your partner comes on to you
 - C) You never talk about what you want in your relationship

The Condom Questions

9. Have you ever used condoms?
(*Probe:* How often do you use condoms?)
10. Have you ever asked your partner to use a condom?
11. Why is it difficult to ask your partner to use a condom? (Get detailed)
(*Probe:* don't know what to say, don't know how to say it, afraid of what partner might think, afraid of what he might say)
12. If you thought your partner had an STD, would you ask him to wear a condom?
(*Probe:* If yes, why? If no, why not?)

The STD Questions

13. When you get an STD, how do you feel?
(*Probe:* upset at yourself, angry at your partner, do you want to get revenge?)
14. Have you ever told your partner that you had an STD?
15. What was his reaction?
(*Probe:* What did he say? What did he do? Did he scare you? Did he yell at you? Did he leave you?)
16. Have you ever asked your partner to get treated for an STD?
17. Why haven't you asked your partner to get treated for an STD? (Get detailed)
(*Probe:* don't know what to say, don't know how to say it, afraid of what partner might think, afraid of what he might say, afraid of what your partner might do)

Ask all of the following questions:

18. If you knew that your partner had an STD, would you ...
- A) Have sex with him without using a condom? Why?
 - B) Have sex with him, but use a condom? Why?
 - C) Ask him to get treated for his STD? How would you do it?
 - D) Go to the STD clinic to see that he gets treated? How would you do this?
 - E) Break up with him? Why?

The Abstinence Questions

19. What is the longest that you have gone without having sex?
20. Why did you wait this long?
(*Probe:* didn't have a partner, wanted to not have sex for a while, too busy, not feeling well)
21. What made you have sex, after you had gone a long time not having sex?
(*Probe:* started dating, felt horny, felt lonely)
22. Could you date a guy and not have sex with him? (Get detailed)
(*Probe:* If yes, why? If no, why not?)
23. What would it take for you to never have sex again until you were married?
(*Probe:* Commitment?)

Conclusion

Thanks for participating in this program. We knew that you were the experts. Thanks for your opinions and ideas. Now we would like you to fill out this survey, and after that, we will give you your money and you can go home.

SISTA FOCUS GROUP

Proposed Dates: _____ / _____ / _____

Location: _____

Time: 9:00 a.m.-1:00 p.m.
Staff: 9:00 a.m.-1:00 p.m.
Participants: 10:00 a.m.-12:30 p.m.

Facilitators: _____
(Female) _____

Recorders: _____

Participants:
African American Females (ages 18 to 50)
Not more than 10 women per group.
An ideal group size is 7

Compensation:
Each participant will be compensated \$_____ for their time

Lunch provided by: _____

- Topics:*
- I. Relationships
 - II. Emotional reaction of having an STD
 - III. Prevention and treatment
 - IV. Partner information
 - V. Social variables



CONSENT FORM

On the next page is a sample consent form that can be used for conducting your focus groups. You are encouraged to use a consent form so that participants are informed about the focus group and have the opportunity to indicate their willingness to participate. You may keep the wording or make adaptations.

CONSENT FORM

TITLE: Focus Group for SISTA Project

DESCRIPTION: The purpose of this project is to help women protect themselves from HIV infection. To do this, we need to know more about you. You have been asked to take part in this group discussion because you live here in the community and have knowledge to share that will help make this program acceptable to you and other community members. The discussion group should take about an hour and a half.

Although we are tape-recording the discussion with audiotape, the recording is anonymous. For that reason, we will ask you to use first names only. Your name and identity will not be associated with the information you give. The tapes will be reviewed only by our staff, who want to improve the program. When they have listened to the tapes, the tapes will be destroyed.

RISKS AND BENEFITS: There is no known risk in participating. The benefit to you from participating is contributing to our ability to develop an HIV prevention program that is accepted here in the community.

COSTS AND PAYMENTS: You will receive \$25.00 for taking part in the discussion group today. The cost of participating is time lost from your other activities.

CONFIDENTIALITY: I understand that any information obtained about me as a result of this discussion will be kept confidential. Such information, which will carry personal identifying material, will be kept in locked files. It has been explained to me that my identity will not be revealed in any description or publication or research. Therefore, I consent to such publication for scientific purposes.

RIGHT TO REFUSE OR TO END PARTICIPATION: I understand that I am free to refuse to participate in this study or to end my participation at any time and that my decision will not cause a loss of benefits to which I might otherwise be entitled.

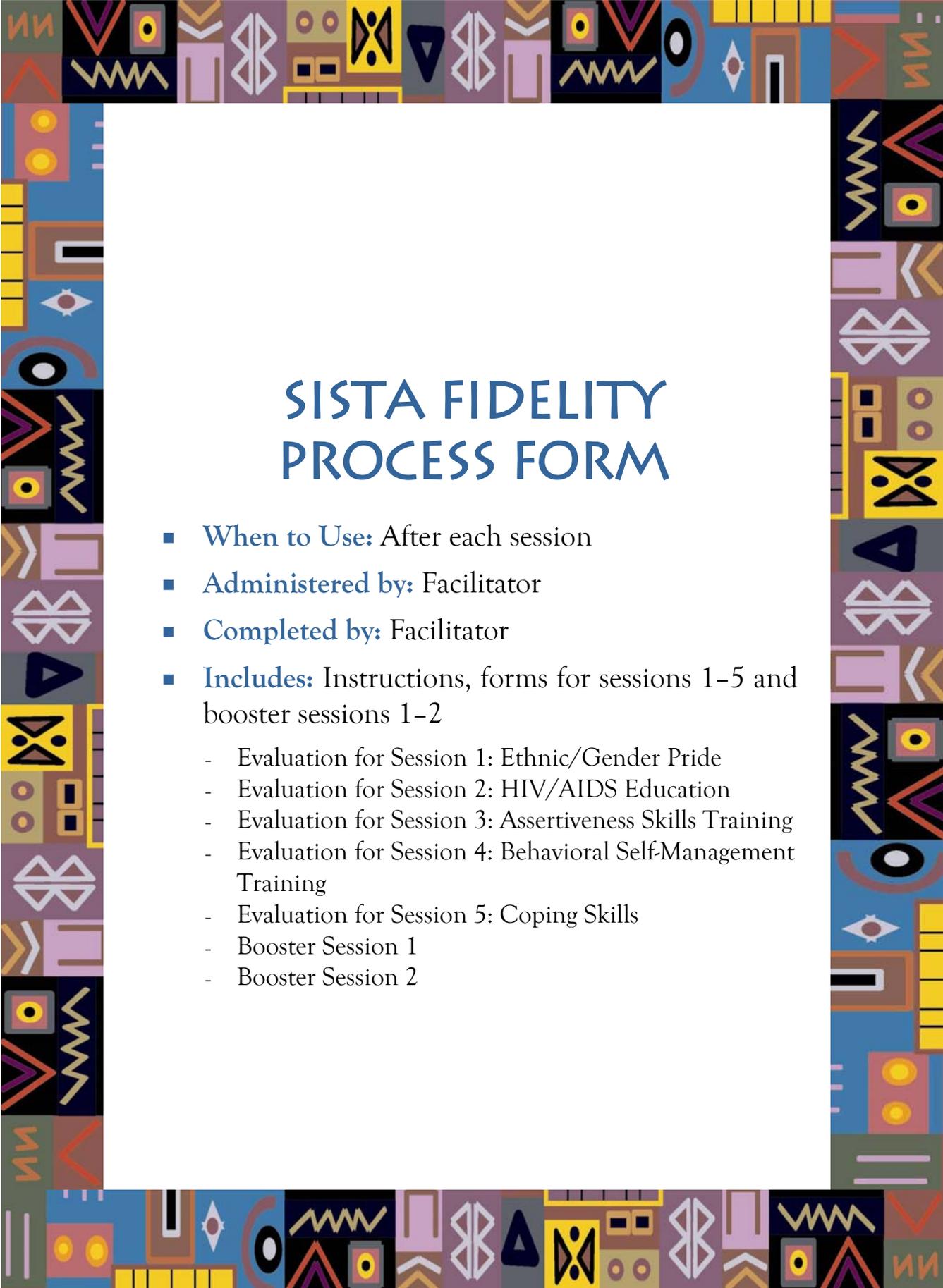
VOLUNTARY CONSENT: I certify that I have read this form or it has been read to me and that I understand its contents. Any questions I have pertaining to the project have been or will be answered. A copy of this consent form will be given to me. My signature below means that I have freely agreed to participate in this discussion.

Participant Signature

Date

(Organization) Staff Signature

Date

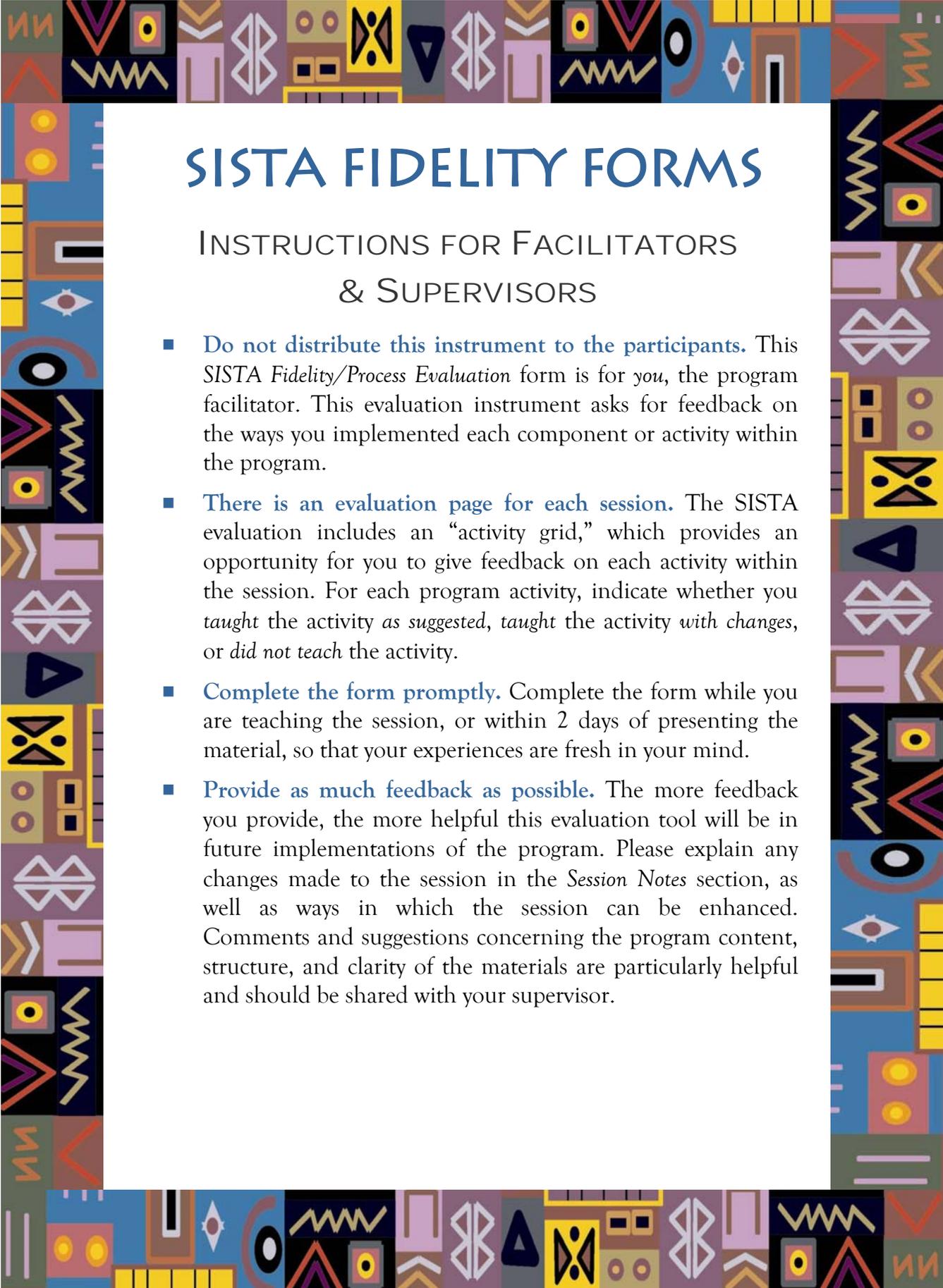


SISTA FIDELITY PROCESS FORM

- **When to Use:** After each session
- **Administered by:** Facilitator
- **Completed by:** Facilitator
- **Includes:** Instructions, forms for sessions 1-5 and booster sessions 1-2
 - Evaluation for Session 1: Ethnic/Gender Pride
 - Evaluation for Session 2: HIV/AIDS Education
 - Evaluation for Session 3: Assertiveness Skills Training
 - Evaluation for Session 4: Behavioral Self-Management Training
 - Evaluation for Session 5: Coping Skills
 - Booster Session 1
 - Booster Session 2

The table below lists the NHM&E DS intervention data that may be collected for each session of SISTA. As indicated by the table, referral information is only collected during the first session if the participant was referred to SISTA by an agency. The Fidelity Forms will facilitate the collection of these data. Note that the variables presented in the table include only those variables captured on this instrument. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for the complete list and description of all M&E variables required for reporting to CDC, optional variables for local M&E, or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).

