



Video Opportunities for Innovative Condom Education and Safer Sex

EVALUATION FIELD GUIDE
SEPTEMBER 2008





ACKNOWLEDGMENTS

The VOICES/VOCES Evaluation Field Guide was developed with funding by the Centers for Disease Control and Prevention (CDC). Dr. Aisha Gilliam of the Capacity Building Branch, Division of HIV/AIDS Prevention (DHAP), CDC, provided leadership to the conceptualization, development, and distribution of this document. Drs. Camilla Harshbarger and Miriam Phields participated in the development, reviewed the guide, and provided valuable recommendations to the content.

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

It is hoped that this guide will prove useful to those implementing the VOICES/VOCES program across the Nation. It is our goal to keep this guide and its information as current as possible. To achieve this, we welcome your comments. Please contact Dr. Gilliam, DHAP, CDC, via electronic mail at aisha.gilliam@cdc.hhs.gov with any comments or concerns.



TABLE OF CONTENTS

Acknowledgments.....	i
Introduction	1
Purpose	1
Modifying Materials	2
Organization of This Document	2
Theoretical Basis and Core Elements	3
Section One: Reporting HIV Prevention Program Information to CDC	5
NHM&E Program Planning Data	6
NHM&E Client Services Data.....	11
Section Two: VOICES/VOCES Objectives and Evaluation Questions.....	12
VOICES/VOCES Program Objectives.....	12
Process Monitoring and Evaluation Questions	12
Outcome Monitoring Questions	16
Section Three: Data Collection Activities and Schedules.....	20
Section Four: Data Collection Protocols	24
Pre-Implementation Instruments	
Program Enrollment Form	
HIV/AIDS and STD Knowledge, Attitudes, & Intentions Pretest	
Implementation Instruments	
Facilitator Observation Form	
Fidelity Form	
Post-Implementation Instruments	
HIV/AIDS and STD Knowledge, Attitudes, & Intentions Posttest	
Client Satisfaction Survey	
Quality Assurance Checklist	
Referral Tracking Form	
Appendices	
A: Behavioral Risk Analysis	
B: Logic Model	
C: 2008 National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS) Variable Requirements	
D: References	



INTRODUCTION

Purpose

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

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

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

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

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

you can reach by calling 1-888-PEMS-311 (1-888-736-7311) or e-mailing pemsservice@cdc.gov; visiting the PEMS Web site (<https://team.cdc.gov>); or contacting the DHAP Help Desk (1-877-659-7725 or dhapsupport@cdc.gov).

Modifying Materials

The evaluation questions and data collection forms contained in this document are very general in nature. These questions and data collection forms reflect the reporting requirements of CDC¹ and the basic monitoring and evaluation requirements of VOICES/VOCES. 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 One of the document contains an overview of CDC's reporting requirements for VOICES/VOCES. Section Two contains the evaluation objectives, followed by evaluation questions. A brief narrative that describes the relevance of the question follows each question. The table below each question provides a list of data that would answer the question, methods that can be used to obtain the data and recommendations on how to analyze the data so that you can use the information to enhance your implementation of VOICES/VOCES and plan future implementation. Section Three has data collection tables that summarize the data collection activities (arranged primary activity), recommend data collection schedules, provide a brief description of agency resources needed, and suggest ways to use the data. Section Four includes suggested templates of data collection instruments. Each evaluation instrument is arranged by VOICES/VOCES activity. The appendixes consist of the VOICES/VOCES Behavioral Risk Analysis (Appendix A), Logic Model (Appendix B), and a list of the NHM&E DS variables (all are not required for this intervention) (Appendix C).²

The development of the VOICES/VOCES evaluation plan was guided by the development of a behavioral risk analysis and logic model. The risk analysis explores possible circumstances that may place members of the target population at risk for acquiring or transmitting HIV and factors that may contribute to that risk. The conceptual framework links the types of intervention activities to the risk and protective factors identified in the behavioral risk analysis. The logic model describes the relationships between risk behaviors, the activities of the intervention, and the intended outcomes. These appendixes are based on program materials and consultations with members of the Science Application Team within CBB.

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

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



Theoretical Basis and Core Elements

VOICES/VOCES is a 45-minute single session, video-based HIV/STD prevention intervention designed to promote condom use and strengthen condom negotiation skills among heterosexual African American and Latino adults. The objectives of VOICES/VOCES are to increase participants' motivation and intentions to use condoms consistently, improve participants' negotiation skills regarding condom use and safer sex practices with partners, increase participants' knowledge about STD/HIV transmission, and improve clients' assessment of their risk for HIV and STDs and how they can reduce that risk (Education Development Center, 1999).

The VOICES/VOCES program model is based on the Theory of Reasoned Action. The theory states that the best predictor of behavior is intention. It suggests that an individual's behavior is determined by one's intention to carry out the behavior, which is based on his/her attitude toward the behavior. Additionally, the individual's perception of how others think he/she should act in a given situation (i.e., the social and cultural norms) and his or her beliefs and past experiences in that situation, also affect the extent to which the individual is prepared to carry out a specific behavior. This preparation is usually the precursor of targeted desired behavior. The intention to adopt a desired behavior is the result of three things: the attitude toward the specific behavior, the subjective norms regarding the behavior, and the perceived behavioral control (Glanz et al., 2002).

VOICES/VOCES has been demonstrated to be effective in reducing repeat STD infections among heterosexual African American and Latino adult men and women by increasing their knowledge of STD/HIV transmission, helping them make a more realistic assessment of their own personal risk, and increasing their likelihood for getting and using condoms consistently. It is one of the interventions developed by the Centers for Disease Control and Prevention (CDC) Replication of Effective Programs (REP). There are four core elements of VOICES/VOCES (Table 1). "Core elements are those parts of an intervention that must be done and cannot be changed. They come from the behavioral theory upon which the intervention or strategy is based; they are thought to be responsible for the intervention's effectiveness. Core elements are essential and cannot be ignored, added to, or changed" (CDC, 2006).

Table 1: The Core Elements of VOICES/VOCES

- Viewing culturally specific videos portraying condom negotiation
- Conducting small group skill-building sessions to work on overcoming barriers to condom use
- Educating program participants about different types of condoms and their features
- Distributing samples of condoms identified by participants as best meeting their needs

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



Exhibit 2: The Key Characteristics of VOICES/VOCES*

- Introduce VOICES/VOCES as a routine part of clinic or CBO services.
- Convene groups of four to eight persons of the same gender, race, and ethnicity, to allow for open discussion of sensitive issues among persons holding similar cultural values.
- Conduct the intervention session in a private space.
- Deliver the intervention in a single session (40–60 minutes).
- Begin the session by showing a culturally specific video (15–20 minutes).
- Show a video that reflects up-to-date information about HIV and other sexually transmitted diseases
 - uses male and female actors whose race and ethnicity is similar to that of the clients
 - depicts real-life situations involving characters like the clients themselves
 - shows condom negotiation as a shared responsibility between sex partners
 - models communication skills and prevention attitudes and behaviors with regard to HIV and other sexually transmitted diseases
 - includes subject matter that is explicit but appropriate for viewing at the site
- Use the characters and situations depicted in the video to launch group discussions.
- Address barriers to condom use and safer sex by
 - increasing awareness of personal risk for infection with HIV and other sexually transmitted diseases
 - providing information on safer sex to prevent infection
 - correcting misinformation about condom use
 - presenting the features of different types of condoms
- Give clients a minimum of three condoms each of the type they identified as best meeting their needs.

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



SECTION ONE: REPORTING HIV PREVENTION PROGRAM INFORMATION TO CDC

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

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

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

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

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

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

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

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

This evaluation field guide is designed to help your agency monitor and evaluate your day-to-day implementation of VOICES/VOCES. Collecting and analyzing VOICES/VOCES data will help

you improve your implementation of VOICES/VOCES and provide you with information to guide future planning. This section details only those tables and associated NHM&E DS modules you will use to collect and report information specific to VOICES/VOCES. Though the data you collect will include NHM&E DS variables, you will collect and use more data than actually submitted to CDC. Please refer to the NHM&E DS for the complete list and description of all M&E variables required for reporting to CDC and optional variables for local M&E.

NHM&E Program Planning Data

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

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

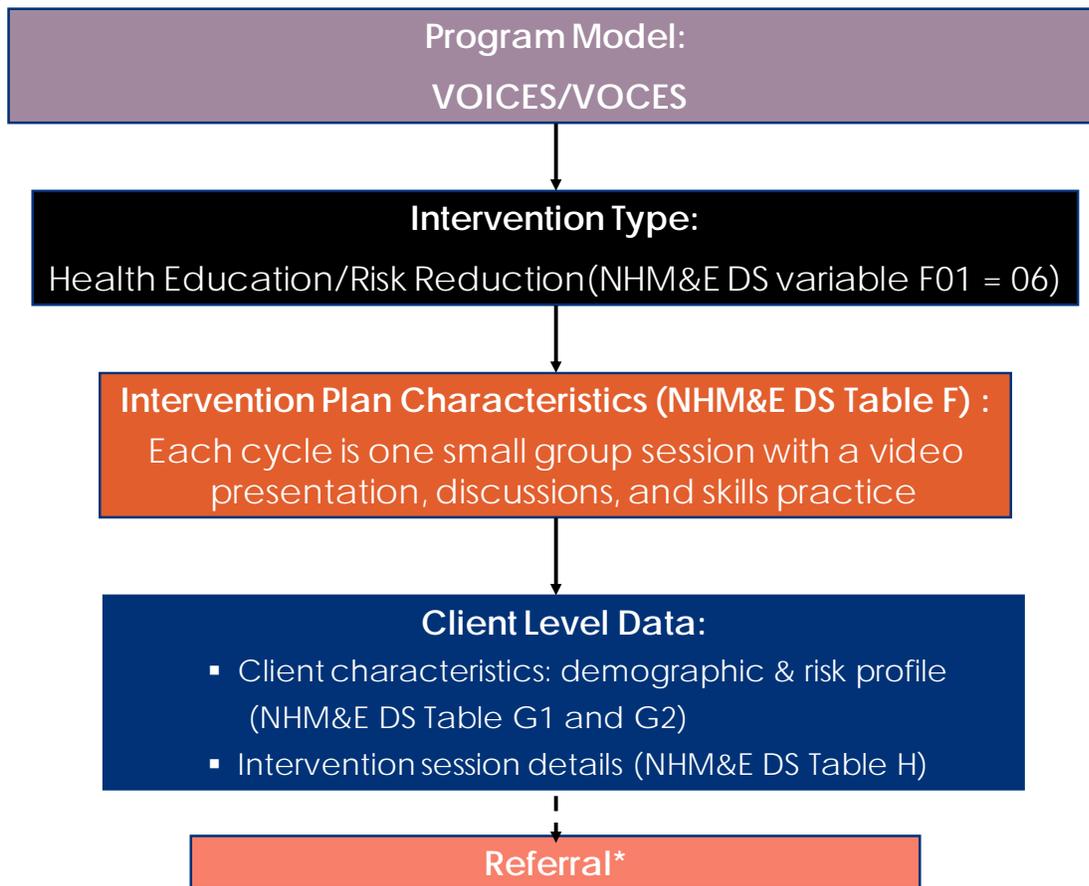
Carefully describing your program is a process that will help your agency determine how to best implement and monitor VOICES/VOCES. A clearly described and well thought out program plan will allow you to use your process monitoring data to conduct process evaluations. Please refer to CDC's Evaluation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

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 VOICES/VOCES.

The figure below illustrates how VOICES/VOCES is organized in NHM&E.

Figure 1. Organization of VOICES/VOCES in NHM&E



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

The following table (Table 3) provides guidance on selecting NHM&E DS variables you can use to describe your intervention as you develop your program plan. The table depicts program information variables that are applicable to and required for VOICES/VOCES. For instance, Program Model Name (NHM&E DS number E101) is labeled “Agency Determined” because the name of your Program Model can be VOICES/VOCES or any other name determined by your agency. The Evidence Base (NHM&E DS number E102) variable, however, specifies a particular variable code (“1.12”) because, regardless of what you have named your program, it is based on VOICES/VOCES, one of CDC’s Effective Behavioral Interventions.

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

Variable	NHM&E DS Number	Variable Code	Guidance
Program Model Name	E101	Agency determined	The name of the Program Model can be VOICES/VOCES or any other name determined by the agency. See the <i>National Monitoring and Evaluation Guidance for HIV Prevention Programs</i> (CDC, 2008b) for additional information if you are implementing more than one VOICES/VOCES program within the same agency
Evidence Base	E102	1.12	VOICES/VOCES (Variable value code: 1.12)
Target Population	E105	Agency determined	VOICES/VOCES is designed for heterosexual African American and Latino men and women

* Organizations funded directly by CDC to implement VOICES/VOCES 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 VOICES/VOCES. If you intend to drop or change a core element of VOICES/VOCES 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 VOICES/VOCES. It describes the activities you intend to implement, the planned number of cycles and sessions, the duration of the cycles, how the intervention(s) within VOICES/VOCES will be implemented, whether client services data will be reported at the aggregate or individual client level. The table below lists NHM&E DS intervention plan variables with the NHM&E DS number, the variable value code, and guidance to help you understand how to apply these variables when implementing VOICES/VOCES.

