



## ACKNOWLEDGMENTS

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

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



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## INTRODUCTION

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### PURPOSE

The *Street Smart Evaluation Field Guide* was developed to provide community-based organizations implementing Street Smart with knowledge and tools to systematically conduct monitoring and evaluation (M&E) activities that will inform, guide, and assess their Street Smart activities and increase their effectiveness. The evaluation field guide recommends staff responsibilities, indicates how an agency should track intervention activities and collect and manage data, states how data could be analyzed, and suggests plans for the dissemination of the data to Street Smart stakeholders. This field guide is designed as a supplement to the *Evaluation Capacity Building Guide* developed for the Capacity Building Branch (CBB), Division of HIV/AIDS Prevention (DHAP), National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC), under a contract with Macro International Inc. (CDC, 2008a).

This manual is one of several documents disseminated by DHAP to provide information and guidance on HIV prevention program evaluation, data collection, data utilization, and use of 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 for and specific guidance on using NHM&E DS variables to monitor and evaluate HIV prevention programs (CDC, 2008b).
- ***Program Evaluation and Monitoring System (PEMS) User Manual***. This how-to manual describes the functionality within the application and provides step-by-step instructions for each module within the Web-based software tool. Screenshots, example extracts of data, and reports are used to illustrate key features included in the PEMS software. The manual can be downloaded at the PEMS Web site (<https://team.cdc.gov>) under Trainings/PEMS User Manual (CDC, 2008c).
- ***National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS)***. The complete list and description of all M&E variables required for reporting to CDC and optional for local M&E and specific to certain interventions (CDC, 2008d).

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

These documents provide a foundation for monitoring and evaluating HIV prevention programs and reporting required data using PEMS software. Health departments and organizations directly funded by CDC can request M&E technical assistance through the

Capacity Building Branch's Web-based system, Capacity Building Assistance (CBA) Request Information System (CRIS). For more information about and access to CRIS, visit <http://www.cdc.gov/hiv/cba>. Additional information on 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 can be reached by calling 1-888-PEMS-311 (1-888-736-7311) or e-mailing [pemsservice@cdc.gov](mailto:pemsservice@cdc.gov), visiting the PEMS Web site (<https://team.cdc.gov>), or contacting the DHAP Help Desk (1-877-659-7725 or [dhapsupport@cdc.gov](mailto:dhapsupport@cdc.gov)).

## MODIFYING MATERIALS

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

## ORGANIZATION OF THIS DOCUMENT

Section 1 of the document contains an overview of CDC's reporting requirements for Street Smart. Section 2 contains the evaluation objectives, followed by evaluation questions. A brief narrative that describes the relevance of the question follows each question. The table below each question provides a list of data that would answer the question, methods that can be used to obtain the data, and recommendations on how to analyze the data so that you can use the information to enhance your implementation of Street Smart and plan future implementations. Section 3 has data collection tables that summarize the data collection activities (arranged by Street Smart primary activities), recommend data collection schedules, provide a brief description of agency resources needed, and suggest ways to use the data. Section 4 includes all the required and optional Street Smart instruments. Each evaluation instrument is arranged by Street Smart activity. The appendices consist of the Street Smart behavioral risk analysis (Appendix A), logic model (Appendix B), and a list of the required NHM&E DS variables (Appendix C).<sup>2</sup>

The development of the *Street Smart Evaluation Field Guide* was informed by the development of a behavioral risk analysis and a logic model. The risk analysis explores possible

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<sup>1</sup> NHM&E DS program planning, HIV testing, and agency data variables were finalized for January 1, 2008, reporting per the Dear Colleague Letter. The evaluation instruments in this guide are templates designed to capture data for evaluating Street Smart 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 Street Smart.

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

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 logic model describes the relationship 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 within the Capacity Building Branch.

## **THEORETICAL BASIS AND CORE ELEMENTS**

Street Smart is an intensive HIV/AIDS and sexually transmitted disease (STD) prevention program for homeless and runaway youths, aged 11 to 18 years, whose behaviors place them at risk of becoming infected. The multisession skills-building program helps youths practice safer sexual behaviors and reduce substance use. Specifically, the sessions focus on improving youths' social skills, assertiveness, and coping through exercises on problem solving, identifying triggers, and reducing harmful behaviors. Agency staff members also provide individual counseling and trips to community health resources. Because Street Smart is designed for youths between the ages of 11 and 18 years, it is crucial that you are familiar with local laws regarding soliciting information from minors.

Street Smart is based on social learning theory, which describes the relationship between behavior change and a person's beliefs in his or her ability to change a behavior, and one's belief that changing that behavior will produce a specific result. Beliefs about the consequences of behavior and perceptions of self-efficacy are key determinants of effective behavior change. The intervention reflects a cognitive behavioral approach that stems from social learning theory (UCLA Center for Community Health, 2002). According to this theory, behavior change is dependent on the following: (1) obtaining correct information to increase awareness of risks, (2) acquiring social and self-management skills to implement the behavior, (3) improving skills and developing self-efficacy, and (4) anticipating and receiving supportive reinforcements for performing the behavior. The theory considers the interaction between behaviors, environments, thoughts, attitudes, and beliefs in relation to engaging in a particular behavior (Bandura, 1994; Kalichman, 1998, 2005).

The logic model and evaluation instruments included in this evaluation field guide address behaviors and influencing factors of runaway and homeless youths, including those who are substance users (UCLA Center for Community Health, 2002). While Street Smart is designed for runaway and homeless youths (aged 11 to 18 years) and can be easily adapted for youths in other settings (UCLA Center for Community Health, 2002), changing the target audience would require a modified situational risk analysis. For example, if adapted for gay male youths, there may be additional and different risks influencing behavior (e.g., struggles with sexual identity, low self-esteem). If specifically adapted for African American or Hispanic youths, the risk analysis may be slightly different in order to address, for example, struggles with racism.

### **STREET SMART SESSIONS:**

- The language of HIV/AIDS and STDs
- Personalized risk
- How to use condoms
- Drugs and alcohol
- Recognizing and coping with feelings
- Negotiating effectively
- Self-talk
- Staying safe over time
- Individualized counseling session
- Visit to a community resource

Street Smart consists of eight 2-hour group sessions, one individual session, and a group visit to community health resources. While it is preferable that participants attend every session, Street Smart is designed so that each session stands on its own.

Street Smart has been demonstrated to be effective in helping adolescents increase their knowledge of HIV/STD infection and transmission, practice safer sexual behaviors, and reduce substance use. It is one of the interventions developed by the CDC’s Replication of Effective Programs (REP) project. There are four core elements of Street Smart (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 is based; they are thought to be responsible for the intervention’s effectiveness. Core elements are essential and cannot be ignored, added to, or changed” (CDC, 2006).

<b>TABLE 1. CORE ELEMENTS OF STREET SMART</b>	
<b>1.</b>	Enhancing affective and cognitive awareness, expression, and control
<b>2.</b>	Teaching HIV/AIDS risk hierarchy and its personal application
<b>3.</b>	Using peer support to train youths in recognizing triggers for personal risk
<b>4.</b>	Building skills in problem solving, personal assertiveness, and HIV/AIDS risk reduction

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

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

The NHM&E DS is the complete set of CDC's HIV prevention monitoring and evaluation (M&E) variables, including required variables for reporting to CDC and optional variables specific to an intervention or for local M&E. Implementation of the 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 Evaluation Guidance for HIV Prevention Programs (NMEG)***—describes how to use the NHM&E DS to improve the program, inform programmatic decisions, and answer local M&E questions (CDC, 2008b).
- ***Program Evaluation and Monitoring System (PEMS) software***—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 the following key elements of the NHM&E DS:

- Variables required for reporting to CDC and optional variables needed for Street Smart or for local M&E
- Variable name
- Variable number
- Definition of each variable

This field guide is designed to help your agency monitor and evaluate your day-to-day implementation of Street Smart. Collecting and analyzing Street Smart data will help you improve your implementation of Street Smart and provide you with information to guide future planning. This section details only those tables and associated NHM&E DS modules you may use to collect and report information specific to Street Smart. Though the data you collect will include NHM&E DS variables, you will collect and use more data than actually submitted to CDC. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for the complete list and description of all M&E variables required for reporting to CDC and optional variables for local M&E.

## NHM&E PROGRAM PLANNING DATA

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

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

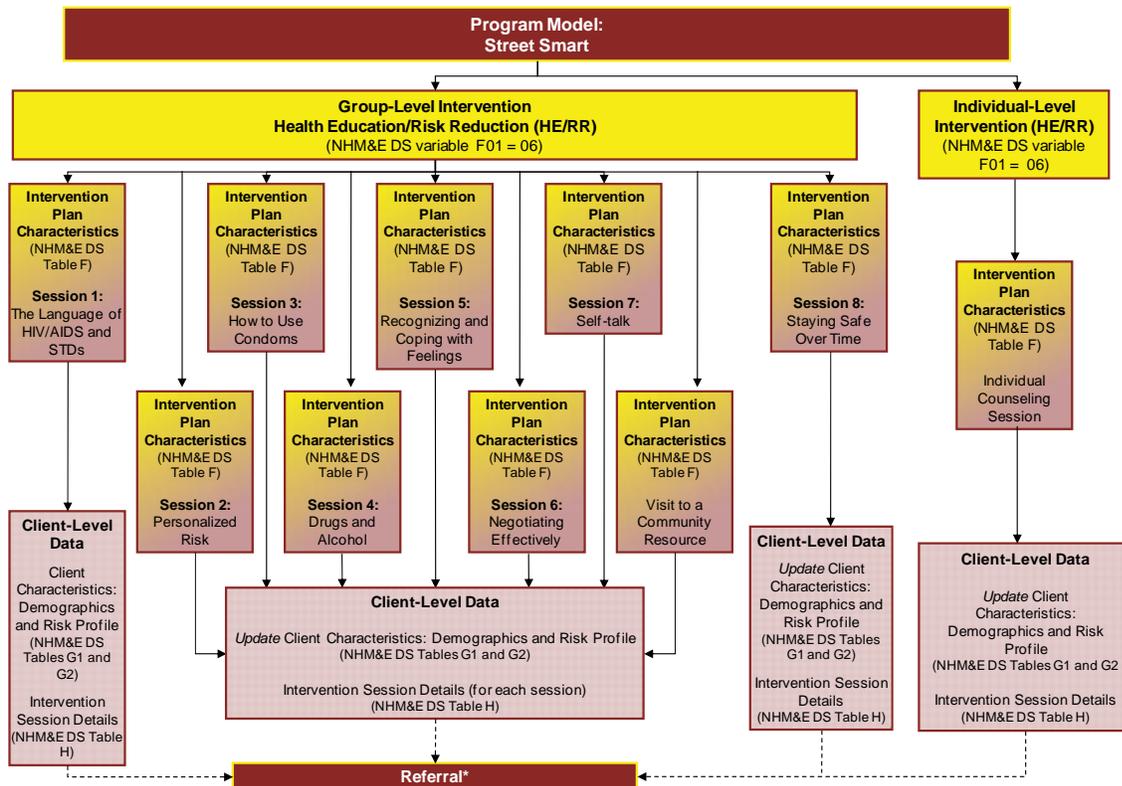
Carefully describing your program is a process that will help your agency determine how to best implement and monitor Street Smart. A clearly described and well-designed program plan will allow you to use your process monitoring data to conduct process evaluations. Please refer to CDC's *Evaluation Capacity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

### 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 Street Smart.

Figure 1 illustrates how Street Smart is organized in the NHM&E Data Set. Because Street Smart has one intervention type with different units of delivery—individual and group levels—you must describe your plan for each level separately.

**Figure 1. Organization of Street Smart in NHM&E DS**



\* Formal referrals given by agency staff as a part of a Street Smart session should be entered into PEMS software. See the *PEMS User Manual* (CDC, 2008c) for more information.

Table 2 provides guidance on selecting NHM&E DS variables to describe your intervention as you develop your program plan. The table depicts program information variables that are applicable to and required for Street Smart. For instance, Street Smart (NHM&E DS E101) is labeled “Agency Determined” because the name of your program model can be Street Smart or any other name determined by your agency. The Evidence Base (NHM&E DS E102) variable, however, specifies a particular variable code (1.10) because, regardless of what you have named your program, it is based on Street Smart, one of CDC’s Effective Behavioral Interventions.

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

**TABLE 2. PROGRAM INFORMATION**

Variable	NHM&E DS Number	Variable Code	Guidance
Program Model Name	E101	Agency determined	You can use Street Smart as the program model name or you can give it another name. See the <i>National Monitoring and Evaluation Guidance for HIV Prevention Programs</i> (CDC, 2008b) for additional information.
Evidence Base	E102	1.10	Street Smart (variable value code: 1.10). If you are changing or dropping any of the core elements, use the E104 comment box to explain changes.*
Target Population	E105	Agency determined	Street Smart was designed for runaway and homeless youths, aged 11 to 18 years. Select one of the target populations identified as a priority population in the Community Planning Comprehensive HIV Prevention Plan. If your target population does not appear, choose “Other” and describe the population by completing the priority population worksheet.

\* Organizations funded directly by CDC to implement Street Smart 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 Street Smart. If you intend to drop or change a core element of Street Smart 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 Street Smart. They describe the activities you intend to implement, the planned number of cycles and sessions, the duration of the cycles, how the intervention within Street Smart will be implemented, whether client services data will be collected at the aggregate or individual client level, and whether or not detailed client information will be collected from Street Smart participants. Table 3 lists NHM&E intervention plan variables with the DS number, the variable code, and guidance to help you understand how to apply these variables when implementing Street Smart.

Note that the variables presented in Tables 3 and 4 include only those specific to monitoring Street Smart. 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 NHM&E DS Variable Requirements can be found in Appendix C. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for further information and updates.

**TABLE 3. INTERVENTION PLAN CHARACTERISTICS  
GROUP-LEVEL SESSIONS AND VISIT TO COMMUNITY CENTER**

Variable	NHM&E DS Number	Variable Code	Guidance
Intervention Type	F01	06	Street Smart's group-level intervention is Health Education/Risk Reduction (variable value code: 06).
Total Number of Clients	F05	Agency determined	The total number of clients will equal the planned number of cycles (F07) multiplied by the number of individuals expected to be served in each intervention cycle.  The Street Smart program materials specify "6 to 10 adolescents of both sexes" for each of the 9 group-level sessions.
Planned Number of Cycles	F07	Agency determined	A cycle is the complete delivery of an intervention to its intended audience. Agencies must calculate how many times they intend to implement the cycle within the Program Model period.  For Street Smart's group-level intervention, nine group sessions = one cycle.
Number of Sessions	F08	Agency determined	Indicate the number of sessions you plan to implement during the Program Plan period.  Street Smart's group-level intervention consists of nine sessions (eight group sessions and one group visit to a community health resource). "While it is preferable that teens attend every session, the program is designed so that each session stands on its own."
Unit of Delivery	F09	03	Indicate how the intervention will be delivered.  The Street Smart program manual recommends that sessions be delivered to small groups of "6 to 10 adolescents of both sexes" (variable value code: 03).

**TABLE 3. INTERVENTION PLAN CHARACTERISTICS  
GROUP-LEVEL SESSIONS AND VISIT TO COMMUNITY CENTER (CONTINUED)**

Variable	NHM&E DS Number	Variable Code	Guidance
Activity	F10	<b>Session 1: The Language of HIV/AIDS and STDs</b>	
		08.01 08.03 08.22 09.03 09.04 10.03 11.04 11.10 11.66 89	<p>Exercise 2: What Are the Facts About HIV/AIDS and STDs? – Participants play a game (“Be Smart About HIV/AIDS and STDs”), during which information about HIV and STD transmission is presented and discussed</p> <p>Exercise 3: High-Risk Situations – Clients role-play a scenario about deciding on and negotiating sex; role-play is followed by discussion, during which facilitator clarifies any misconceptions about HIV and STDs</p>
			<ul style="list-style-type: none"> <li>■ 08.01 Information – HIV/AIDS transmission</li> <li>■ 08.03 Information – Other STDs</li> <li>■ 11.04 – Discussion – Other STDs</li> <li>■ 11.10 – Discussion – HIV/AIDS transmission</li> <li>■ 08.01 Information – HIV/AIDS transmission</li> <li>■ 08.03 Information – Other STDs</li> <li>■ 08.22 Information – Sexual health</li> <li>■ 11.04 – Discussion – Other STDs</li> <li>■ 11.10 – Discussion – HIV/AIDS transmission</li> <li>■ 11.22 Discussion – Sexual health</li> <li>■ 09.03 Demonstration – Negotiation/communication</li> <li>■ 09.04 Demonstration – Decision making</li> </ul>

**TABLE 3. INTERVENTION PLAN CHARACTERISTICS  
GROUP-LEVEL SESSIONS AND VISIT TO COMMUNITY CENTER (CONTINUED)**

Variable	NHM&E DS Number	Variable Code	Guidance
		<b>Session 1: The Language of HIV/AIDS and STDs (continued)</b>	
			<p>Exercise 4: Feeling Situations – Clients brainstorm and discuss difficult sexual situations and associated feelings of discomfort (to underscore how feelings and thoughts may lead to unsafe actions)</p> <ul style="list-style-type: none"> <li>■ 11.66 Discussion – Other</li> </ul>
			<p>Exercise 5: You Can Never Tell – Clients practice talking to others about sexual risk during an exercise that illustrates how HIV/STDs are spread</p> <ul style="list-style-type: none"> <li>■ 08.01 Information – HIV/AIDS transmission</li> <li>■ 10.03 Practice – Negotiation/communication</li> </ul>
			<p>Exercise 6: Future Dreams - During a relaxation exercise, participants think about their future, including goals and dreams, and share one strength and step they've taken toward achieving their dream</p> <ul style="list-style-type: none"> <li>■ 11.66 Discussion – Other</li> <li>■ 89 Other (specify) – Future dreams activity</li> </ul>
Activity	F10	<b>Session 2: Personalized Risk</b>	
		05.00 08.15 09.04 11.19 13.06	<p>Exercise 2: Exploring People's Actions – Clients role-play a scenario between two girls about a decision to have unprotected sex, followed by a discussion of the decision-making process and completion of "People's Actions" worksheet, which outlines some "reasons why people act as they do"</p> <ul style="list-style-type: none"> <li>■ 09.04 Demonstration – Decision making</li> <li>■ 11.19 Discussion – Decision making</li> <li>■ 13.06 Distribution – Education materials</li> </ul>