CDC'S NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET VARIABLES		
NHM&E DS Table	NHM&E DS Number	Variable Name (Item #)
Client Intervention Characteristics (NHM&E DS Table H)	01	Intervention Name/ID
	05	Session Number
	06	Session Date-Month
	07	Session Date-Day
	08	Session Date-Year
	09	Worker ID
	10	Site Name
	11	Duration of Session
	18	Service/Intervention Type (only 1st session, and if agency referral)
	19	Recruitment Source-Site Type (only 1st session, and if agency referral)
	20	Activities
	21	Incentive Provided
	22	Unit of Delivery
23	Delivery Method	

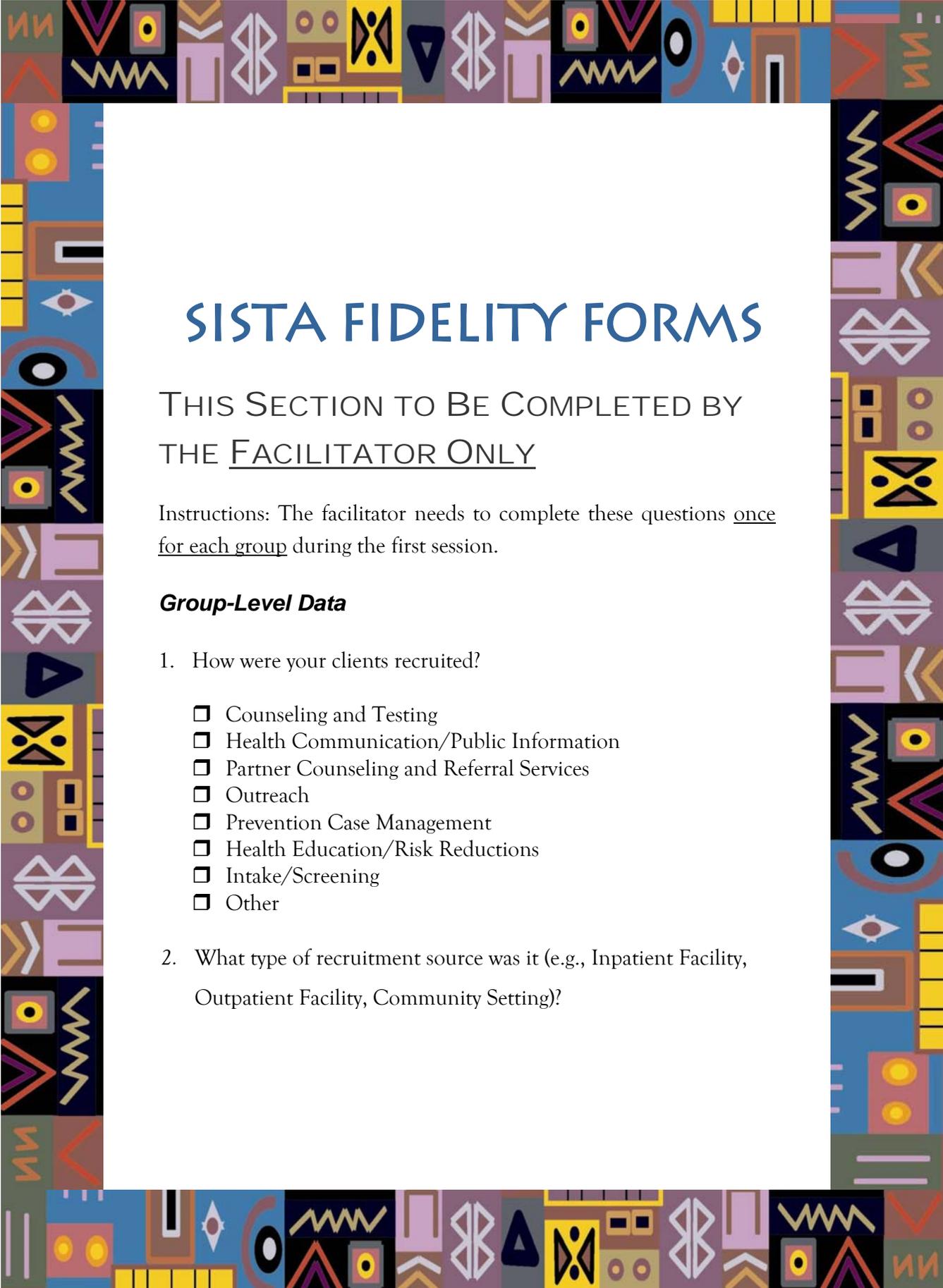


SISTA FIDELITY FORMS

INSTRUCTIONS FOR FACILITATORS & SUPERVISORS

- **Do not distribute this instrument to the participants.** This SISTA *Fidelity/Process Evaluation* form is for *you*, the program facilitator. This evaluation instrument asks for feedback on the ways you implemented each component or activity within the program.
- **There is an evaluation page for each session.** The SISTA evaluation includes an “activity grid,” which provides an opportunity for you to give feedback on each activity within the session. For each program activity, indicate whether you *taught* the activity *as suggested*, *taught the activity with changes*, or *did not teach* the activity.
- **Complete the form promptly.** Complete the form while you are teaching the session, or within 2 days of presenting the material, so that your experiences are fresh in your mind.
- **Provide as much feedback as possible.** The more feedback you provide, the more helpful this evaluation tool will be in future implementations of the program. Please explain any changes made to the session in the *Session Notes* section, as well as ways in which the session can be enhanced. Comments and suggestions concerning the program content, structure, and clarity of the materials are particularly helpful and should be shared with your supervisor.

- 
- **Create your own form.** You may create your own form if you have significantly tailored or modified the sessions to meet your target population needs. An example is provided for you to review and use as a template to create a tailored SISTA fidelity/process evaluation for your program.



SISTA FIDELITY FORMS

THIS SECTION TO BE COMPLETED BY THE FACILITATOR ONLY

Instructions: The facilitator needs to complete these questions once for each group during the first session.

Group-Level Data

1. How were your clients recruited?
 - Counseling and Testing
 - Health Communication/Public Information
 - Partner Counseling and Referral Services
 - Outreach
 - Prevention Case Management
 - Health Education/Risk Reductions
 - Intake/Screening
 - Other
2. What type of recruitment source was it (e.g., Inpatient Facility, Outpatient Facility, Community Setting)?

SESSION 1: ETHNIC/GENDER PRIDE

Facilitator 1: _____ Facilitator 2: _____
 Date Session Presented: _____ Today's Date: _____
 Time Started: _____ Time Ended: _____
 Number of Participants in Attendance: _____ Location: _____
 Incentive Provided: _____

SESSION NOTES	SESSION ACTIVITIES: CHECK ONE BOX FOR EACH ACTIVITY	
<i>Describe here reasons for eliminating, adding, or modifying activities, and suggested changes:</i>	Activity 1.1 Opening Poem <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:	Activity 1.5 Personal Values <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:
	Activity 1.2 Introduction <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:	Activity 1.6 Homework <input type="checkbox"/> Assigned as suggested <input type="checkbox"/> Assigned with changes <input type="checkbox"/> Did not assign Remarks:
	Activity 1.3 Development of Ground Rules <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:	Activity 1.7 Evaluation <input type="checkbox"/> Administered <input type="checkbox"/> Did not administer Remarks:
	Activity 1.4 Gender & Ethnic Pride <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:	Activity 1.8 Closure <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:

SESSION 2: HIV/AIDS EDUCATION

Facilitator 1: _____	Facilitator 2: _____
Date Session Presented: _____	Today's Date: _____
Time Started: _____	Time Ended: _____
Number of Participants in Attendance: _____	Location: _____
	Incentive Provided: _____

SESSION NOTES	SESSION ACTIVITIES: CHECK ONE BOX FOR EACH ACTIVITY	
<p><i>Describe here reasons for eliminating, adding, or modifying activities, and suggested changes:</i></p>	<p style="text-align: center;">Activity 2.1 Opening Poem</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>	<p style="text-align: center;">Activity 2.6 "It's Like This" Video</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>
	<p style="text-align: center;">Activity 2.2 Session 1 Review</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>	<p style="text-align: center;">Activity 2.7 Guided Discussion</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>
	<p style="text-align: center;">Activity 2.3 Current Statistics on AIDS</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>	<p style="text-align: center;">Activity 2.8 Homework</p> <p><input type="checkbox"/> Assigned as suggested <input type="checkbox"/> Assigned with changes <input type="checkbox"/> Did not assign Remarks:</p>
	<p style="text-align: center;">Activity 2.4 HIV/AIDS 101</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>	<p style="text-align: center;">Activity 2.9 Evaluation</p> <p><input type="checkbox"/> Administered <input type="checkbox"/> Did not administer Remarks:</p>
	<p style="text-align: center;">Activity 2.5 Card Swap Game</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>	<p style="text-align: center;">Activity 2.10 Closure</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>
	<p style="text-align: center;">Check each of the following activities conducted during this session:</p> <p><input type="checkbox"/> Discussion: Condom/barrier use (11.17) <input type="checkbox"/> Information: HIV/AIDS transmission (8.01) <input type="checkbox"/> Discussion: Sexual risk reduction (11.01) <input type="checkbox"/> Distribution: Education materials (13.06) <input type="checkbox"/> Discussion: Other (11.66)</p>	

SESSION 3: ASSERTIVENESS SKILLS TRAINING

Facilitator 1: _____	Facilitator 2: _____
Date Session Presented: _____	Today's Date: _____
Time Started: _____	Time Ended: _____
Number of Participants in Attendance: _____	Location: _____
	Incentive Provided: _____

SESSION NOTES	SESSION ACTIVITIES: CHECK ONE BOX FOR EACH ACTIVITY	
<p><i>Describe here reasons for eliminating, adding, or modifying activities, and suggested changes:</i></p>	<p style="text-align: center;">Activity 3.1 Opening Poem</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>	<p style="text-align: center;">Activity 3.6 Assertiveness</p> <p><input type="checkbox"/> Discussion <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>
	<p style="text-align: center;">Activity 3.2 Session 2 Review</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>	<p style="text-align: center;">Activity 3.7 Homework</p> <p><input type="checkbox"/> Assigned as suggested <input type="checkbox"/> Assigned with changes <input type="checkbox"/> Did not assign Remarks:</p>
	<p style="text-align: center;">Activity 3.3 Assertion vs. Aggression</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>	<p style="text-align: center;">Activity 3.8 Evaluation</p> <p><input type="checkbox"/> Administered <input type="checkbox"/> Did not administer Remarks:</p>
	<p style="text-align: center;">Activity 3.4 Sticky Situations Vignettes</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>	<p style="text-align: center;">Activity 3.9 Closure</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>
	<p style="text-align: center;">Activity 3.5 SISTA's Assertiveness Model</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>	
	<p style="text-align: center;">Check each of the following activities conducted during this session:</p> <p><input type="checkbox"/> Discussion: Sexual risk reduction (11.01) <input type="checkbox"/> Information: Negotiation/communication (8.14) <input type="checkbox"/> Discussion: Negotiation/communication (11.18) <input type="checkbox"/> Demonstration: Decision-making (9.04) <input type="checkbox"/> Discussion: Decision-making (11.19) <input type="checkbox"/> Discussion: Other (11.66)</p>	

SESSION 4: BEHAVIORAL SELF-MANAGEMENT

Facilitator 1: _____ Facilitator 2: _____
 Date Session Presented: _____ Today's Date: _____
 Time Started: _____ Time Ended: _____
 Number of Participants in Attendance: _____ Location: _____
 Incentive Provided: _____

SESSION NOTES	SESSION ACTIVITIES: CHECK ONE BOX FOR EACH ACTIVITY	
<p><i>Describe here reasons for eliminating, adding, or modifying activities, and suggested changes:</i></p>	<p style="text-align: center;">Activity 4.1 Opening Poem</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>	<p style="text-align: center;">Activity 4.6 Safer Sex Role-Play</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>
	<p style="text-align: center;">Activity 4.2 Session 3 Review</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>	<p style="text-align: center;">Activity 4.7 Peer Norms Discussion</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>
	<p style="text-align: center;">Activity 4.3 Development of Ground Rules</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>	<p style="text-align: center;">Activity 4.8 Homework</p> <p><input type="checkbox"/> Assigned as suggested <input type="checkbox"/> Assigned with changes <input type="checkbox"/> Did not assign Remarks:</p>
	<p style="text-align: center;">Activity 4.4 Condom Card Line Up</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>	<p style="text-align: center;">Activity 4.9 Evaluation</p> <p><input type="checkbox"/> Administered <input type="checkbox"/> Did not administer Remarks:</p>
	<p style="text-align: center;">Activity 4.5 Gender & Ethnic Pride</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>	<p style="text-align: center;">Activity 4.10 Closure</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>
	<p>Check each of the following activities conducted during this session:</p> <p><input type="checkbox"/> Demonstration: Condom/barrier use (9.01) <input type="checkbox"/> Practice: Negotiation and communication (10.03) <input type="checkbox"/> Practice: Condom/barrier use (10.01) <input type="checkbox"/> Discussion: Sexual risk reduction (11.01) <input type="checkbox"/> Practice: Decision-making (10.04)</p>	

SESSION 5: COPING SKILLS

Facilitator 1: _____ Facilitator 2: _____
 Date Session Presented: _____ Today's Date: _____
 Time Started: _____ Time Ended: _____
 Number of Participants in Attendance: _____ Location: _____
 Incentive Provided: _____

SESSION NOTES	SESSION ACTIVITIES: CHECK ONE BOX FOR EACH ACTIVITY	
<p><i>Describe here reasons for eliminating, adding, or modifying activities, and suggested changes:</i></p>	<p style="text-align: center;">Activity 5.1 Opening Poem</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>	<p style="text-align: center;">Activity 5.6 Safer Sex Role-Play</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>
	<p style="text-align: center;">Activity 5.2 Session 4 Review</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>	<p style="text-align: center;">Activity 5.7 Peer Norms Discussion</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>
	<p style="text-align: center;">Activity 5.3 Development of Ground Rules</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>	<p style="text-align: center;">Activity 5.8 Homework</p> <p><input type="checkbox"/> Assigned as suggested <input type="checkbox"/> Assigned with changes <input type="checkbox"/> Did not assign Remarks:</p>
	<p style="text-align: center;">Activity 5.4 Condom Card Line Up</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>	<p style="text-align: center;">Activity 5.9 Evaluation</p> <p><input type="checkbox"/> Administered <input type="checkbox"/> Did not administer Remarks:</p>
	<p style="text-align: center;">Activity 5.5 Gender & Ethnic Pride</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>	<p style="text-align: center;">Activity 5.10 Closure</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:</p>
	<p>Check each of the following activities conducted during this session:</p> <p><input type="checkbox"/> Information: Sexual risk reduction (8.10) <input type="checkbox"/> Discussion: Sexual risk reduction (11.01) <input type="checkbox"/> Discussion: Negotiation/communication (11.18) <input type="checkbox"/> Information: Decision-making (8.15) <input type="checkbox"/> Discussion: Decision-making (11.19)</p>	