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

Table 4: Program Information—Intervention Details

Variable	NHM&E DS Number	Variable Code	Guidance
Intervention Type	F01	06	VOICES/VOCES is a Health Education and Risk Reduction (HE/RR) intervention type.
Total Number of Clients	F05	Agency determined	The total number of clients is equal to the planned number of cycles (F07) multiplied by the number of individuals expected to be served in each intervention cycle. VOICES/VOCES is comprised of a single session. Therefore, one session = one cycle.
Planned Number of Cycles	F07	Agency determined	A cycle is the complete delivery of an intervention to its intended audience. For VOICES/VOCES, one session = one cycle. Calculate the number of times you intend to implement a complete cycle of VOICES/VOCES within the period reflected in your plan.
Number of Sessions	F08	1	VOICES/VOCES is a single session intervention.
Unit of Delivery	F09	03 Small Group	The VOICES/VOCES program materials recommend small groups of 4-8 individuals of the same sex and race/ethnicity.
Activity	F10	08.01 08.10 09.01 09.03	<p>Culturally specific video: provides information on HIV risk behavior and condom use and includes modeling condom use and negotiation skills</p> <ul style="list-style-type: none"> ▪ 08.01 Information – HIV/AIDS transmission ▪ 08.10 Information – Sexual risk reduction ▪ 09.01 Demonstration – Condom/barrier use ▪ 09.03 Demonstration – Negotiation & communication

Table 4: Program Information—Intervention Details (continued)

Variable	DVS Number	Variable Code	Guidance
Activity (continued)	F10	08.01 08.10 09.01 09.03 10.01 10.03 11.01 11.10 11.17 11.18	<p>Small skills-building and discussion group: provides information on HIV risk behavior and condom use; includes role play for condom use and negotiation skills; allows clients to practice strategies for overcoming problems they have encountered in trying to adopt safer sex behaviors.</p> <ul style="list-style-type: none"> ▪ 08.01 Information – HIV/AIDS transmission ▪ 08.10 Information – Sexual risk reduction ▪ 09.01 Demonstration – Condom/barrier use ▪ 09.03 Demonstration – negotiation & communication ▪ 10.01 Practice – Condom/ barrier use ▪ 10.03 Practice – Negotiation & communication ▪ 11.01 Discussion – Sexual risk reduction ▪ 11.10 Discussion – HIV/AIDS transmission ▪ 11.17 Discussion – Condom/ barrier use ▪ 11.18 Discussion – Negotiation/Comm-unication
		08.01 08.10 08.13	<p>Condom feature education: poster presenting features of various condom brands, and information about condoms, including how to choose and how and when to put on a condom</p> <ul style="list-style-type: none"> ▪ 08.01 Information – HIV/AIDS transmission ▪ 08.10 Information – Sexual risk reduction ▪ 08.13 Information – Condom/ barrier use
		08.08 13.01 13.02	<p>Condoms distribution: condoms and information about local resources for a variety of issues (e.g., substance abuse, domestic violence, etc.) may also be distributed at the end of the session</p> <ul style="list-style-type: none"> ▪ 08.08 Information – Availability of social services ▪ 13.01 Distribution – Male condoms ▪ 13.02 Distribution – Female condoms

Table 4: Program Information—Intervention Details (continued)

Variable	DVS Number	Variable Code	Guidance
Delivery Method	F11	01.00 03.04 07.00	VOICES/VOCES uses “in person” (variable value code: 01.00), and “printed materials—posters /billboards” (variable code: 03.04) and “video” (variable value code: 07.00)
Language of Intervention Delivery	F12	01 – English 02 – Spanish	VOICES/VOCES materials include both English and Spanish versions. Indicate the language in which VOICES/VOCES will be delivered.
Detailed Behavior Data Collection	F13	0	Implementation of VOICES/VOCES does not require the collection of detailed behavior data. (variable value code: 0)
Level of Data Collection	F14	1	Implementation of VOICES/VOCES requires the collection of individual client level data (variable value code: 1).

NHM&E Client Services Data

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

The client services data for VOICES/VOCES involve the collection of client level data for NHM&E DS tables H, G1, and G2.

Client-level data provides specific informaton about each client. For example, “the client was a 19-year-old Hispanic male.”

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



SECTION TWO: VOICES/VOCES 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 monitoring and evaluation—process and outcome. Below each question is a brief rationale for why the question is important. Following the rationale is a table which describes the types of data needed, potential data sources, and how data may be analyzed to answer the question.

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

VOICES/VOCES Program Objectives

- Increase knowledge about HIV/STD transmission
- Develop realistic personal risk assessments
- Increase intention to use condoms
- Increase skills for effective condom negotiation
- Increase consistent condom use
- Reduce STD infections

Process Monitoring and Evaluation Questions

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

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

1. Which of the core elements were implemented as written in the VOICES/VOCES implementation manual?

It is important to know if an agency's implementation of the VOICES/VOCES core elements matches the intended implementation described in the manual. An agency's implementation of VOICES/VOCES affects the outcomes achieved.

Data	Data Sources	Analysis
<ul style="list-style-type: none"> ▪ Description of culturally specific videos portraying condom negotiation used ▪ Description of activities/materials used to conduct small group skill-building sessions to work on overcoming barriers to condom use ▪ Description of activities/materials used to educate program participants about different types of condoms and their features ▪ Number of samples of condoms identified by participants as best meeting their needs distributed. 	<ul style="list-style-type: none"> ▪ Fidelity Form ▪ Facilitator Observation Form ▪ Quality Assurance Checklist 	<ul style="list-style-type: none"> ▪ Compare the activities conducted to the core elements as they are described in the VOICES/VOCES manual

2. How and why were program activities modified?

Agencies may modify program activities based on agency resources, priorities, and in consideration of current activities as long as the core elements are maintained. For example, intervention activities may be tailored or modified to accommodate characteristics of the target population. It is important to know which activities facilitators are implementing differently and why. Such information may help in understanding why process or outcome data differ among groups; the data can also be used to inform future planning of the intervention.

Data	Data Sources	Analysis
<ul style="list-style-type: none"> ▪ Length of sessions ▪ Description of activities conducted and materials covered during each session ▪ Description of materials used (e.g., condom poster board, video including Love Exchanges and Porque Sí, penile models, etc.) ▪ Description of materials disseminated (e.g., condoms) 	<ul style="list-style-type: none"> ▪ Fidelity Form ▪ Facilitator Observation Form ▪ Quality Assurance Checklist 	<ul style="list-style-type: none"> ▪ Compare activities conducted to those described in the VOICES/VOCES manual ▪ Document the rationale for the changes made ▪ Identify trends (how participants responded to particular activities, where more or less emphasis was needed, etc.)

3. What proportion of participants matched the demographic profile of the intended target population?

VOICES/VOCES was designed for heterosexual African American and Latino adult men and women at very high risk of becoming infected with and/or transmitting HIV and other STDs. Intervention participants often include individuals seeking services from neighborhood health centers, family planning clinics, HIV outreach programs, prison health services, STD clinics, and from other community-based settings. This information can be used to guide planning. A demographic profile of VOICES/VOCES participants demonstrates the extent to which an agency is reaching the target population for whom the intervention is intended. The demographic profile also provides information that can be used to inform the development of other prevention activities.

Data	Data Sources	Analysis
Demographic data from individuals including: <ul style="list-style-type: none"> ▪ Geographic location ▪ Gender ▪ Race/ethnicity ▪ Sexual orientation ▪ Educational level 	<ul style="list-style-type: none"> ▪ Program Enrollment Form 	<ul style="list-style-type: none"> ▪ Examination of the demographic characteristics of intervention participants and summarize findings

4. What proportion of the participants matched the risk profile of the intended target population?

VOICES/VOCES was designed to encourage condom use and improve condom negotiation skills among heterosexual African-American and Latino men and women at very high risk for HIV infection. A risk profile of VOICES/VOCES participants demonstrates the extent to which an agency is reaching the high risk target population for whom the intervention is intended. The risk profile also provides information that can be used to inform the development of other prevention activities.

Data	Data Sources	Analysis
Behavioral risk data from individuals including: <ul style="list-style-type: none"> ▪ Information on behavioral intentions ▪ Information on sexual risk behaviors ▪ STD prevalence data 	<ul style="list-style-type: none"> ▪ Program Enrollment Form 	<ul style="list-style-type: none"> ▪ Examination of the risk characteristics of intervention participants and summarize findings



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

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

Data	Data Sources	Analysis
<ul style="list-style-type: none"> ▪ Challenges/issues and best practices/successes identified by intervention session facilitators ▪ Challenges/issues and best practices/successes identified by program supervisors and intervention observers ▪ Data provided by session participants 	<ul style="list-style-type: none"> ▪ Fidelity Form ▪ Facilitator Observation Form ▪ Quality Assurance Checklist ▪ Client Satisfaction Survey 	<ul style="list-style-type: none"> ▪ Identify and summarize barriers and facilitators to implementation ▪ Identify themes

6. How many small-group sessions were conducted within a 3-month period?

Specifically this information will inform whether the number of small-group sessions conducted is consistent with your target number of cycles (PEMS DVS F07), as one session is equal to one cycle. Examining the number of sessions quarterly can help an organization monitor whether they are on track for reaching their annual goal. As more small-group sessions are conducted over time, you will be able to measure how effective the intervention has been in changing the target population's knowledge, skills, and intentions to reduce their risk for HIV/STD infection.

Data	Data Sources	Analysis
<ul style="list-style-type: none"> ▪ Number of small group sessions conducted during 3-month period ▪ Proposed number of small group sessions noted in the intervention implementation plan or described in work plan objectives ▪ Small group session ID number 	<ul style="list-style-type: none"> ▪ Quality Assurance Checklist (aggregate data gathered from Fidelity Forms) 	<ul style="list-style-type: none"> ▪ Compare the number of small group sessions conducted during the 3-month period and the target number of sessions proposed in the program implementation plan (or 25% of the annual goal) ▪ Determine if the target number of sessions was reached

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. To what degree was there a change in participants’ attitudes to use condoms consistently?

This information informs whether or not there is a change in attitudes regarding consistent condom use among intervention participants. According to the theory on which VOICES/VOCES is designed, attitude is one of the factors which influence an individual’s intention to engage in a particular behavior. Any change in attitude among individuals participating in VOICES may affect the participants’ intention to consistently use condoms.

Data	Data Sources	Analysis
<ul style="list-style-type: none"> ▪ Outcome monitoring data from an instrument that measures changes in attitudes and intentions to obtain condoms ▪ Outcome monitoring data from an instrument that measures changes in attitudes and intentions to use condoms regularly ▪ Observations of participant perceptions and comments made about obtaining condoms and condom use during the small group session 	<ul style="list-style-type: none"> ▪ HIV/AIDS and STD Knowledge, Attitudes, and Intentions, Pretest/Posttest 	<ul style="list-style-type: none"> ▪ Compare and contrast participant attitudes and intention to obtain use condoms regularly pre and post intervention implementation ▪ Review observations and feedback from facilitators regarding changes in attitudes and intentions ▪ Summarize results

2. To what degree was there a change in participants’ intentions to use condoms consistently?

The Theory of Reasoned Action states that the best predictor of behavior is intention. It suggests that an individual’s behavior is determined by one’s intention to carry out the behavior. The extent to which intentions changed in favor of consistent condom use will increase the probability that participants will use condoms consistently.

Data	Data Sources	Analysis
<ul style="list-style-type: none"> ▪ Outcome monitoring data from an instrument that measures intention to change behaviors that put participants and their partners at risk ▪ Observations of participant perceptions and comments made about engaging in future risk reduction behavior during the small group session 	<ul style="list-style-type: none"> ▪ HIV/AIDS and STD Knowledge, Attitudes, and Intentions, Pretest/Posttest 	<ul style="list-style-type: none"> ▪ Examine and compare change in intention to engage in risk reduction behavior articulated during sessions and in survey responses ▪ Summarize observations and feedback from facilitators and observers

3. What proportion of participants demonstrated an increase in knowledge of condom types, where to obtain condoms, and how to use them with partners?

Changes include an increase or decrease in client knowledge of various features and types of condoms as well as where to obtain condoms and how to use them with partners. An increase in this knowledge will increase the likelihood of participants using condoms more regularly.