**TABLE 3. INTERVENTION PLAN CHARACTERISTICS  
GROUP-LEVEL SESSIONS AND VISIT TO COMMUNITY CENTER (CONTINUED)**

Variable	NHM&E DS Number	Variable Code	Guidance
		<b>Session 2: Personalized Risk (continued)</b>	
			<p>Exercise 3: How Safe Am I? – Clients complete a questionnaire that asks questions about personal sexual behaviors (not to be shared/reported) and are given the “Order of Sex Acts According to Safety” handout to take home</p> <ul style="list-style-type: none"> <li>■ 05.00 Personalized risk assessment</li> <li>■ 13.06 Distribution – Education materials</li> </ul>
			<p>Exercise 4: What Are My Triggers? – Information is provided on triggers for risky sexual behaviors, after which participants divide into teams and develop list of triggers; next, they identify (individually) the most risky situation for themselves and then discuss these situations as a group</p> <ul style="list-style-type: none"> <li>■ 08.15 Information – Decision making</li> <li>■ 11.19 Discussion – Decision making</li> </ul>
			<p>Exercise 5: How to Set Your Own Limits – Clients role-play a scenario to show how one might “figure out the behaviors and triggers that put you at risk, so you can learn how to change them and stay safer”</p> <ul style="list-style-type: none"> <li>■ 09.04 Demonstration – Decision making</li> <li>■ 11.19 Discussion – Decision making</li> </ul>

**TABLE 3. INTERVENTION PLAN CHARACTERISTICS  
GROUP-LEVEL SESSIONS AND VISIT TO COMMUNITY CENTER (CONTINUED)**

Variable	NHM&E DS Number	Variable Code	Guidance
Activity	F10	<b>Session 3: How to Use Condoms</b>	
		08.13 09.01 09.03 10.01 13.06 89	<p>Exercise 2: Getting the Feel of Condoms - Facilitator “models doing all kinds of things with a few condoms,” after which participants play with condoms</p> <ul style="list-style-type: none"> <li>■ 09.01 Demonstration – Condom/barrier use</li> <li>■ 10.01 Practice – Condom/barrier use</li> </ul>
			<p>Exercise 3: Steps in Putting on Male Condoms – As a group, clients try to figure out the correct sequence of steps in putting on a male condom (e.g., puts “Male Condom Cards” in order) and clients are given a handout, “Using a Male Condom”</p> <ul style="list-style-type: none"> <li>■ 10.01 Practice – Condom/barrier use</li> <li>■ 13.06 Distribution – Education materials</li> </ul>
			<p>Exercise 4: Steps in Putting on Female Condoms – As a group, clients try to figure out the correct sequence of steps in putting on a female condom (e.g., puts “Female Condom Cards” in order) and clients are given a handout, “Using a Female Condom”</p> <ul style="list-style-type: none"> <li>■</li> </ul>
			<p>Exercise 5: Practicing Putting on Male and Female Condoms – Facilitator demonstrates putting on a condom; clients then practice putting on condoms and do an unscripted role-play around negotiating female condom use</p> <ul style="list-style-type: none"> <li>■ 9.01 Demonstration – Condom/barrier use</li> <li>■ 9.03 Demonstration – Negotiation/communication</li> <li>■ 10.01 Practice – Condom/barrier use</li> </ul>

**TABLE 3. INTERVENTION PLAN CHARACTERISTICS  
GROUP-LEVEL SESSIONS AND VISIT TO COMMUNITY CENTER (CONTINUED)**

Variable	NHM&E DS Number	Variable Code	Guidance
		<b>Session 3: How to Use Condoms (continued)</b>	
			<p>Exercise 6: Selecting Condoms - Information is provided about condoms, including the different types of condoms, and facilitator demonstrates a “bad condom” (e.g., has a hole, is too small); participants then use “Condom Rating Sheet” to evaluate different types of condoms</p> <ul style="list-style-type: none"> <li>■ 08.13 Information – Condom/barrier use</li> <li>■ 09.01 Demonstration – Condom/barrier use</li> <li>■ 89 Other (specify) – Condom rating activity</li> </ul>
Activity	F10	<b>Session 4: Drugs and Alcohol</b>	
		05.00	<p>Exercise 2: How Do Drugs and Alcohol Affect Practicing Safer Sex? - Information about how drugs and alcohol affect decision making is provided, followed by a role-play about making decisions when high or drunk</p> <ul style="list-style-type: none"> <li>■ 08.15 Information – Decision making</li> <li>■ 08.21 Information – Alcohol and drug use prevention</li> <li>■ 09.04 Demonstration – Decision making</li> </ul>
		08.15	
		08.21	
		09.04	
		10.04	
		11.21	
		13.06	<p>Exercise 3: What Do I Believe About Using Drugs and Alcohol? - Participants are given cards with substance use beliefs listed (e.g., Substance Use Card 1: Life Without Using Is Boring); facilitator demonstrates how to argue against the belief, after which clients each practice skill</p> <ul style="list-style-type: none"> <li>■ 09.04 Demonstration – Decision making</li> <li>■ 10.04 Practice – Decision making</li> </ul>

**TABLE 3. INTERVENTION PLAN CHARACTERISTICS  
GROUP-LEVEL SESSIONS AND VISIT TO COMMUNITY CENTER (CONTINUED)**

Variable	NHM&E DS Number	Variable Code	Guidance
		<b>Session 4: Drugs and Alcohol (continued)</b>	
		Exercise 4: What Are the Pros and Cons of Substance Use? – Group discusses advantages and disadvantages of substance use	<ul style="list-style-type: none"> <li>■ 11.21 Discussion – Alcohol and drug use prevention</li> </ul>
		Exercise 5: How Do Drugs and Alcohol Affect Me Personally? – Clients role-play discussions among friends regarding decision making while under the influence of drugs and/or alcohol and are given a handout entitled “Do Drugs and Alcohol Make Me Take Risks?”	<ul style="list-style-type: none"> <li>■ 9.04 Demonstration – Decision making</li> <li>■ 13.06 Distribution – Education materials</li> </ul>
		Exercise 6: How Does Substance Use Work? – Information is provided on how substance use works, followed by information and discussion of triggers and strategies for avoiding addiction	<ul style="list-style-type: none"> <li>■ 08.21 Information – Alcohol and drug use prevention</li> <li>■ 11.21 Discussion – Alcohol and drug use prevention</li> </ul>
		Exercise 7: How to Get Back in Control Again – Clients complete a “Trigger Questionnaire” to help them determine their personal triggers for alcohol/drug use; information is provided on ways to avoid or deal with triggers, followed by a role-play about resisting temptation/urge to get high	<ul style="list-style-type: none"> <li>■ 05.00 Personalized risk assessment</li> <li>■ 08.21 Information – Alcohol and drug use prevention</li> <li>■ 9.04 Demonstration – Decision making</li> </ul>

**TABLE 3. INTERVENTION PLAN CHARACTERISTICS  
GROUP-LEVEL SESSIONS AND VISIT TO COMMUNITY CENTER (CONTINUED)**

Variable	NHM&E DS Number	Variable Code	Guidance
		<b>Session 4: Drugs and Alcohol (continued)</b>	
		Exercise 8: Dealing With Risky Situations – A few clients role-play a scenario about someone who gets high and wants to take a sexual risk	<ul style="list-style-type: none"> <li>■ 9.04 Demonstration – Decision making</li> <li>■ 10.04 Practice – Decision making</li> </ul>
Activity	F10	<b>Session 5: Recognizing and Coping With Feelings</b>	
		08.15 08.66 09.03 09.04 10.03 10.04	Exercise 2: Feeling Situations - Two volunteers share a sexually risky situation and identify their feelings about it and the associated trigger(s)
		11.01 13.06	Exercise 3: Coping Styles - Information about main ways of coping is presented and two role-plays are performed about coping styles and how to analyze a situation; clients are also given a “Ways of Coping” handout
			<ul style="list-style-type: none"> <li>■ 11.01 Discussion – Sexual risk reduction</li> <li>■ 08.66 Information – Other</li> <li>■ 09.03 Demonstration – Negotiation/communication</li> <li>■ 09.04 Demonstration – Decision making</li> <li>■ 10.03 Practice – Negotiation/communication</li> <li>■ 13.06 Distribution – Education materials</li> </ul>

**TABLE 3. INTERVENTION PLAN CHARACTERISTICS  
GROUP-LEVEL SESSIONS AND VISIT TO COMMUNITY CENTER (CONTINUED)**

Variable	NHM&E DS Number	Variable Code	Guidance
		<b>Session 5: Recognizing and Coping With Feelings (continued)</b>	
			<p>Exercise 4: How to Solve a Problem (SMART) - Information provided on SMART problem solving, followed by an exercise and “Problem Analysis Form” to dissect a problem, including identification of possible solutions; “Advantages and Disadvantages of Getting Tested for HIV” and “Fact Sheet on HIV Testing” also handed out and a role-play performed about the decision to get tested for HIV</p> <ul style="list-style-type: none"> <li>■ 08.15 Information - Decision making</li> <li>■ 09.04 Demonstration - Decision making</li> <li>■ 10.04 Practice - Decision making</li> <li>■ 13.06 Distribution - Education materials</li> </ul>
			<p>Exercise 5: How to Use Relaxation in a Tough Situation - Information provided on 1-minute relaxation techniques and “Quickie Relaxation Cards” distributed</p> <ul style="list-style-type: none"> <li>■ 08.66 Information - Other</li> <li>■ 13.06 Distribution - Education Materials</li> </ul>
Activity	F10	<b>Session 6: Negotiating Effectively</b>	
		05.00	<p>Exercise 2: What Are My Sexual Values? - Role-play performed about standing up for personal values when negotiating safer sex, after which clients complete the “My Sexual Values” form, either agreeing or disagreeing with statements to ascertain their sexual values (e.g., Do not force your partner to have sex: agree or disagree), and discuss feelings about sexual values</p> <ul style="list-style-type: none"> <li>■ 05.00 Personalized risk assessment</li> <li>■ 9.03 Demonstration - Negotiation/communication</li> <li>■ 10.03 Practice - Negotiation/communication</li> <li>■ 11.01 Discussion - Sexual risk reduction</li> </ul>
		09.03	
		09.04	
		10.03	
		10.04	
		11.01	
		11.18	

**TABLE 3. INTERVENTION PLAN CHARACTERISTICS  
GROUP-LEVEL SESSIONS AND VISIT TO COMMUNITY CENTER (CONTINUED)**

Variable	NHM&E DS Number	Variable Code	Guidance
<b>Session 6: Negotiating Effectively (continued)</b>			
			<p>Exercise 3: What to Do When the Pressure Is On – Clients role-play scenario about standing up for your personal values even when under peer pressure; group uses “Problem Analysis Form” to dissect an example of a boy’s problems, identifying problems and brainstorming how they might be solved</p> <ul style="list-style-type: none"> <li>■ 09.03 Demonstration – Negotiation/ communication</li> <li>■ 11.18 Discussion – Negotiation/ communication</li> </ul>
			<p>Exercise 4: How to Communicate With Confidence - Participants practice communication skills by reacting to a scene with an “I” statement and use the “Confident Communication Feedback” form to provide feedback to others regarding their confident communication</p> <ul style="list-style-type: none"> <li>■ 09.03 Demonstration – Negotiation/ communication</li> <li>■ 10.03 Practice – Negotiation/ communication</li> </ul>
			<p>Exercise 5: How Safe Is My Partner? – Clients role-play two scenes about how to determine how safe a sexual partner is: (1) girl to assess relative safety of having sex with boy, (2) boy to assess relative safety of having sex with girl</p> <ul style="list-style-type: none"> <li>■ 09.04 Demonstration – Decision making</li> <li>■ 10.04 Practice – Decision making</li> </ul>

**TABLE 3. INTERVENTION PLAN CHARACTERISTICS  
GROUP-LEVEL SESSIONS AND VISIT TO COMMUNITY CENTER (CONTINUED)**

Variable	NHM&E DS Number	Variable Code	Guidance
Activity	F10	<b>Session 7: Self-talk</b>	
		08.15 10.04 13.06 89	<p>Exercise 2: Recognizing Harmful or Helpful Thoughts – Clients play a game to figure out which thoughts help and which ones prevent us from practicing safer sex (using Thought Cards)</p> <ul style="list-style-type: none"> <li>■ 10.04 Practice – Decision making</li> </ul>
			<p>Exercise 3: Switching From Harmful to Helpful Thoughts - Information is presented on recognizing harmful thoughts, stopping harmful thoughts, and challenging harmful thoughts; participants then volunteer and practice “switching thoughts”</p> <ul style="list-style-type: none"> <li>■ 08.15 Information – Decision making</li> <li>■ 10.04 Practice – Decision making</li> </ul>
			<p>Exercise 4: Giving Myself Some Pats on the Back – Clients volunteer to answer, “What 3 good things did each of you do in today’s session?”</p> <ul style="list-style-type: none"> <li>■ 89 Other (specify) – “Self Pat on the Back” activity</li> </ul>
			<p>Exercise 5: Using Self-Talk in Tough Situations – Clients learn how to break down a situation and take advantage of self-talk for making safer decisions; clients receive an “Examples of Self-Talk” handout</p> <ul style="list-style-type: none"> <li>■ 08.15 Information – Decision making</li> <li>■ 13.06 Distribution – Education materials</li> </ul>

**TABLE 3. INTERVENTION PLAN CHARACTERISTICS  
GROUP-LEVEL SESSIONS AND VISIT TO COMMUNITY CENTER (CONTINUED)**

Variable	NHM&E DS Number	Variable Code	Guidance
Activity	F10	<b>Session 8: Staying Safe Over Time</b>	
		09.04 10.04 11.01 11.19 13.06 89	<p>Exercise 2: How to Handle Difficult Sexual Situations–Clients role-play and discuss making decisions in risky sexual situations and learn how to argue against rationalizations; clients receive “People’s Actions” handout, which explains that people do things when they anticipate something good will come out of it</p> <ul style="list-style-type: none"> <li>■ 09.04 Demonstration – Decision making</li> <li>■ 11.19 Discussion – Decision making</li> <li>■ 13.06 Distribution – Education materials</li> </ul>
			<p>Exercise 3: Dealing With Rationalizations – Group exercise to practice arguing against harmful rationalizations</p> <ul style="list-style-type: none"> <li>■ 10.04 Practice – Decision making</li> </ul>
			<p>Exercise 4: Preparing for and Dealing With Slips – Clients use “Goals Setting/Confidence Rating” sheet to identify and rank importance of all the things “you want to do, be and have in the next three years,” followed by a rank of confidence in accomplishing these things</p> <ul style="list-style-type: none"> <li>■ 89 Other (specify) – “Goals Setting and Confidence Rating”</li> </ul>
			<p>Exercise 5: Creating a Media Message – Clients make a rap music video, soap opera, or commercial on safer sex, followed by discussion</p> <ul style="list-style-type: none"> <li>■ 11.01 Discussion – Sexual risk reduction</li> <li>■ 89 Other (specify) – “Staying Safe” video</li> </ul>

**TABLE 3. INTERVENTION PLAN CHARACTERISTICS  
GROUP-LEVEL SESSIONS AND VISIT TO COMMUNITY CENTER (CONTINUED)**

Variable	NHM&E DS Number	Variable Code	Guidance
		<b>Session 8: Staying Safe Over Time (continued)</b>	
			<p>Exercise 6: Ending the Group – Clients use postcards to document how they imagine their lives will be in 3 years</p> <ul style="list-style-type: none"> <li>■ 89 Other (specify) <ul style="list-style-type: none"> <li>– Imagining life in 3 years</li> </ul> </li> </ul>
		<b>Session 10: Visit to a Community Resource</b>	
Activity	F10	08.08 11.115	<p>Staff members take Street Smart clients to a community resource that provides social services for homeless youths; youths gain an understanding of the available services, how they may be accessed, and their services</p> <ul style="list-style-type: none"> <li>■ 08.08 Information <ul style="list-style-type: none"> <li>– Availability of social services</li> </ul> </li> <li>■ 11.15 Discussion <ul style="list-style-type: none"> <li>– Availability of social services</li> </ul> </li> </ul>
Delivery Method	F11	01	<p>Indicate how the intervention will be delivered. Street Smart’s group sessions are “facilitated [in person] by two trained counselors” (variable value code: 01).</p>
Detailed Behavior Collection	F13	1	<p>Detailed behavioral data are collected from participants enrolled in Street Smart (variable value code: 1).</p>
Level of Data Collection	F14	1	<p>Street Smart requires the collection of detailed behavioral data from each individual client (variable value code: 1).</p>
Duration of Intervention Cycle	F15	Agency determined	<p>CDC’s Procedural Guidance recommends that the “intervention [both group- and individual-level sessions] is held over a two to six week period.”</p>
Unit of Duration	F16	Agency determined	<p>CDC’s Procedural Guidance recommends that the “intervention [both group- and individual-level sessions] is held over a two to six week period.”</p> <ul style="list-style-type: none"> <li>■ If less than one month, variable value code: 2 (days)</li> <li>■ If more than one month, variable value code: 1 (months)</li> </ul>
Specified Recall Period	F17	Agency determined	<p>Identify the recall period your agency wants to use for the collection of detailed behavioral data. The forms in this evaluation field guide use a 30-day recall period (variable value code: 04).</p>