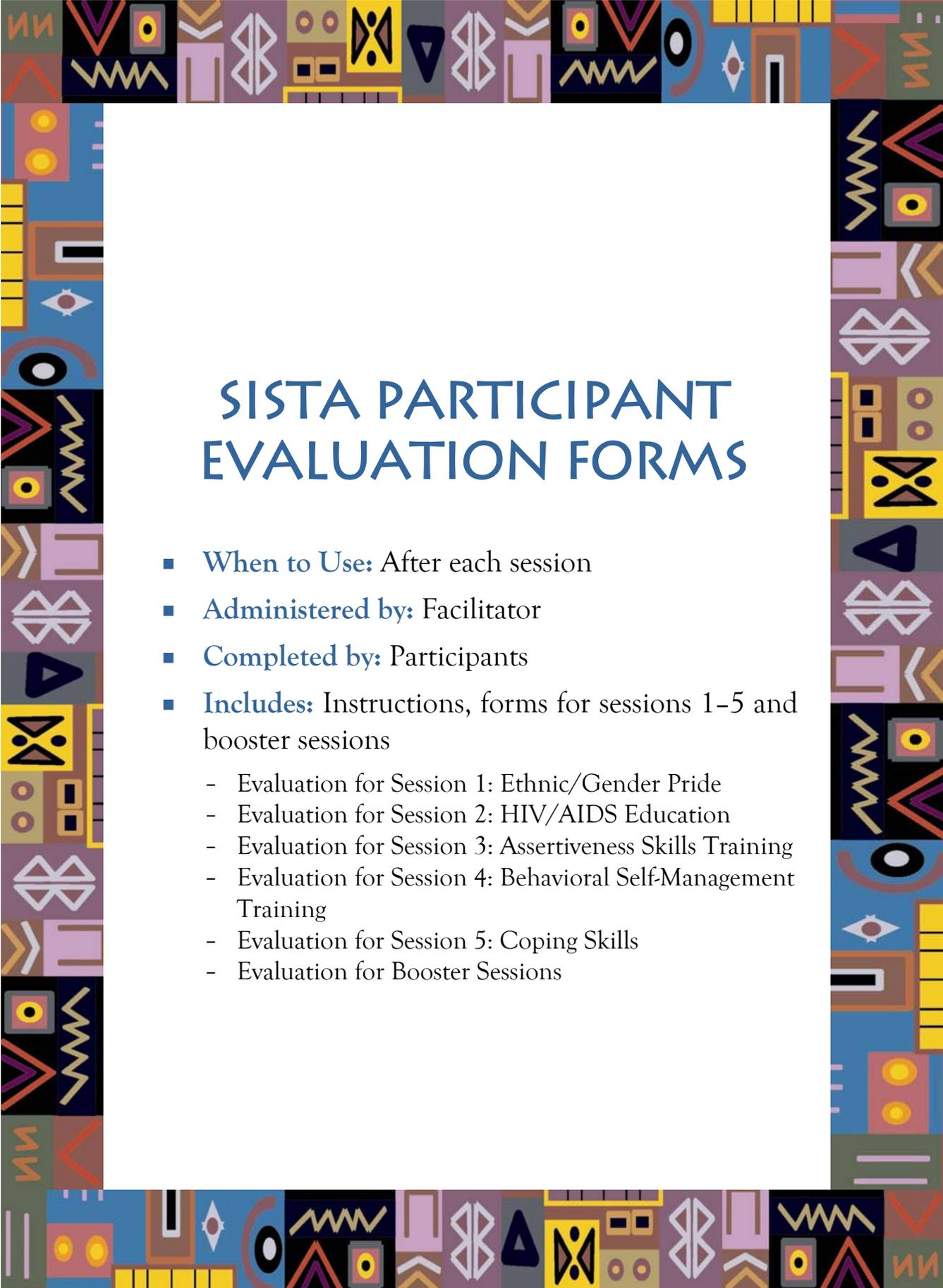
SESSION NOTES	SESSION ACTIVITIES: CHECK ONE BOX FOR EACH ACTIVITY
<p><i>Describe here reasons for eliminating, adding, or modifying activities, and suggested changes (continued):</i></p>	<p>Check each of the following activities conducted during this session:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Postintervention booster session <input type="checkbox"/> Information: Sexual risk reduction <input type="checkbox"/> Demonstration: Negotiation and communication <input type="checkbox"/> Practice: Negotiation and communication <input type="checkbox"/> Demonstration: Decision-making <input type="checkbox"/> Practice: Decision-making <input type="checkbox"/> Demonstration: Condom use <input type="checkbox"/> Practice: Condom use

SESSION BOOSTER 2

Facilitator 1: _____	Facilitator 2: _____
Date Session Presented: _____	Today's Date: _____
Time Started: _____	Time Ended: _____
Number of Participants in Attendance: _____	Location: _____
	Incentive Provided: _____

SESSION NOTES	SESSION ACTIVITIES: CHECK ONE BOX FOR EACH ACTIVITY	
<i>Describe here reasons for eliminating, adding, or modifying activities, and suggested changes:</i>	Activity	Activity
	<input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:	<input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:
	Activity	Activity
	<input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:	<input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:
	Activity	Activity
<input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:	<input type="checkbox"/> Assigned as suggested <input type="checkbox"/> Assigned with changes <input type="checkbox"/> Did not assign Remarks:	
Activity	Activity	
<input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:	<input type="checkbox"/> Administered <input type="checkbox"/> Did not administer Remarks:	
Activity	Activity	
<input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:	<input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:	

SESSION NOTES	SESSION ACTIVITIES: CHECK ONE BOX FOR EACH ACTIVITY
<p><i>Describe here reasons for eliminating, adding, or modifying activities, and suggested changes (continued):</i></p>	<p>Check each of the following activities conducted during this session:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Postintervention booster session <input type="checkbox"/> Information: Sexual risk reduction <input type="checkbox"/> Demonstration: Negotiation and communication <input type="checkbox"/> Practice: Negotiation and communication <input type="checkbox"/> Demonstration: Decision-making <input type="checkbox"/> Practice: Decision-making <input type="checkbox"/> Demonstration: Condom use <input type="checkbox"/> Practice: Condom use



SISTA PARTICIPANT EVALUATION FORMS

- **When to Use:** After each session
- **Administered by:** Facilitator
- **Completed by:** Participants
- **Includes:** Instructions, forms for sessions 1–5 and booster sessions
 - Evaluation for Session 1: Ethnic/Gender Pride
 - Evaluation for Session 2: HIV/AIDS Education
 - Evaluation for Session 3: Assertiveness Skills Training
 - Evaluation for Session 4: Behavioral Self-Management Training
 - Evaluation for Session 5: Coping Skills
 - Evaluation for Booster Sessions

EVALUATION FOR SESSION 1: ETHNIC/GENDER PRIDE

Please take a moment to rate how well we were in presented information to you today.

Below are a number of statements. Please rate each statement on a scale from 1 to 5, where “1” means we did a poor job and “5” means we did an excellent job.

STATEMENTS	RATING
I feel more pride in myself as an African American woman.	
I have a better understanding of the importance of personal values.	
I feel that the in-class games/exercises enhanced my ability to identify my values.	
Any questions I had were clearly answered.	
The handouts were helpful.	
The group discussions were interesting and informative.	

Overall, how would you rate the performance of the group leaders: ***Please circle a number.***

POOR			OKAY				EXCELLENT		
1	2	3	4	5	6	7	8	9	10

Overall, how would you rate today’s session: ***Please circle a number.***

POOR			OKAY				EXCELLENT		
1	2	3	4	5	6	7	8	9	10

How could this session be improved?

Any other comments?

THANK YOU, MY SISTA!

EVALUATION FOR SESSION 2: HIV/AIDS EDUCATION

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

Below are a number of statements. Please rate each statement on a scale from 1 to 5, where “1” means we did a poor job and “5” means we did an excellent job.

STATEMENTS	RATING
I learned new information about HIV.	
The video could help me make safer sexual choices.	
The in-class games increased my knowledge about the transmission of HIV.	
Any questions I had were clearly answered.	
The handouts were helpful.	
The group discussions were interesting and informative.	

Overall, how would you rate the performance of the group leaders: ***Please circle a number.***

POOR			OKAY				EXCELLENT		
1	2	3	4	5	6	7	8	9	10

Overall, how would you rate today’s session: ***Please circle a number.***

POOR			OKAY				EXCELLENT		
1	2	3	4	5	6	7	8	9	10

How could this session be improved?

Any other comments?

As a result of last week's session, I made some positive changes in my life:

Yes

No

Did not attend last week's session

If yes, please describe:

THANK YOU, MY SISTA!

EVALUATION FOR SESSION 3: ASSERTIVENESS SKILLS TRAINING

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

Below are a number of statements. Please rate each statement on a scale from 1 to 5, where “1” means we did a poor job and “5” means we did an excellent job.

STATEMENTS	RATING
I am confident I can communicate more effectively.	
I am confident I can start a discussion about condom use with my partner.	
I am confident I can apply the SISTA's assertiveness model in my life.	
The role-play situations enhanced my ability to be assertive.	
Any questions I had were clearly answered.	
The handouts were helpful.	

Overall, how would you rate the performance of the group leaders: ***Please circle a number.***

POOR			OKAY				EXCELLENT		
1	2	3	4	5	6	7	8	9	10

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

POOR			OKAY				EXCELLENT		
1	2	3	4	5	6	7	8	9	10

How could this session be improved?

Any other comments?

As a result of last week's session, I made some positive changes in my life:

Yes

No

Did not attend last week's session

If yes, please describe:

THANK YOU, MY SISTA!

EVALUATION FOR SESSION 4: BEHAVIORAL SELF-MANAGEMENT TRAINING

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

Below are a number of statements. Please rate each statement on a scale from 1 to 5, where “1” means we did a poor job and “5” means we did an excellent job.

STATEMENTS	RATING
I am confident I can use condoms properly.	
I am confident I can discuss condom use with my partner.	
The in-class games increased my confidence in putting on a condom correctly.	
Any questions I had were clearly answered.	
The handouts were helpful.	
The group discussions were informative.	

Overall, how would you rate the performance of the group leaders: ***Please circle a number.***

POOR		OKAY					EXCELLENT		
1	2	3	4	5	6	7	8	9	10

Overall, how would you rate today’s session: ***Please circle a number.***

POOR		OKAY					EXCELLENT		
1	2	3	4	5	6	7	8	9	10

How could this session be improved?

Any other comments?

As a result of last week's session, I made some positive changes in my life:

Yes

No

Did not attend last week's session

If yes, please describe:

THANK YOU, MY SISTA!

EVALUATION FOR SESSION 5: COPING SKILLS

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

Below are a number of statements. Please rate each statement on a scale from 1 to 5, where “1” means we did a poor job and “5” means we did an excellent job.

STATEMENTS	RATING
I feel I got a lot out of the role-play situations about coping.	
I am confident I can apply these coping skills in my life.	
I have a better understanding of the effects of alcohol on making sexual choices.	
Any questions I had were clearly answered.	
The handouts were helpful.	
The group discussions were informative.	
The review of materials we covered in earlier sessions of the SISTA Project was worthwhile.	

Overall, how would you rate the performance of the group leaders: Please circle a number.

POOR			OKAY				EXCELLENT		
1	2	3	4	5	6	7	8	9	10

Overall, how would you rate today’s session: Please circle a number

POOR			OKAY				EXCELLENT		
1	2	3	4	5	6	7	8	9	10

Overall, how would you rate the SISTA Project: Please circle a number

POOR			OKAY				EXCELLENT		
1	2	3	4	5	6	7	8	9	10

How could this session be improved?

Any other comments?

As a result of last week's session, I made some positive changes in my life:

- Yes No Did not attend last week's session

If yes, please describe:

THANK YOU, MY SISTA!

EVALUATION FOR BOOSTER SESSIONS

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

Below are a number of statements. Please rate each statement on a scale from 1 to 5, where “1” means we did a poor job and “5” means we did an excellent job.

STATEMENTS	RATING
I feel that it is important to protect myself against HIV.	
I am confident that I can use condoms correctly and consistently.	
The conversations gave me insight to deal with challenging situations.	
Any questions I had were clearly answered.	
The group discussions were informative.	

Overall, how would you rate the performance of the group leaders: ***Please circle a number.***

POOR			OKAY				EXCELLENT		
1	2	3	4	5	6	7	8	9	10

Overall, how would you rate today’s session: ***Please circle a number.***

POOR			OKAY				EXCELLENT		
1	2	3	4	5	6	7	8	9	10

Overall, how would you rate the SISTA Project: ***Please circle a number.***

POOR			OKAY				EXCELLENT		
1	2	3	4	5	6	7	8	9	10

How could this session be improved?

Any other comments?

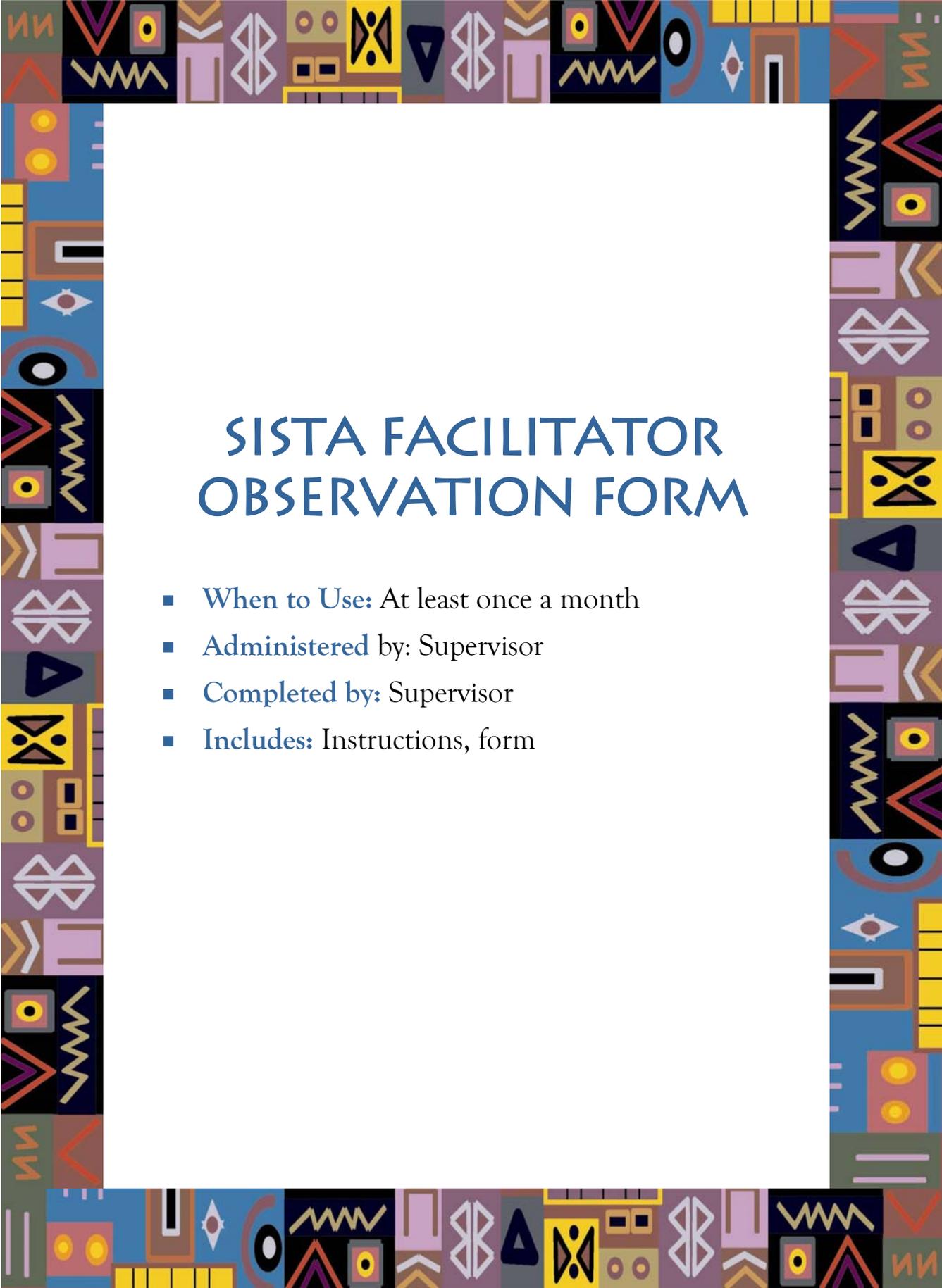
As a result of participating in SISTA, I made some positive changes in my life:

Yes

No

If yes, please describe:

THANK YOU, MY SISTA!