Data	Data Sources	Analysis
<ul style="list-style-type: none"> Outcome monitoring data from instruments that measure knowledge in condom features, types, use, and how to obtain them Perceptions and comments made about condom features, types, use, and strategies for obtaining them 	<ul style="list-style-type: none"> HIV/AIDS and STD Knowledge, Attitudes, and Intentions, Pretest/Posttest 	<ul style="list-style-type: none"> Examine and compare change in knowledge of condom features, types, access points, and how use with partners Summarize results

4. What proportion of participants demonstrated an increase in skills for effective condom negotiation with partners?

Changes include an increase or decrease in effective condom use and negotiation skills by participants. An increase in condom negotiation skills will increase the likelihood of regular condom use by participants.

Data	Data Sources	Analysis
<ul style="list-style-type: none"> Outcome monitoring data from instruments that measure skills in negotiating condom use Perceptions and comments made about participant skill level regarding the use of condom negotiating strategies 	<ul style="list-style-type: none"> HIV/AIDS and STD Knowledge and Transmission Pretest and Posttest 	<ul style="list-style-type: none"> Examine and compare pre- and post-implementation change in skills related to condom use and negotiation strategies Summarize results

5. To what degree was there a change in knowledge about HIV/STD transmission among participants?

This information informs whether participants have an enhanced understanding of the variety of sexually transmitted diseases and their routes of transmission as well as basic knowledge of sexual health and safety. An increased understanding of STD/HIV transmission will likely influence participants' attitudes in favor of consistent use.

Data	Data Sources	Analysis
<ul style="list-style-type: none"> Outcome monitoring data on HIV/STD transmission knowledge Perceptions and comments made about HIV/STD transmission 	<ul style="list-style-type: none"> HIV/AIDS and STD Knowledge and Transmission Pretest and Posttest 	<ul style="list-style-type: none"> Examine and compare change in knowledge of HIV and STD transmission Summarize observations and feedback from facilitators and observers

6. What proportion of participants demonstrated improved assessment of their risk for HIV/STD infection?

This information informs whether participants have an enhanced understanding of how their behaviors put them at risk for HIV/STD infection.

Data	Data Sources	Analysis
<ul style="list-style-type: none"> Documentation of participant perceptions of risk behaviors and their individual risk assessment for HIV/STD infection pre-and post-implementation 	<ul style="list-style-type: none"> HIV/AIDS and STD Knowledge and Transmission Pretest and Posttest 	<ul style="list-style-type: none"> Examine and compare change in participant perceptions of risk behaviors and assessment of individual risk Summarize results

7. What proportion of participants turned in their coupons for condoms?

Increased access to and acquisition of condoms are anticipated outcomes of VOICES/VOCES. Monitoring condom acquisition can be challenging. Participants' use of coupons for condoms at your agency can serve as a proxy measure. This information provides your agency an estimate of condom acquisition by VOICES/VOCES participants.

Data	Data Sources	Analysis
<ul style="list-style-type: none"> Documentation of number of coupons distributed to small group participants Documentation of participants turning in their coupons for condoms 	<ul style="list-style-type: none"> Quality Assurance Checklist (aggregate data gathered from Fidelity Forms) Coupons 	<ul style="list-style-type: none"> Count the number of coupons turned in for condoms Compare the number of coupons turned in against the number distributed

8. What proportion of participants showed a decrease in repeat STD infections 3 months after participating in the intervention?

A reduction in repeat STD infections is one of the intended outcomes of this intervention. This data will inform whether or not your agency's implementation of VOICES/VOCES is achieving the intended outcomes. If your agency offers STD testing and clients' STD testing records can be accessed, your agency may choose to monitor this outcome.

Data	Data Sources	Analysis
<ul style="list-style-type: none"> STD prevalence rates among intervention participants prior to and 3 months following participation in the intervention 	<ul style="list-style-type: none"> Program Enrollment Form Client service records pre- and post-implementation (i.e., 3 months), if available 	<ul style="list-style-type: none"> Examine and compare STD prevalence rates among intervention participants pre and post implementation Summarize results

9. To what degree was there a change in the proportion of participants requesting an HIV or STD test 3 months after completing the intervention?

These data will inform whether or not there was a significant increase in the number of intervention participants getting tested for HIV or STDs 3 months post implementation. This is one of the intended outcomes of the VOICES/VOCES intervention. If your agency offers HIV or STD testing and clients' testing records can be accessed, your agency may choose to monitor this outcome.

Data	Data Sources	Analysis
<ul style="list-style-type: none">▪ HIV/STD testing rates among intervention participants pre- and post-implementation (i.e., after 3 months)	<ul style="list-style-type: none">▪ Pre- and post-implementation client service records, if available	<ul style="list-style-type: none">▪ Examine and compare testing rates among intervention participants pre- and post-implementation▪ Summarize results





SECTION THREE: DATA COLLECTION ACTIVITIES AND SCHEDULES

This section describes the data collection processes and instruments for VOICES/VOCES. The table below (Table 5) indicates when each instrument should be administered, who administers the instruments, and who should complete the instrument. Subsequent tables (Tables 6-8) provide more detail regarding data collection activities, including resources needed and schedules for each component of VOICES/VOCES.

Table 5. Data collection schedule for VOICES/VOCES

Instrument	When to Use	Administered By	Completed By
Program Enrollment Form	During client intake activities at service provider's office	Service Provider or Facilitator	Service Provider, facilitator, or client/participant
HIV/AIDS and STD Knowledge, Attitudes, and Intentions Pretest	Within 15 minutes of beginning the intervention session	Facilitator or Service Provider	Client/Participant
Facilitator Observation Form	At least once a month	Program Supervisor	Program Supervisor
HIV/AIDS and STD Knowledge, Attitudes, and Intentions Posttest	Within 15 minutes of completing the intervention session	Facilitator or Service Provider	Client/Participant
Client Satisfaction Survey	After completion of HIV/AIDS and STD Knowledge, Attitudes, & Intentions Posttest	Facilitator	Participant
Fidelity Form	At the end of session after collecting posttest and client satisfaction survey	Facilitator	Facilitator
Quality Assurance Checklist	Every 3 months	Program Supervisor	Program Supervisor
Referral Tracking Form	As needed, for formal referrals*	Facilitator	Facilitator

* The Referral Tracking Form should be completed for each individual who receives a referral by your agency that will be tracked over time (i.e., formal referral). This form should be used to document the provider's efforts and the results of these efforts to follow-up on each formal referral made to a client.

The data collection of STD prevalence rates and HIV/STD testing rates among intervention participants pre- and post- (after 3 months) implementation do not have corresponding instruments and will need to be collected from client services records, if available.

The tables below (Tables 6-8) are arranged by VOICES/VOCES activity. Each table indicates when data should be collected, resources needed to collect data, data provided by the instruments located later in this field guide, how the data can be analyzed, the evaluation questions the data will answer, and ways to use the data to plan, implement, and improve your implementation of VOICES/VOCES.

Data Collection Methods	<ul style="list-style-type: none"> ▪ Questionnaire
Instruments	<ul style="list-style-type: none"> ▪ Program Enrollment Form ▪ HIV/AIDS and STD Knowledge, Attitudes, & Intentions Pretest
When to Collect the Data	<ul style="list-style-type: none"> ▪ Before the intervention session ▪ During the healthcare providers client intake activities ▪ The pretest should be administered within 15 minutes of beginning the small group session
Resources Needed	<ul style="list-style-type: none"> ▪ Program staff and healthcare provider staff time to administer surveys ▪ Staff time to organize and analyze data ▪ Expertise to analyze data ▪ Access to healthcare provider/clinic client population ▪ Database to manage data
Data Provided	<ul style="list-style-type: none"> ▪ Demographic characteristics of session participants ▪ Risk profile of session participants ▪ Behavioral intentions regarding sexual risk, safer sex, and condom use ▪ HIV/STD symptom and transmission knowledge ▪ Condom use attitudes ▪ Reported condom use ▪ STD infections
Analysis	<ul style="list-style-type: none"> ▪ Descriptive analysis
Related Evaluation Question*	<ul style="list-style-type: none"> ▪ What was the demographic profile of the individuals that participated in the intervention? ▪ What was the risk profile of the target population that participated in the intervention? ▪ To what degree was there a change in participants' attitudes to use condoms consistently? ▪ To what degree was there a change in participants' intentions to use condoms consistently? ▪ What proportion of participants demonstrated an increase in knowledge of condom types, where to obtain condoms, and how to use them with partners? ▪ What proportion of participants demonstrated an increase in skills for effective condom negotiation with partners? ▪ To what degree was there a change in knowledge about HIV/STD transmission among participants? ▪ What proportion of participants demonstrated an improved assessment of their risk for HIV/STD infection?
Possible Uses of Data	<ul style="list-style-type: none"> ▪ Improve implementation ▪ Ensure that target population is being reached ▪ Baseline data to compare against post-implementation data

* Some evaluation questions require a comparison of participant data before and after the intervention to measure change. The pre-implementation instruments provide the baseline data for comparison.

Table 7: Implementation Phase Data Collection Activities

Data Collection Methods	<ul style="list-style-type: none"> ▪ Observation ▪ Questionnaire ▪ Document Review
Instruments	<ul style="list-style-type: none"> ▪ Facilitator Observation Form ▪ Fidelity Form
When to Collect the Data	<ul style="list-style-type: none"> ▪ At least once a month ▪ During the intervention session
Resources Needed	<ul style="list-style-type: none"> ▪ Program staff time to observe the session ▪ Staff time to organize and analyze data ▪ Expertise to analyze data ▪ Access to intervention session ▪ Database to manage observation data
Data Provided	<ul style="list-style-type: none"> ▪ Participant perceptions and issues regarding HIV/STD and their risk, risk reduction, condom use, and negotiation ▪ Session management, facilitation characteristics, fidelity and quality assurance ▪ How the session was implemented
Analysis	<ul style="list-style-type: none"> ▪ Descriptive analysis ▪ Thematic analysis of observation data
Related Evaluation Question	<ul style="list-style-type: none"> ▪ Which of the core elements were implemented as written in the program implementation manual? ▪ How and why were program activities modified? ▪ What were the barriers to and facilitators of implementation? ▪ How many small-group sessions were conducted within a 3-month period?
Possible Uses of Data	<ul style="list-style-type: none"> ▪ Monitor fidelity to the implementation plan ▪ Monitor fidelity to the core elements ▪ Improve implementation ▪ Identify training needs for facilitators



Table 8: Post-Implementation Phase Data Collection Activities

Data Collection Methods	<ul style="list-style-type: none"> ▪ Questionnaires ▪ Observation ▪ Document Review
Instruments	<ul style="list-style-type: none"> ▪ HIV/AIDS and STD Knowledge, Attitudes, & Intentions Posttest ▪ Client Satisfaction Survey ▪ Quality Assurance Checklist ▪ Referral Form
When to Collect the Data	<ul style="list-style-type: none"> ▪ After implementation of intervention session ▪ 3-month follow-up (quality assurance checklist)
Resources Needed	<ul style="list-style-type: none"> ▪ Program staff time to collect, review analyze data ▪ Staff time to organize and analyze data ▪ Expertise to analyze data ▪ Access to intervention session ▪ Database to manage observation data ▪ Program staff time to conduct document review
Data Provided	<ul style="list-style-type: none"> ▪ Behavioral intentions regarding sexual risk, safer sex, and condom use ▪ HIV/STD symptom and transmission knowledge ▪ Session management and facilitation characteristics ▪ How the session was implemented ▪ Barriers to implementation ▪ Reported condom use, STD infections (repeat STD infections), and requests for STD/HIV tests ▪ Number of condom coupons redeemed
Analysis	<ul style="list-style-type: none"> ▪ Descriptive and statistical analysis ▪ Thematic analysis of observation data
Related Evaluation Questions	<ul style="list-style-type: none"> ▪ Which of the core elements were implemented as written in the program implementation manual? ▪ How and why were the program activities modified? ▪ What were the barriers to and facilitators of implementation? ▪ How many small-group sessions were conducted within a 3-month period? ▪ To what degree was there a change in participants' attitudes to use condoms consistently? ▪ To what degree was there a change in participants' intentions to use condoms consistently? ▪ What proportion of participants demonstrated an increase in skills for effective condom negotiation with partners? ▪ To what degree was there a change in knowledge about HIV/STD transmission among participants? ▪ What proportion of participants demonstrated an improved assessment of their risk for HIV/STD infection? ▪ What proportion of participants turned in their coupons for condoms?
Possible Uses of Data	<ul style="list-style-type: none"> ▪ Improve implementation ▪ Ensure that target population is being reached ▪ Baseline data to compare against post-implementation data ▪ Identifying whether or not process and outcomes objectives and performance indicators were achieved



SECTION FOUR: DATA COLLECTION PROTOCOLS

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 VOICES/VOCES Implementation Manual Manual (Education Development Center, 1999) that have been modified to include NHM&E DS variables. These forms can be modified to meet your agency's specific information needs. There is no requirement to use the data collection forms included in this evaluation plan. However, it is important to make sure that any modifications to the instruments maintain the basic integrity of the original forms in order to fulfill reporting requirements of 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 understands what you want to know.