**TABLE 4. INTERVENTION PLAN CHARACTERISTICS  
INDIVIDUAL COUNSELING SESSION**

Variable	NHM&E DS Number	Variable Code	Guidance
Intervention Type	F01	06	The Individual Counseling Session is Health Education/Risk Reduction (variable value code: 06).
Total Number of Clients	F05	Agency determined	The total number of clients will equal the planned number of cycles (F07) multiplied by the number of individuals expected to be served in each intervention cycle.
Planned Number of Cycles	F07	Agency determined	A cycle is the complete delivery of an intervention to its intended audience. Agencies must calculate how many times they intend to implement the cycle within the Program Model period.  For Street Smart’s individual-level intervention, one session = one cycle.
Number of Sessions	F08	Agency determined	Indicate the number of sessions you plan to implement during the Program Plan period.  The Street Smart program specifies one individual-level session per client (“one individual counseling session”).
Unit of Delivery	F09	01	Individual Counseling Sessions are “one-on-one time [that] can be used to answer personal questions (variable value code: 01).
Activity	F10	<b>Session 9: Individual Counseling Session</b>	
		05.00	<p>Creating Motivation: Counselor asks questions to assess what is important to the client, his/her goals (especially toward safer sex), and worries he/she has about unprotected sex</p> <ul style="list-style-type: none"> <li>■ 05.00 Personalized Risk Assessment</li> </ul>
			<p>Identifying Triggers: Counselor asks questions to help client identify his/her triggers for unsafe sex</p> <ul style="list-style-type: none"> <li>■ 05.00 Personalized Risk Assessment</li> </ul>
			<p>Plans for Success: Counselor helps establish client-specific plan for success (e.g., goals regarding safer sex, steps toward goals, support systems)</p> <ul style="list-style-type: none"> <li>■ 05.00 Personalized Risk Assessment</li> </ul>

**TABLE 4. INTERVENTION PLAN CHARACTERISTICS  
INDIVIDUAL COUNSELING SESSION (CONTINUED)**

Variable	NHM&E DS Number	Variable Code	Guidance
Delivery Method	F11	01	Street Smart’s individual session is delivered in person (variable value code: 01).
Detailed Behavior Collection	F13	1	Detailed behavioral data are collected from participants enrolled in Street Smart (variable value code: 1).
Level of Data Collection	F14	1	Street Smart requires the collection of individual client-level data for the individual-level intervention (variable value code: 1).
Duration of Intervention Cycle	F15	Agency determined	CDC’s Procedural Guidance recommends that the “intervention [both group- and individual-level sessions] is held over a two to six week period.”
Unit of Duration	F16	Agency determined	CDC’s Procedural Guidance recommends that the “intervention [both group- and individual-level sessions] is held over a two to six week period.”
Specified Recall Period	F17	Agency determined	Identify the recall period your agency wants to use for the collection of detailed behavioral data. The forms in this evaluation field guide use a 30-day recall period (variable value code: 04).

### NHM&E CLIENT SERVICES DATA

Client services data provide information about the clients who participate in sessions and information about each session in which the clients participate. Client services data describe the demographic and risk characteristics of individuals who participated in Street Smart, the sessions in which the clients participated, and the activities implemented during each session. The client services data for Street Smart involve the collection of client-level data for NHM&E DS Tables G1, G2, and H.

#### CLIENT-LEVEL DATA

Specific information is gathered about each client (e.g., “The client was a 15-year-old African American male”).

Client services data provide your organization with process monitoring data. These data allow you to monitor whom you are serving and what you are doing. You can compare this information from your implementation of Street Smart with what you planned to do, which you included in your plan. This will help ensure that your activities, data collection protocols, and enrolled participants are consistent with your plan.

## SECTION 2: OBJECTIVES AND EVALUATION QUESTIONS

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

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

### STREET SMART PROGRAM OBJECTIVES

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

- To implement Street Smart sessions as described in the implementation manual
- To implement the core elements as described in the implementation manual
- To have a certain percentage (*agency determined*) of homeless and runaway youths who are enrolled in Street Smart complete all 10 Street Smart sessions
- To increase youths' knowledge of HIV and STDs
- To increase youths' awareness of personal risk
- To increase youths' knowledge of risk reduction strategies
- To increase awareness of local social services among youths completing Street Smart

### PROCESS MONITORING QUESTIONS

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

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

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

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> <li>■ Description of sessions' content, activities, and materials</li> <li>■ Feedback from participants</li> </ul>	<ul style="list-style-type: none"> <li>■ Facilitator observation forms</li> <li>■ Fidelity forms</li> <li>■ Participant satisfaction surveys</li> </ul>	<ul style="list-style-type: none"> <li>■ Compare the activities conducted with the core elements as they are described in the Street Smart manual</li> </ul>

## 2. How many youths enrolled in Street Smart sessions?

Information about enrollment in Street Smart can help an agency determine the number of youths who were at least “touched” by the intervention. This number also gives the agency a baseline for determining the completion rate for the program.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> <li>Number of individuals attending at least one session of Street Smart</li> </ul>	<ul style="list-style-type: none"> <li>Participant enrollment form</li> <li>Group session enrollment sheet</li> <li>Individual counseling interview guide</li> <li>Community session enrollment sheet</li> <li>Facilitator observation forms</li> <li>Participant satisfaction surveys</li> </ul>	<ul style="list-style-type: none"> <li>Combine the list of individuals in attendance at all Street Smart sessions</li> <li>Review and remove duplicate names from combined list</li> <li>Total the number of individuals</li> </ul>

## 3. How many youths participated in each of the Street Smart sessions?

An agency needs to collect attendance at each of the Street Smart sessions and for the visit to the community resource. In conjunction with process evaluation, this information can be used to determine the trends and the need for addressing factors that may influence attendance, or lack of, at particular sessions.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> <li>Number of individuals at each session/event</li> </ul>	<ul style="list-style-type: none"> <li>Participant enrollment form</li> <li>Group session enrollment sheet</li> <li>Community session enrollment sheet</li> <li>Facilitator observation forms</li> <li>Participant satisfaction surveys</li> </ul>	<ul style="list-style-type: none"> <li>For each Street Smart session, combine the list of individuals in attendance</li> <li>Remove any duplicate names from each list</li> <li>Total the number of individuals who attended each of the 10 sessions</li> </ul>

**4. How many youths enrolled in Street Smart completed all 10 sessions?**

An agency can review collected attendance information to examine trends in attendance at each of the Street Smart sessions and for the visit to the community resource. If you have a low proportion of youths enrolled in Street Smart, you may have to gather more information to understand why they are not coming to additional sessions. These data can also be used to determine the need for assessing factors that may influence attendance, or lack of, at particular sessions.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> <li>■ Number of individuals enrolled in Street Smart</li> <li>■ Number of individuals at each session/event</li> </ul>	<ul style="list-style-type: none"> <li>■ Participant enrollment form</li> <li>■ Group session enrollment sheet</li> <li>■ Community session enrollment sheet</li> <li>■ Facilitator observation forms</li> <li>■ Participant satisfaction surveys</li> </ul>	<ul style="list-style-type: none"> <li>■ Review the full list of youths enrolled in Street Smart</li> <li>■ Remove any duplicate names from the list</li> <li>■ Total the number youths who completed all 10 Street Smart sessions</li> </ul>

**5. What was the risk profile of the youths completing all Street Smart sessions?**

Street Smart was intended for runaway and homeless youths who engage in behaviors that place them at high risk of becoming infected with HIV/STDs. These data will help your agency monitor whether or not you are reaching individuals at high risk. The information also produces information that can be used to inform the development of other prevention activities.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> <li>■ Behavioral risk data (e.g., sex and drug use practices)</li> </ul>	<ul style="list-style-type: none"> <li>■ Program enrollment form</li> <li>■ Individual counseling interview guide</li> <li>■ Follow-up contact form</li> </ul>	<ul style="list-style-type: none"> <li>■ Examine the behavioral risk characteristics of Street Smart participants (e.g., calculate the average number of sex partners in the past 30 days or the average number of unprotected sex events in the past 30 days)</li> </ul>

**6. What were the demographic characteristics of the youths completing all Street Smart sessions?**

Street Smart was designed to reach runaway and homeless youths. A demographic profile of the individuals served by the program demonstrates that the population for which the intervention is intended is being reached. The information also provides information that can be used to inform the development of other prevention activities.

DATA	DATA SOURCE	ANALYSIS
Demographic data from individuals, including: <ul style="list-style-type: none"> <li>■ Age</li> <li>■ Race</li> <li>■ Ethnicity</li> <li>■ Gender</li> <li>■ Education level</li> <li>■ Employment status</li> <li>■ Sexual orientation</li> <li>■ Geographic location</li> </ul>	<ul style="list-style-type: none"> <li>■ Program enrollment form</li> <li>■ Individual counseling interview guide</li> <li>■ Community resource visit log</li> <li>■ Follow-up contact form</li> </ul>	<ul style="list-style-type: none"> <li>■ Examine the demographic characteristics of the participants (e.g., calculate the percentage of youths who are male and those who are female)</li> </ul>

**PROCESS EVALUATION QUESTIONS**

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

**1. Which of the core elements were implemented as described in the implementation manual?**

It is important to know if an agency’s implementation of the Street Smart core elements matches the intended implementation described in the manual. An agency’s implementation of Street Smart will affect the outcomes realized.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> <li>■ Description of sessions’ content, activities, and materials</li> <li>■ Feedback from participants</li> </ul>	<ul style="list-style-type: none"> <li>■ Facilitator observation forms</li> <li>■ Fidelity forms</li> <li>■ Participant satisfaction surveys</li> </ul>	<ul style="list-style-type: none"> <li>■ Compare the activities conducted with the core elements as they are described in the Street Smart manual</li> </ul>

## 2. How and why were Street Smart activities modified?

Agencies may modify Street Smart activities, including the key characteristics of the program, based on agency resources, priorities, and in consideration of current activities, as long as the core elements are maintained. For example, intervention activities may be tailored or modified to accommodate characteristics of the target population. The core elements of the program cannot be modified.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> <li>■ Description of sessions' content, activities, and materials</li> <li>■ Feedback from participants</li> </ul>	<ul style="list-style-type: none"> <li>■ Facilitator observation forms</li> <li>■ Fidelity forms</li> <li>■ Community resource visit log</li> </ul>	<ul style="list-style-type: none"> <li>■ Compare the activities conducted with the core elements as they are described in the Street Smart manual</li> <li>■ Identify the activities not conducted as written in the Street Smart implementation manual</li> <li>■ Document the rationale for any changes made</li> </ul>

## 3. What proportion of youths enrolled in Street Smart completed all 10 sessions?

An agency can review attendance data from each Street Smart session and from the visit to the community resource to determine trends in attendance. If you have a low proportion of youths enrolled and completing Street Smart, then you may have to gather more information to better understand why they are not coming to additional sessions. These data can also be used to determine the need for assessing factors that may influence attendance, or lack of, at particular sessions.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> <li>■ Number of individuals enrolled in Street Smart</li> <li>■ Number of individuals at each session/event</li> </ul>	<ul style="list-style-type: none"> <li>■ Participant enrollment form</li> <li>■ Group session enrollment sheet</li> <li>■ Community session enrollment sheet</li> <li>■ Facilitator observation forms</li> <li>■ Participant satisfaction surveys</li> </ul>	<ul style="list-style-type: none"> <li>■ Divide the number of youths completing all 10 sessions by the number of individuals enrolled in Street Smart</li> </ul>

4. **What proportion of youths completing Street Smart match the risk profile of the targeted group?**

Street Smart was intended for runaway and homeless youths who engage in behaviors that place them at high risk of becoming infected with HIV/STDs. These data will help your agency monitor whether or not you are reaching individuals at high risk. If you are not reaching your intended target population, you may have to gather more information to better understand why. These data will also help with a more effective recruitment and retention plan and yield information that can be used to inform the development of other prevention activities.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> <li>■ Behavioral risk data (e.g., sex and drug use practices)</li> </ul>	<ul style="list-style-type: none"> <li>■ Program enrollment form</li> <li>■ Individual counseling interview guide</li> <li>■ Follow-up contact form</li> </ul>	<ul style="list-style-type: none"> <li>■ For each behavioral risk characteristic, divide the number of youths completing all Street Smart sessions in a particular risk category by the number specified in your implementation plan. For example, if your agency intended to serve 200 youths who engaged in unprotected sex with more than one partner in the past 30 days and your agency had 125 youths matching that criterion complete the program, you would divide 125 by 200 to get a proportion of 0.625.</li> </ul>

**5. What proportion of youths completing Street Smart match the demographic profile of the targeted group?**

Street Smart was designed to reach runaway and homeless youths. A demographic profile of the individuals served by the program demonstrates that the population for which the intervention is intended is being reached. If you are not reaching your intended target population, you may have to gather more information to understand why. These data also yield information that can be used to inform the development of other prevention activities, such as recruitment and retention.

DATA	DATA SOURCE	ANALYSIS
Demographic data from individuals, including: <ul style="list-style-type: none"> <li>■ Age</li> <li>■ Race</li> <li>■ Ethnicity</li> <li>■ Gender</li> <li>■ Education level</li> <li>■ Employment status</li> <li>■ Sexual orientation</li> <li>■ Geographic location</li> </ul>	<ul style="list-style-type: none"> <li>■ Program enrollment form</li> <li>■ Individual counseling interview guide</li> <li>■ Community resource visit log</li> <li>■ Follow-up contact form</li> </ul>	<ul style="list-style-type: none"> <li>■ For each demographic characteristic, divide the number of Street Smart participants in a particular demographic category by the number specified in your implementation plan. For example, if your agency intended to target 200 homeless African American young men, and your agency had 165 youths matching that criterion complete the program, you would divide 165 by 200 to get a proportion of 0.825.</li> </ul>

**6. What were the barriers to and facilitators of implementing Street Smart?**

Identifying the barriers (i.e., what made it difficult, such as scheduling issues, dropouts, being short-staffed) can help enhance or improve strategies used to implement the intervention. It is also important to identify facilitators (i.e., what made it easy, such as the usability of the guide, comprehensiveness of tracking materials) of implementing Street Smart, recognizing successful implementation activities and approaches.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> <li>■ Challenges/facilitators identified</li> <li>■ Data provided by session participants</li> </ul>	<ul style="list-style-type: none"> <li>■ Facilitator observation forms</li> <li>■ Fidelity forms</li> <li>■ Participant satisfaction surveys</li> </ul>	<ul style="list-style-type: none"> <li>■ Identify and summarize barriers to and facilitators of implementation</li> <li>■ Identify themes and strategies to overcome barriers and challenges</li> </ul>

## OUTCOME MONITORING QUESTIONS

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

### 1. What proportion of participants showed an increased awareness and knowledge of HIV/STDs?

This information informs whether participants have an enhanced understanding of HIV and the variety of STDs and their routes of transmission as well as basic knowledge of sexual health and safety.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> <li>■ Data on knowledge and awareness of HIV/STDs</li> <li>■ Participants’ self-reports and discussions about HIV/STDs</li> </ul>	<ul style="list-style-type: none"> <li>■ Pretest-posttest surveys (HIV/STD transmission, symptoms, and condom use and HIV transmission routes)</li> <li>■ Participant satisfaction surveys</li> </ul>	<ul style="list-style-type: none"> <li>■ On the pretest and posttest, calculate the total number of correct answers for items pertaining to awareness and knowledge of HIV/STDs</li> <li>■ Total the number of participants who had a higher number of correct answers on the posttest compared with the pretest</li> <li>■ Divide that number by the total number of youths with both a pretest and a posttest</li> <li>■ Review postsession satisfaction forms for information or trends indicating increased awareness and knowledge of HIV/STDs</li> </ul>

**2. What proportion of youths showed a change in awareness of their personal risk?**

Changes may include acknowledgment of personal risk. Street Smart was designed to teach runaway and homeless youths about HIV/AIDS risk, enhance their awareness of risky sexual situations (e.g., partners who may put them at risk), show them how to recognize and control risky behaviors (e.g., substance use, unprotected sex), and help them develop the skills to cope with personal triggers (e.g., coping with feelings, using positive “self-talk,” negotiating effectively).

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> <li>■ Data about personal risk</li> <li>■ Participants' self-reports and discussions about personal risk</li> </ul>	<ul style="list-style-type: none"> <li>■ Pretest-posttest surveys (perception of risk)</li> <li>■ Participant satisfaction surveys</li> <li>■ Counseling interview guide</li> </ul>	<ul style="list-style-type: none"> <li>■ On the pretest and posttest, calculate the total number of correct answers for items pertaining to awareness of risk behaviors</li> <li>■ Total the number of participants who had a higher number of correct answers on the posttest compared with the pretest</li> <li>■ Divide that number by the total number of youths with both a pretest and a posttest</li> <li>■ Review postsession satisfaction forms for information or trends indicating increased awareness of personal risk</li> </ul>

**3. What proportion of youths showed an improved attitude toward condom use?**

Changes may include improved attitudes toward using condoms or dams. Street Smart was designed to teach runaway and homeless youths about HIV/AIDS risk, enhance their awareness of risky sexual situations (e.g., partners who may put them at risk), show them how to recognize and control risky behaviors (e.g., substance use, unprotected sex), and develop the skills to cope with personal triggers (e.g., coping with feelings, using positive “self-talk,” negotiating effectively).