SISTA FACILITATOR OBSERVATION FORM

- **When to Use:** At least once a month
- **Administered by:** Supervisor
- **Completed by:** Supervisor
- **Includes:** Instructions, form

SISTA FACILITATOR OBSERVATION FORM

Facilitator: _____ Monitor: _____ Date: _____

Session: _____ Location: _____

Session start time – Scheduled: _____ Actual: _____ # of agenda items monitored: _____ out of _____

of agenda items presented by facilitator _____ out of _____ # of agenda items covered _____ out of _____

of participants in attendance: _____ # of children: _____ child care available? ___yes ___no

of women completing home activity? _____

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

1 – Not very well done 2 – OK, improve delivery; strengthen message 3 – Good
4 – Very well done 5 – Not applicable or not observed

HOW DID THE FACILITATOR:					
Behavioral (Client)					
1. Control the group's behavior?	1	2	3	4	5
2. Empathize with participants?	1	2	3	4	5
3. Maintain neutral judgment?	1	2	3	4	5
4. Redirect the group?	1	2	3	4	5
5. Provide positive reinforcement?	1	2	3	4	5
6. Provide corrective feedback?	1	2	3	4	5
Behavioral (Facilitator)					
7. Encourage total group participation?	1	2	3	4	5
8. Respond to the group (i.e., address questions)?	1	2	3	4	5
9. Explain the didactic portions of the session?	1	2	3	4	5
10. Engage the group in role-playing negotiation scenarios?	1	2	3	4	5
11. Demonstrate respect and appreciation for cultural, racial, gender, and religious diversity?	1	2	3	4	5
12. Maintain their degree of professionalism?	1	2	3	4	5
Instructional					
13. Presentation of key concepts? (read only or define, give examples)	1	2	3	4	5
14. Adhere to the agenda and fidelity forms?	1	2	3	4	5
15. Use a combination of kinesthetic, audio, and visual instruction?	1	2	3	4	5
16. Conduct condom use role modeling?	1	2	3	4	5
17. Conduct sexual negotiation modeling?	1	2	3	4	5
18. Topics and activities on the agenda match the fidelity form?	1	2	3	4	5
19. Manage all the materials (i.e., props)?	1	2	3	4	5

HOW DID THE FACILITATOR: (CONTINUED)

Environment					
20. Organize a pleasant setting (e.g., tablecloth, refreshment setup, room arrangement)?	1	2	3	4	5
21. Room arranged for slide viewing by all participants?	1	2	3	4	5
22. Select space with separate adult and child rooms; provided child activities?	1	2	3	4	5

Observation Comments:

Facilitator strengths

Areas to be improved



SISTA PRE- AND POSTTEST SURVEYS

PRETEST SURVEY

- **When to Use:** Before or during the first session
- **Administered by:** Facilitator
- **Completed by:** Participant
- **Includes:** Instructions, survey

Contains the following scales/measures:

- A. Demographics
- B. Attitudes toward condom use
- C. Communication self-efficacy
- D. Condom use self-efficacy
- E. HIV knowledge
- F. Condom use intentions
- G. Condom use behaviors

POSTTEST SURVEY

- **When to Use:** Three and 6 months after the last session or during the booster sessions
- **Administered by:** Facilitator
- **Completed by:** Participant
- **Includes:** Instructions, survey



The table on the following page lists the NHM&E DS variables that may be collected on each individual participating in SISTA. Note that the variables presented in the table include only those required variables captured on this instrument. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for the complete list and description of all M&E variables required for reporting to CDC, optional variables for local M&E, or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).

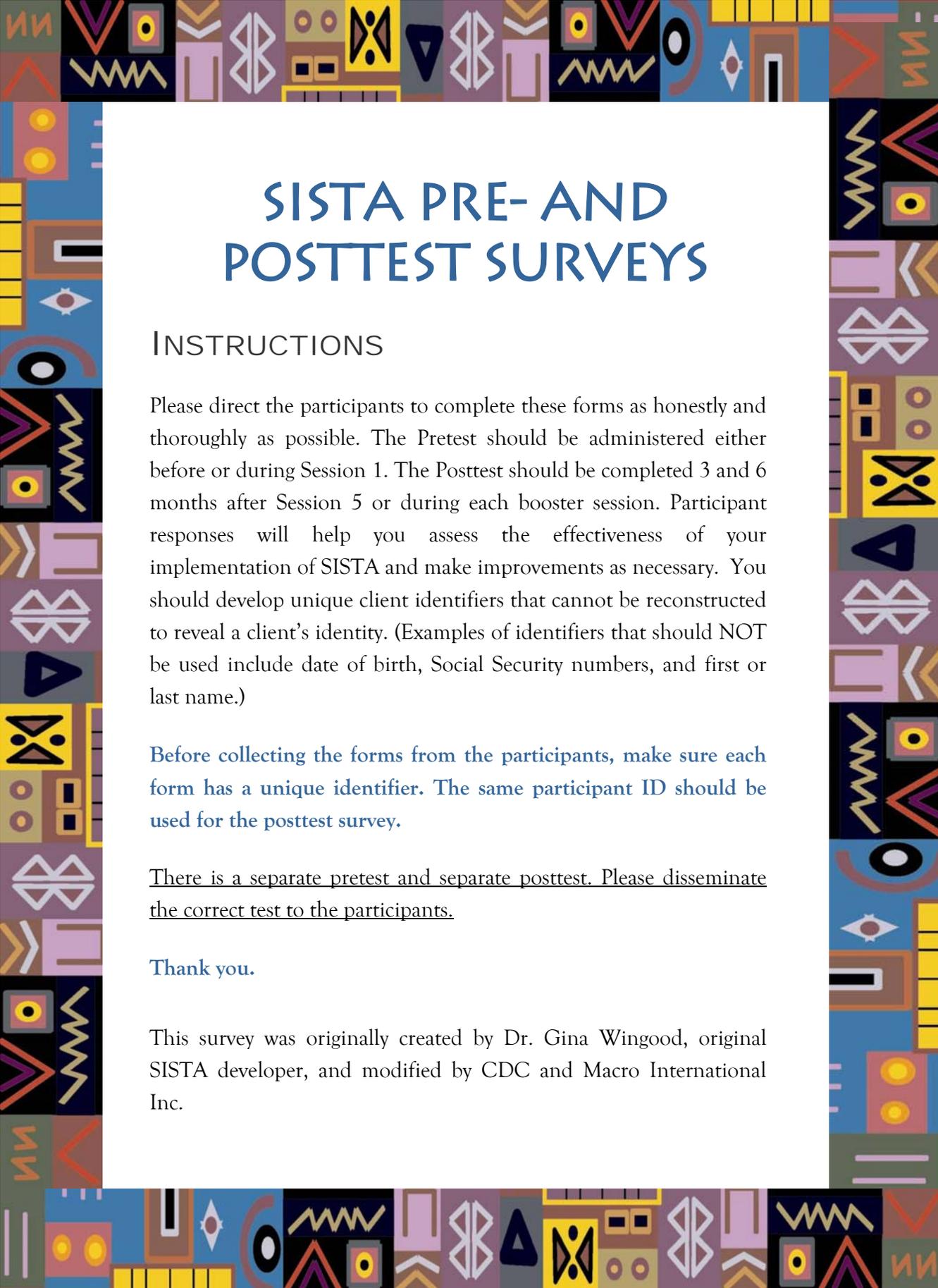
The table includes the variable code, name, and item number on the pre- and posttest instruments. The SISTA pre- and posttest surveys include the following:

- A form completed by the facilitator
- Forms that collect information about attitudes, knowledge, risks, and behavior of participants
- Forms that collect demographic information about participants

After collecting data from all participants in this cycle, separate client information (facilitator-completed form and Section F of the pre- and posttest surveys) from the information about their attitudes, knowledge, risks, and behavior. Paper forms with participant demographic information should be stored separately from information about participants' risks and behaviors. Make sure the client ID is recorded accurately on all forms to facilitate comparison of pre- and posttest data.

CDC'S NATIONAL HIV MONITORING & EVALUATION DATA SET VARIABLES			
NHM&E DS Table	NHM&E DS Number	Variable Name	Item #
Client Characteristics— Demographic (NHM&E DS Table G1)	01	Date collected	
	02	PEMS client unique key*	
	12	Date of birth – Year	F1
	14	Ethnicity	F4
	16	Race	F5
	18	More than one race*	F5
	20	State/territory of residence	F2
	23	Assigned sex at birth	F6
Client Characteristics— Risk Profile (NHM&E DS Table G2)	24	Current gender	F7
	04	Previous HIV test	F19
	05	HIV status	F21
	06	Date of last negative test	F20, F21
	07	Date of first positive test	F20, F21
	08	Medical care (if HIV+)	F22
	09	Pregnant?	F23
	10	In prenatal care (if pregnant)	F24
	11	Client risk factors	E1
	12	Additional risk factors	E1
13	Recent STD (not HIV)	F25	

*PEMS software application system generated



SISTA PRE- AND POSTTEST SURVEYS

INSTRUCTIONS

Please direct the participants to complete these forms as honestly and thoroughly as possible. The Pretest should be administered either before or during Session 1. The Posttest should be completed 3 and 6 months after Session 5 or during each booster session. Participant responses will help you assess the effectiveness of your implementation of SISTA and make improvements as necessary. You should develop unique client identifiers that cannot be reconstructed to reveal a client's identity. (Examples of identifiers that should NOT be used include date of birth, Social Security numbers, and first or last name.)

Before collecting the forms from the participants, make sure each form has a unique identifier. The same participant ID should be used for the posttest survey.

There is a separate pretest and separate posttest. Please disseminate the correct test to the participants.

Thank you.

This survey was originally created by Dr. Gina Wingood, original SISTA developer, and modified by CDC and Macro International Inc.

SISTA PRETEST/ POSTTEST

THIS SECTION TO BE COMPLETED BY
THE FACILITATOR ONLY

Instructions: Please complete this form as accurately as possible. The facilitator needs to complete this section of the form for each client. Do not give this page to the client. Combine this form with the participant information form.

Participant ID: _____ Pretest Posttest Date: _____

Client Information

1. In the past three months, has the client been incarcerated?
 Yes
 No
2. Does the client reside in an institution?
 Yes
 No
3. In the past three months, has the client had sex for money?
 Yes
 No
4. Is this the main way the client earned money?
 Yes
 No

SISTA PRETEST/POSTTEST

INSTRUCTIONS:

Please complete this form as honestly and thoroughly as possible. Your responses are very important to us! Your answers will help us learn more about issues that affect African American women like you and will also help us to make improvements and changes to SISTA. Thank you for taking the time to complete this form. Please note that if you are completing this survey for the first time (a pretest), you will be asked to fill out additional copies of the form after SISTA Session 5 or during your booster sessions (a posttest).

Participant ID: _____

Date: _____

A. The following statements are about your attitudes toward using condoms.

INSTRUCTIONS: Please indicate how much you agree or disagree with each statement by putting a check mark (✓) under your choice.

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. My main partner would get mad if I said we had to use a male condom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Male condoms ruin the mood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sex doesn't feel as good when you use a condom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My main partner would think I was having sex with another person if I said we had to use a condom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Using male condoms would help build trust between my main partner and me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Sex with condoms doesn't feel natural.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Using male condoms breaks up the rhythm of sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- B. The next questions ask about in which kinds of situations it is more difficult for you to use condoms when you have sex with your main partner. Even if the situation has not happened to you, try to imagine how you would handle it if it ever happened.**

INSTRUCTIONS: Place a check mark (✓) under your choice.

	DEFINITELY NO	PROBABLY NO	PROBABLY YES	DEFINITELY YES
1. Can you discuss condom use with your main partner?				
2. Can you insist on condom use if your main partner does not want to use one?				
3. Can you stop and look for condoms when you are sexually aroused?				
4. Can you insist on condom use every time you have sex even when you are under the influence of drugs?				
5. Can you insist on condom use every time you have sex even when your main partner is under the influence of drugs?				
6. Can you put a condom on your main partner without spoiling the mood?				
7. Can you insist on condom use every time you have sex even if you or your main partner uses another method to prevent pregnancy?				

- C. The next questions are about your confidence in using condoms with your main partner.**

INSTRUCTIONS: Place a check mark (✓) under your choice.

EVEN IF YOU'VE NEVER USED CONDOMS BEFORE, HOW CONFIDENT OR SURE ARE YOU THAT YOU COULD...	NOT CONFIDENT OR SURE	SOMEWHAT CONFIDENT OR SURE	CONFIDENT	VERY CONFIDENT OR SURE
1. Put a condom on a hard penis.				
2. Unroll a condom down correctly on the first try.				
3. Start over with a new condom if you placed it on the wrong way.				
4. Unroll a condom fully to the base of the penis.				
5. Squeeze air from the tip of a condom.				
6. Take a male condom off without spilling the semen or cum.				

EVEN IF YOU'VE NEVER USED CONDOMS BEFORE, HOW CONFIDENT OR SURE ARE YOU THAT YOU COULD...	NOT CONFIDENT OR SURE	SOMEWHAT CONFIDENT OR SURE	CONFIDENT	VERY CONFIDENT OR SURE
7. Take a male condom off before your partner loses their hard-on.				
8. Dispose of a used condom properly.				
9. Use lubricant with a condom.				

D. The next 10 questions are about your knowledge of HIV.

INSTRUCTIONS: Select true or false. Place a check mark (✓) under your choice.

	TRUE	FALSE
1. Condoms can help protect you from transmitting or becoming infected with HIV.		
2. Having sex with someone who has HIV is the only way of becoming infected with HIV.		
3. Female condoms are effective in preventing HIV infection.		
4. There is a cure for AIDS.		
5. A positive HIV antibody test means that you have AIDS.		
6. To know if you have HIV you have to take a test.		
7. Having unprotected anal sex increases a person's chance of getting HIV.		
8. HIV is passed most effectively in semen and blood.		
9. Women cannot pass HIV to men.		
10. The safest way to prevent getting HIV is to abstain from sex.		

E. The next few questions are about having sex and using condoms.

INSTRUCTIONS: Please respond to these questions as honestly and thoroughly as possible.

1. Please indicate if you have engaged in the following behaviors in the last 12 months:

	YES	NO
a. Injection drug use	<input type="checkbox"/>	<input type="checkbox"/>
b. Sex with transgender	<input type="checkbox"/>	<input type="checkbox"/>
c. Sex with female	<input type="checkbox"/>	<input type="checkbox"/>
d. Sex with male	<input type="checkbox"/>	<input type="checkbox"/>
e. Oral sex with a male		
f. Oral sex with a female		
g. Exchange sex for drugs/money	<input type="checkbox"/>	<input type="checkbox"/>
h. Sex while high or under the influence of drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>
i. Sex with someone injecting drugs	<input type="checkbox"/>	<input type="checkbox"/>
j. Sex with HIV+ partner	<input type="checkbox"/>	<input type="checkbox"/>
k. Sex with person of unknown HIV status	<input type="checkbox"/>	<input type="checkbox"/>
l. Sex with person who exchanges sex for drugs/money	<input type="checkbox"/>	<input type="checkbox"/>
m. Sex with a man who has sex with men	<input type="checkbox"/>	<input type="checkbox"/>
n. Sex with anonymous partner	<input type="checkbox"/>	<input type="checkbox"/>
o. Sex with hemophiliac or transplant recipient	<input type="checkbox"/>	<input type="checkbox"/>
p. Sex with without a condom	<input type="checkbox"/>	<input type="checkbox"/>

For the following, if you do not know the answer to the question, please put your best guess.