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

³ NHM&E DS program planning, HIV testing, and agency data variables were finalized for January 1, 2008 reporting per the Dear Colleague Letter. The evaluation instruments in this guide are templates designed to capture data for evaluating VOICES/VOCES 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 VOICES/VOCES.



PRE-IMPLEMENTATION INSTRUMENTS

These pre-implementation instruments may be used prior to individuals participating in the VOICES/VOCES intervention session. These following forms include data elements for process monitoring and evaluation and outcome monitoring.

- Program Enrollment Form
- HIV/AIDS and STD Knowledge, Attitudes, & Intentions Pretest



Program Enrollment Form

When to Use: Before implementation of session, during client intake activities at service provider's office

Administered by: Service provider or program staff

Completed by: Service provider, program staff, or client/participant

Instructions:

This instrument should be a part of the intake or program enrollment activities. This questionnaire can be administered by the service provider or facilitator as an interview, or can be completed by the client/participant as a survey. This template is designed to be administered orally by the staff person recruiting or enrolling the client into VOICES/VOCES. If your agency plans to have clients complete a written form, please revise the document to exclude non-response categories (e.g., "Did not ask," "Refused to answer").

The service provider or facilitator should explain to the client/participant the reasons for wanting such personal information and how it will be used to provide services to clients. For example,

"This information will be used by program staff to understand what is working and how our program can be improved. Some of the information will be shared with our funding agency to help them better understand what we are doing."

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

If the questionnaire is completed by the service provider or facilitator, they should ask the respondent to listen to each question and the corresponding answer choices before responding. You may not need to read the response categories for all items (e.g., were you born as a male or female? What language do you speak most often?). Additionally, you do not need to read the response options for “Don’t know,” “Did not ask,” and “Refused to answer.”

If you know certain information is already included in your client’s patient file, and you have access to the file, it may be helpful to check existing intake forms or other documents for answers to some of the questions. This will help expedite the process of completing the questionnaire.

While this template includes items for all of the PEMS variables for tables G1 and G2, it will be very important for your agency to identify which items answer your evaluation questions and which data elements are required by your funding agency. Your agency may choose not to ask questions that do not meet your information needs or reporting requirements.

Your agency may already have some of the client’s demographic and behavioral risk information in the client’s clinical records (e.g., date of birth, age, race, ethnicity, state of residence, STD history). To expedite the enrollment process, this form may be modified to include only those items the agency does not have. Note, for questions 27–31, your agency may choose a 15- or 30-day recall period.

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

CDC’s National HIV Prevention Program Monitoring and Evaluation Data Set Variables			
NHM&E DS Table	NHM&E DS Number	Variable Name and Item #	
G1: Client Characteristics–Demographic	01	Date Collected	
	02	PEMS Client Unique Key (system generated)	
	12	Date of birth – year	1
	13	Age (system calculated)	
	14	Ethnicity	6
	16	Race	7
	18	More than one race	7
	20	State/Territory of residence	2
	23	Assigned sex at birth	4
	24	Current gender	5

**CDC's National HIV Prevention Program Monitoring and Evaluation Data Set
Variables (continued)**

PEMS DVS Table	DVS Number	Variable Name and Item #	
G2: Client Characteristics–Risk Profile	00	Date collected	
	04	Previous HIV test	11
	05	Self-reported HIV status	13
	06	Date of last HIV negative (if negative)	12
	07	Date of first HIV positive (if positive)	12
	08	In HIV medical care/treatment	14
	09	Pregnant	9
	10	In prenatal care (only if pregnant)	10
	11	Client risk factors	18
	12	Additional client risk factors	18
	13	Recent STD (not HIV)	15



PROGRAM ENROLLMENT FORM

Staff ID: _____

Date: _____

Site ID: _____

Client Unique Code: _____

Instructions to the Client:

Please listen carefully to each question and answer the following questions as truthfully as possible; there is no right or wrong answer. Some sections require you to provide numbers. Others require you to select an answer from a set of responses. The questions are designed to collect demographic information and to assess your risk levels. Program staff will use this information to understand what is working and how our program can be improved. We may share some of this information with our funding agency to help them better understand what we are doing. However, all answers will remain confidential to the extent allowed by law.

Section One: Client Demographic and Risk Profile Information

1. What is your birth date? ____ / ____ / ____ (month/day/year)
2. In what state do you currently reside? _____
3. How long have you lived in this state?
 - 6 months or less
 - 6 months to a year
 - 1 to 3 years
 - 3 to 5 years
 - 5 years or more
4. Were you born as a male or a female?
 - Male
 - Female
 - Don't know
 - Did not ask
 - Refused to answer
5. How do you view your gender 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 ethnicity?
 - Hispanic or Latino
 - Not Hispanic or Latino
 - Don't know
 - Did not ask
 - Refused to answer

7. What best describes your race? (check all that apply)
- American Indian or Alaska Native
 - Asian
 - Black or African-American
 - Native Hawaiian or Pacific Islander
 - White
 - Don't know
 - Did not ask
 - Refused to answer
8. What is your marital status?
- Single, never married
 - Married
 - Married, but separated
 - Divorced
 - Don't know
 - Did not ask
 - Refused to answer
9. Are you currently pregnant? (only if female)
- Yes
 - No (skip to question 11)
 - Don't know (skip to question 11)
 - Did not ask (skip to question 11)
 - Refused to answer (skip to question 11)
10. Are you receiving prenatal care? (only if pregnant)
- Yes
 - No
 - Don't know
 - Did not ask
 - Refused to answer
11. Have you ever had an HIV test?
- Yes
 - No (skip to question 15)
 - Don't know (skip to question 15)
 - Did not ask
 - Refused to answer
12. If yes, when was your last HIV test? Please provide approximate month and year. ____ / ____
13. What is your HIV test result?
- HIV-Positive (HIV+)
 - HIV-Negative (HIV-) (skip to question 15)
 - Don't know (skip to question 15)
 - Did not ask (skip to question 15)
 - Refused to answer (skip to question 15)

14. Are you currently receiving medical care or treatment for HIV?
- Yes
 - No
 - Don't know
 - Did not ask
 - Refused to answer
15. In the past 12 months, were you diagnosed with an STD (not including HIV)?
- Yes → If yes, with which STD(s) were you diagnosed?
 - 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 ever used a condom?
- Yes
 - No
17. Have you had sexual intercourse (vaginal or anal sex) in the past 12 months?
- Yes
 - No (if no, skip to end of form)
 - Did not ask (if no, skip to end of form)
 - Refused to answer (if no, skip to end of form)
18. Please indicate if you have engaged in the any of the following behaviors in the last 12 months:

	Yes	No	Don't know
a. Sex with a female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sex with a male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sex with a transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Oral sex with a female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Oral sex with a male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Exchanged sex for drugs, money or something you needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sex while intoxicated and/or high on drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sex with an injection drug user (IDU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Sex with someone who is HIV positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Sex with a person of who HIV status you did not know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Sex with a person who exchanges sex for drugs/money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Sex with a man who has sex with other men (MSM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Sex with an anonymous partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Sex with a hemophiliac or transplant recipient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Don't know
o. Sex without using a condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Injected drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Shared injection drug equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next set of questions focus on your sexual activity within the last 3 months.

19. In the past 3 months, have you had only one main partner?

- Yes (If yes, skip questions 20 – 29)
- No (If no, skip to question 30)

20. If yes, how long has he or she been your only main partner?

- Less than three months
- Three to six months
- Six months to a year
- One year or more

21. How often do you use condoms with your main partner for:

	Every time	Sometimes	Never	Don't know	Refused to answer
a. Vaginal sex?	<input type="checkbox"/>				
b. Anal sex?	<input type="checkbox"/>				
c. Oral sex?	<input type="checkbox"/>				

22. During your most recent sexual encounter with your main partner, did you use condoms during vaginal sex?

- Yes
- No (If no, skip to question 24)

23. Who persuaded whom to use the condom during this encounter?

- You persuaded your partner
- Your partner persuaded you
- It was a mutual decision

24. During your most recent sexual encounter with your main partner, did you use condoms during anal sex?

- Yes
- No (If no, skip to question 26)

25. Who persuaded whom to use the condom during this encounter?

- You persuaded your partner
- Your partner persuaded you
- It was a mutual decision

26. During your most recent sexual encounter with your main partner, did you use condoms during oral sex?

- Yes
- No (If no, skip to question 30)

27. Who persuaded whom to use the condom during this encounter?
- You persuaded your partner
 - Your partner persuaded you
 - It was a mutual decision
28. Did the condom break/slip during your most recent sexual encounter with your main partner?
- Yes
 - No
 - Don't know
 - Not asked
 - Refused to answer
29. At what point was the condom put on during your most recent encounter?
- Before the sexual encounter began
 - Right before a male partner ejaculated
 - Right before vaginal, anal, or oral penetration
 - Don't know
 - Refuse to answer
30. If you have had more than one partner, how many partners have you had in the past 3 months? _____
31. In the past 3 months how often did you use condoms with these partners for:

	Every time	Sometimes	Never	Don't know	Refused to answer
a. Vaginal sex?	<input type="checkbox"/>				
b. Anal sex?	<input type="checkbox"/>				
c. Oral sex?	<input type="checkbox"/>				

32. Who persuaded whom to use the condom during these encounters?
- You persuaded your partners
 - Your partners persuaded you
 - Either you or your partners
 - It was a mutual decision
33. Did the condom break/slip during any of these encounters?
- Yes
 - No
 - Don't know
 - Not asked
 - Refuse to answer
34. At what point was the condom put on during these encounters?
- Before the sexual encounter began
 - Right before a male partner ejaculated
 - Right before vaginal, anal, or oral penetration
 - Don't know
 - Refuse to answer

That is it! Thank you for taking the time to answer our questions.



HIV/AIDS and STD Knowledge, Attitudes, & Intentions Pretest

When to Use: Within 15 minutes before the start of the intervention session

Administered by: Facilitator

Completed by: Client/participant

Instructions: Please direct the participants to complete this survey as honestly and thoroughly as possible. The pretest survey should be administered within 15 minutes before the intervention session begins. You can use the answer key provided (located behind the posttest survey instrument) to check a participant's responses.

This instrument includes a number of items. Please review your agencies evaluation data needs and reporting requirements when deciding which questions to ask. Your agency may add, delete or modify and items as necessary. Please note that any changes made to this pretest must also be made to the posttest.



HIV/AIDS AND STD KNOWLEDGE, ATTITUDES, & INTENTIONS PRETEST

Worker ID: _____

Date: _____

Site ID: _____

Client Unique Code: _____

Instructions:
Please check "True" or "False" for the following statements below regarding HIV/AIDS and STDs.

Part I. HIV and STD Knowledge Questions

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.	Having other STDs can increase someone's risk for acquiring HIV infection through sexual behavior.		
3.	STDs can cause women to become infertile		
4.	It is possible to get HIV from prolonged passionate kissing.		
5.	Condom use reduces the risk of HIV transmission.		
6.	Condom use reduces the risk of transmission of all STDs.		
7.	Men who have HIV or a STD will show or feel symptoms.		
8.	Women who have HIV or a STD will show or feel symptoms.		
9.	People with HIV or other STDs can look perfectly healthy.		
10.	You can get HIV or a STD by having unprotected vaginal (penis to vagina) sex.		
11.	You can tell whether your partner has HIV or a STD by examining him or her.		
12.	You can get HIV/STD by having anal sex.		
13.	HIV can be transmitted from mother to child prior to birth.		
14.	HIV can be transmitted through breast milk.		
15.	When men have anal sex with other men, they don't need to use condoms.		
16.	Some STDs make men sterile.		
17.	A person can be infected with HIV and look healthy.		
18.	You can get an STD by having unprotected oral (penis to mouth) sex.		
19.	You can get an STD by having unprotected oral (vagina to mouth) sex.		
20.	A woman can have an STD and not know it until she gets very sick.		
21.	Space should be left at the tip of a condom when it is put on the penis.		
22.	The time to put on a condom is right before a man comes or ejaculates.		
23.	When a man uses a condom, he should unroll it first and then slip it on.		
24.	You can't get an STD if you have only oral sex		
25.	When women have anal sex with men, they do not need to use a condom.		

Part II. Risk

Instructions:

Below are three questions about how you think about your own risk for HIV infection. Please answer each question using a rating scale of 1 to 4 where "1" means you think your risk low and "4" means you think your risk is great. If you do not know, circle the number "5."