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> <li>■ Data about condom attitudes and use</li> <li>■ Participants’ self-reports and discussions about condom attitudes and use</li> </ul>	<ul style="list-style-type: none"> <li>■ Pretest-posttest surveys (condom attitudes/use)</li> <li>■ Participant satisfaction surveys</li> <li>■ Counseling interview guide</li> </ul>	<ul style="list-style-type: none"> <li>■ On the pretest and posttest, compare client’s agreement with statements related to condom attitudes. Assume items range from strongly disagree = 1 to strongly agree = 5; for each client, total the score for each item for the pretest and posttest for the composite scores.</li> <li>■ Total the number of participants who had a higher posttest composite score compared with their pretest score.</li> <li>■ Divide the number above by the total number of youths with both a pretest and a posttest.</li> <li>■ Review postsession satisfaction surveys for information or trends indicating improved attitude toward condom use.</li> </ul>

4. **What proportion of youths reported an increase in intention to use condoms or dental dams with their sexual partners?**

Increased intention to use condoms or dams with their sexual partners is one of the anticipated outcomes for Street Smart participants. These data will help you better understand the extent to which your clients intend to practice safer sex.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> <li>■ Participants' self-report of intention to use condoms/dams</li> </ul>	<ul style="list-style-type: none"> <li>■ Pretest-posttest survey (intentions)</li> <li>■ Individual counseling interview guide</li> </ul>	<ul style="list-style-type: none"> <li>■ Count the number of clients who selected "no" using condoms in the future on the pretest.</li> <li>■ Count the number of those who selected "no" to those items on the pretest and "yes" on the posttest.</li> <li>■ Divide the second number above by the total number of youths who initially selected "no."</li> </ul>

5. What proportion of youths showed an increased understanding of the relationship between drug use and high-risk sexual behavior?

This information indicates whether or not participants understand how drugs and alcohol affect their sexual behavior and if they are thinking about adopting safer drug use and sex practices.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> <li>■ Data about drugs, alcohol, and sexual risk</li> <li>■ Participants' self-reports and discussions about drugs, alcohol, and sexual risk</li> </ul>	<ul style="list-style-type: none"> <li>■ Pretest-posttest survey (drugs, alcohol, and sexual risk)</li> <li>■ Postsession satisfaction surveys</li> <li>■ Individual counseling interview guide</li> </ul>	<ul style="list-style-type: none"> <li>■ On the pretest and posttest, compare client's agreement with statements related to drugs, alcohol, and sexual risk. Assume items range from strongly disagree = 1 to strongly agree = 5; for each client, total the score for each item for the pretest and posttest for the composite scores.</li> <li>■ Total the number of participants who had a higher posttest composite score compared with their pretest score.</li> <li>■ Divide the number above by the total number of youths with both a pretest and posttest.</li> <li>■ Review postsession satisfaction surveys and counseling interview guides for information or trends regarding drugs, alcohol, and sexual risk.</li> </ul>

**6. What proportion of youths showed an understanding of how to obtain HIV/STD information from community resources?**

This information provides insight on whether or not participants recognize how to use community resources to obtain information about HIV/STDs and safer sex practices.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> <li>■ Outcome monitoring data on using community resources to get HIV/STD information and resources</li> <li>■ Perceptions and comments made about community resources</li> </ul>	<ul style="list-style-type: none"> <li>■ Facilitator observation forms</li> <li>■ Community resource visit log</li> <li>■ Participant satisfaction surveys</li> <li>■ Fidelity forms</li> <li>■ Follow-up contact form</li> </ul>	<ul style="list-style-type: none"> <li>■ Examine and compare changes in knowledge and awareness of community resources</li> <li>■ Summarize observations and feedback from facilitators and observers</li> </ul>

**7. What changes in visits to community resources for information about safer sex practices and/or HIV/STD prevention information occurred among participants?**

The information indicates the increase or decrease in participants' visits to community resources for HIV/STD prevention information. Changes may involve an increased number of visits by youths to a community resource.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> <li>■ Outcome monitoring data on using community resources to get HIV/STD information and resources</li> <li>■ Perceptions and comments made about community resources</li> </ul>	<ul style="list-style-type: none"> <li>■ Follow-up contact form</li> </ul>	<ul style="list-style-type: none"> <li>■ Examine and compare number of visits by youths to community resources</li> <li>■ Summarize observations and feedback from facilitators and observers</li> </ul>

## SECTION 3: DATA COLLECTION SCHEDULE AND ACTIVITIES

### DATA COLLECTION SCHEDULE

This section describes the data collection processes and instruments for Street Smart. Table 5 indicates when each instrument should be administered, who administers the instrument, and who should complete the instrument. The subsequent tables (Tables 6–9) provide more detail regarding data collection activities and schedules for each component of Street Smart.

<b>TABLE 5. DATA COLLECTION SCHEDULE</b>			
<b>Instrument</b>	<b>When to Use</b>	<b>Administered By</b>	<b>Completed By</b>
Participant enrollment form	During client intake activities prior to session 1	Facilitator	Facilitator
Informed consent	5–7 minutes before session 1	Facilitator	Participant
Group session enrollment sheet	5–7 minutes before each group session	Facilitator	Participant
Community session enrollment sheet	5–7 minutes before each group session	Facilitator	Participant
Pretest-posttest survey	5–7 minutes before session 1 (pretest); 5–7 minutes after session 10 (posttest)	Facilitator	Participant
Participant satisfaction surveys	After each session	Facilitator	Participant
Fidelity forms	After each session	Facilitator	Facilitator
Facilitator observation forms	After each session	Supervisor or observer	Supervisor or observer
Confident communication feedback form	After session 6	Facilitator	Facilitator
Individual counseling interview guide	During session 9, individual counseling	Counselor	Counselor
Community resource visit log	5–7 minutes after the last session	Facilitator	Facilitator
Follow-up contact forms	5–7 minutes after the last session	Facilitator	Facilitator

## DATA COLLECTION ACTIVITIES

Tables 6–9 are arranged by Street Smart activity. Each table indicates when data should be collected, the 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 Street Smart.

<b>TABLE 6. PARTICIPANT ENROLLMENT DATA COLLECTION ACTIVITIES</b>	
<b>Data Collection Methods</b>	<ul style="list-style-type: none"> <li>Questionnaires and surveys</li> </ul>
<b>Instruments</b>	<ul style="list-style-type: none"> <li>Participant enrollment form</li> <li>Informed consent</li> <li>Group session enrollment sheet</li> <li>Community session enrollment sheet</li> </ul>
<b>When to Collect the Data</b>	<ul style="list-style-type: none"> <li>During participant intake activities</li> <li>Before group and community sessions</li> </ul>
<b>Resources Needed</b>	<ul style="list-style-type: none"> <li>Staff time to administer surveys</li> <li>Staff time to organize and analyze data</li> <li>Expertise to analyze data</li> <li>Access to health care provider/clinic client population</li> <li>Database to manage data</li> </ul>
<b>Data Provided</b>	<ul style="list-style-type: none"> <li>Number and characteristics of participants</li> <li>Demographic characteristics of session participants</li> <li>Risk profile of session participants</li> <li>Behavioral intentions regarding sexual risk, safer sex, condom use, and drug/alcohol use</li> <li>Sexual activity behaviors</li> <li>Condom use behaviors</li> <li>Substance use behaviors</li> </ul>
<b>Analysis</b>	<ul style="list-style-type: none"> <li>Descriptive analysis</li> </ul>
<b>Related Evaluation Questions</b>	<ul style="list-style-type: none"> <li>What were the demographic characteristics of the youths served?</li> <li>What proportion of the target population was served by the intervention?</li> <li>What proportion of youths showed a change in awareness of their personal risk?</li> </ul>
<b>Possible Uses of Data</b>	<ul style="list-style-type: none"> <li>Ensure that target population is being reached</li> <li>Improve implementation of the intervention</li> </ul>

<b>TABLE 7. GROUP SESSIONS' DATA COLLECTION ACTIVITIES</b>	
<b>Data Collection Methods</b>	<ul style="list-style-type: none"> <li>Observation</li> <li>Questionnaires and surveys in Data Collection Protocols section</li> </ul>
<b>Instruments</b>	<ul style="list-style-type: none"> <li>Group session enrollment sheet</li> <li>Pretest-posttest survey</li> <li>Facilitator observation forms</li> <li>Confident communication feedback form</li> <li>Participant satisfaction surveys</li> <li>Fidelity forms</li> </ul>

**TABLE 7. GROUP SESSIONS' DATA COLLECTION ACTIVITIES (CONTINUED)**

<b>When to Collect the Data</b>	<ul style="list-style-type: none"> <li>■ Group session enrollment sheet before each session</li> <li>■ Pretest survey before the first session</li> <li>■ Posttest survey after the last session</li> <li>■ Facilitator observation forms after each group session</li> <li>■ Participant satisfaction surveys after each group session</li> <li>■ Fidelity forms after each group session</li> </ul>
<b>Resources Needed</b>	<ul style="list-style-type: none"> <li>■ Facilitator time to collect information</li> <li>■ Supervisor/observer time to collect information</li> <li>■ Sufficient number of forms for participants</li> <li>■ Database for managing data</li> <li>■ Staff time to compile and analyze data</li> </ul>
<b>Data Provided</b>	<ul style="list-style-type: none"> <li>■ Session pretest-posttest information</li> <li>■ HIV/STD symptom and transmission knowledge</li> <li>■ Number and characteristics of participants</li> <li>■ Activities conducted during each session</li> <li>■ Materials distributed and referrals made</li> <li>■ Changes to activities and materials</li> <li>■ Session management and facilitation characteristics</li> <li>■ Session implementation information</li> <li>■ Session satisfaction information</li> </ul>
<b>Analysis</b>	<ul style="list-style-type: none"> <li>■ Descriptive analysis</li> <li>■ Thematic analysis of observation data</li> </ul>
<b>Related Evaluation Questions</b>	<ul style="list-style-type: none"> <li>■ Which of the core elements were implemented?</li> <li>■ Which of the core elements were implemented as described in the program manual?</li> <li>■ How and why were the program activities modified?</li> <li>■ What were the barriers to and facilitators of implementation?</li> <li>■ What proportion of youths showed an increased awareness and knowledge of HIV/STDs?</li> <li>■ What proportion of youths showed a change in awareness of their personal risk?</li> <li>■ What proportion of youths demonstrated increased knowledge of, ability to evaluate, skills, self-efficacy, and intention to negotiate condom use with partners?</li> <li>■ What proportion of youths showed an increased understanding of how substance use increases the probability of engaging in high-risk behaviors and intention to adopt safer sex and drug/alcohol use practices?</li> <li>■ What proportion of youths showed improved coping and problem-solving skills, self-efficacy, and intention to use these skills in risky situations (e.g., use of "self-talk")?</li> <li>■ What changes in intentions to negotiate safer sex practices and drug use occurred among participants?</li> </ul>
<b>Possible Uses of Data</b>	<ul style="list-style-type: none"> <li>■ Improve implementation</li> <li>■ Determine if the sessions were implemented with fidelity</li> <li>■ Identify trends and patterns in session facilitation</li> <li>■ Determine if tailoring achieves similar outcomes</li> <li>■ Ensure that targeted population is being reached</li> <li>■ Baseline data to compare against postimplementation data</li> <li>■ Plans for future Street Smart sessions</li> <li>■ Refine outreach strategies</li> <li>■ Communicate with stakeholders</li> </ul>

**TABLE 8. COUNSELING SESSION DATA COLLECTION ACTIVITIES**

<b>Data Collection Methods</b>	<ul style="list-style-type: none"> <li>Questionnaires and surveys</li> </ul>
<b>Instruments</b>	<ul style="list-style-type: none"> <li>Individual counseling interview guide</li> </ul>
<b>When to Collect the Data</b>	<ul style="list-style-type: none"> <li>During the individual counseling session (session 9)</li> </ul>
<b>Resources Needed</b>	<ul style="list-style-type: none"> <li>Counselor time to complete log and form</li> <li>Database to manage information</li> <li>Counselor time to compile and manage data</li> </ul>
<b>Data Provided</b>	<ul style="list-style-type: none"> <li>Demographic characteristics of session participants</li> <li>Behavioral intentions regarding sexual risk, safer sex, condom use, and drug/alcohol use</li> </ul>
<b>Analysis</b>	<ul style="list-style-type: none"> <li>Descriptive analysis</li> <li>Thematic analysis</li> </ul>
<b>Related Evaluation Questions</b>	<ul style="list-style-type: none"> <li>What were the demographic characteristics of the youths served?</li> <li>What proportion of youths showed improved coping and problem-solving skills, self-efficacy, and intention to use these skills in risky situations (e.g., use of “self-talk”)?</li> </ul>
<b>Possible Uses of Data</b>	<ul style="list-style-type: none"> <li>Improve implementation</li> <li>Develop plans for success</li> </ul>

**TABLE 9. COMMUNITY RESOURCE VISIT DATA COLLECTION ACTIVITIES**

<b>Data Collection Methods</b>	<ul style="list-style-type: none"> <li>Questionnaires and surveys</li> <li>Narratives</li> </ul>
<b>Instruments</b>	<ul style="list-style-type: none"> <li>Community resource visit log</li> <li>Follow-up contact form</li> </ul>
<b>When to Collect the Data</b>	<ul style="list-style-type: none"> <li>After the visit to the community resource</li> </ul>
<b>Resources Needed</b>	<ul style="list-style-type: none"> <li>Staff time to complete log and form</li> <li>Database to manage information</li> <li>Staff time to compile and manage data</li> </ul>
<b>Data Provided</b>	<ul style="list-style-type: none"> <li>Demographic characteristics of session participants</li> <li>Session/visit participants and community resource activities</li> <li>Materials distributed</li> </ul>
<b>Analysis</b>	<ul style="list-style-type: none"> <li>Descriptive analysis</li> </ul>
<b>Related Evaluation Questions</b>	<ul style="list-style-type: none"> <li>What proportion of youths showed an understanding of how to obtain HIV/STD information from community resources?</li> <li>What changes in visits to community resource for information about safer sex practices and/or HIV/STD prevention information occurred among participants?</li> </ul>
<b>Possible Uses of Data</b>	<ul style="list-style-type: none"> <li>Demonstrate community involvement in Street Smart project</li> <li>Determine what materials are reaching community members</li> <li>Identify new community resources</li> <li>Make changes to community network</li> <li>Communicate with community stakeholders</li> </ul>

## SECTION 4: DATA COLLECTION PROTOCOLS AND FORMS

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

The instruments and data collection forms in this section are organized by type of session—program enrollment, group sessions, individual counseling session, and visit to a community resource. Each form includes instructions and recommendations for administering and/or completing the form. Additionally, certain forms include items that collect NHM&E DS variables that will be submitted to CDC.<sup>3</sup> Following the instructions for these forms is a table listing the NHM&E DS variables and the item on the form that corresponds to that variable.

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

## **PARTICIPANT ENROLLMENT FORMS**

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The following instruments are administered during the enrollment process for Street Smart. The instruments and protocols for administering each instrument can be found on the following pages:

- Participant enrollment form
- Informed consent
- Group session enrollment sheet
- Community session enrollment sheet

## PARTICIPANT ENROLLMENT FORM

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### *When to Use:*

- During client intake activities prior to session 1

### *Administered by:*

- Facilitator

### *Completed by:*

- Facilitator

### *Instructions:*

This form will help you gather information from the youths in the community who will participate in the Street Smart project. This form will also help you assess the appropriateness of this intervention for the youths. The form should be completed by the facilitator prior to the first session and be done as a part of the client intake activities. The questions on the form are designed to collect client demographic and risk information. Because Street Smart is designed for youths between the ages of 11 and 18 years, it is critical that you are familiar with local laws regarding soliciting information from minors.

Please instruct the facilitator to read the questionnaire instructions to the respondent and ask him or her to answer the questions as truthfully as possible. Be sure to ask the facilitator to remind the respondent to listen carefully to each question and the corresponding answer choices provided. It is important that the facilitator inform each prospective participant that all answers will remain confidential to the extent allowed by law.

The questions on the form are designed to collect client demographic and risk information, including client-level data for CDC NHM&E DS Tables G1, G2, and I. Note that the variables presented in the table include only those required variables captured on this instrument. Please refer to the NHM&E DS (CDC, 2008d) for the complete list and a description of all M&E variables required for reporting to CDC, optional variables for local M&E, or the 2008 NHM&E DS Variable Requirements (Appendix C).