2. Have you had sexual intercourse (vaginal or anal sex) with a partner in the past 12 months?

- Yes
- No

3. How many sexual partners have you had in the past 12 months (if the question does not apply to you, write "0"): _____

a. Of these, how many were anonymous (i.e., you did not know his/her name; have no way to contact him/her again; etc.)? _____

b. How many did you *not know their HIV status*? _____

4. How many times have you had sex in the past 12 months (if the question does not apply to you, write "0"): _____

5. How many times have you had unprotected sex (i.e., sex without a condom) in the past 12 months (if the question does not apply to you, write "0"): _____

a. How many times were you intoxicated or high when you had unprotected sex? _____

b. What drug(s) were you using?

- Amphetamines, meth, speed, crystal, or crank
- Crack
- Cocaine
- Downers (including Valium, Ativan, Xanax)
- Painkillers (including OxyContin, Percocet)
- Hallucinogens (including LSD)

- Ecstasy
- GHB or ketamine
- Heroin
- Marijuana
- Poppers (amyl nitrite)
- Alcohol
- Other (specify: _____)
- Don't know

6. Have you shared injection equipment in the past 12 months?

- Yes
- No

a. How many times did you share needles? _____

b. How many times did you share needles with someone whose HIV status you *did not* know? _____

c. What substances did you inject? (*check all that apply*)

- Heroin alone
- Cocaine alone
- Heroin and cocaine together
- Crack
- Amphetamines, speed, crystal, meth, ice
- Other narcotic drugs
- Don't know

- Hormones
- Steroids
- Silicone
- Botox
- Other medical substance
- Other (specify: _____)

7. Select yes or no. Place a check mark (✓) under your choice.

	YES	NO
a. The last time you had sex did you use a condom?		
b. The next time you have sex do you plan to use a condom?		
c. In the next 3 months, do you plan on using a condom if you have sex?		
d. In the next 3 months, do you plan on using a female condom?		
e. In the past 3 months, did you attempt to use the female condom?		

PARTICIPANT INFORMATION

INSTRUCTIONS:

This section is about you. This information provides us with information on the characteristics of SISTA participants and helps us tailor the sessions. This information is stored separately from the information provided on the previous pages.

Participant ID: _____

Date: _____

F. About You

1. When were you born?
Month _____ Year _____
2. In what state do you live?

3. What is your age? _____
4. Which best describes your ethnicity?
 - Hispanic/Latina
 - Non-Hispanic/Latina
5. Which best describes your race?
(select all that apply)
 - American Indian/Alaska Native
 - Asian
 - Black/African American
 - Native Hawaiian/Pacific Islander
 - White
6. What was your gender at birth?
 - Female
 - Male
7. How do you view yourself now?
 - Female
 - Male
 - Transgender
 - Unknown
8. Are you currently:
 - Single
 - Married → go to #10
 - Separated
 - Divorced
 - Widowed
9. Are you in a relationship now?
 - Yes
 - No → go to #12
10. How long have you been in this relationship?
Months _____ Years _____
11. Are you living with your partner?
 - Yes
 - No

12. What has been your living situation for the past three months (select all that apply)?

- I own or rent my house/apartment
- I am living in my parent's or other relative's house/apartment
- I am living in my partner's house/apartment
- I live in a homeless shelter
- I live in a foster home
- I do not have a permanent home
- Other (specify: _____)

13. What is your ZIP code? _____

14. What is your employment status?

- Unemployed
- Part-time
- Full-time

15. What is your total monthly income (not including your partner's income)?

- I have no monthly income
- My monthly income is \$ _____

16. Do you currently have medical insurance (i.e., Medicaid/Medicare)?

- Yes
- No

17. Have you ever been tested for HIV?

- Yes
- No → *go to #21*

18. When was your last HIV test?

Month _____ Year _____

19. What was the result of your last HIV test?

- HIV+ (positive)
- HIV- (negative) → *go to #21*
- Don't know
- Prefer not to answer

20. Are you currently receiving medical care and treatment for HIV?

- Yes
- No
- Don't know
- Prefer not to answer

21. Are you pregnant?

- Yes
- No → *go to #23*
- Don't know
- Prefer not to answer

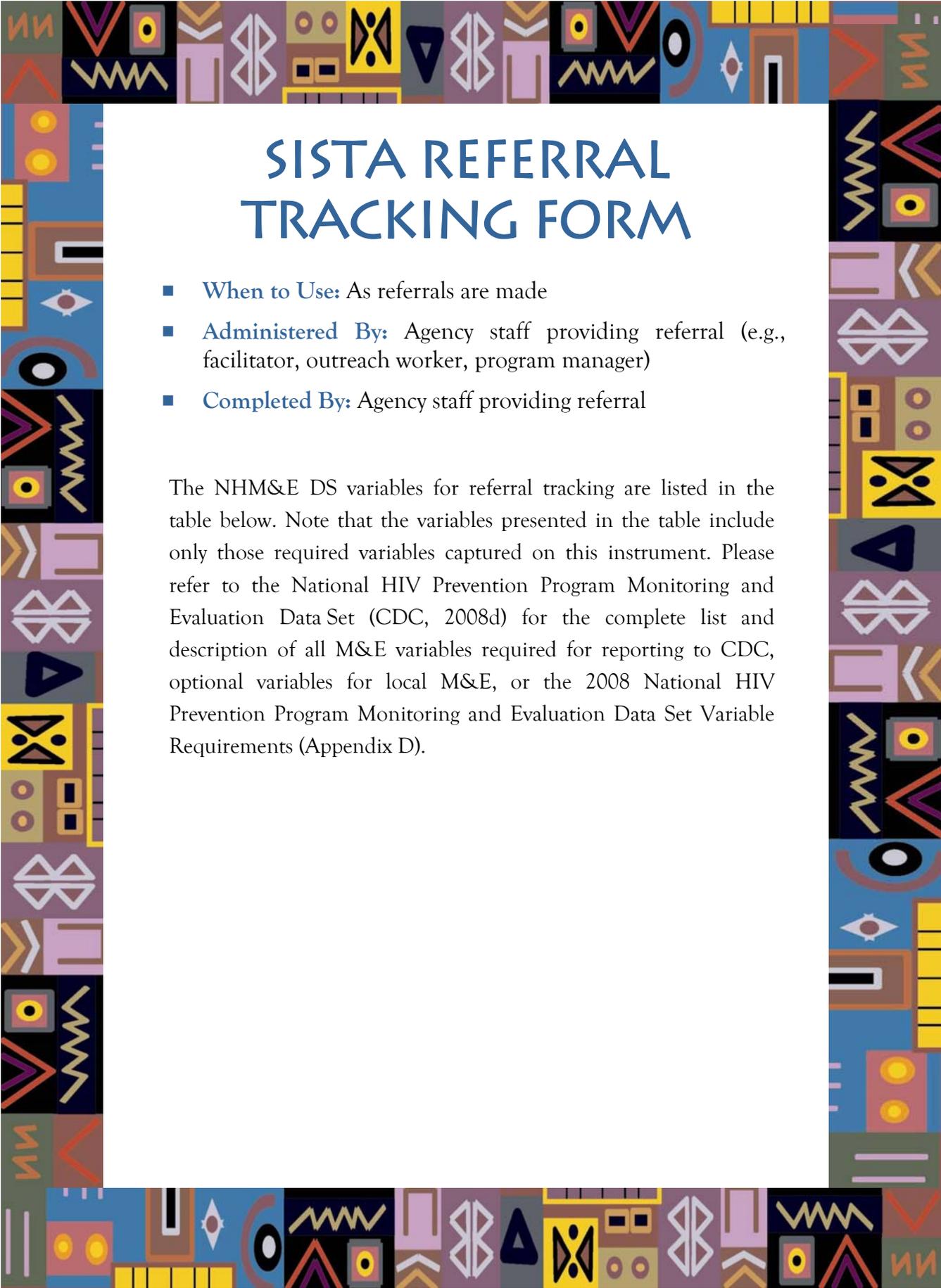
22. Are you receiving prenatal treatment?

- Yes
- No
- Don't know
- Prefer not to answer

23. In the past three months, have you been diagnosed with an STD (not including HIV)?

- Yes (Check all that apply)
- Syphilis
- Chlamydia
- Gonorrhea
- Other (specify: _____)
- No

**THANK YOU AGAIN FOR
YOUR PARTICIPATION!**



SISTA REFERRAL TRACKING FORM

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

The NHM&E DS variables for referral tracking are listed in the table below. Note that the variables presented in the table include only those required variables captured on this instrument. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for the complete list and description of all M&E variables required for reporting to CDC, optional variables for local M&E, or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).

CDC'S NATIONAL HIV MONITORING & EVALUATION DATA SET VARIABLES

NHM&E DS Table	NHM&E DS Number	Variable Name	Item #
Referral (NHM&E DS Table X-7)	01	Referral code*	A
	02	Referral date	B
	03	Referral service type	C
	03a	Internal site ID	
	04	Network Agency name	
	05	Referral follow-up	D
	06	Referral outcome	E
	07	Confirmed Network Agency name	
	10	Referral close date	
	16	Age	from Pretest Survey
	17	Ethnicity	from Pretest Survey
	18	Race	from Pretest Survey
	19	Current gender	from Pretest Survey
	20	Risk category	from Pretest Survey
21	Self-reported HIV status	from Pretest Survey	

*PEMS software application system generated

SISTA REFERRAL TRACKING FORM

INSTRUCTIONS:

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

Client ID: _____

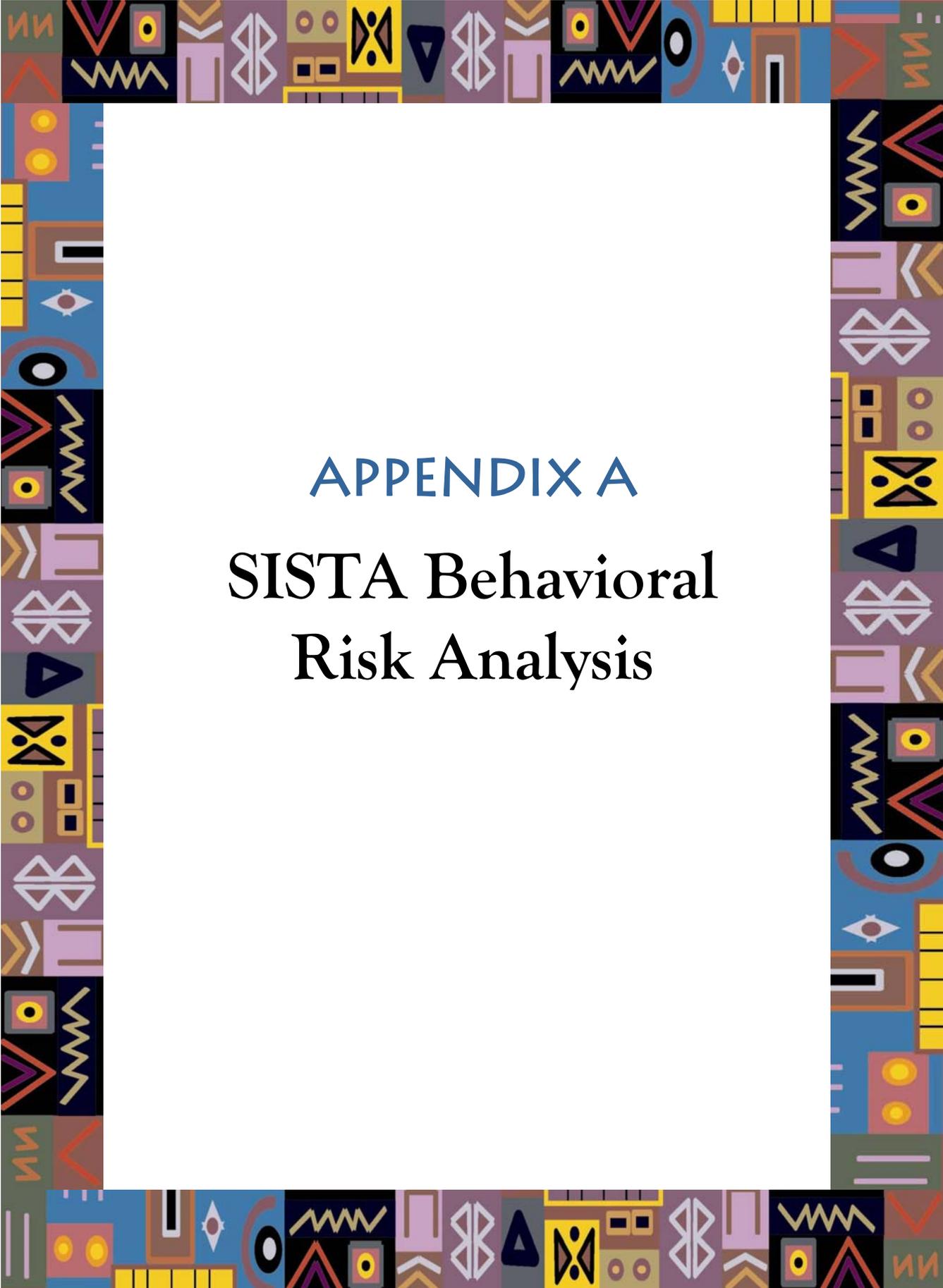
A. Referral Code:	_____	
B. Referral Date:	____/____/____ mm dd yyyy	
C. Referral Service Type:	<input type="checkbox"/> HIV testing <input type="checkbox"/> HIV confirmatory test <input type="checkbox"/> HIV prevention counseling <input type="checkbox"/> STD screening/treatment <input type="checkbox"/> 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: <i>(Choose only one)</i>	<input type="checkbox"/> None <input type="checkbox"/> Active referral <input type="checkbox"/> Passive referral—agency verification <input type="checkbox"/> Passive referral—client verification	
E. Referral Outcome: <i>(Choose only one)</i>	<input type="checkbox"/> Pending <input type="checkbox"/> Confirmed—accessed service <input type="checkbox"/> Confirmed—did not access service <input type="checkbox"/> Lost to follow-up	
F. Referral Close Date:	____/____/____ mm dd yyyy	
G. Referral Notes:	_____ _____ _____ _____	

REFERRAL CODES AND EXPLANATIONS

A. Referral Code	If you are directly or indirectly funded by CDC to implement SISTA, enter the PEMS system-generated unique code that your agency will use to track the client's referral to another agency. A referral code should be assigned to each service type. If multiple referrals are made for an individual client, each referral should have a unique code. If you do not have access to the CDC-supported PEMS software application, create a unique code and enter that code.
B. Referral Date	The date the referral was made.
C. Referral Service Type	Indicate the type of service the client is being referred to.
D. Referral Follow-up Method	Indicate the method by which the referral will be verified. Options include the following: <ul style="list-style-type: none"> ■ Active referral: Direct linkage (access) to a service provider ■ Passive referral—agency verification: Confirmation that the client accessed services by the receiving agency ■ Passive referral—client verification: Confirmation by the client that he/she accessed services ■ None: No plan to verify the completion of this referral
E. Referral Outcome	Indicate the current status of the referral at the time of follow-up. Options include the following: <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	A date indicating when the referral is confirmed or lost to follow-up.
G. Referral Notes	(Optional) Additional notes about the referral.