26. How much risk do you think you have for getting infected with an STD?

No risk at all	Small	Moderate	Great	Don't know
1	2	3	4	5

27. How much risk do you think you have for getting infected with HIV?

No risk at all	Small	Moderate	Great	Don't know
1	2	3	4	5

28. How much risk do you think your sex partner(s) has for getting infected with HIV?

No risk at all	Small	Moderate	Great	Don't know
1	2	3	4	5

Part III. Condom Use: Attitudes

Instructions:

Below are a number of statements about your attitudes towards condom use. Please rate each statement on a scale from 1 to 5, where "1" means you strongly disagree and "5" means you strongly agree.

29. Condoms can be made sexy.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

30. Condoms are too much trouble to use.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

31. Condoms interfere with enjoying sex. Please circle a number.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

32. I would rather not have sex than use a condom.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

33. Using a condom turns me off.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

34. Condoms break too often to be really safe.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

35. It is easy to get condoms.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

36. I am embarrassed to carry a condom with me, even if it is hidden.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

37. Using condoms to prevent pregnancy is too much trouble.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

38. Using condoms to keep from getting an STD or AIDS is too much trouble.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

39. You do not feel as much when a condom is used.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

40. I can get my main sex partner to use condoms.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

41. I will not have sex if I do not use a condom.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

42. Using condoms is a good way to protect my partner(s) and I from diseases people can get through sex.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

43. It is hard to find places to buy condoms.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

44. I know where to buy or get free condoms.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

45. I know what types of condoms work best for me and how to use them with my partners.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

46. I think people should always use a condom when having sex with a new person.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

47. I think that condoms are just too much of a hassle to use.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

48. I believe I should use condoms when they have sex with a new partner.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

49. I think people should use condoms whenever they have sex, including with a main partner.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

50. Most people my age are using condoms these days.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

Part IV. Condom Use: Intentions

51. How likely do you think you are to use condoms in the future?
- Very likely
 - Likely
 - Possibly
 - Unlikely
 - Definitely not
 - Don't know
52. If possibly or unlikely, under what sort of circumstances might you use condoms or what would encourage you to try them? Select all that apply.
- New Partner
 - If price was reduced
 - If I had more information about condoms
 - If they were free
 - If my partner agreed to used them
 - If my partner wanted to use them
 - Other (specify) _____
53. If unlikely, why not? Select all that apply.
- Not available
 - Using another form of contraception
 - Too expensive
 - Partner objects
 - Am faithful to one partner
 - Do not have sex with a partner who typically uses condoms
 - Want to have a child
 - Trust partner
 - Do not like condoms (explain why) _____
 - Condoms not reliable/break
 - Do not know about them.
54. The last time you had vaginal or anal sex did you use a condom?
- Yes (Skip to question 56 below)
 - No
55. When was the last time you had vaginal or anal sex with your primary partner but did not use a condom?
- In the last 30 days
 - More than 30 days but less than 6 months
 - Six months ago or more
 - Never
 - Don't know

56. When was the last time you had vaginal or anal sex with a non-primary partner but did not use a condom?
- In the last 30 days
 - More than 30 days but less than 6 months
 - Six months ago or more
 - Never
 - Don't know
 - Only have one partner
57. In the next six months, how likely is it that you will start using a condom every time you have vaginal or anal sex with your primary partner?
- Extremely sure I will
 - Quite sure I will
 - Slightly sure I will
 - Undecided—not sure if I will or won't
 - Slightly sure I won't
 - Quite sure I won't
 - Extremely sure I won't
58. In the next six months, how likely is it that you will start using a condom every time you have vaginal or anal sex with your non-primary partners?
- Extremely sure I will
 - Quite sure I will
 - Slightly sure I will
 - Undecided—not sure if I will or won't
 - Slightly sure I won't
 - Quite sure I won't
 - Extremely sure I won't
 - Only have one partner
59. When you have vaginal or anal sex with your primary partner, how often do you use a condom?
- Every time
 - Almost every time
 - Sometimes (Skip to question 61 below)
 - Almost never (Skip to question 61 below)
 - Never (Skip to question 61 below)
60. If every time or almost every time, how long have you be practicing this behavior?
- 30 days or less
 - More than 30 days, but less than 6 months
 - Six months or more
61. When you have vaginal or anal sex with your non-primary partner, how often do you use a condom?
- Every time
 - Almost every time
 - Sometimes (Skip to question 63 below)
 - Almost never (Skip to question 63 below)
 - Never (Skip to question 63 below)
 - Only have one partner (Skip to question 63 below)

62. If every time, or almost every time, how long have you been practicing this behavior?

- 30 days or less
- More than 30 days, but less than 6 months
- Six months or more
- Only have one partner

Below are a number of statements. Please indicate whether you “agree” “somewhat agree” “somewhat disagree” or “disagree” by circling one of the responses to each statement below.

63. “Safe” sex is a habit for me.

Agree	Somewhat agree	Somewhat disagree	Disagree
a	b	c	d

64. I intend to practice “safe sex” methods within the next year.

Agree	Somewhat agree	Somewhat disagree	Disagree
a	b	c	d

65. I will try to use a condom when I have sex.

Agree	Somewhat agree	Somewhat disagree	Disagree
a	b	c	d

66. I will only have sex with a person with whom I have a long-term relationship.

Agree	Somewhat agree	Somewhat disagree	Disagree
a	b	c	d

Thank you.



ANSWER KEY: HIV/AIDS AND STD KNOWLEDGE, ATTITUDES, & INTENTIONS PRETEST

Part I. HIV and STD Knowledge Questions

STD/HIV Transmission, Symptoms, and Condom Use		True	False
1.	Persons with HIV can transmit the virus even if they are not feeling sick.	X	
2.	Having other STDs can increase someone's risk for acquiring HIV infection through sexual behavior.	X	
3.	Women experience more physical damage to their bodies than men if they get a STD.	X	
4.	It is possible to get HIV from prolonged passionate kissing.	X	
5.	Condom use reduces the risk of HIV transmission.	X	
6.	Condom use reduces the risk of transmission of all STDs.		X
7.	Men who have HIV or a STD will show or feel symptoms.		X
8.	Women who have HIV or a STD will show or feel symptoms.		X
9.	People with HIV or other STDs can look perfectly healthy.	X	
10.	You can get HIV or a STD by having unprotected vaginal (penis to vagina) sex.	X	
11.	You can tell whether your partner has HIV or a STD by examining him or her.		X
12.	You can get HIV/STD by having anal sex.	X	
13.	HIV can be transmitted from mother to child prior to birth.	X	
14.	HIV can be transmitted through breast milk.	X	
15.	When men have anal sex with other men, they don't need to use condoms.		X
16.	Some STDs make men sterile.	X	
17.	A person can be infected with HIV and look healthy.	X	
18.	You can get an STD by having unprotected oral (penis to mouth) sex.	X	
19.	You can get an STD by having unprotected oral (vagina to mouth) sex.	X	
20.	A woman can have an STD and not know it until she gets very sick.	X	
21.	Space should be left at the tip of a condom when it is put on the penis.	X	
22.	The time to put on a condom is right before a man comes or ejaculates.		X
23.	When a man uses a condom, he should unroll it first and then slip it on.	X	
24.	You can't get an STD if you have only oral sex		X
25.	When women have anal sex with men, they don't need to use a condom.		X



IMPLEMENTATION INSTRUMENTS

The following instruments include process monitoring and evaluation data elements. The instruments are completed during or immediately following implementation of a VOICES/VOCES intervention session.

- Facilitator Observation Form
- Fidelity Form



Facilitator Observation Form

When to Use: At least once every 30 days during intervention session

Administered by: Program Supervisor

Completed by: Program Supervisor

Instructions: When implementing this intervention, it is important to:

1. Determine whether a facilitator is delivering VOICES/VOCES with fidelity to its core elements
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, VOICES/VOCES session number, length of session, and location. They should also provide feedback on the facilitator's strengths, areas of improvement, and the observer's next steps for communicating the feedback to the appropriate staff persons.



FACILITATOR OBSERVATION FORM

Facilitator Name: _____

Session Number: _____

Date: _____

Length of Session: _____

Location: _____

Observer Name: _____

Instructions:

Please observe the session facilitator and their interactions with session participants. Please circle the number that best represents your response to the questions.

How well did the facilitator:		Not Very Well	Not Well	Well	Very Well	Not Applicable
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 their degree of professionalism?	1	2	3	4	5
12.	Explain and discuss the topics covered in the video?	1	2	3	4	5
13.	Conduct condom use demonstration?	1	2	3	4	5
14.	Demonstrate condom negotiation activities?	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
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 and handouts)?	1	2	3	4	5
20.	Demonstrate respect and appreciation for cultural, racial, gender, and religious diversity?	1	2	3	4	5

How did the facilitator:		Not Very Well	Not Well	Well	Very Well	Not Applicable
21.	Lead participant discussion about the culturally-specific video viewed at the beginning of the session?	1	2	3	4	5
22.	Facilitate the small group skill-building sessions to work on overcoming barriers to condom use?	1	2	3	4	5
23.	Encourage participant discussion about different types of condoms and their features?	1	2	3	4	5
24.	Distribute samples of condoms that best meet participants' needs?	1	2	3	4	5

25. Strengths and facilitators to implementation:

26. Barriers to implementation and areas to be improved:

27. Action plan/next steps:



Fidelity Form

When to Use: After implementation of session following completion of HIV/AIDS and STD Knowledge, Attitudes, & Intentions Posttest Survey

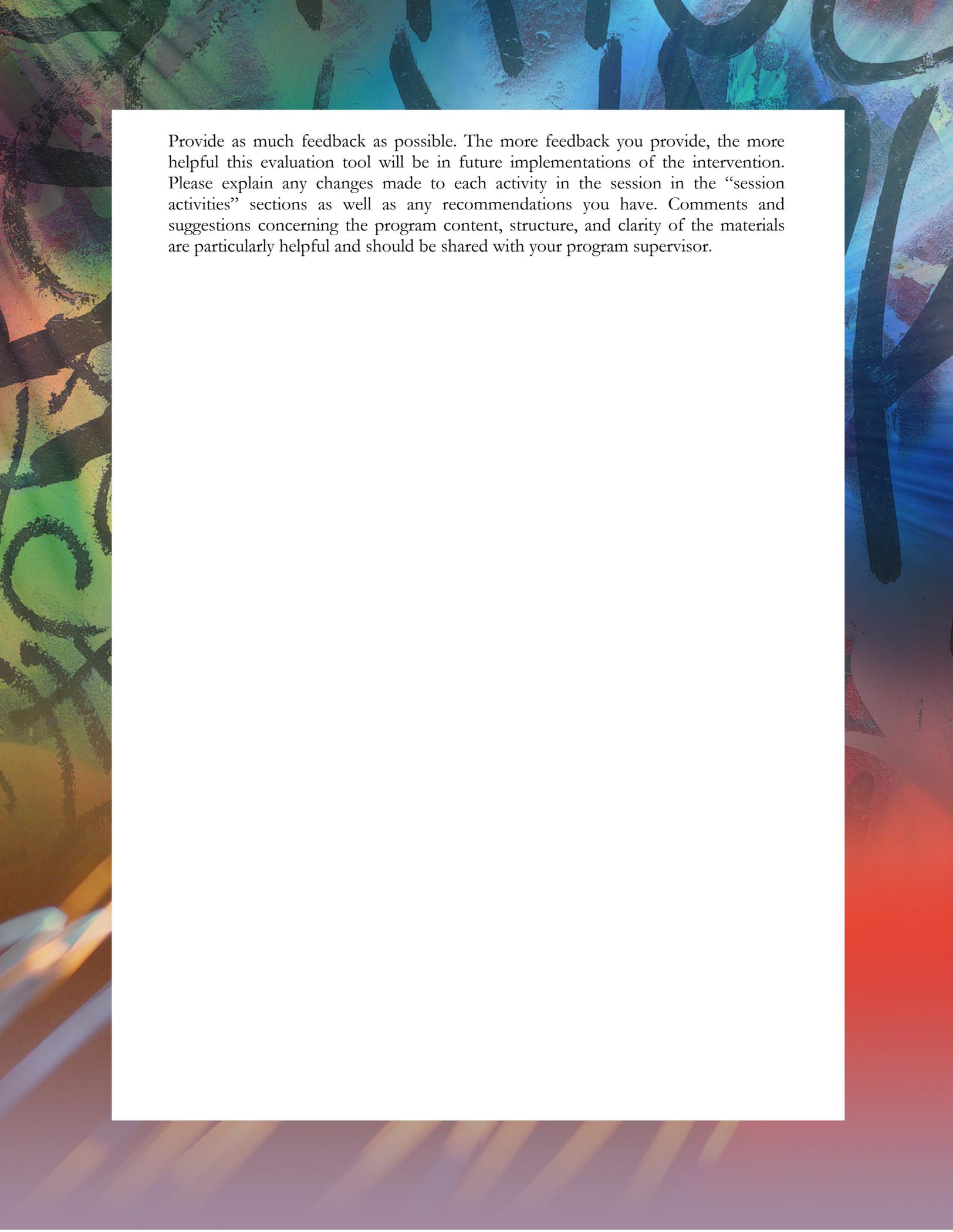
Administered by: Facilitator

Completed by: Facilitator

Instructions: **Do not distribute this instrument to the participants.** This VOICES/VOCES Fidelity Form is for use by the intervention facilitator. This evaluation instrument asks for feedback on the ways you implemented each component or activity within the intervention session.