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

Table	NHM&E DS Number	Variable Name	Item #
<b>Client Characteristics—Demographic</b> (NHM&E DS Table G1)	01	Date collected (today's date)	
	12	Date of birth—Year	2
	13	Age (system calculated)	
	14	Ethnicity	7
	16	Race	6
	20	State/territory of residence	3
	23	Assigned sex at birth	4
	24	Current gender	5
<b>Client Characteristics—Risk Profile</b> (NHM&E DS Table G2)	00	Date collected (today's date)	
	04	Previous HIV test	10
	05	HIV status	11
	06	Date of last HIV-negative test	14
	07	Date of first HIV-positive test	12
	08	Medical care (HIV+)	13
	09	Pregnant	8
	10	In prenatal care	9
	11	Client risk factors	18
	12	Additional risk factors	18
	13	Recent STD (not HIV)	15
	14	Injecting what drugs/substances	17
	<b>Client Behavioral Characteristics—Detailed</b> (NHM&E DS Table I)	02	Client risk factors
03		Number of sex partners	19
06		Total number of sex events	23
08		Number of unprotected sex events	24
15		Number of unprotected sex events while intoxicated and/or high on noninjection drugs	25
16		What drugs?	26
17		Number of needle-sharing events	28
18		Number of injection drug events with a serodiscordant or HIV status unknown partner	29

## PARTICIPANT ENROLLMENT FORM

Staff Name:	_____	Staff ID:	_____
Today's Date:	_____		
Start Time:	_____	End Time:	_____
Client Name (optional):	_____	Client Code:	_____
Is client currently receiving services from this agency?	<input type="checkbox"/> Yes (please specify): _____		<input type="checkbox"/> No
Phone: (optional):	Home: _____	Cell/Mobile:	_____
Email (optional):	_____		

- How did you hear about this program?
  - Agency (specify): \_\_\_\_\_
  - Billboard, flyer, brochure, newspaper, etc. (specify): \_\_\_\_\_
  - Your partner
  - A family member or friend
  - Other (specify): \_\_\_\_\_
- What is your birth date? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mo/day/year)
- In which state do you live? \_\_\_\_
- Were you born as a male or a female?
  - Male
  - Female
  - Did Not Ask
  - Refused to Answer
- How do you view yourself now (i.e., what is your current gender)?
  - Male
  - Female
  - Transgender – Male to Female
  - Transgender – Female to Male
  - Don't Know
  - Did Not Ask
  - Refused to Answer

6. What best describes your race? (check all that apply)
- American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Pacific Islander
  - White
  - Did Not Ask
  - Refused to Answer
7. What best describes your ethnicity?
- Hispanic or Latino
  - Not Hispanic or Latino
  - Don't Know
  - Did Not Ask
  - Refused to Answer
8. Are you pregnant? (Ask of females only—if male, skip to question 10)
- Yes
  - No (Skip to question 10)
  - Don't Know (Skip to question 10)
  - Did Not Ask
9. Are you receiving prenatal care?
- Yes
  - No
  - Don't Know
  - Did Not Ask
  - Refused to Answer
10. Have you ever had an HIV test?
- Yes
  - No
  - Don't Know
  - Did Not Ask
  - Refused to Answer

11. What is your HIV status?
- HIV-Positive (HIV+)
  - HIV-Negative (HIV-) (skip to question 14)
  - Don't Know (skip to question 14)
  - Did Not Ask (skip to question 14)
  - Refused to Answer (skip to question 14)
12. When did you first test positive for HIV? \_\_\_\_/\_\_\_\_ (month/year)
- Don't Know
  - Did Not Ask
  - Refused to Answer
13. Are you currently receiving medical care or treatment for HIV?
- Yes (skip to question 15 if HIV+)
  - No (skip to question 15 if HIV+)
  - Did Not Ask
  - Refused to Answer
14. When did you last test negative for HIV? \_\_\_\_/\_\_\_\_ (month/year)
- Don't Know
  - Did Not Ask
  - Refused to Answer
15. In the past 3 months, have you been diagnosed with an STD (not including HIV)?
- Yes (if yes, what type of STD)
    - Syphilis
    - Chlamydia
    - Gonorrhea
    - Other (specify): \_\_\_\_\_
    - Don't Know
    - Did Not Ask
    - Refused to Answer
  - No
  - Don't Know
  - Did Not Ask
  - Refused to Answer

16. Have you injected drugs in the past 3 months?
- Yes
  - No (skip to question 18)
  - Did Not Ask (skip to question 18)
  - Refused to Answer (skip to question 18)

17. 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
  - Hormones
  - Steroids
  - Silicone
  - Botox
  - Other medical substance
  - Other (specify: \_\_\_\_\_)
  - Don't Know
  - Did Not Ask
  - Refused to Answer

18. Please indicate if you have engaged in the following behaviors in the last 3 months:

	Yes	No	Did Not Ask	Refused to Answer
a. Injection drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Oral sex with a Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sex with Male**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Oral sex with a Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sex with Female**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sex with Transgender**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Exchange sex for drugs/money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sex while high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Sex with IDU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Did Not Ask	Refused to Answer
j. Sex with HIV+ partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Sex with person of unknown HIV status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Sex with person who exchanges sex for drugs or money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Sex with MSM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Sex with anonymous partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Sex with hemophiliac or transplant recipient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Sex with someone met via Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*\*\*Note: If the client answered "no" to all the sex questions, go to question 27.*

**Instructions:** I am now going to ask you some specific questions. Please answer truthfully as there is no right or wrong answer. If you do not know the answer to the question, please give your best guess.

19. How many sexual partners (total) have you had in the past 30 days? \_\_\_\_\_
- Don't Know
  - Did Not Ask
  - Refused to Answer

*\*Note: If 0, skip to question 27.*

20. Have you had sexual intercourse (vaginal or anal sex) with a boy or man in the past 30 days?
- Yes
  - No
  - Did Not Ask
  - Refused to Answer

21. Have you had sexual intercourse (vaginal or anal sex) with a girl or woman in the past 30 days?
- Yes
  - No
  - Did Not Ask
  - Refused to Answer

22. Have you had sexual intercourse (vaginal or anal sex) with a transgendered person in the past 30 days?
- Yes
  - No
  - Did Not Ask
  - Refused to Answer

23. How many times have you had sex in the past 30 days? \_\_\_\_\_
- Don't Know
  - Did Not Ask
  - Refused to Answer

24. How many times have you had unprotected sex (i.e., sex without a condom) in the past 30 days? \_\_\_\_\_

\*Note: If "0," skip to question 27.

25. How many times were you intoxicated or high when you had unprotected sex? \_\_\_\_\_
- Don't Know
  - Did Not Ask
  - Refused to Answer

26. What drug(s) were you using? (check all that apply)
- Amphetamines, meth, speed, crystal, or crank
  - Crack
  - Cocaine
  - Downers (including Valium, Ativan, Xanax)
  - Pain killers (including Oxycontin, Percocet)
  - Hallucinogens (including LCD)
  - Ecstasy
  - GHB or ketamine
  - Heroin
  - Marijuana
  - Poppers (amyl nitrite)
  - Alcohol
  - Other (specify: \_\_\_\_\_)
  - Don't Know
  - Did Not Ask
  - Refused to Answer

27. Have you shared injection equipment with anyone in the past 30 days?

- Yes
- No (go to end of interview)
- Did Not Ask (go to end of interview)
- Refused to Answer (go to end of interview)

28. How many times did you share needles? \_\_\_\_\_

- Don't Know
- Did Not Ask
- Refused to Answer

\*Note: If "0," go to end of interview.

29. How many times did you share needles with someone whose HIV status you did not know? \_\_\_\_\_

- Don't Know
- Did Not Ask
- Refused to Answer

**Those are all of the questions that I have for you today.  
Thank you for your participation!**

## INFORMED CONSENT FORM AND GROUND RULES

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### *When to Use:*

- At the beginning of session 1

### *Administered by:*

- Facilitator

### *Completed by:*

- Participants

### *Instructions:*

The facilitator(s) should distribute two copies of the Informed Consent Form and Ground Rules to each participant at the beginning of Street Smart session 1. The facilitator(s) should read aloud, or ask a participant to volunteer to read aloud, the form in its entirety. The facilitator(s) should solicit and respond to any questions from participants and ask if participants would like to add any additional ground rules that were not discussed or included on the form. Participants should then be instructed to sign and date both copies of the form if they agree with its contents and return one copy to the facilitator(s). Participants should be instructed to retain the second copy for their records and to refer to the ground rules throughout the duration of the Street Smart session. The facilitator(s) shall serve as witnesses and sign on the appropriate line after the session has ended.

## INFORMED CONSENT FORM AND GROUND RULES

Street Smart is a program for youths who behave in a way that puts them at risk for HIV/AIDS and STDs. This program helps runaway and homeless youths practice safer sexual behaviors and reduce drug and alcohol use. There are 10 sessions to improve youths' social skills, assertiveness, and coping through activities in problem solving, identifying things that put you at risk, and reducing harmful behaviors. Agency staff members also provide individual counseling and trips to community health providers. If you agree to participate in this program, here are the things you should know:

- Your participation is voluntary.
- Each group session will consist of 6 to 10 adolescents of both sexes.
- There are 10 sessions in total: eight group sessions, one individual counseling session, and one trip to a community resource.
- We meet three or four times per week for 90–120 minutes.
- You can choose not to answer any question at any time for any reason.
- To protect your privacy, your name and answers to these questions will be treated in a confidential manner unless otherwise required by law.
- Your participation in these sessions poses few, if any, risks to you.
- You may also leave a session at any time for any reason. If you decide not to join, or to drop out later, you will lose no health care that you may expect apart from this program. Further, you will not suffer any other penalty or consequence.

### GROUND RULES—PARTICIPANT GUIDELINES

There are five guidelines that each of us must follow during this session:

1. Everything said during the 10 Street Smart sessions is confidential! That means what we say here must not be repeated to anyone who is not in this program, even if the person is a participant in other program-held functions, groups, or workshops.
2. We do not judge or criticize anything we hear someone else say in Street Smart, even if we disagree with him or her. Everyone can have his or her own opinion on how he or she feels, thinks, or acts.
3. We want you to say whatever you feel and think. Feel free to say whatever is on your mind because that is the only way we can help each other understand and use the information we share here. Remember—no one here will judge or criticize what you say.
4. We understand that Street Smart is not meant to be a place to work on romantic relationships. What goes on outside of this workshop is up to the individuals, but please respect this important guideline while you participate in this workshop.
5. We must follow the time schedule of the sessions. Even if you are enjoying the activities during any part of a session, we must stop and go on to the next activity when we ask the group to do so. We have to do this so we can finish all sessions and cover material.

**Contact Information:** If you have questions about the program, please contact (Facilitator's name) at (Facilitator's phone number) or at (Facilitator's e-mail address).

Please sign below to indicate that you have read the above and agree to take part in this program/intervention.

Please print your name: \_\_\_\_\_

Please sign your name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**THANK YOU**

## GROUP SESSION SIGN-IN SHEET

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### *When to Use:*

- Before each Street Smart session

### *Administered by*

- Facilitator

### *Completed by:*

- Participants

### *Instructions:*

This form will help you gather information from the youths participating in the Street Smart program who attend each group session. The sign-in sheet should be administered by the facilitator and signed by participants prior to each group session as part of session intake activities.

## GROUP SESSION SIGN-IN SHEET

Today's date: ____ / ____ / ____ Month/ Day / Year	Session number: _____
Location: _____	Site ID #: _____
Start Time: ____: ____ a.m. /p.m. (circle one)	End Time: ____: ____ a.m. /p.m. (circle one)

***Please write your name below so that we have a record of who participated in this session.***

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

## COMMUNITY RESOURCE SIGN-IN SHEET

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**When to Use:**

- Before session 9 (community resource visit)

**Administered by:**

- Facilitator

**Completed by:**

- Participants

**Instructions:**

This form will help you gather information from the youths participating in the group visit to a community resource. The sign-in sheet should be administered by the facilitator and signed by participants prior to the visit to the community resource as part of session intake activities.

## COMMUNITY RESOURCE SIGN-IN SHEET

Today's date: ____ / ____ / ____ Month/ Day / Year	Session number: _____
Location: _____	Site ID #: _____
Start Time: ____: ____ a.m. /p.m. (circle one)	End Time: ____: ____ a.m. /p.m. (circle one)

***Please write your name below so that we have a record of who participated in this session.***

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

## GROUP MONITORING AND EVALUATION FORMS

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The following instruments are administered during or immediately following the Street Smart sessions. The instruments and protocols for administering each instrument can be found on the following pages.

- Pretest and posttest surveys
- Facilitator observation forms
- Participant satisfaction surveys (sessions 1–10)
- Fidelity forms (sessions 1–10)
- Confident communication feedback form

## PRETEST AND POSTTEST SURVEYS

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### *When to Use:*

- Pretest survey—before the first session (preferably 5–10 minutes before session 1)
- Posttest survey—after the last session

### *Administered by:*

- Facilitator

### *Completed by:*

- Participants

### *Instructions:*

Please direct the participants to complete these forms as honestly and thoroughly as possible. The pretest survey should be administered either before or during Session 1. The posttest survey should be completed following Session 10. Participant responses to these questions will help you assess the effectiveness of the Street Smart and make improvements as necessary. The completed tests are your personal evaluation tool.

Develop unique client identifiers (CIDs) that cannot be reconstructed to reveal a client's identity—middle initial (e.g., Thomas) + birth month (e.g., July) + state of birth (Oregon). Using the examples in the previous statement, the CID would be “T07OR.” Examples of identifiers that should NOT be used include date of birth, Social Security numbers, or first or last name. To the extent possible, make sure participants use the same information or unique CID on the pretest as they used on their posttest survey. The unique CIDs will help you to compare participants' pretest and posttest survey scores.

## PRETEST AND POSTTEST SURVEYS

**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 runaway and homeless youths like you and help us to make improvements and changes to Street Smart.

**A. The following questions are about your knowledge of HIV/STDs.**

Please mark (X) whether you think each of the following statements is true or false.

STD/HIV TRANSMISSION, SYMPTOMS, AND CONDOM USE		True	False
1.	Persons with HIV can transmit the virus even if they are not feeling sick.		
2.	Most people with AIDS are homosexuals.		
3.	Other STDs can cause death.		
4.	Having STDs can increase someone's risk for acquiring HIV infection through sexual behavior.		
5.	Women experience more physical damage to their bodies than men if they get an STD.		
6.	It is possible to get HIV from prolonged passionate kissing.		
7.	Condom use reduces the risk of HIV transmission.		
8.	Condom use reduces the risk of transmission of all STDs.		
9.	HIV is present in all body fluids of the infected person.		
10.	Engaging in sexual activity at an early age increases one's risk for acquiring an STD.		
11.	Sexual intercourse is safe if a condom is used during intercourse.		
12.	Women are more likely to get an STD from men than men are from women.		
13.	Men who have HIV or an STD will show or feel symptoms.		
14.	Women who have HIV or an STD will show or feel symptoms.		
15.	People with HIV or other STDs can look perfectly healthy.		
16.	You can get HIV or an STD by having unprotected vaginal (penis to vagina) sex.		
17.	You can tell whether your partner has HIV or an STD by examining him or her.		
18.	You can get HIV/STD by having anal sex.		
19.	HIV can be transmitted from mother to child prior to birth.		
20.	HIV can be transmitted through breast milk.		

<b>STD/HIV TRANSMISSION, SYMPTOMS, AND CONDOM USE</b>		<b>True</b>	<b>False</b>
21.	When men have anal sex with other men, they do not need to use condoms.		
22.	Some STDs make men and women sterile.		
23.	A person can be infected with HIV and look healthy.		
24.	You can get an STD by having unprotected oral (penis to mouth) sex.		
25.	You can get an STD by having unprotected oral (vagina to mouth) sex.		
26.	A woman can have an STD and not know it until she gets very sick.		
27.	Space should be left at the tip of a condom when it is put on the penis.		
28.	The time to put on a condom is right before a man comes or ejaculates.		

**B. The following questions are about your knowledge of HIV transmission.**

Place a mark (X) in the box indicating how likely someone could get HIV/AIDS.

<b>HIV TRANSMISSION ROUTES</b>		<b>Very likely</b>	<b>Somewhat likely</b>	<b>Unlikely</b>	<b>Not possible</b>
1.	A person could get HIV/AIDS from a toilet seat.				
2.	A person could get HIV/AIDS from being coughed or sneezed on by someone who has AIDS.				
3.	A person could get HIV/AIDS from shaking hands with or touching someone who has AIDS.				
4.	A person could get HIV/AIDS if he or she has another type of STD.				
5.	A person could get HIV/AIDS if he or she is at a restaurant where the cook has AIDS.				
6.	A person could get HIV/AIDS from donating blood.				
7.	A person could get HIV/AIDS from a mosquito or other insect.				
8.	A person could get HIV/AIDS from having multiple sex partners.				
9.	A person could get HIV/AIDS from using needles to inject drugs or by having unprotected sex with an injection drug user.				
10.	A person could get HIV/AIDS by sleeping in the same room with someone who has AIDS.				

**C. The following statements are about your perception of sexual risk.**

Please mark (X) to indicate how safe you think each act is.

PERCEPTION OF RISK		Definitely safe	Probably safe	Not safe/ risky
1.	Not having sex			
2.	Masturbating alone			
3.	Hugging and massage			
4.	Mutual masturbation			
5.	Deep wet kissing			
6.	Oral sex with a dental dam or condom			
7.	Oral sex without a dam or condom			
8.	Vaginal or anal sex without a condom			
9.	Vaginal or anal sex with a condom			
10.	Vaginal sex with foam but no condom			

**D. The following questions are about condom use and attitudes.**

Mark one of the responses below for the following statements regarding condom use and attitudes about condoms.

CONDOM ATTITUDES/USE		Strongly disagree	Disagree	Not sure	Agree	Strongly agree
1.	Condoms can be made sexy					
2.	Condoms are too much trouble to use					
3.	Condoms interfere with enjoying sex					
4.	I would rather not have sex than use a condom					
5.	Using a condom turns me off					
6.	Condoms break too often to be really safe					
7.	It is easy to get condoms					
8.	I am embarrassed to carry a condom with me, even if it is hidden					

CONDOM ATTITUDES/USE		Strongly disagree	Disagree	Not sure	Agree	Strongly agree
9.	Using condoms to prevent pregnancy is too much trouble					
10.	Using condoms to keep from getting an STD or HIV is too much trouble					
11.	I can get my main sex partner to use condoms; and I will not have sex if I do not have a condom					
12.	Putting on male condoms is difficult					
13.	Putting on female condoms is difficult					
14.	Sex does not feel as good when you use a condom					
15.	Sex with condoms does not feel natural					
16.	Using condoms breaks up the rhythm of sex					

CONDOM ATTITUDES/USE (continued)		Yes	No
17.	The last time you had sex did you use a condom?		
18.	The next time you have sex do you plan to use a condom?		
19.	In the next 3 months, do you plan to use a condom when you have sex?		
20.	In the next 3 months, do you plan to use a female condom?		
21.	In the past 3 months, did you attempt to use a female condom?		

**E. The following questions ask about drugs, alcohol, and sexual risk.**

Place a mark (X) under your choice regarding each of the following statements.

DRUGS, ALCOHOL, AND SEXUAL RISK		Definitely no	Probably no	Probably yes	Definitely yes
1.	Alcohol and drugs mess with your mind				
2.	My ability to make healthy and smart decisions is affected by using drugs and alcohol				
3.	It is not likely that I will make good decisions if I am high or drunk				
4.	I take more sexual risks when I have been drinking or using drugs				

<b>DRUGS, ALCOHOL, AND SEXUAL RISK</b>		<b>Definitely no</b>	<b>Probably no</b>	<b>Probably yes</b>	<b>Definitely yes</b>
5.	I am more likely to have unsafe sex (sex without a condom) when I've been drinking or using drugs				
6.	I will have sex with someone I just met if I have been drinking or using drugs				

Thank you for taking the time to complete this form.  
Please note that if you are completing this survey for the first time you will be asked to fill out another form after your last Street Smart session.