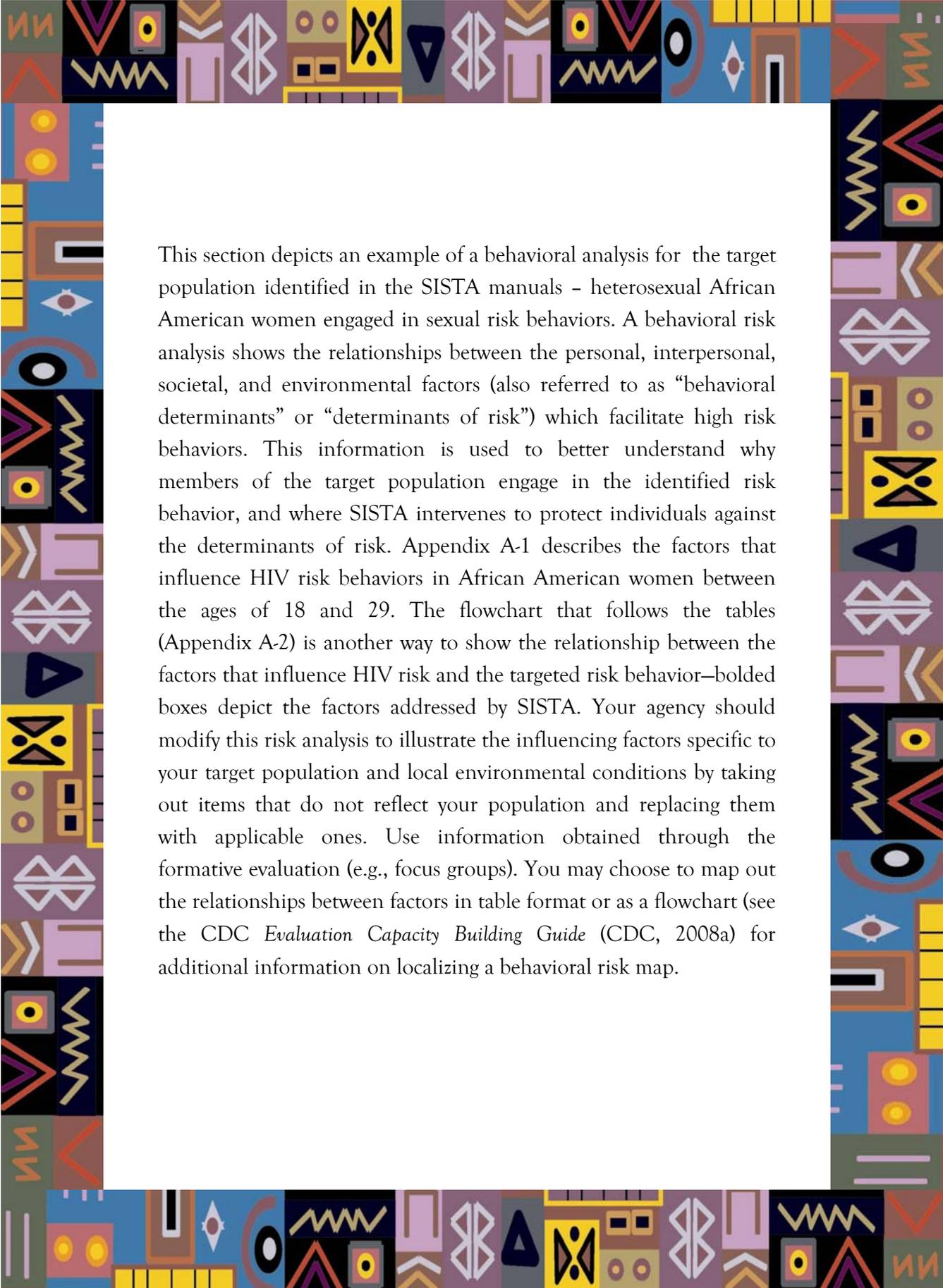


APPENDICES



APPENDIX A

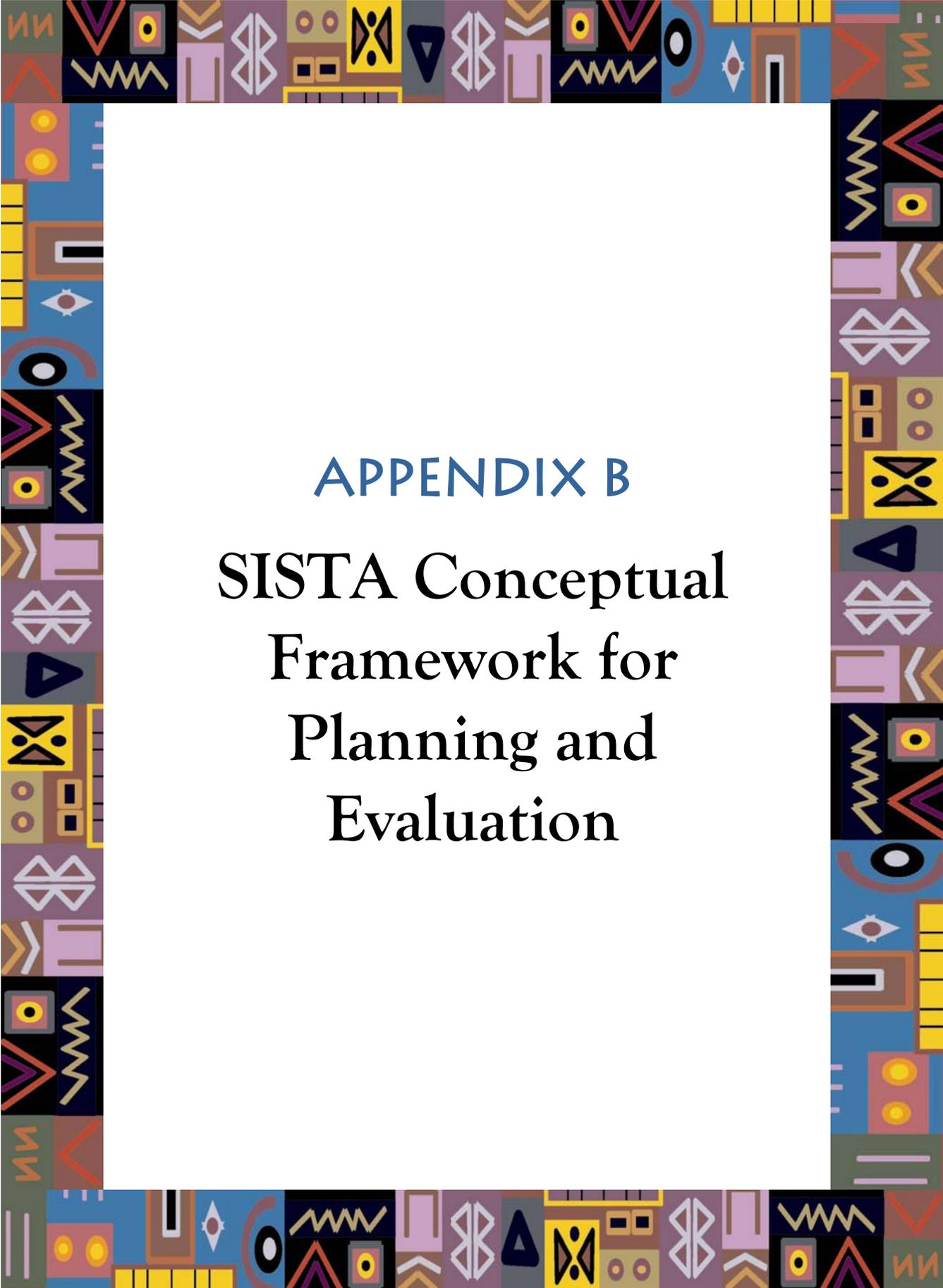
SISTA Behavioral
Risk Analysis



This section depicts an example of a behavioral analysis for the target population identified in the SISTA manuals – heterosexual African American women engaged in sexual risk behaviors. A behavioral risk analysis shows the relationships between the personal, interpersonal, societal, and environmental factors (also referred to as “behavioral determinants” or “determinants of risk”) which facilitate high risk behaviors. This information is used to better understand why members of the target population engage in the identified risk behavior, and where SISTA intervenes to protect individuals against the determinants of risk. Appendix A-1 describes the factors that influence HIV risk behaviors in African American women between the ages of 18 and 29. The flowchart that follows the tables (Appendix A-2) is another way to show the relationship between the factors that influence HIV risk and the targeted risk behavior—bolded boxes depict the factors addressed by SISTA. Your agency should modify this risk analysis to illustrate the influencing factors specific to your target population and local environmental conditions by taking out items that do not reflect your population and replacing them with applicable ones. Use information obtained through the formative evaluation (e.g., focus groups). You may choose to map out the relationships between factors in table format or as a flowchart (see the CDC *Evaluation Capacity Building Guide* (CDC, 2008a) for additional information on localizing a behavioral risk map.

APPENDIX A-1: SISTA BEHAVIORAL RISK ANALYSIS

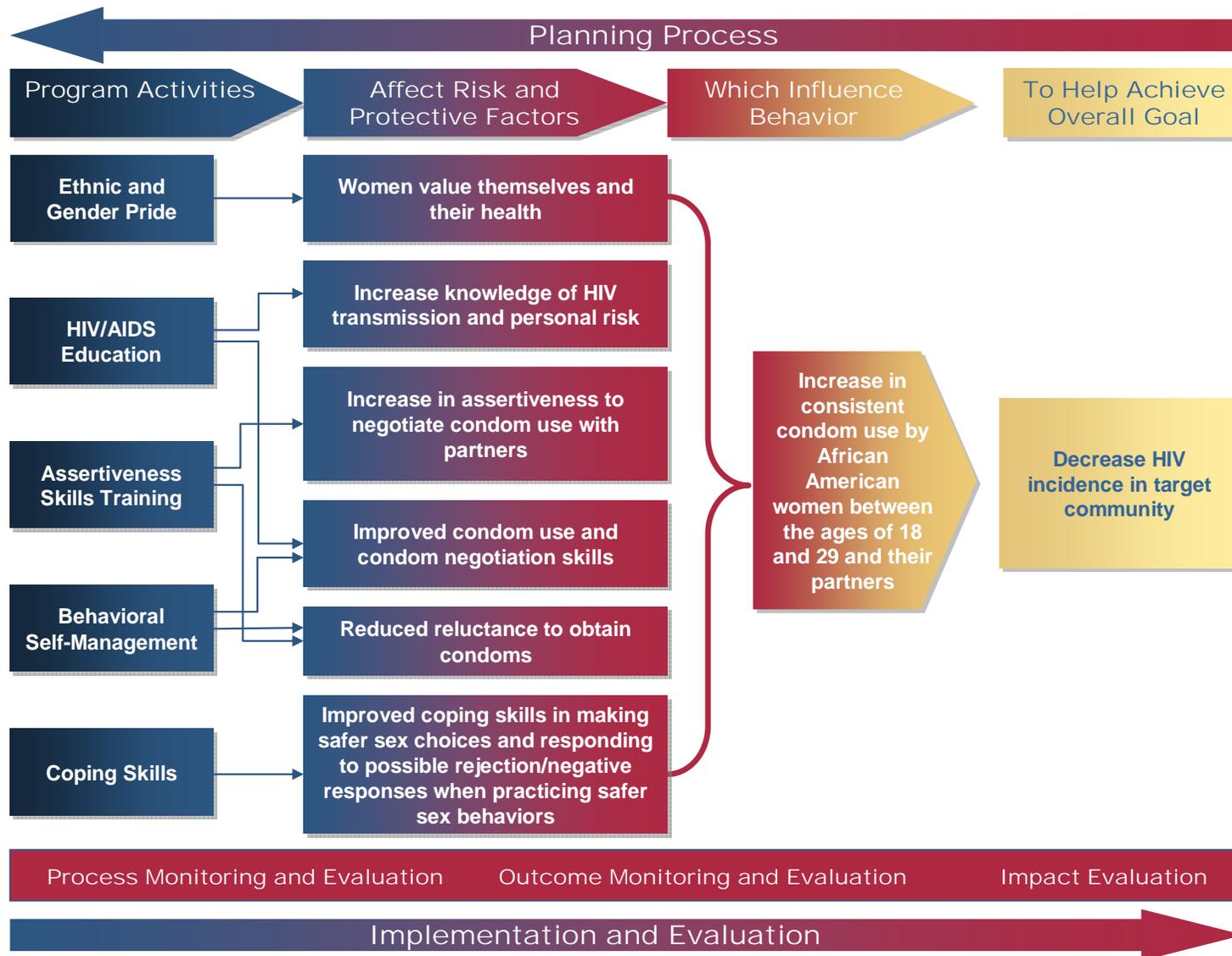
WHO	RISK BEHAVIOR	WHY...				
African American Women, 18-29	Engage in unprotected sex with multiple partners and partners at risk for HIV infection	→ Lack of accurate information about HIV	→ Insufficient culture- and gender-specific messages	→ Not part of constituency with political and/or economic power	→ Unaware of potential power	→ Insufficient or inappropriate education → Gender roles assigned and communicated by society
		→ Lack of access to condoms	→ Insufficient access to income/resources	→ Gender roles assigned and communicated by society	→ Division of power/labor	
		→ Lack of confidence to use condoms	→ Poor self-confidence	→ Perceived lack of power	→ Division of power/labor	→ Social/societal norms
			→ Fear of abandonment	→ Woman's identity tied to relationship → Insufficient access to income/resources		
		→ Partners provide financial support	→ Fear that condom use may be seen as violation of trust	→ Perception of loss of financial support	→ Division of power/labor	
		→ Partners provide emotional support		→ Woman's identity tied to relationship	→ Gender roles assigned and communicated by society	
		→ Unaware of partner's HIV risk	→ Partners do not provide truthful information about status		→ Gender roles assigned and communicated by society	
			→ Women are in denial	→ Maintain relationship/ financial support		
		→ Poor safer sex negotiation skills	→ Perceived lack of power	→ Poor self-confidence	→ Division of power/labor	
			→ Poorly developed communication skills	→ Perceived lack of power	→ Gender roles assigned and communicated by society	