There is a section for each activity conducted during the session. The VOICES/VOCES evaluation includes an “activity grid,” which provides an opportunity for you to give feedback on each activity within the session. For each program activity, indicate whether you taught the activity as suggested, taught the activity with changes, or did not teach the activity. Modify this form to reflect any changes to your agency’s VOICES/VOCES implementation plan.

Complete the form right after the session is over 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 intervention. Please explain any changes made to each activity in the session in the “session activities” sections as well as any recommendations you have. Comments and suggestions concerning the program content, structure, and clarity of the materials are particularly helpful and should be shared with your program supervisor.



FIDELITY FORM

Facilitator Instructions:
Please complete one form for each group after the VOICES/VOCES intervention session.

Location Name: _____	Type of Setting: _____
Session Date: _____	Small group session ID #: _____
Facilitator Name 1: _____	Facilitator Name 2: _____
Start Time: _____	End Time: _____

	Male	Female	Total
African Americans			
Latinos			
Total			

Total number of participants
↙

Number of pretest surveys completed	
Number pre-implementation surveys completed	
Number of Client Satisfaction/Post-implementation surveys completed	
Number of completed client program enrollment forms	

Were incentives provided to participants? Check one box below	If yes, what type? Describe below:
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe the methods used for recruiting session participants.

The four session activities below represent the core elements for VOICES/VOCES. For the following activities listed below, please check a box to indicate if the activity was “taught as suggested,” “taught with changes,” or you “did not teach.” Please also describe the reasons for modifying or not conducting the activity in the space provided. Also, if problems were encountered, please indicate how they might be overcome.

Viewing culturally-specific videos (e.g., Porque Sí or Love Exchange) portraying condom negotiation	
<input type="checkbox"/> Love Exchange <input type="checkbox"/> Porque Sí <input type="checkbox"/> Other: _____	<input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach
Remarks (Describe here reasons for modifying or not conducting the activity and any suggested changes/recommendations):	

Convening small group skill-building sessions to work on overcoming barriers to condom use and provide information on HIV-AIDS Transmission, risk reduction, available social services within their community
<input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach
Remarks (Describe here reasons for modifying or not conducting the activity and any suggested changes/recommendations):

Educating program participants about different types of condoms and their features
<input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach
Remarks (Describe here reasons for modifying or not conducting the activity and any suggested changes/recommendations):

Distributing samples of condoms identified by participants as best meeting their needs.

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

Remarks (Describe here reasons for modifying or not conducting the activity and any suggested changes/recommendations):

Please describe any barriers (challenges and issues) of implementation

Please describe any facilitators (best practices and successes) to implementation

Please describe any change in the session participants' attitudes and intentions to use condoms you observed

Additional Observations and Feedback



POST-IMPLEMENTATION INSTRUMENTS

These instruments include data elements for process monitoring and evaluation and outcome monitoring. Administer or complete these form immediately or soon after a VOICES/VOCES session.

- HIV/AIDS and STD Knowledge, Attitudes, & Intentions Posttest
- Client Satisfaction Survey
- Quality Assurance Checklist
- Referral Tracking Form¹

¹ May be required for tracking formal referrals.



HIV/AIDS and STD Knowledge, Attitudes, & Intentions Posttest

When to Use: Within 15 minutes after the session ends

Administered by: Facilitator

Completed by: Client/participant

Instructions: Please direct the participants to complete this survey as honestly and thoroughly as possible. The posttest should be completed within 15 minutes of the intervention session ending. You can use the answer key provided to check against a participant's responses. Their responses will help you assess the effectiveness of the VOICES/VOCES intervention and make improvements as necessary. The completed tests will also assist in completing any VOICES/VOCES evaluation activities.

This instrument includes a number of items. Please review your agencies reporting requirements and evaluation data needs when deciding which questions to ask. Your agency may add, delete or modify an item as necessary. Please note that any changes made to the posttest must also be made to the pretest.



HIV/AIDS AND STD KNOWLEDGE, ATTITUDES, & INTENTIONS POSTTEST

Worker ID: _____

Date: _____

Site ID: _____

Client Unique Code: _____

Instructions:
Please check "True" or "False" for the following statements below regarding HIV/AIDS and STDs.

Part I. HIV and STD Knowledge Questions

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.	Having other STDs can increase someone's risk for acquiring HIV infection through sexual behavior.		
3.	STDs can cause women to become infertile.		
4.	It is possible to get HIV from prolonged passionate kissing.		
5.	Condom use reduces the risk of HIV transmission.		
6.	Condom use reduces the risk of transmission of all STDs.		
7.	Men who have HIV or a STD will show or feel symptoms.		
8.	Women who have HIV or a STD will show or feel symptoms.		
9.	People with HIV or other STDs can look perfectly healthy.		
10.	You can get HIV or a STD by having unprotected vaginal (penis to vagina) sex.		
11.	You can tell whether your partner has HIV or a STD by examining him or her.		
12.	You can get HIV/STD by having anal sex.		
13.	HIV can be transmitted from mother to child prior to birth.		
14.	HIV can be transmitted through breast milk.		
15.	When men have anal sex with other men, they do not need to use condoms.		
16.	Some STDs make men sterile.		
17.	A person can be infected with HIV and look healthy.		
18.	You can get an STD by having unprotected oral (penis to mouth) sex.		
19.	You can get an STD by having unprotected oral (vagina to mouth) sex.		
20.	A woman can have an STD and not know it until she gets very sick.		
21.	Space should be left at the tip of a condom when it is put on the penis.		
22.	The time to put on a condom is right before a man comes or ejaculates.		
23.	When a man uses a condom, he should unroll it first and then slip it on.		
24.	You can't get an STD if you have only oral sex		
25.	When women have anal sex with men, they do not need to use a condom.		

Part II. Risk

Instructions:

Below are three questions about how you think about your own risk for HIV infection. Please answer each question using a rating scale of 1 to 4 where "1" means you think your risk is low and "4" means you think your risk is great. If you do not know, circle the number "5."

26. How much risk do you think you have for getting infected with an STD?

No risk at all	Small	Moderate	Great	Don't know
1	2	3	4	5

27. How much risk do you think you have for getting infected with HIV?

No risk at all	Small	Moderate	Great	Don't know
1	2	3	4	5

28. How much risk do you think your sex partner(s) has for getting infected with HIV?

No risk at all	Small	Moderate	Great	Don't know
1	2	3	4	5

Part III. Condom Use: Attitudes

Instructions:

Below are a number of statements about your attitudes towards condom use. Please rate each statement on a scale from 1 to 5, where "1" means you strongly disagree and "5" means you strongly agree.

29. Condoms can be made sexy.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

30. Condoms are too much trouble to use.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

31. Condoms interfere with enjoying sex.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

32. I would rather not have sex than use a condom.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

33. Using a condom turns me off.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

34. Condoms break too often to be really safe.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

35. It is easy to get condoms.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

36. I am embarrassed to carry a condom with me, even if it is hidden.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

37. Using condoms to prevent pregnancy is too much trouble.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

38. Using condoms to keep from getting an STD or AIDS is too much trouble.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

39. I do not feel as much when a condom is used.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

40. I can get my main sex partner to use condoms.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

41. I will not have sex if I do not use a condom.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

42. Using condoms is a good way to protect my partner(s) and I from diseases people can get through sex.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

43. It is hard to find places to buy condoms.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

44. I know where to buy or get free condoms.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

45. I know what types of condoms work best for me, and how to use them with partners.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

46. I think people should always use a condom when having sex with a new person.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

47. I think that condoms are just too much of a hassle to use.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

48. I believe I should use condoms when I have sex with a new partner.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

49. I think people should use condoms whenever they have sex, including with a main partner.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

50. Most people my age are using condoms these days.

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

Part IV. Condom Use: Intentions

51. How likely do you think you are to use condoms in the future?
- Very likely
 - Likely
 - Possibly
 - Unlikely
 - Definitely not
 - Don't know
52. If possibly or unlikely, under what sort of circumstances might you use condoms or what would encourage you to try them? Select all that apply.
- New partner
 - If price was reduced
 - If I had more information about condoms
 - If they were free
 - If my partner agreed to used them
 - If my partner wanted to use them
 - Other (specify) _____
53. If unlikely, why not? Select all that apply.
- Not available
 - Using another form of contraception
 - Too expensive
 - Partner objects
 - Am faithful to one partner
 - Do not have sex with a partner who typically uses condoms
 - Want to have a child
 - Trust partner
 - Do not like condoms (explain why) _____
 - Condoms not reliable/break
 - Do not know about them.
54. The next time you have vaginal or anal sex with a primary or non primary partner will you use a condom?
- Yes
 - No
55. In the next six months, how likely is it that you will start using a condom every time you have vaginal or anal sex with your primary partner?
- Extremely sure I will
 - Quite sure I will
 - Slightly sure I will
 - Undecided—not sure if I will or won't
 - Slightly sure I won't
 - Quite sure I won't
 - Extremely sure I won't

56. In the next six months, how likely is it that you will start using a condom every time you have vaginal or anal sex with your non primary partners?

- Extremely sure I will
- Quite sure I will
- Slightly sure I will
- Undecided—not sure if I will or won't
- Slightly sure I won't
- Quite sure I won't
- Extremely sure I won't
- Only have one partner

Below are a number of statements. Please indicate whether you “agree” “somewhat agree” “somewhat disagree” or “disagree” by circling one of the responses to each statement below.

57. “Safe” sex is or will become a habit for me.

Agree	Somewhat agree	Somewhat disagree	Disagree
a	b	c	d

58. I intend to practice “safe sex” methods within the next year.

Agree	Somewhat agree	Somewhat disagree	Disagree
a	b	c	d

59. I will try to use a condom when I have sex.

Agree	Somewhat agree	Somewhat disagree	Disagree
a	b	c	d

60. I will only have sex with a person with whom I have a long-term relationship.

Agree	Somewhat agree	Somewhat disagree	Disagree
a	b	c	d

Thank You.



ANSWER KEY: HIV/AIDS AND STD KNOWLEDGE, ATTITUDES, & INTENTIONS POSTTEST

Part I. HIV and STD Knowledge Questions

STD/HIV Transmission, Symptoms, and Condom Use		True	False
1.	Persons with HIV can transmit the virus even if they are not feeling sick.	X	
2.	Having other STDs can increase someone's risk for acquiring HIV infection through sexual behavior.	X	
3.	Women experience more physical damage to their bodies than men if they get a STD.	X	
4.	It is possible to get HIV from prolonged passionate kissing.	X	
5.	Condom use reduces the risk of HIV transmission.	X	
6.	Condom use reduces the risk of transmission of all STDs.		X
7.	Men who have HIV or a STD will show or feel symptoms.		X
8.	Women who have HIV or a STD will show or feel symptoms.		X
9.	People with HIV or other STDs can look perfectly healthy.	X	
10.	You can get HIV or a STD by having unprotected vaginal (penis to vagina) sex.	X	
11.	You can tell whether your partner has HIV or a STD by examining him or her.		X
12.	You can get HIV/STD by having anal sex.	X	
13.	HIV can be transmitted from mother to child prior to birth.	X	
14.	HIV can be transmitted through breast milk.	X	
15.	When men have anal sex with other men, they don't need to use condoms.		X
16.	Some STDs make men sterile.	X	
17.	A person can be infected with HIV and look healthy.	X	
18.	You can get an STD by having unprotected oral (penis to mouth) sex.	X	
19.	You can get an STD by having unprotected oral (vagina to mouth) sex.	X	
20.	A woman can have an STD and not know it until she gets very sick.	X	
21.	Space should be left at the tip of a condom when it is put on the penis.	X	
22.	The time to put on a condom is right before a man comes or ejaculates.		X
23.	When a man uses a condom, he should unroll it first and then slip it on.	X	
24.	You can't get an STD if you have only oral sex		X
25.	When women have anal sex with men, they don't need to use a condom.		X



Client Satisfaction Survey

When to Use: After implementation of session, following completion of HIV/AIDS and STD Knowledge, Attitudes, & Intentions Posttest Survey.

Administered by: Facilitator

Completed by: Client/participant

Instructions: This survey should be administered by the facilitator and completed by the client after the intervention session. The questions are designed to solicit participant feedback regarding their level of satisfaction with the session activities.

Please direct the participants to read each question and response choice carefully and to complete this survey as honestly and thoroughly as possible. The information collected can be compared with the pre-implementation data you collected before the session, which will help assess the effectiveness of the VOICES/VOCES intervention and allow you to make improvements as necessary.