**Thanks again for your participation!**

## FACILITATOR OBSERVATION FORM

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### *When to Use:*

- Once or twice a month at random intervals

### *Administered by:*

- Supervisor

### *Completed by:*

- Observer/Supervisor

### *Instructions:*

It is important to: (1) determine whether a facilitator is delivering Street Smart with fidelity to its core elements and (2) document the quality of the facilitation and management of the session's activities. When conducting the observation it is important to focus specifically on a facilitator's interactions with the participants and their nonverbal behavior. The observer should use active "seeing" and "listening" skills, paying particular attention to any important details.

Be sure to have the staff person completing the observation form include the facilitator's name, the observer's name, date, Street Smart session number (1–10), session length, number of participants, and location. They should also provide feedback on the facilitator's strengths, areas of improvement, and the observer's next steps for communicating the feedback to the appropriate staff persons.

## FACILITATOR OBSERVATION FORM

Facilitator Name: \_\_\_\_\_ Observer Name: \_\_\_\_\_

Session #: \_\_\_\_\_ No. of participants: \_\_\_\_\_ Length of Session: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

***Please circle the number that best represents your response to the question.***

How well did the facilitator:		Not Very Well	Fairly Well	Very Well	Extremely Well	NA
1.	Encourage group participation?	1	2	3	4	5
2.	Respond to the group (i.e., address questions)?	1	2	3	4	5
3.	Redirect the group?	1	2	3	4	5
4.	Manage the affect of the group (deal with stress)?	1	2	3	4	5
5.	Control the group's behavior?	1	2	3	4	5
6.	Draw quiet people out?	1	2	3	4	5
7.	Deal with crises?	1	2	3	4	5
8.	Stay on time for each activity?	1	2	3	4	5
9.	Empathize with participants?	1	2	3	4	5
10.	Maintain neutral judgment?	1	2	3	4	5
11.	Maintain a degree of professionalism?	1	2	3	4	5
12.	Explain the didactic portions of the session?	1	2	3	4	5
13.	Conduct condom use role modeling?	1	2	3	4	5
14.	Conduct sexual negotiation modeling?	1	2	3	4	5
15.	Engage group in role-playing with condoms?	1	2	3	4	5
16.	Engage group in role-playing negotiation scenarios?	1	2	3	4	5

How well did the facilitator:		Not Very Well	Fairly Well	Very Well	Extremely Well	NA
17.	Provide positive reinforcement?	1	2	3	4	5
18.	Provide corrective feedback?	1	2	3	4	5
19.	Manage all the materials (i.e., props)?	1	2	3	4	5
20.	Demonstrate respect and appreciation for cultural, racial, gender, and religious diversity?	1	2	3	4	5

**Observation Comments:**

21. Facilitator strengths

22. Areas to be improved

23. Action Plan/Next Steps

## PARTICIPANT SATISFACTION SURVEYS

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### *When to Use:*

- After each session

### *Administered by:*

- Facilitator

### *Completed by:*

- Participants

### *Instructions:*

There is a separate Participant Satisfaction Survey for each of the 10 sessions. At the end of each session, the facilitator should distribute the appropriate evaluation form for that session to the participants for completion. The questions on the survey are designed to assess: (1) achievement of session objectives, (2) effectiveness of the facilitator(s) in presenting information, and (3) what other areas should be targeted for improvement.

Please direct the participants to read each item and response choice carefully and complete this survey as honestly and thoroughly as possible. The information will remain confidential and will guide improvements that will benefit future participants of Street Smart sessions.

## PARTICIPANT SATISFACTION SURVEY

### Session 1: The Language of HIV/AIDS and STDs

***Below are a number of statements. Please take a moment to rate how effective we were in presenting information to you today. 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.***

	Rating
I am familiar with HIV/AIDS and STD terminology	
I have a basic understanding of HIV and STDs and the routes of transmission	
I know how much of a threat HIV and STDs are to me	
I can envision a positive future in which to make plans to reach my life goals	
My questions were clearly answered	
The handouts from this session 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?***

***Do you have any other comments?***

Thank You!

## PARTICIPANT SATISFACTION SURVEY

### Session 2: Personalized Risk

***Below are a number of statements. Please take a moment to rate how effective we were in presenting information to you today. 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.***

	Rating
I understand the relative safety of different sexual behaviors	
I am able to assess the safety of my own sexual behaviors	
I understand how to avoid sexual risk	
My questions were clearly answered	
The handouts from this session 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?***

***Do you have any other comments?***

Thank You!

## PARTICIPANT SATISFACTION SURVEY

### Session 3: How to Use Condoms

***Below are a number of statements. Please take a moment to rate how effective we were in presenting information to you today. 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.***

	RATING
I know why using condoms is essential to practicing safer sex	
I am able to successfully evaluate condoms	
I can use a male condom accurately	
I can use a female condom accurately	
I am not anxious about using condoms	
My questions were clearly answered	
The handouts from this session 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?***

***Do you have any other comments?***

Thank You!

## PARTICIPANT SATISFACTION SURVEY

### Session 4: Drugs and Alcohol

***Below are a number of statements. Please take a moment to rate how effective we were in presenting information to you today. 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.***

	RATING
I understand the relationship between substance use and HIV	
I can assess how my drug and alcohol use inhibits my sexual controls and impairs my judgment	
I know and understand my triggers and can link them to substance use	
I am able to take control of my substance use	
I can successfully deal with my sexual cravings and urges and negative feelings that can lead to substance abuse	
My questions were clearly answered	
The handouts from this session 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?***

***Do you have any other comments?***

Thank You!

## PARTICIPANT SATISFACTION SURVEY

### Session 5: Recognizing and Coping With Feelings

***Below are a number of statements. Please take a moment to rate how effective we were in presenting information to you today. 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.***

	RATING
I feel that I got a lot out of the role-play situations about coping	
I understand what coping is and the different types of coping	
I understand the many ways to cope with different situations	
I can apply these coping skills in my life to deal with difficult situations	
My questions were clearly answered	
The handouts from this session 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?***

***Do you have any other comments?***

Thank You!

## PARTICIPANT SATISFACTION SURVEY

### Session 6: Negotiating Effectively

***Below are a number of statements. Please take a moment to rate how effective we were in presenting information to you today. 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.***

	RATING
I understand how to make my needs known while respecting others	
I can refuse drugs/alcohol and unsafe sex	
I have the knowledge and skills to request safe sex without drugs/alcohol	
I understand how my sexual values can put me at risk	
I have a better understanding of risks that my partners can pose	
My questions were clearly answered	
The handouts from this session 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?***

***Do you have any other comments?***

Thank You!

## PARTICIPANT SATISFACTION SURVEY

### Session 7: Self-Talk

***Below are a number of statements. Please take a moment to rate how effective we were in presenting information to you today. 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.***

	<b>RATING</b>
I learned how to be more self-rewarding	
I can identify positive and negative events in my life	
I understand how to use self-talk in difficult situations	
I can combat negative self-talk in my life	
My questions were clearly answered	
The handouts from this session were helpful	
The group discussions were interesting and informative	

***Overall, how would you rate the performance of the group leaders (please circle a number)?***

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

***Overall, how would you rate today’s session (please circle a number)?***

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

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

***Do you have any other comments?***

Thank You!

## PARTICIPANT SATISFACTION SURVEY

### Session 8: Staying Safe Over Time

***Below are a number of statements. Please take a moment to rate how effective we were in presenting information to you today. 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.***

	<b>RATING</b>
I better understand why people engage in risky behavior	
I am confident that I can deal with situations encouraging unsafe sex	
I have a sense of accomplishment and direction	
My questions were clearly answered	
The handouts from this session were helpful	
The group discussions were interesting and informative	

***Overall, how would you rate the performance of the group leaders (please circle a number)?***

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

***Overall, how would you rate today’s session (please circle a number)?***

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

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

***Do you have any other comments?***

Thank You!

## PARTICIPANT SATISFACTION SURVEY

### Session 9: Personal Counseling

***Below are a number of statements. Please take a moment to rate how effective we were in presenting information to you today. 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.***

	Rating
I can discuss my triggers and barriers leading to unsafe sex	
I can develop a plan to cope with my triggers	
I can overcome barriers to practicing safer sex	
My questions were clearly answered	
The handouts from this counseling session 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?***

***Do you have any other comments?***

Thank You!

## PARTICIPANT SATISFACTION SURVEY

### Session 10: Visiting a Community Resource

***Below are a number of statements. Please take a moment to rate how effective we were in presenting information to you today. 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.***

	Rating
I understand questions to ask a community resource	
I learned how to develop a relationship with a community resource	
I gained information about other available community resources	
My questions were clearly answered	
The handouts from this counseling session 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?***

***Do you have any other comments?***

Thank You!

## FIDELITY FORMS

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### *When to Use:*

- After each session

### *Administered by:*

- Facilitator

### *Completed by:*

- Facilitator

### *Instructions:*

**Do not distribute this instrument to Street Smart participants.** These Fidelity Forms are for the program facilitator. The forms ask for feedback on the ways each component or activity within the program was implemented.

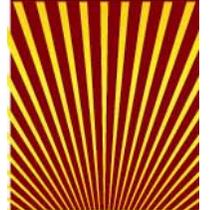
**There is a Fidelity Form for each session.** Each Fidelity Form includes an “activity grid,” which provides an opportunity for you to give feedback on each activity within the 10 sessions. For each program activity, indicate whether you taught the activity as suggested, taught the activity with changes, or did not teach the activity.

**Complete the forms promptly.** Complete the form while 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 Street Smart 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’s needs. You may review and modify the following Fidelity Forms to match your implementation plan.

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



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

Table	NHM&E DS Number	Variable Name
Client Intervention Characteristics (NHM&E DS Table H)	01	Intervention Name/ID
	05	Session Number
	06	Session Date
	10	Site Name (Location)
	11	Duration of Session (number of minutes from start to end time)
	13	Recruitment Source
	18	Service/Intervention Type ( <i>only first session, and if agency referral</i> )
	20	Activities
	21	Incentive Provided
	22	Unit of Delivery
	23	Delivery Method



## FIDELITY FORM

### Session 1: The Language of HIV/AIDS and STDs

Facilitator 1: \_\_\_\_\_

Facilitator 2: \_\_\_\_\_

Date of session: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Today's date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Start time \_\_\_\_:\_\_\_\_ a.m./p.m.

End time: \_\_\_\_:\_\_\_\_ a.m./p.m.

Number of participants in attendance: \_\_\_\_\_

Location: \_\_\_\_\_

1. How were your clients recruited? (check all that apply)

- Counseling and Testing
- Health Communication/Public Information
- Partner Counseling and Referral Services
- Outreach
- Prevention Case Management
- Health Education/Risk Reductions
- Intake/Screening
- Other, please specify: \_\_\_\_\_

2. What type of recruitment source was it?

- Inpatient Facility
- Outpatient Facility
- Community Setting
- Other, please specify: \_\_\_\_\_

~ continued on next page ~

Session 1: The Language of HIV/AIDS and STDs (continued)

Session Notes:	Session Activities: Check one box for each activity	
<p><b>Describe here reasons for eliminating, adding, or modifying activities; and suggested changes:</b></p>	<p><b>Exercise 1: Introductions</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><b>Remarks:</b></p>	<p><b>Exercise 2: Facts about HIV/AIDS/STDs</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><b>Remarks:</b></p>
	<p><b>Exercise 3: High-risk situations</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><b>Remarks:</b></p>	<p><b>Exercise 4: Feeling situations</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><b>Remarks:</b></p>
	<p><b>Exercise 5: You can never tell</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><b>Remarks:</b></p>	<p><b>Exercise 6: Future dreams</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><b>Remarks:</b></p>



## FIDELITY FORM

### Session 3: How to Use Condoms

Facilitator 1: \_\_\_\_\_

Facilitator 2: \_\_\_\_\_

Date of session: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Today's date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Start time \_\_\_\_:\_\_\_\_ a.m./p.m.

End time: \_\_\_\_:\_\_\_\_ a.m./p.m.

Number of participants in attendance: \_\_\_\_\_

Location: \_\_\_\_\_

Session Notes:	Session Activities: Check one box for each activity	
<p><b><i>Describe here reasons for eliminating, adding, or modifying activities; and suggested changes:</i></b></p>	<p><b><i>Exercise 1: Introductions</i></b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><b><i>Remarks:</i></b></p>	<p><b><i>Exercise 2: Getting the feel of condoms</i></b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><b><i>Remarks:</i></b></p>
	<p><b><i>Exercise 3: The steps in putting on male and female condoms</i></b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><b><i>Remarks:</i></b></p>	<p><b><i>Exercise 4: Practicing putting on male and female condoms</i></b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><b><i>Remarks:</i></b></p>
	<p><b><i>Exercise 5: Selecting condoms</i></b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><b><i>Remarks:</i></b></p>	

## FIDELITY FORM

### Session 4: Drugs and Alcohol

Facilitator 1: \_\_\_\_\_

Facilitator 2: \_\_\_\_\_

Date of session: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Today's date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Start time \_\_\_\_:\_\_\_\_ a.m. /p.m.

End time: \_\_\_\_:\_\_\_\_ a.m. /p.m.

Number of participants in attendance: \_\_\_\_\_

Location: \_\_\_\_\_

Session Notes:	Session Activities: Check one box for each activity	
<b>Describe here reasons for eliminating, adding, or modifying activities; and suggested changes:</b>	<b>Exercise 1: Introductions</b> <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach <b>Remarks:</b>	<b>Exercise 2: How do drugs and alcohol affect practicing safer sex?</b> <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach <b>Remarks:</b>
	<b>Exercise 3: What do I believe about using drugs and alcohol?</b> <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach <b>Remarks:</b>	<b>Exercise 4: What are the pros and cons of substance use?</b> <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach <b>Remarks:</b>
	<b>Exercise 5: How do drugs and alcohol affect me personally?</b> <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach <b>Remarks:</b>	<b>Exercise 6: How does substance use work?</b> <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach <b>Remarks:</b>
	<b>Exercise 7: How to get back in control again</b> <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach <b>Remarks:</b>	<b>Exercise 8: Dealing with risky situations</b> <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach <b>Remarks:</b>

## FIDELITY FORM

### Session 5: Recognizing and Coping With Feelings

Facilitator 1: \_\_\_\_\_

Facilitator 2: \_\_\_\_\_

Date of session: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Today's date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Start time \_\_\_\_:\_\_\_\_ a.m. /p.m.

End time: \_\_\_\_:\_\_\_\_ a.m. /p.m.

Number of participants in attendance: \_\_\_\_\_

Location: \_\_\_\_\_

Session Notes:	Session Activities: Check one box for each activity	
<b>Describe here reasons for eliminating, adding, or modifying activities; and suggested changes:</b>	<b>Exercise 1: Introductions</b> <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach <b>Remarks:</b>	<b>Exercise 2: Feeling situations</b> <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach <b>Remarks:</b>
	<b>Exercise 3: Coping styles</b> <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach <b>Remarks:</b>	<b>Exercise 4: How to solve a problem</b> <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach <b>Remarks:</b>
	<b>Exercise 5: How to use relaxation in a tough situation</b> <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach <b>Remarks:</b>	





## FIDELITY FORM

### Session 8: Staying Safe Over Time

Facilitator 1: \_\_\_\_\_

Facilitator 2: \_\_\_\_\_

Date of session: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Today's date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Start time \_\_\_\_:\_\_\_\_ a.m. /p.m.

End time: \_\_\_\_:\_\_\_\_ a.m. /p.m.

Number of participants in attendance: \_\_\_\_\_

Location: \_\_\_\_\_

Session Notes:	Session Activities: Check one box for each activity	
<p><b>Describe here reasons for eliminating, adding, or modifying activities; and suggested changes:</b></p>	<p><b>Exercise 1: Introductions</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><b>Remarks:</b></p>	<p><b>Exercise 2: How to handle difficult sexual situations</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><b>Remarks:</b></p>
	<p><b>Exercise 3: Dealing with rationalizations</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><b>Remarks:</b></p>	<p><b>Exercise 4: Preparing for and dealing with slips</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><b>Remarks:</b></p>
	<p><b>Exercise 5: Making a soap opera or music video</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><b>Remarks:</b></p>	<p><b>Exercise 6: Ending the group</b></p> <p><input type="checkbox"/> Taught as suggested  <input type="checkbox"/> Taught with changes  <input type="checkbox"/> Did not teach</p> <p><b>Remarks:</b></p>



## FIDELITY FORM

### Session 10: Visit to a Community Resource

Facilitator 1: \_\_\_\_\_

Facilitator 2: \_\_\_\_\_

Date of session: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Today's date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Start time \_\_\_\_:\_\_\_\_ a.m. /p.m.

End time: \_\_\_\_:\_\_\_\_ a.m. /p.m.