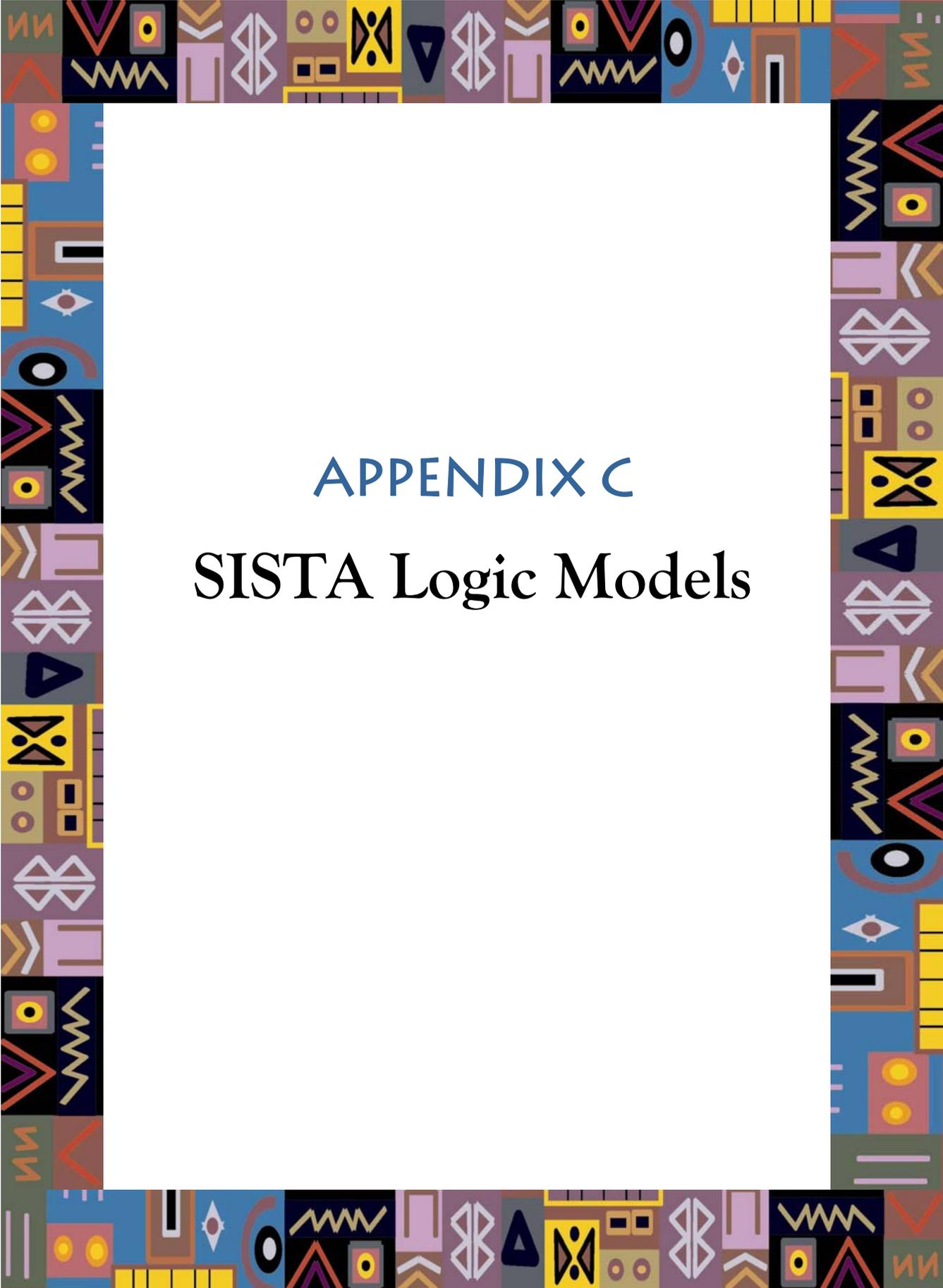


APPENDIX B

SISTA Conceptual
Framework for
Planning and
Evaluation

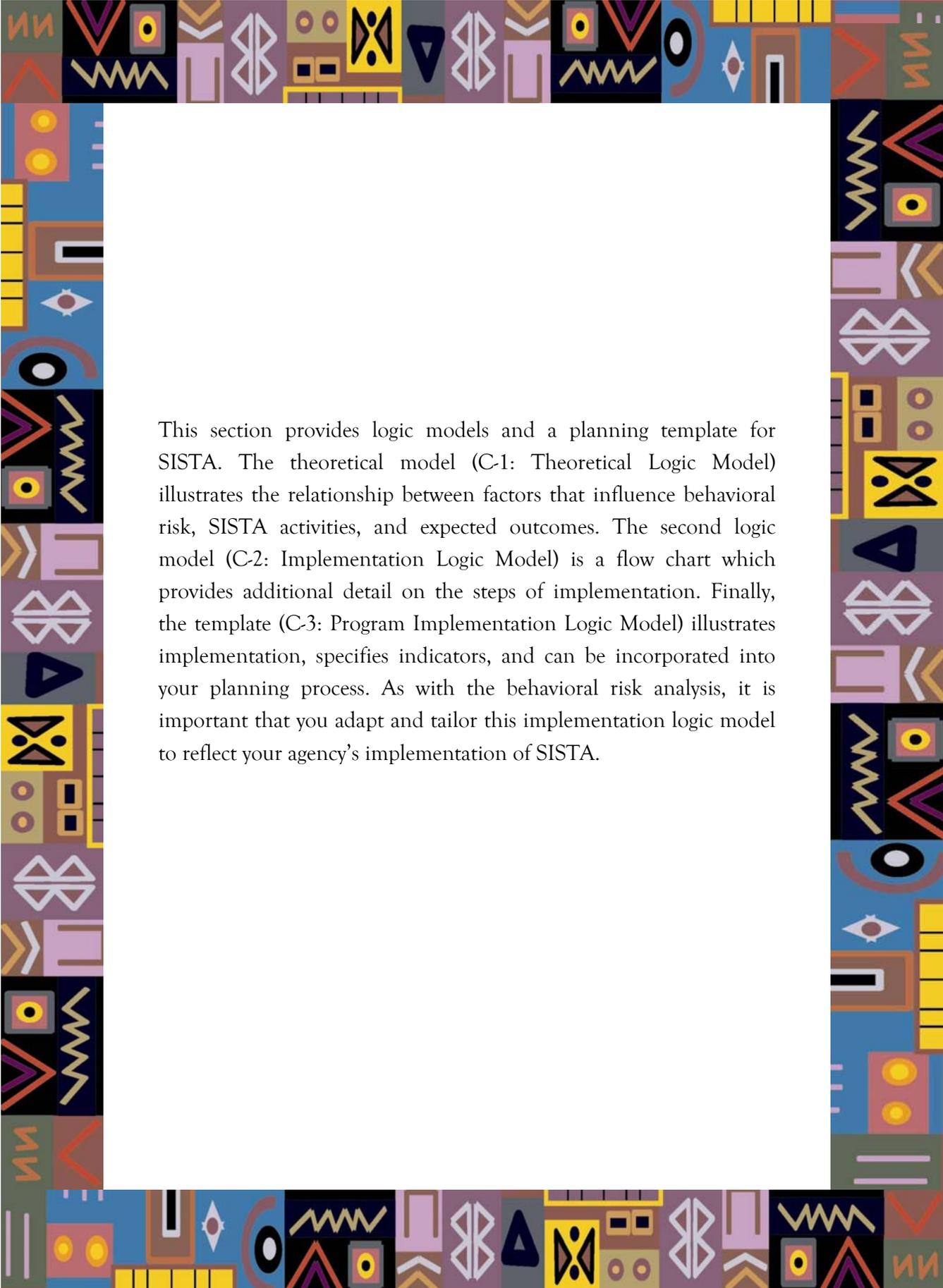
APPENDIX B: SISTA CONCEPTUAL FRAMEWORK OF PLANNING AND EVALUATION





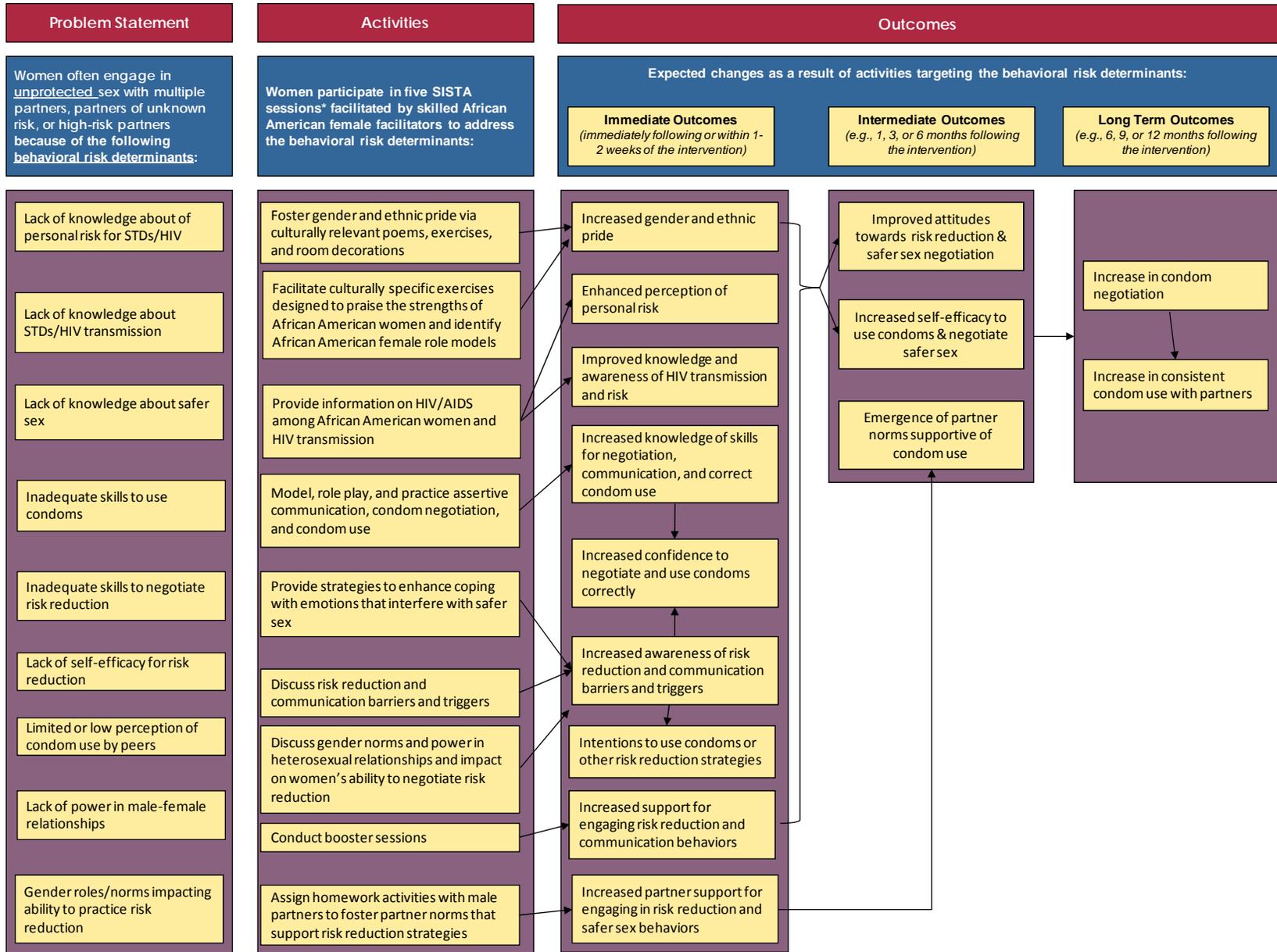
APPENDIX C

SISTA Logic Models

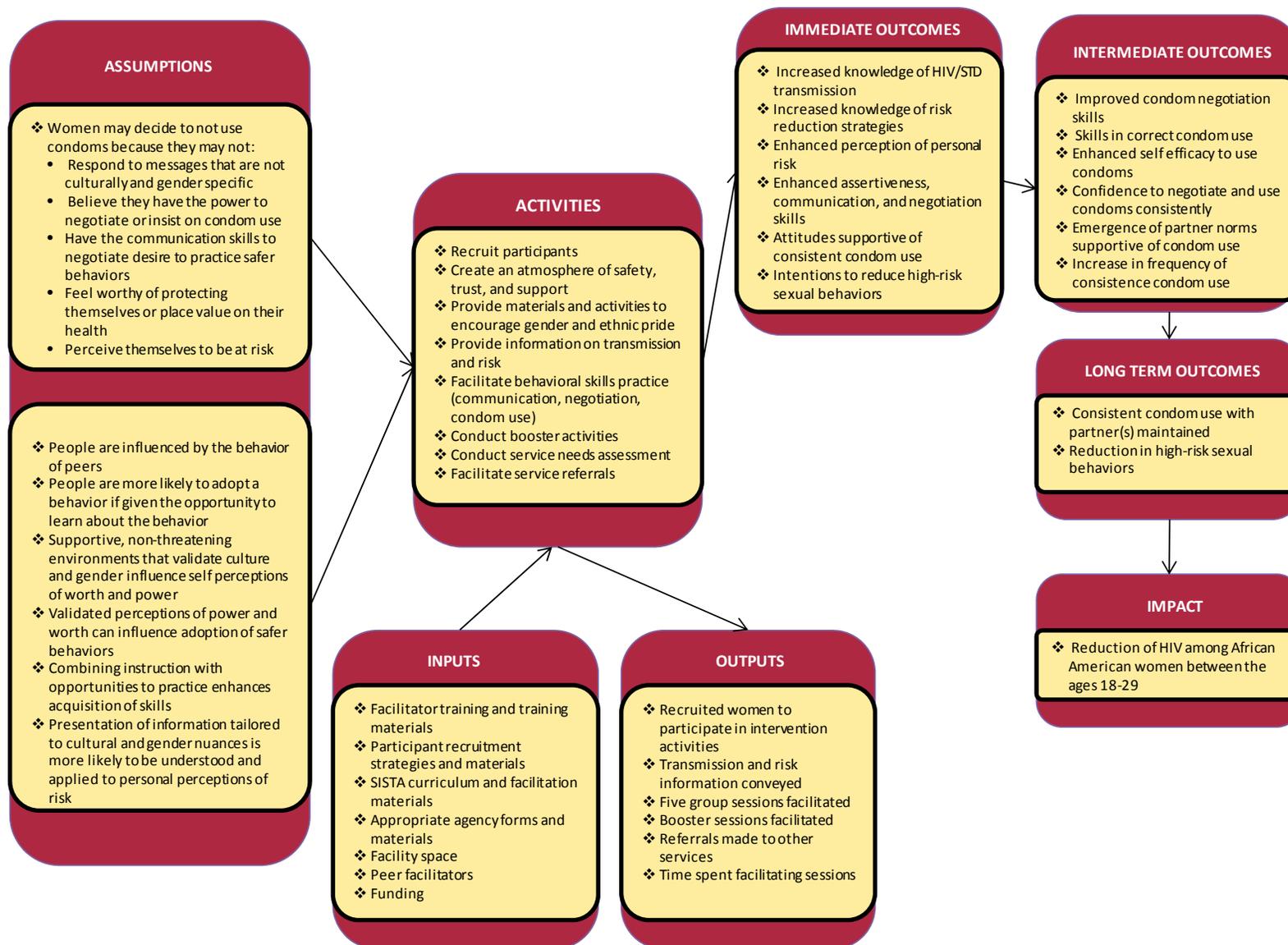


This section provides logic models and a planning template for SISTA. The theoretical model (C-1: Theoretical Logic Model) illustrates the relationship between factors that influence behavioral risk, SISTA activities, and expected outcomes. The second logic model (C-2: Implementation Logic Model) is a flow chart which provides additional detail on the steps of implementation. Finally, the template (C-3: Program Implementation Logic Model) illustrates implementation, specifies indicators, and can be incorporated into your planning process. As with the behavioral risk analysis, it is important that you adapt and tailor this implementation logic model to reflect your agency's implementation of SISTA.