CLIENT SATISFACTION SURVEY

Worker ID: _____

Date: _____

Site ID: _____

Client Unique Code: _____

Session Date: _____

Instructions:

We would appreciate you taking a few minutes to answer the following questions that look at behavioral intentions regarding sexual risk, safer sex, and condom use. We would also like to know what you thought of the video and discussion session. Please answer the questions as truthfully as possible. There is no right or wrong answer. Your answers will help us understand how we can improve these sessions for other clients in the future. Thank you.

1. Do you agree or disagree with the following statements about the video?

	Agree	Disagree
A. The video showed real-life situations with characters like me and was culturally specific.		
B. The video showed both partners (men and women) taking responsibility for negotiating condom use.		
C. I could see myself in the same situations that were presented in the video.		
D. Some of the things the actors did and said in the video about condoms and negotiating about safer sex would work for me.		

2. Do you agree or disagree with the following statements about the *group discussion*?

	Agree	Disagree
A. I discovered that other people have the same complaints about condoms that I do.		
B. Other people made helpful suggestions about how to persuade their partners to wear condoms.		
C. People in the group were supportive of my comments and suggestions.		
D. Observing other people practice ways to get their partners to wear condoms helped me see how I could do the same.		
E. I felt comfortable talking about condom use in front of other people who are the same sex as me.		
F. I found it helpful to practice responses to my partner's excuses for not wanting to wear condoms.		
G. I felt the activities and materials helped increase my understanding of HIV/STD transmission.		
H. I felt the activities and materials helped increase my understanding of my risk for infection.		
I. I felt the activities and materials helped me with my condom negotiation skills.		
J. I felt the activities and materials helped me better understand my risk for HIV/STD infection.		
K. I know more about different condom types, where to obtain them, and how to use them with my partners.		
L. I felt that the condoms distributed best meet my needs.		

3. Do you agree or disagree with the following statements about the *group facilitator*?

	Agree	Disagree
A. The group facilitator used clear, simple language.		
B. The group facilitator listened carefully to what everybody said.		
C. The group facilitator gave all group members a chance to contribute and ask questions.		
D. The group facilitator knew the subject matter.		
E. The group facilitator was comfortable talking about sensitive topics.		
F. The group facilitator defined terms in ways I could understand.		
G. The group facilitator was nonjudgmental.		
H. The group facilitator was respectful.		
I. The group facilitator was friendly and enthusiastic.		
J. The group facilitator created a comfortable learning environment.		

4. What did you like best about the session?

5. What did you like least about the session?

6. What could we do to make this session better?

7. Overall, how did you find the video and group discussion session?

8. Additional comments or feedback.

Thank You.



Quality Assurance Checklist

When to Use: Every 3 months as a follow-up to the sessions conducted during that period

Administered by: Program Supervisor

Completed by: Program Supervisor

Instructions:

The Quality Assurance Checklist is required for program reporting only. When implementing VOICES/VOCES, it is important to (1) determine whether staff are delivering VOICES/VOCES with fidelity to its core elements and (2) identify any issues that should be addressed to assure that the intervention is meeting the needs of your agency's clients and staff. The quality assurance checklist will help staff assess the quality of the implementation activities.

The program supervisor should complete the quality assurance checklist every 3 months as a follow-up to the sessions held during that period. The program supervisor should review the completed instruments collected during the 3-month period, which will help them complete this form. Instruments that are important to review include client satisfaction survey; HIV/AIDS and STD knowledge, attitudes, and intentions pre- and posttest surveys; fidelity form; and the facilitator observation form. The program supervisor can also include other data collection instruments that would be helpful in completing the checklist.

Be sure to have the staff person completing the checklist include his or her name, date, period of review, and the number of intervention cycles carried out during the period of review. Provide explanations not following the intervention protocol, and any other information that would help improve the implementation of this intervention.



QUALITY ASSURANCE CHECKLIST

Program Supervisor Name: _____ Date: _____

Period of Review: _____ Client Unique Code: _____

Total Number of Intervention Cycles (i.e., small group sessions within period of review): _____

Instructions:

Please complete this form every 3 months as a follow-up to the sessions conducted during that period. To help complete this form, review the data collection instruments completed during the period of review. These instruments include:

- **Client Satisfaction Survey**
- **Program Enrollment Form**
- **HIV/AIDS and STD knowledge, attitudes, and intentions pre- and posttest surveys**
- **Fidelity Form**
- **Facilitator Observation Form**

It is important to (1) determine whether staff are delivering VOICES/VOCES with fidelity to its core elements and (2) identify any issues that should be addressed to assure that the intervention is meeting the needs of your agency's clients and staff. Below is a simple checklist you can use during implementation to assess the quality of the implementation activities.

1. Are facilitators following the protocol for conducting VOICES/VOCES skill-building sessions? Are they:
 - a. Working with 4–8 clients per session?
 Yes
 No

If no, explain why:
 - b. Showing brief culturally specific videos portraying condom negotiation?
 Yes
 No

If no, explain why:
 - c. Conducting small-group skills-building discussions after every showing of the VOICES/VOCES videos?
 Yes
 No

If no, explain why:
 - d. Conducting the sessions in 40–60 minutes?
 Yes
 No

If no, explain why:

- e. Providing condom education to clients by using the Condom Features Poster Board?

- Yes
 No

If no, explain why:

- f. Documenting client participation in VOICES/VOCES?

- Yes
 No

If no, explain why:

- g. Distributing types of condoms participants identify as best meeting their needs?

- Yes
 No

If no, explain why:

2. Are there enough VOICES/VOCES facilitators prepared to meet the client demand?

- Yes
 No

If no, explain why:

3. Have you met your objectives for the numbers of individuals served and groups conducted?

- Yes
 No

If no, explain why:

4. Are there groups who are not participating in the VOICES/VOCES intervention who should be?

- Yes
 No

If no, explain why:

5. Have clients provided feedback regarding the VOICES/VOCES sessions?
- Yes
 - No

Please describe feedback or explain why they did not provide feedback:

6. If yes, are you taking steps to incorporate the feedback?
- Yes
 - No

Please explain how:

7. Has staff provided feedback regarding the VOICES/VOCES sessions?
- Yes
 - No

If yes, explain what type of feedback. If no, explain why:

8. If yes, are you taking steps to incorporate the feedback?
- Yes
 - No

If no, explain why:

9. Did your organizational complete the target number of small group sessions proposed in the implementation plan or workplan objectives?
- Yes
 - No

If no, explain why:

10. Were there any logistical problems (e.g., broken equipment, meeting room unavailable, insufficient specialty condoms) that resulted in the postponement or cancellation of skill-building sessions?

Yes

No

If yes, explain:

11. What proportion of the target population was served by the intervention during the three-month period?

12. Describe any barriers and/or facilitators to implementation during the past 3 months.

Additional Notes:



Referral Tracking Form

- When to Use:** As formal referrals are made
- Administered By:** Agency staff providing referral (e.g., VOICES/VOCES facilitator, outreach worker, program manager)
- Completed By:** Agency staff providing referral
- Instructions:** Complete this form for any formal referral given to a client by agency staff. A formal referral is one for which the staff giving the referral intends to follow-up with the client and/or referred agency to make sure the client accessed services. Refer to the *PEMS Evaluation Guidance* for additional information and reporting requirements.

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

CDC's National HIV Prevention Program Monitoring and Evaluation Data Set Variables		
NHM&E DS Table	NHM&E DS Number	Variable Name
X-7 Referral	01	Referral code
	02	Referral date
	03	Referral service type
	05	Referral follow-up
	06	Referral outcome

**CDC's National HIV Prevention Program Monitoring and Evaluation Data Set
Variables (continued)**

NHM&E DS Table	NHM&E DS Number	Variable Name
X-7 Referral (continued)	10	Referral close date
	16	Age (from Stage-Based Encounter Form or Safer Sex Gathering Participant Information Form)
	17	Ethnicity (from Stage-Based Encounter Form or Safer Sex Gathering Participant Information Form)
	18	Race (from Stage-Based Encounter Form or Safer Sex Gathering Participant Information Form)
	19	Current gender (from Stage-Based Encounter Form or Safer Sex Gathering Participant Information Form)
	20	Risk category (from Stage-Based Encounter Form or Safer Sex Gathering Participant Information Form)
	21	Self-reported HIV status (from Stage-Based Encounter Form or Safer Sex Gathering Participant Information Form)



REFERRAL TRACKING FORM

Instructions:

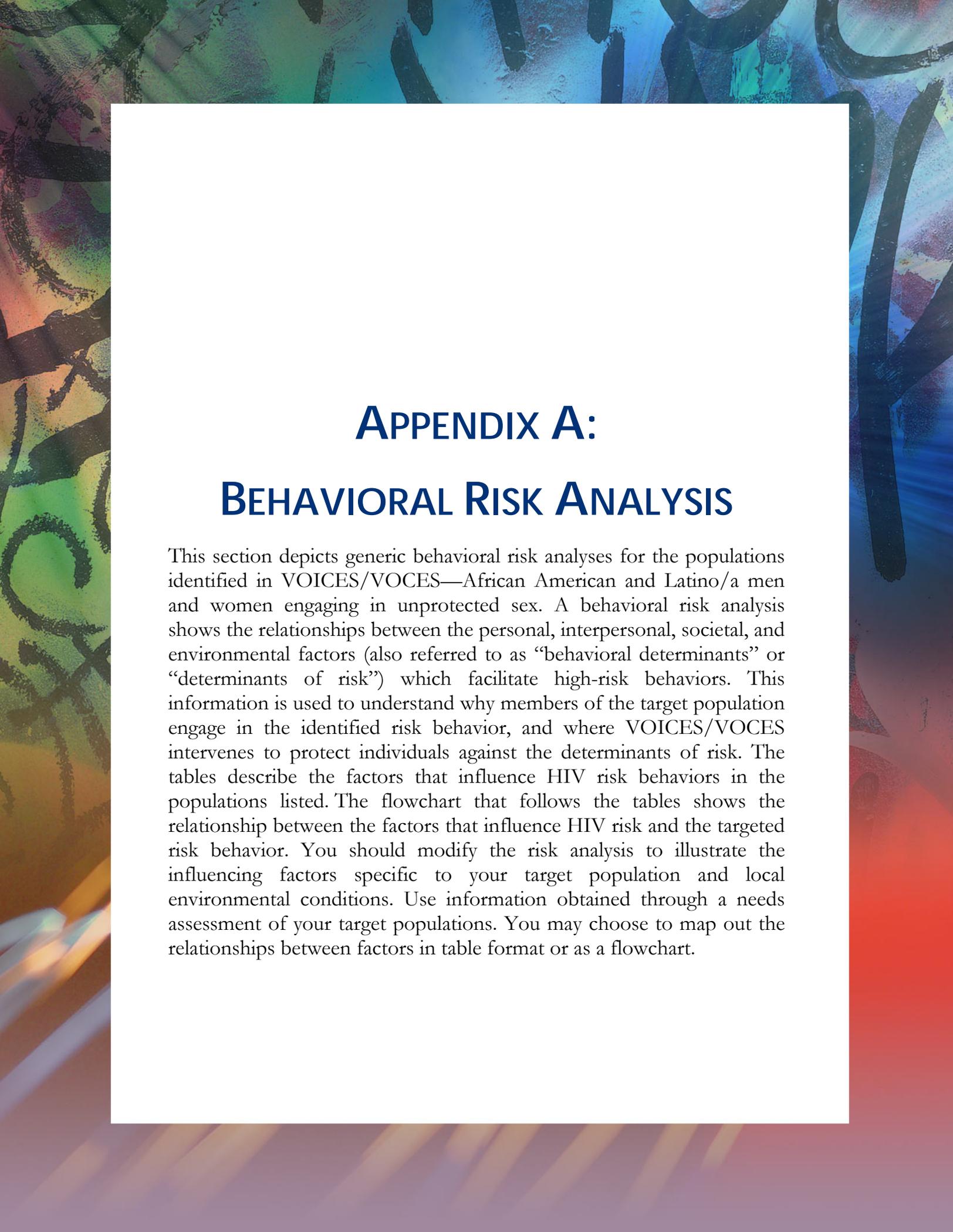
- The Referral Tracking Form is optional but should be completed for each individual who receives a referral that will be tracked over time.
- Referral forms should be used to document the provider's efforts and the results of these efforts to follow-up on each referral made for a client.
- Codes and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

Client ID: _____

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

Referral Codes and Explanations

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



APPENDIX A: BEHAVIORAL RISK ANALYSIS

This section depicts generic behavioral risk analyses for the populations identified in VOICES/VOCES—African American and Latino/a men and women engaging in unprotected sex. A behavioral risk analysis shows the relationships between the personal, interpersonal, societal, and environmental factors (also referred to as “behavioral determinants” or “determinants of risk”) which facilitate high-risk behaviors. This information is used to understand why members of the target population engage in the identified risk behavior, and where VOICES/VOCES intervenes to protect individuals against the determinants of risk. The tables describe the factors that influence HIV risk behaviors in the populations listed. The flowchart that follows the tables shows the relationship between the factors that influence HIV risk and the targeted risk behavior. You should modify the risk analysis to illustrate the influencing factors specific to your target population and local environmental conditions. Use information obtained through a needs assessment of your target populations. You may choose to map out the relationships between factors in table format or as a flowchart.