Number of participants in attendance: \_\_\_\_\_

Location: \_\_\_\_\_

Session Notes:	Session Activities: Check one box for each activity	
<b>Describe here reasons for eliminating, adding, or modifying activities; and suggested changes:</b>	<b>Exercise 1: What should we look for at this community resource?</b> <input type="checkbox"/> Discussed as suggested <input type="checkbox"/> Discussed with changes <input type="checkbox"/> Did not discuss <b>Remarks:</b>	<b>Exercise 2: Introductions</b> <input type="checkbox"/> Discussed as suggested <input type="checkbox"/> Discussed with changes <input type="checkbox"/> Did not discuss <b>Remarks:</b>
	<b>Exercise 3: What is the community resource like?</b> <input type="checkbox"/> Discussed as suggested <input type="checkbox"/> Discussed with changes <input type="checkbox"/> Did not discuss <b>Remarks:</b>	<b>Exercise 4: What are other local resources?</b> <input type="checkbox"/> Discussed as suggested <input type="checkbox"/> Discussed with changes <input type="checkbox"/> Did not discuss <b>Remarks:</b>
	<b>Exercise 5: An informal meal</b> <input type="checkbox"/> N/A <b>Remarks:</b>	<b>Exercise 6: Follow-up</b> <input type="checkbox"/> Discussed as suggested <input type="checkbox"/> Discussed with changes <input type="checkbox"/> Did not discuss <b>Remarks:</b>
	<b>Exercise 7: How did you like the visit?</b> <input type="checkbox"/> Discussed as suggested <input type="checkbox"/> Discussed with changes <input type="checkbox"/> Did not discuss <b>Remarks:</b>	

## CONFIDENT COMMUNICATION FEEDBACK FORM

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### *When to Use:*

- During or after Street Smart session 6

### *Administered by:*

- Facilitator

### *Completed by:*

- Facilitator

### *Instructions:*

This form will help you gather information about participants' ability to use negotiation skills learned during the Street Smart program. Please have staff persons completing the communication feedback form include: the facilitator's name, date, Street Smart session 6, session length, number of participants in the session, and location.

## COMMUNICATION FEEDBACK FORM

Facilitator name: \_\_\_\_\_

Date of session: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Session #: \_\_\_\_\_

Length of session: \_\_\_\_ hrs. \_\_\_\_ minutes

Number of participants: \_\_\_\_\_

Location: \_\_\_\_\_

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

How well did the participants:	Excellent	Good	OK	Needs Improvement
1. State their needs clearly and directly	1	2	3	4
2. Show understanding for the other person's needs	1	2	3	4
3. Make their requests clear	1	2	3	4
4. Avoid threats or ultimatums	1	2	3	4
5. Keep at it? (Not give up)	1	2	3	4

## COUNSELING SESSION FORMS

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The following instruments are administered during the individual counseling sessions. The instruments and protocols for administering each instrument can be found on the following pages.

- Individual counseling interview guide
- Referral tracking form (this form can be used at any time)



## INDIVIDUAL COUNSELING INTERVIEW GUIDE

### When to Use:

- During and after session 9 (note that institutional review board issues are agency specific, and it is important to obtain informed consent from the client prior to the counseling sessions)

### Administered by:

- Personal counselor

### Completed by:

- Personal counselor

### Instructions:

The personal counseling interview guide will help you gather information from individual clients participating in the Street Smart program. The interview can provide information to inform successful approaches to counseling, developing, and revising materials such as session handouts, role-play scenarios, and exercises. You can also use the interview to obtain feedback on the group facilitators and evaluation tools.

Although the counseling session will be client-specific, there are certain activities that should be included. This form will help you collect information about those activities and any others that may take place during this individualized session.

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

CDC's NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET VARIABLES			
Table	NHM&E DS Number	Variable Name	Item #
Client Characteristics - Demographic  (NHM&E DS Table G1)	01	Date collected	Date
	02	PEMS Client Unique Key	<i>(system generated)</i>
	12	Date of birth-Year	1
	13	Age	<i>(system calculated)</i>
	14	Ethnicity	2
	16	Race	3
	18	More than one race	3
	24	Current gender	4



4. What are your goals regarding safer sex?

a. What are the barriers to these goals?

b. What can help you achieve these goals?

5. What are your worries about having unprotected sex?

***Identifying Triggers***

Now I would like you to tell me about your triggers. What was happening the last time you had unprotected sex, and what was going on in your life at that time?

6. What was going on the last time you had unprotected sex?

7. What were the triggers for you in that situation? (People, places, situations, feelings, etc.)

8. Were you using drugs at that time?

Yes

No

9. Were you using alcohol at that time?

Yes

No

10. What did you like about having unprotected sex?
  
11. What felt good about having unprotected sex?
  
12. What do you not like about having unprotected sex?
  
13. What do you think are some barriers to having safer sex?
  
14. What needs to change so that you can have safer sex?
  
15. Can you identify your pattern of having unprotected sex?
  
16. What is the pattern?

**Plans for Success**

Now I want to talk about a plan for you to reach your goals, a plan for success. Let us first identify your goal and then the steps in your plan.

17. What is your goal regarding safer sex?

**Identify Steps/Plan**

18. What are some steps you can do to achieve these goals? (Repeat for all steps identified.)

19. What do you think is the first step?

20. What do you think is the second step?

21. What do you think is the third step?

22. Given what you know about your triggers, including people, places, situations, or feelings, what do you think could go wrong with your plan?

23. What are some options that you have?

24. What might need to change for you to meet your goal?

25. What other questions do you have about yourself?

a. Do you have any questions about HIV/STDs?

b. Do you have any questions about Street Smart?

26. Do you have any other questions?

27. Additional Notes:

***End the counseling session on a positive note.***

## REFERRAL TRACKING FORM

### **When to Use:**

As referrals are made

### **Administered by:**

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

### **Completed by:**

Agency staff providing referral

### **Instructions:**

The following Referral Tracking Form is optional; however, it should be completed for each individual who receives a referral that will be tracked over time. The Referral Tracking Form helps document the counselors' 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 listed below.

REFERRAL CODES AND EXPLANATIONS	
<b>A. Referral Code</b>	Create and enter a unique code that your agency will use to track the client's referral to another agency.
<b>B. Referral Date</b>	The date the referral was made.
<b>C. Referral Service Type</b>	Indicate the type of service to which the client is being referred.
<b>D. Referral Follow-Up Method</b>	Indicate the method by which the referral will be verified. Options include: <ul style="list-style-type: none"><li>■ <b>Active referral:</b> Direct linkage (access) to a service provider</li><li>■ <b>Passive Referral–Agency Verification:</b> Confirmation that the client accessed services by the receiving agency</li><li>■ <b>Passive Referral–Client Verification:</b> Confirmation by the client that he or she accessed services</li><li>■ <b>None:</b> No plan to verify the completion of this referral</li></ul>

REFERRAL CODES AND EXPLANATIONS (CONTINUED)	
<b>E. Referral Outcome</b>	Indicate the status of the referral at the time of follow-up. Options include: <ul style="list-style-type: none"> <li>■ <b>Pending:</b> The status of the referral can't be confirmed or denied</li> <li>■ <b>Confirmed–Accessed service</b></li> <li>■ <b>Confirmed–Did not access service</b></li> <li>■ <b>Lost to follow-up:</b> The provider has been unable to verify the status of the referral within 60 days of the referral date</li> </ul>
<b>F. Referral Close Date</b>	The date when the referral was confirmed or identified as lost to follow-up.
<b>G. Referral Notes</b>	(Optional) Additional notes about the referral

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

CDC's NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET VARIABLES		
Table	NHM&E DS Number	Variable Name
Referral (NHM&E DS Table X-7)	01	Referral code
	02	Referral date
	03	Referral service type
	05	Referral follow-up
	06	Referral outcome
	10	Referral close date
	16	Age (from program enrollment form)
	17	Ethnicity (from program enrollment form)
	18	Race (from program enrollment form)
	19	Current gender (from program enrollment form)
	20	Risk category (from program enrollment form)
	21	Self-reported HIV status (from program enrollment form)

## REFERRAL TRACKING FORM

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

<b>A. Referral Code:</b>		
<b>B. Referral Date:</b>	____ / ____ / ____ (month/day/year)	
<b>C. Referral Service Type:</b>	<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"/> CRCS <input type="checkbox"/> Other HIV prevention services  <input type="checkbox"/> Mental health services <input type="checkbox"/> Other support services (specify): _____ _____  <input type="checkbox"/> Other services (specify): _____ _____
<b>D. Referral Follow-Up Method:</b> <i>(Choose one only)</i>	<input type="checkbox"/> None <input type="checkbox"/> Active Referral <input type="checkbox"/> Passive Referral–Agency Verification <input type="checkbox"/> Passive Referral–Client Verification	
<b>E. Referral Outcome</b> <i>(Choose one only)</i>	<input type="checkbox"/> Pending <input type="checkbox"/> Confirmed–Accessed service <input type="checkbox"/> Confirmed–Did not access service <input type="checkbox"/> Lost to follow-up	
<b>F. Referral Close Date</b>	____ / ____ / ____ (month/day/year)	
<b>G. Referral Notes</b>		

## COMMUNITY RESOURCE VISIT FORMS

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The following instruments are administered during and after the community resource visit. The instruments and protocols for administering each instrument can be found on the following pages.

- Community resource visit log
- Follow-up contact form

## COMMUNITY RESOURCE VISIT LOG

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***When to Use:***

- After the community resource visit

***Administered by:***

- Facilitator

***Completed by:***

- Facilitator

***Instructions:***

Do not distribute this instrument to the participants. This form is for the facilitator to complete after the final session. This instrument requests feedback on the activities taking place during the visit to a community resource. Some questions on this form are designed to collect client demographic and risk information.

## COMMUNITY RESOURCE VISIT LOG

Staff name: _____	Staff ID: _____	
Today's date: ____ / ____ / ____ (month/day/year)		
Location: _____	Site ID: _____	
Start time: ____:____ a.m. /p.m.	End time: ____:____ a.m. /p.m.	
Total number of participants: _____		
<b>Community Resource Address:</b>		
Street: _____		
_____		
City: _____	State: _____	ZIP code: _____

### ***I. ACTIVITIES***

Please describe the activities that took place during this visit. Be as descriptive as possible using the space provided below.

Staff presentation activities:

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Consumer presentation activities:

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Establishing a follow-up mechanism activity (use [or modify as necessary] the Follow-up Contact Form):

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Other activities:

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**II. MATERIALS DISTRIBUTION**

Please indicate the type and number of materials that were distributed during the community resource visit.

<b>Materials</b>	<b>How Many?</b>
<input type="checkbox"/> Community Resource Handouts	
<input type="checkbox"/> Handouts on Other Resources	
<input type="checkbox"/> Educational Materials	
<input type="checkbox"/> Female Condoms	
<input type="checkbox"/> Male Condoms	
<input type="checkbox"/> Dental Dams	
<input type="checkbox"/> Lubricants	
<input type="checkbox"/> Referral Lists	
<input type="checkbox"/> Safer Sex Kits	
<input type="checkbox"/> Other (specify):	

**III. AGGREGATE PARTICIPANT INFORMATION**

As possible, enter the number of participants in attendance for this community resource event who match the demographic characteristics listed below.

<b>Age</b>	<input type="checkbox"/> 13 or younger	<input type="checkbox"/> 13-18	<input type="checkbox"/> Unknown
<b>Gender</b>	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender (MTF) <input type="checkbox"/> Transgender (FTM)
<b>Ethnicity</b>	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Unknown
<b>Race</b>	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> More than one race <input type="checkbox"/> Race not identified	
<b>Client Primary Risk</b>	<input type="checkbox"/> HIV infected <input type="checkbox"/> MSM <input type="checkbox"/> MSM/IDU <input type="checkbox"/> IDU <input type="checkbox"/> Heterosexual at risk	<input type="checkbox"/> Sex involving transgender <input type="checkbox"/> Refused to answer <input type="checkbox"/> Not asked <input type="checkbox"/> Other	
<b>HIV Status</b>	<input type="checkbox"/> HIV+ <input type="checkbox"/> HIV-	<input type="checkbox"/> Don't know <input type="checkbox"/> Refused to answer <input type="checkbox"/> Not asked	

**IV. ADDITIONAL NOTES (e.g., challenges, facilitating factors, other influencing events or issues, etc.)**

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## FOLLOW-UP CONTACT FORM

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### *When to Use:*

- After the last session

### *Administered by:*

- Facilitator

### *Completed by:*

- Facilitator

### *Instructions:*

The final session of Street Smart indicates that staff should develop a follow-up mechanism with the community resource staff whereby youths will be invited back and feedback will be given to Street Smart staff about the youths who return. This form can be modified as necessary to help staff develop a feedback system for youths, community resource staff, and Street Smart staff.

Do not distribute this instrument to the participants. This form is for the facilitator to complete after the final session. This instrument requests client-level data and feedback from youths in order to follow up with them about the Street Smart program and the community resource. When completing this form, be sure to include the facilitator's name, client name, and contact information.

## FOLLOW-UP CONTACT FORM

Staff name: _____	Staff ID: _____
Today's date: ____ / ____ / ____ (month/day/year)	
Client's name: _____ (optional)	Client ID: _____
<b>Is client currently receiving services from this agency?</b>	
<input type="checkbox"/> Yes → (please specify) _____	
<input type="checkbox"/> No	
<b>Client's contact information (optional):</b>	
Street: _____	
City: _____ State: _____ ZIP code: _____	
Home phone: _____	Cell phone: _____
E-mail address: _____	

1. What are your thoughts/feelings about this visit to the community resource?
  - a. What did you like most?
  - b. What did you like least?
2. What did the visit mean to you?
3. Which community resource support staff were you paired with to tour the facility?

4. What types of materials did you receive?
- Community Resource Handouts
  - Handouts on Other Resources
  - Educational Materials
  - Female Condoms
  - Male Condoms
  - Dental Dams
  - Lubricants
  - Referral Lists
  - Safer Sex Kits
  - Other-specify:
  - None
5. Are you interested in coming back to this community resource for information?
- Yes
  - No (Go to 7)
- a. If yes, in what information are you interested?
6. Are you interested in any services offered by this community resource?
- Yes
  - No (Go to 7)
- a. If yes, in what services are you interested?
7. What other community resources would you like to visit?
8. In what services at other community resources are you interested?
9. Other comments:

## APPENDIX A: STREET SMART BEHAVIORAL RISK ANALYSIS

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This appendix provides a generic behavior risk analysis for the populations identified in Street Smart—homeless and runaway youths aged 11 to 18 years whose behaviors place them at risk of becoming infected with STDs and HIV. A behavioral risk analysis shows the relationships between the personal, interpersonal, societal, and environmental factors (also referred to as “behavioral determinants” or “determinants of risk”) that facilitate high-risk behaviors. This information is used to understand why members of the target population engage in the identified risk behavior, and where Street Smart intervenes to protect individuals against the determinants of risk. You should modify the risk analysis to illustrate the influencing factors specific to your target population and local environmental conditions. Use information obtained through a needs assessment of your target population.



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## APPENDIX A: STREET SMART BEHAVIORAL RISK ANALYSIS

WHO	RISK BEHAVIOR	WHY				
<b>Runaway and Homeless Youths</b>	<b>Unprotected sex with one or more partners at increased risk for or infected with an STD or HIV</b>	← Willingness to experiment with sex	← Low self-esteem ← Depression	← Desire to belong or feel wanted	← Lack of peer and/or family support	
			← Curiosity	← Unawareness or denial of risk	← Lack of or poor knowledge about STDs/HIV	
		← Denial about personal risk	← Heightened sense of invulnerability	← Lack of or poor knowledge about STDs/HIV	← Little or no access to STD/HIV information and prevention resources	← Lack of community resources for runaway and homeless youths
		← Denial or unaware of partner's risk behavior(s)	← Lack of communication skills to discuss partner behavior			
		← Desire not to use condoms	← Fear loss of relationship if they question partner's sexual behavior	← Fear loss of or rejection by partner ← Fear of violence from partner	← Emotional and/or financial dependence upon partner	
			← Desire to please partner ← Fear that condom use may be viewed as trust violation			
	← Perceived inconvenience of condoms ← Belief that using condoms decreases sexual pleasure	← Perceived peer norms around condom use ← Lack of information on eroticizing condom use				

(Continued)

WHO	RISK BEHAVIOR	WHY			
Runaway and Homeless Youths	Unprotected sex with one or more partners at increased risk for or infected with an STD or HIV	← Desire not to use condoms	← Little or lack of skills in using condoms	← Lack of or poor knowledge about STDs/HIV	← Lack of community resources for runaway and homeless youths
		← Inability to negotiate safer sex practices	← Drug/alcohol use		← Desire to belong or feel wanted ← Depression ← Cultural norms around drug/alcohol use on the streets
		← Lack of confidence in using condoms	← Lack of confidence in negotiating condom use	← Little or no access to STD/HIV information and prevention resources	← Lack of community resources for runaway and homeless youths
		← Lack of access to condoms	← Lack of financial resources		
		← Resources used for competing needs (e.g., food, shelter)			

WHO	RISK BEHAVIOR	WHY				
Runaway and Homeless Youths	Injection drug use and unprotected sex with one or more partners at increased risk for or infected with an STD or HIV	← Willingness to experiment	← Low self-esteem ← Depression	← Desire to belong or feel wanted	← Lack of peer and/or family support	
			← Curiosity	← Unawareness or denial of risk	← Lack of or poor knowledge about STDs/HIV ← Lack of awareness of connection between drug use and risk behaviors	
		← Denial about personal risk	← Heightened sense of invulnerability	← Lack of or poor knowledge about STDs/HIV	← Little or no access to STD/HIV information and prevention resources ← Little or no access to substance use treatment	← Lack of community resources for runaway and homeless youths
		← Denial or unaware of partner's risk behavior(s)	← Lack of communication skills to discuss partner's behavior	← Lack of awareness of connection between drug use and risk behaviors		
			← Fear loss of relationship if they question partner's sexual behavior	← Fear loss of or rejection by partner ← Fear of violence from partner	← Emotional and/or financial dependence upon partner	
		← Desire not to use condoms	← Desire to please partner ← Fear that condom use may be viewed as trust violation			
			← Perceived inconvenience of condoms ← Belief that using condoms decreases sexual pleasure		← Perceived peer norms around condom use ← Lack of information on eroticizing condom use	
			← Little or lack of skills in using condoms	← Lack of or poor knowledge about STDs/HIV		← Lack of community resources for runaway and homeless youths

Continued:

WHO	RISK BEHAVIOR	WHY			
Runaway and Homeless Youths	Injection drug use and unprotected sex with one or more partners at increased risk for or infected with an STD or HIV	<ul style="list-style-type: none"> <li>← Inability to negotiate safer sex practices</li> </ul>	<ul style="list-style-type: none"> <li>← Little or lack of skills in condom negotiation</li> </ul>	<ul style="list-style-type: none"> <li>← Lack of or poor knowledge about STDs/HIV</li> </ul>	<ul style="list-style-type: none"> <li>← Lack of community resources for runaway and homeless youths</li> </ul>
			<ul style="list-style-type: none"> <li>← Drug/alcohol use</li> </ul>		<ul style="list-style-type: none"> <li>← Desire to belong or feel wanted</li> <li>← Depression</li> </ul>
				<ul style="list-style-type: none"> <li>← Cultural norms around drug/alcohol use on the streets</li> </ul>	<ul style="list-style-type: none"> <li>← Lack of community resources for runaway and homeless youths</li> </ul>
		<ul style="list-style-type: none"> <li>← Lack of confidence in using condoms</li> <li>← Lack of confidence in negotiating condom use</li> </ul>		<ul style="list-style-type: none"> <li>← Little or no access to STD/HIV information and prevention resources</li> </ul>	
		<ul style="list-style-type: none"> <li>← Lack of access to condoms</li> </ul>	<ul style="list-style-type: none"> <li>← Lack of financial resources</li> </ul>		<ul style="list-style-type: none"> <li>← Lack of community resources for runaway and homeless youths</li> </ul>
			<ul style="list-style-type: none"> <li>← Resources used for competing needs (e.g., food, shelter)</li> </ul>		
			<ul style="list-style-type: none"> <li>← Lack of knowledge about HIV prevention resources in community</li> </ul>		
		<ul style="list-style-type: none"> <li>← Lack of communication skills to refuse needle sharing or drug use</li> </ul>	<ul style="list-style-type: none"> <li>← Fear loss of relationship by denying needle sharing or drug use</li> </ul>	<ul style="list-style-type: none"> <li>← Fear loss of or rejection by partner</li> <li>← Fear of violence from partner</li> </ul>	<ul style="list-style-type: none"> <li>← Emotional and/or financial dependence upon partner</li> </ul>
			<ul style="list-style-type: none"> <li>← Lack of opportunity to learn communication skills</li> </ul>	<ul style="list-style-type: none"> <li>← Past negative experiences communicating desires</li> </ul>	<ul style="list-style-type: none"> <li>← Lack of community resources for runaway and homeless youths</li> </ul>
				<ul style="list-style-type: none"> <li>← Lack of community resources for runaway and homeless youths</li> </ul>	

## APPENDIX B: STREET SMART LOGIC MODEL

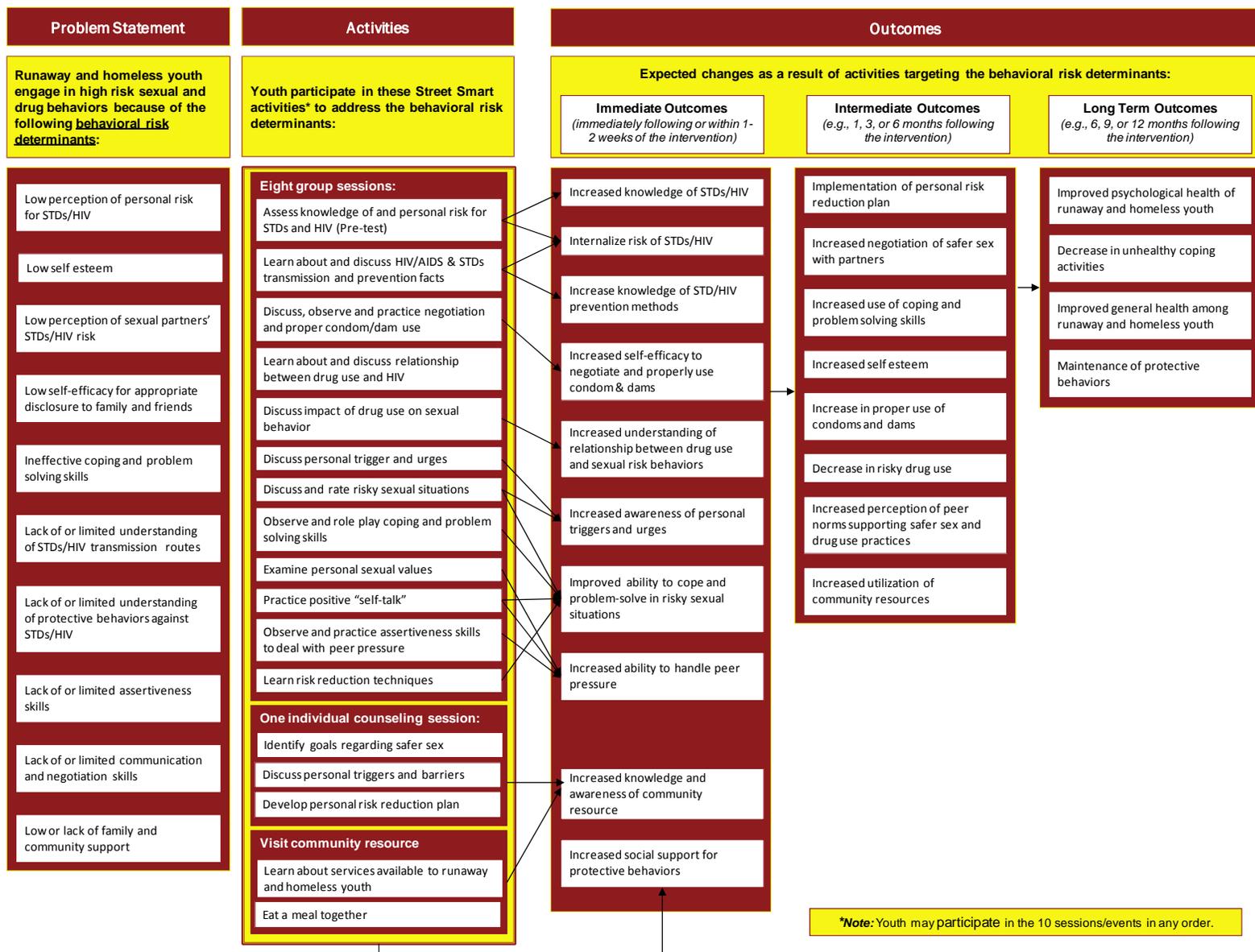
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This section provides a generic logic model for Street Smart. The model reflects activities designed to affect the behaviors and attitudes of members of targeted communities and illustrates the relationship of the program's activities to the expected outputs and outcomes as described in the *Street Smart Implementation Manual*. As with the behavioral risk analysis, it is important that you adapt and tailor this logic model to reflect your agency's implementation of Street Smart.



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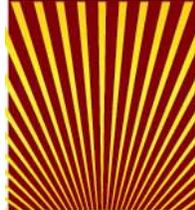
## APPENDIX B: STREET SMART LOGIC MODEL



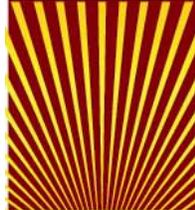
## APPENDIX C: 2008 NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET VARIABLE REQUIREMENTS

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

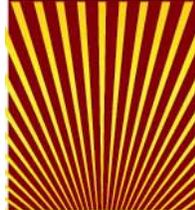
VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
<b>General Agency Information (Table A)</b>		
A01	Agency Name	Required
A01a	PEMS Agency ID	Required
A02	Community Plan Jurisdiction	Required
A03	Employer Identification Number (EIN)	Required
A04	Street Address 1	Required
A05	Street Address 2	Required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



VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
<b>CDC Program Announcement Award Information (Table B)</b>		
B01	CDC HIV Prevention PA Number	Required
B02	CDC HIV Prevention PA Budget Start Date	Required
B03	CDC HIV Prevention PA Budget End Date	Required
B04	CDC HIV Prevention PA Award Number	Required
B06	Total CDC HIV Prevention Award Amount	Required
B06a	Annual CDC HIV Prevention Award Amount Expended	Required
B07	Amount Allocated for Community Planning	Required
B08	Amount Allocated for Prevention Services	Required
B09	Amount Allocated for Evaluation	Required
B10	Amount Allocated for Capacity Building	Required
<b>Contractor Information (Table C)</b>		
C01	Agency Name	Required
C04	City	Required
C06	State	Required
C07	ZIP code	Required
C13	Employer Identification Number (EIN)	Required
C14	DUNS Number	Required
C15	Agency Type	Required
C16	Agency Activities	Required
C17	Faith-based	Required
C18	Race/Ethnicity/Minority Focused	Required
C19	Contract Start Date-Month	Required
C20	Contract Start Date-Year	Required
C21	Contract End Date-Month	Required
C22	Contract End Date-Year	Required
C23	Total Contract Amount Awarded	Required
C25	CDC HIV Prevention Program Announcement Number	Required
C26	CDC HIV Prevention PA Budget Start Date	Required
C27	CDC HIV Prevention PA Budget End Date	Required
<b>Site Information (Table S)</b>		
S01	Site ID	Required
S03	Site Name	Required
<b>Site Information (Table S) (continued)</b>		
S04	Site Type	Required
S08	County	Required
S09	State	Required
S10	ZIP code	Required
S16	Use of Mobile Unit	Required



VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
<b>Program Name - Planning (Table D)</b>		
D01	Program Name	Required
D02	Community Planning Jurisdiction	Required
D03	Community Planning Year	Required
<b>Program Model and Budget - Planning (Table E1)</b>		
E101	Program Model Name	Required
E102	Evidence Base	Required
E103	CDC Recommended Guidelines	Required
E104	Other Basis for Program Model	Required
E105	Target Population	Required
E107	Program Model Start Date	Required
E108	Program Model End Date	Required
E109	Proposed Annual Budget	Required
<b>Intervention Plan Characteristics (Table F)</b>		
F01	Intervention Type	Required
F02	Intervention Name/ID	Required
F03	HIV+ Intervention	Required
F04	Perinatal Intervention	Required
F05	Total Number of Clients	Required
F06	Sub-Total Target Population	Required
F07	Planned Number of Cycles	Required
F08	Number of Sessions	Required
F09	Unit of Delivery	Required
F11	Delivery Method	Required
F14	Level of Data Collection	Required
<b>Client Characteristics (Table G)</b>		
G101	Date Collected	Required
G102	PEMS Client Unique Key	Required
G112	Date of Birth-Year	Required
G113	Calculated Age	Required
G114	Ethnicity	Required
G116	Race	Required
G120	State/Territory of Residence	Required
G123	Assigned Sex at Birth	Required
G124	Current Gender	Required
G200	Date Collected	Required
G204	Previous HIV Test	Required
G205	Self-Reported HIV Test Result	Required
G208	In HIV Medical Care/Treatment (only if HIV+)	Required



**Client Characteristics (Table G) (continued)**

G209	Pregnant (only if female)	Required
G210	In Prenatal Care (only if pregnant)	Required
G211	Client Risk Factors ***	Required
G212	Additional Client Risk Factors ^^	Required
G213	Recent STD (Not HIV)	Required

\*\*\*Note: The recall period for client risk factors is 12 months.

^^Note: Additional value choices for risk factors added:

- ♦ Sex without using a condom
- ♦ Sharing drug injection equipment

**Client Intervention Characteristics (Table H)**

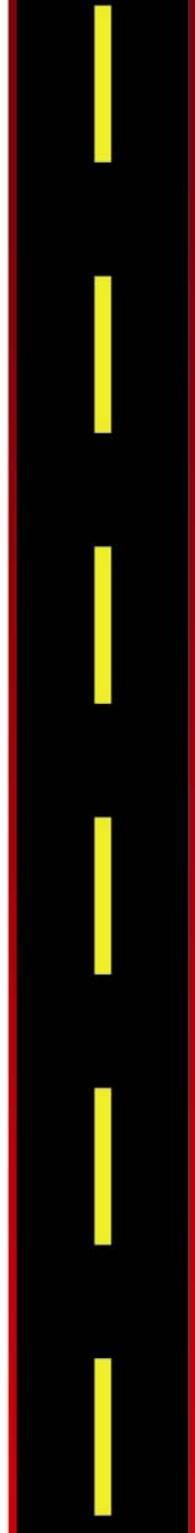
H01	Intervention Name/ID	Required
H01a	Cycle	Required
H05	Session Number	Required
H06	Session Date-Month	Required
H07	Session Date-Day	Required
H08	Session Date-Year	Required
H10	Site Name/ID	Required
H13	Recruitment Source	Required
H18	Recruitment Source-Service/Intervention Type	Required
H21	Incentive Provided	Required
H22	Unit of Delivery	Required
H23	Delivery Method	Required

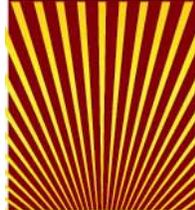
**Referral (Table X7)**

X701	PEMS Referral Code	Required
X702	Referral Date	Required
X703	Referral Service Type	Required
X706	Referral Outcome	Required
X710	Referral Close Date	Required

**Aggregate HE/RR and Outreach (Table AG)**

AG00	Intervention Name	Required
AG01	Session Number	Required
AG02	Date of Event/Session	Required
AG03	Duration of Event/Session	Required
AG04	Number of Client Contacts	Required
AG05a	Delivery Method	Required
AG05c	Incentive Provided	Required
AG06	Site Name/ID	Required
AG08a	Client Primary Risk-MSM	Required
AG08b	Client Primary Risk-IDU	Required
AG08c	Client Primary Risk-MSM/IDU	Required
AG08d	Client Primary Risk-Sex Involving Transgender	Required
AG08e	Client Primary Risk-Heterosexual Contact	Required





<b>Aggregate HE/RR and Outreach (Table AG) (continued)</b>		
AG08f	Client Primary Risk–Other/Risk Not Identified	Required
AG09a	Client Gender–Male	Required
AG09b	Client Gender–Female	Required
AG09c	Client Gender–Transgender MTF	Required
AG09d	Client Gender–Transgender FTM	Required
AG10a	Client Ethnicity–Hispanic or Latino	Required
AG10b	Client Ethnicity–Not Hispanic or Latino	Required
AG11a	Client Race–American Indian or Alaska Native	Required
AG11b	Client Race–Asian	Required
AG11c	Client Race–Black or African American	Required
AG11d	Client Race–Native Hawaiian or Other Pacific Islander	Required
AG11e	Client Race–White	Required
AG12a	Client Age–Under 13 years	Required
AG12b	Client Age–13–18 years	Required
AG12c	Client Age–19–24 years	Required
AG12d	Client Age–25–34 years	Required
AG12e	Client Age–35–44 years	Required
AG12f	Client Age–45 years and older	Required
AG14a	Materials Distributed–Male Condoms	Required
AG14b	Materials Distributed–Female Condoms	Required
AG14c	Materials Distributed–Bleach or Safer Injection Kits	Required
AG14d	Materials Distributed–Education Materials	Required
AG14e	Materials Distributed–Safe Sex Kits	Required
AG14f	Materials Distributed–Referral List	Required
AG14g	Materials Distributed–Role Model Stories	Required
AG14h	Materials Distributed–Other (specify)	Required
<b>Health Communication/Public Information (Table HC)</b>		
HC01	Intervention Name	Required
HC02	HC/PI Delivery Method	Required
HC05	Event Start Date	Required
HC06	Event End Date	Required
HC07	Total Number of Airings	Required
HC08	Estimated Total Exposures	Required
HC09	Number of Materials Distributed	Required
HC10	Total Number of Web Hits	Required
HC11	Total Number of Attendees	Required
HC12	Number of Callers	Required
HC13	Number of Callers Referred	Required
HC14	Distribution–Male Condoms	Required
HC15	Distribution–Female Condoms	Required
HC16	Distribution–Lubricants	Required



Health Communication/Public Information (Table HC) (continued)		
HC17	Distribution-Bleach or Safer Injection Kits	Required
HC18	Distribution-Referral Lists	Required
HC19	Distribution-Safe Sex Kits	Required
HC20	Distribution-Other	Required
Community Planning Level (Table CP-A/B/C)		
CP-A01	Name of HIV Prevention CPG	HD only
CP-A02	Community Plan Year	HD only
CP-B01	Priority Population	HD only
CP-B02	Rank	HD only
CP-B03	Age	HD only
CP-B04	Gender	HD only
CP-B05	Ethnicity	HD only
CP-B06	Race	HD only
CP-B07	HIV Status	HD only
CP-B08	Geo Location	HD only
CP-B09	Transmission Risk	HD only
CP-C01	Name of the Prevention Activity/Intervention	HD only
CP-C02	Prevention Activity/Intervention Type	HD only
CP-C04	Evidence Based	HD only
CP-C05	CDC-Recommended Guidelines	HD only
CP-C06	Other Basis for Intervention	HD only
CP-C07	Activity	HD only



## APPENDIX D: REFERENCES

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- Bandura, A. (1994). Social cognitive theory and exercise of control over HIV infection. In R. DiClemente & J. Peterson (Eds.), *Preventing AIDS: Theories, methods, and behavioral interventions* (pp. 25–60). New York: Plenum.
- Centers for Disease Control and Prevention (2006). *Provisional procedural guidance for community-based organizations*: Revised April 2006. Atlanta, GA: Author. Retrieved March 14, 2007, from [http://www.cdc.gov/hiv/topics/prev\\_prog/AHP/resources/guidelines/pro\\_guidance.pdf](http://www.cdc.gov/hiv/topics/prev_prog/AHP/resources/guidelines/pro_guidance.pdf)
- Centers for Disease Control and Prevention. (2007). *HIV prevention strategic plan: Extended through 2010*. Atlanta, GA: Author. Retrieved April 2, 2008, from <http://www.cdc.gov/hiv/resources/reports/psp/pdf/psp.pdf>
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