APPENDIX C-1: SISTA THEORETICAL LOGIC MODEL



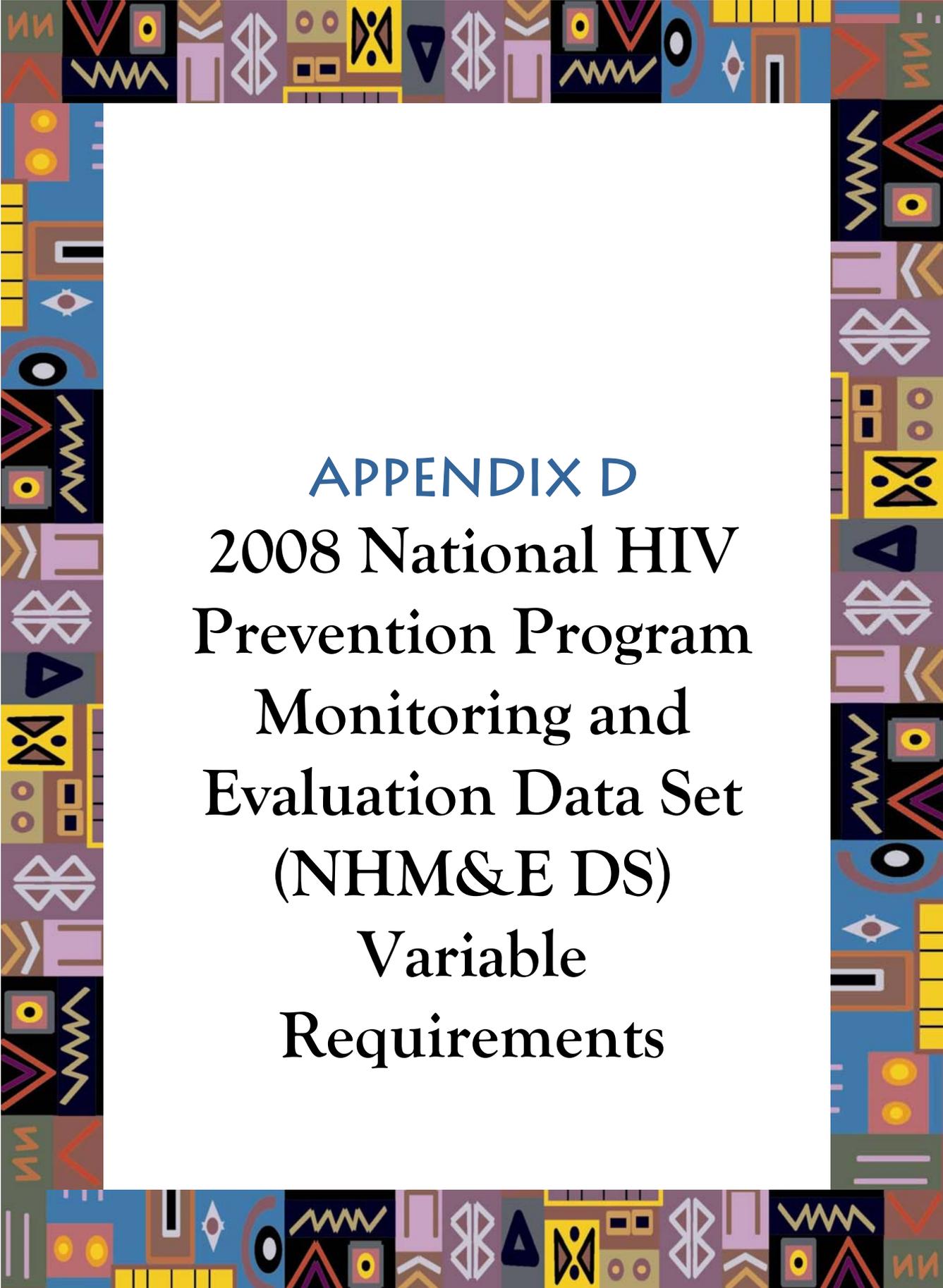
APPENDIX C-2: SISTA IMPLEMENTATION LOGIC MODEL



APPENDIX C-3: SISTA PLANNING TEMPLATE

SISTA Program Implementation Logic Model

Statement of Problem: Heterosexual African American women are at risk for HIV infection due to inconsistent condom use, lack of self-confidence in ability to negotiate safer sex, and lack of condom negotiation skills.			
Planned Work		Intended Results	
Resources/Inputs →	Activities →	Outputs →	Immediate, Intermediate & Long-term Outcomes
<i>Resources needed to operate your program and conduct activities</i>	<i>To address problem or asset, activities conducted</i>	<i>As a result of activities conducted, evidence of service delivery</i>	<i>As a result of outputs (service delivery), expected changes in target population in specified period(s) of time</i>
<ul style="list-style-type: none"> SISTA facilitator training and training materials Participant recruitment strategies and materials SISTA intervention package and session materials Appropriate agency forms and materials Facility space Trained peer facilitators Funding 	<ul style="list-style-type: none"> Recruit participants Create an atmosphere of safety, trust, and support Provide materials and activities to encourage gender and ethnic pride Provide information on transmission and risk Facilitate behavioral skills practice (communication, negotiation, condom use) Conduct booster activities Conduct service needs assessment Facilitate service referrals 	<ul style="list-style-type: none"> % of planned # of women recruited/approached for SISTA in [timeframe] % of planned # SISTA sessions held in [timeframe] % of planned # SISTA booster sessions held in [timeframe] % of planned # of women in each SISTA session in [timeframe] % of planned # of women who completed SISTA cycle (5 sessions) [timeframe] % of planned # of SISTA participants who satisfied target population characteristics [risk group or demographics] in [timeframe] 	<p>Immediate Outcomes (e.g., immediately after intervention, within 1-2 weeks of intervention)</p> <ul style="list-style-type: none"> Increase in # participants' knowledge about transmission of HIV and STDs by % in [timeframe] Increase in # participants' knowledge about risk reduction for HIV/ and STDs by % in [timeframe] Increase % participants able to realistically assess their personal risk for HIV/STDs in [timeframe] Increase % of participants' intention to use assertive communication and negotiation skills for risk reduction. Increase % of participants' intention to use condoms regularly in [timeframe] <p>Intermediate Outcomes (e.g., 1, 3, or 6 months after intervention)</p> <ul style="list-style-type: none"> Decrease in % of participants' repeat STD infections in [timeframe] Increase in % of participants' reporting improved condom negotiation skills Increase in % of participants' reporting enhanced self-efficacy to negotiate and use condoms Increase in % of participants' reporting increased in frequency of consistent condom use Increase in % of participants' requesting/ obtaining HIV/STD testing services in [timeframe] (optional) <p>Long-term Outcomes (e.g., 6, 9, or 12 months after intervention)</p> <ul style="list-style-type: none"> Increase % of participants' regular use condoms in [timeframe] Decrease in % of participants' repeat STD infections in [timeframe]



APPENDIX D

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

APPENDIX D: 2008 NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET (NHM&E DS) VARIABLE REQUIREMENTS

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

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

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

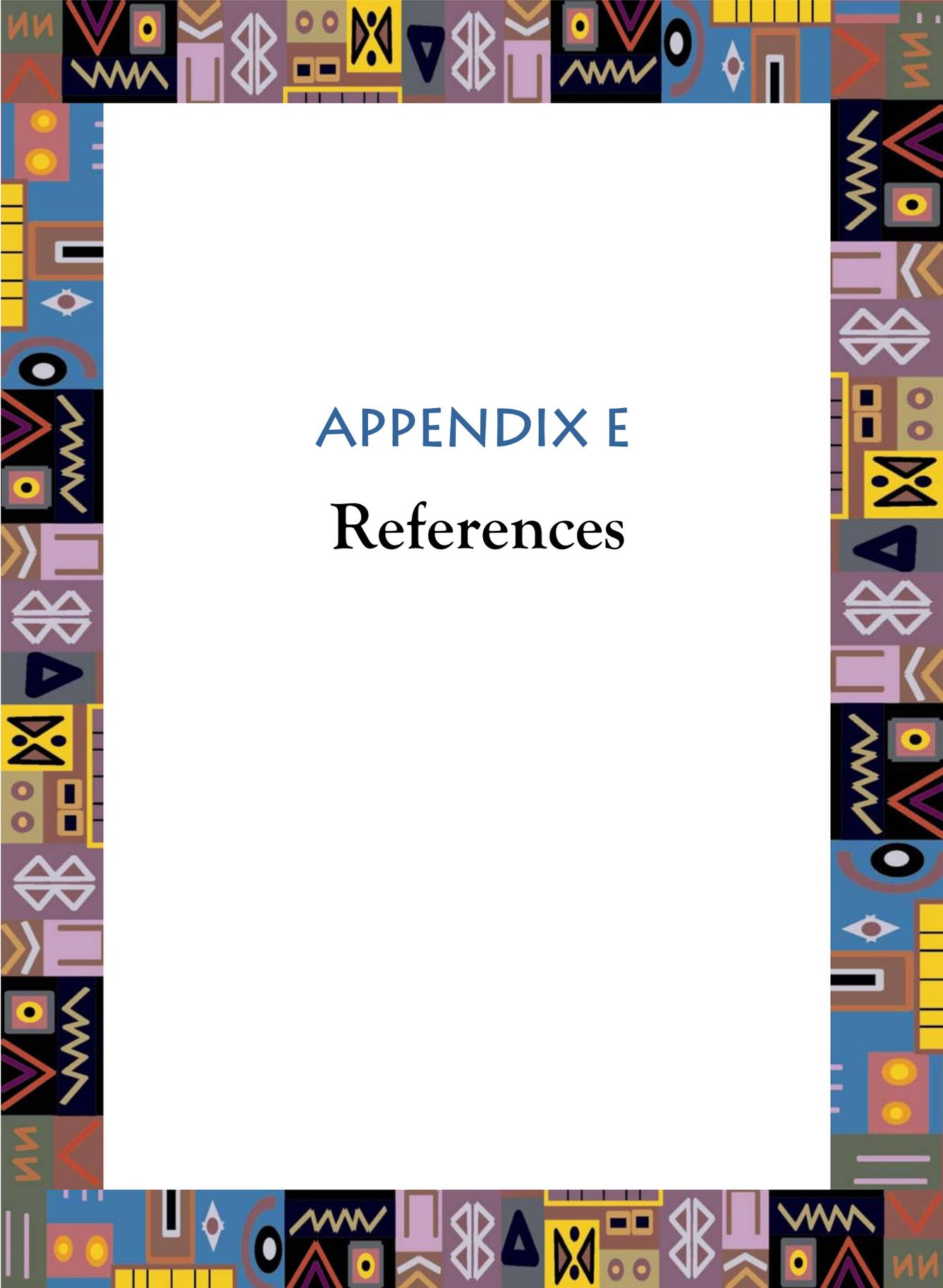
VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
Site Information (Table S)		
S01	Site ID	Required
S03	Site Name	Required
S04	Site Type	Required
S08	County	Required
S09	State	Required
S10	ZIP Code	Required
S16	Use of Mobile Unit	Required
Program Name - Planning (Table D)		
D01	Program Name	Required
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

VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
G112	Date of Birth - Year	Required
G113	Calculated Age	Required
G114	Ethnicity	Required
G116	Race	Required
G120	State/Territory of Residence	Required
G123	Assigned Sex at Birth	Required
G124	Current Gender	Required
G200	Date Collected	Required
G204	Previous HIV Test	Required
G205	Self Reported HIV Test Result	Required
G208	In HIV Medical Care/Treatment (only if HIV+)	Required
G209	Pregnant (only if female)	Required
G210	In Prenatal Care (only if pregnant)	Required
G211	Client Risk Factors ***	Required
G212	Additional Client Risk Factors ^^	Required
G213	Recent STD (Not HIV)	Required
<p>***Note: The recall period for client risk factors is 12 months. ^^Note: Additional value choices for risk factors added:</p> <ul style="list-style-type: none"> ■ 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

VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
Aggregate HE/RR and Outreach (Table AG)		
AG00	Intervention Name	Required
AG01	Session Number	Required
AG02	Date of Event/Session	Required
AG03	Duration of Event/Session	Required
AG04	Number of Client Contacts	Required
AG05a	Delivery Method	Required
AG05c	Incentive Provided	Required
AG06	Site Name/ID	Required
AG08a	Client Primary Risk - MSM	Required
AG08b	Client Primary Risk - IDU	Required
AG08c	Client Primary Risk - MSM/IDU	Required
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
Aggregate HE/RR and Outreach (Table AG) (continued)		
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

VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
AG14e	Materials Distributed - Safe Sex Kits	Required
AG14f	Materials Distributed - Referral list	Required
AG14g	Materials Distributed - Role Model Stories	Required
AG14h	Materials Distributed - Other (specify)	Required
Health Communication / Public Information (Table HC)		
HC01	Intervention Name	Required
HC02	HC/PI Delivery Method	Required
HC05	Event Start Date	Required
HC06	Event End Date	Required
HC07	Total Number of Airings	Required
HC08	Estimated total Exposures	Required
HC09	Number of Materials Distributed	Required
HC10	Total Number of Web Hits	Required
HC11	Total Number of Attendees	Required
HC12	Number of Callers	Required
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
Community Planning Level (Table CP-A/B/C) (continued)		
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

VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
CP-C01	Name of the Prevention Activity/Intervention	HD only
CP-C02	Prevention Activity/Intervention Type	HD only
CP-C04	Evidence Based	HD only
CP-C05	CDC Recommended Guidelines	HD only
CP-C06	Other Basis for Intervention	HD only
CP-C07	Activity	HD only



APPENDIX E
References

APPENDIX E: REFERENCES

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