BEHAVIORAL RISK ANALYSIS

Who	Risk Behavior	Why . . .						
African-American and Latino Men	Unprotected sex with women of unknown HIV/STD status	<ul style="list-style-type: none"> → Negative or inaccurate perceptions of condom use 	<ul style="list-style-type: none"> → Belief that condoms reduce personal pleasure → Belief that condoms impair sexual function 	<ul style="list-style-type: none"> → Lack condom use knowledge and skills → Gender/cultural misconceptions about condom use 				
			<ul style="list-style-type: none"> → Belief that condoms are not effective 	<ul style="list-style-type: none"> → Lack of access or unresponsive to accurate information → Negative past experience using condoms 	<ul style="list-style-type: none"> → Messages not culturally appropriate → Lack condom use knowledge and skills 			
			<ul style="list-style-type: none"> → Belief that use of condoms implies either partner may be unfaithful or have an HIV/STD infection 	<ul style="list-style-type: none"> → Desire to trust partner 		<ul style="list-style-type: none"> → Relationship needs and securities → Emotional commitment 		
			<ul style="list-style-type: none"> → Unaware of personal behavior risk for HIV/STD infection 	<ul style="list-style-type: none"> → Lack knowledge about HIV/STD transmission and risks 		<ul style="list-style-type: none"> → Lack of access or unresponsive to accurate information 		<ul style="list-style-type: none"> → Messages not culturally appropriate → Cultural silence about sex and sexual behavior
		<ul style="list-style-type: none"> → Unaware of partner's risks or history 		<ul style="list-style-type: none"> → Unaware of partner's behavior or history 	<ul style="list-style-type: none"> → Inaccurate assumptions about partner behavior → Doesn't ask 		<ul style="list-style-type: none"> → Defined gender roles → Denial 	
		<ul style="list-style-type: none"> → Partner does not disclose 		<ul style="list-style-type: none"> → Partner fears loss of relationship 	<ul style="list-style-type: none"> → Financially dependent upon partner 			
		<ul style="list-style-type: none"> → Lack of condom use knowledge and skills 	<ul style="list-style-type: none"> → Limited condom use experience 	<ul style="list-style-type: none"> → Negative or inaccurate perceptions of condom use 				
				<ul style="list-style-type: none"> → Lack of access to condoms → Limited opportunities to learn about condoms 		<ul style="list-style-type: none"> → Lack of access or unresponsive to accurate information 	<ul style="list-style-type: none"> → Messages not culturally appropriate 	
		<ul style="list-style-type: none"> → No desire to use condoms 	<ul style="list-style-type: none"> → Negative or inaccurate perceptions of condom use 					
			<ul style="list-style-type: none"> → Perceived as part of male sexuality 	<ul style="list-style-type: none"> → Association of risky sexual behaviors with feelings of worth 	<ul style="list-style-type: none"> → Culturally driven beliefs about male sexual behaviors 			

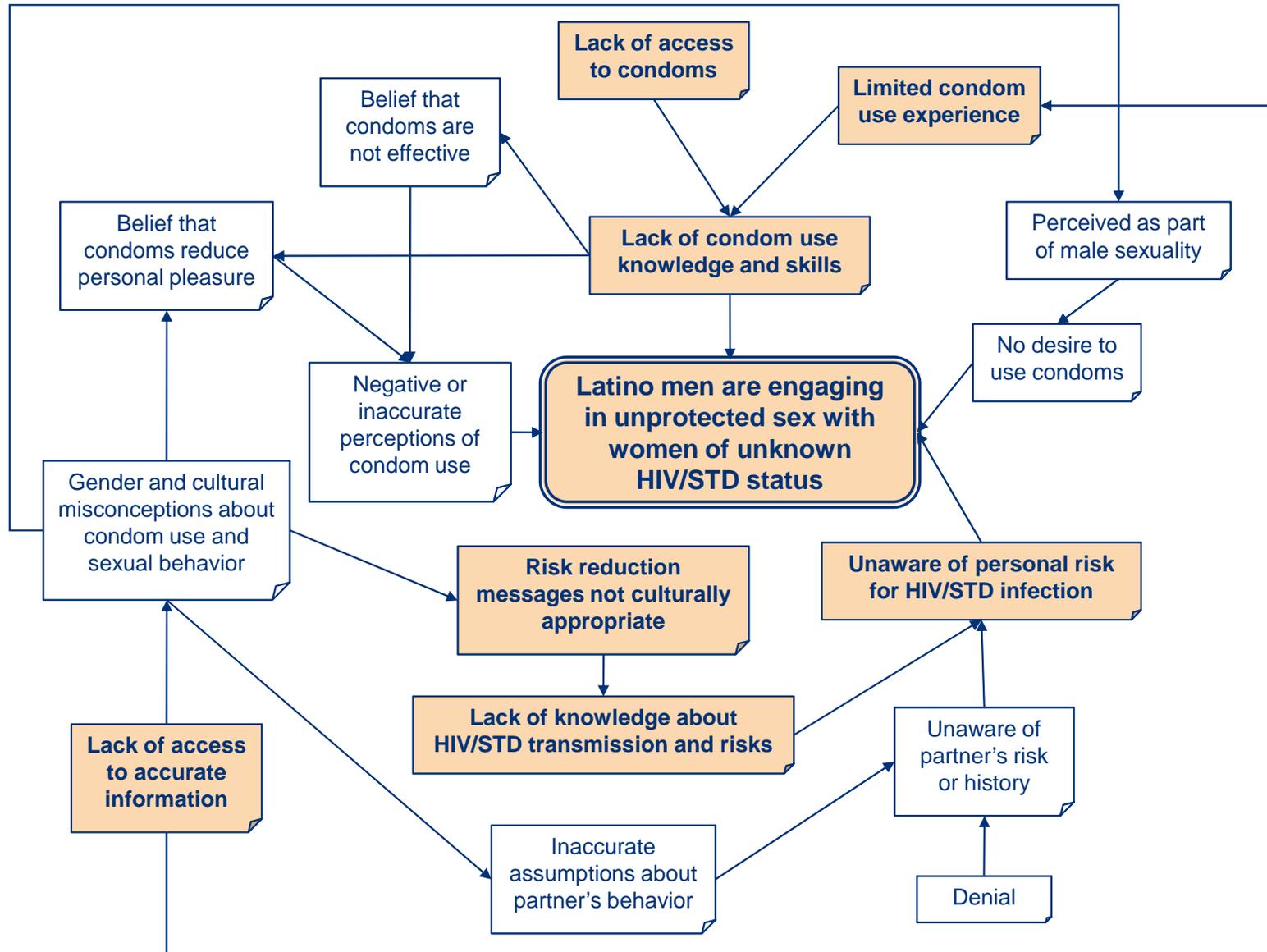


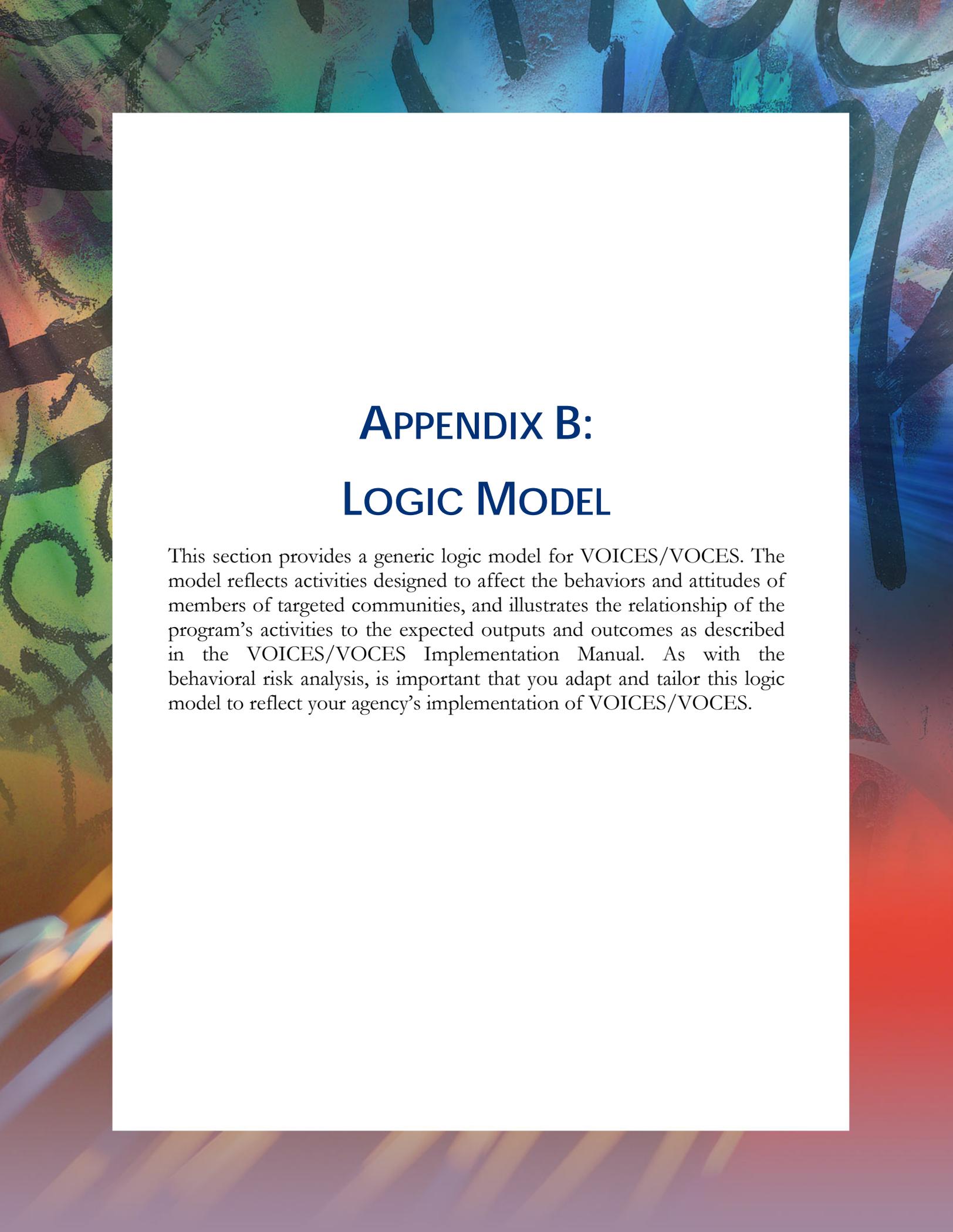
BEHAVIORAL RISK ANALYSIS

Who	Risk Behavior	Why . . .				
African-American and Latina Women	Unprotected sex with men of unknown HIV/STD status	→ Unaware of personal risk for HIV/STD infection	→ Lack knowledge about HIV/STD transmission and risks	→ Lack access to or unresponsive to accurate information	→ Messages not culturally appropriate	
			→ Unaware of partner's risks or history	→ Partner does not disclose	→ Partner denial	→ Cultural silence about sex and sexual behaviors
				→ Doesn't ask		→ Fear loss of relationship
			→ Denial of partner's risks		→ Emotionally committed to relationship	
		→ Lack of condom use knowledge and skills	→ Lack of knowledge of condom types	→ Limited condom use experience	→ Cultural silence about sex and sexual behaviors of women	→ Society's defined roles of gender and power in a sexual relationships
			→ Negative or inaccurate perceptions of condom use			
			→ Lack of condom use skills	→ Partner's negative beliefs about condom use		
			→ Lack of condom negotiation skills	→ Limited opportunities to develop skills	→ Lack access to or unresponsive to accurate information	→ Messages not culturally appropriate
			→ Partner's normative negative beliefs about condom use		→ Fear of jeopardizing relationship → Fear not being trusted	
		→ Lack of access to both male and/or female condoms	→ Lack of financial resources to purchase condoms	→ Competing economic priorities for individual and family resources		
→ Lack of access to money						
→ Limited number of health care service providers and/or local retail outlets that distribute/sell female condoms						
→ Higher cost of female condoms						
→ No desire to use condoms	→ Desire to have children	→ Perceive children as a way to strengthen relationship → Children contribute to sense of worth		→ Sense of worth tied to relationships		



BEHAVIORAL RISK ANALYSIS—EXAMPLE



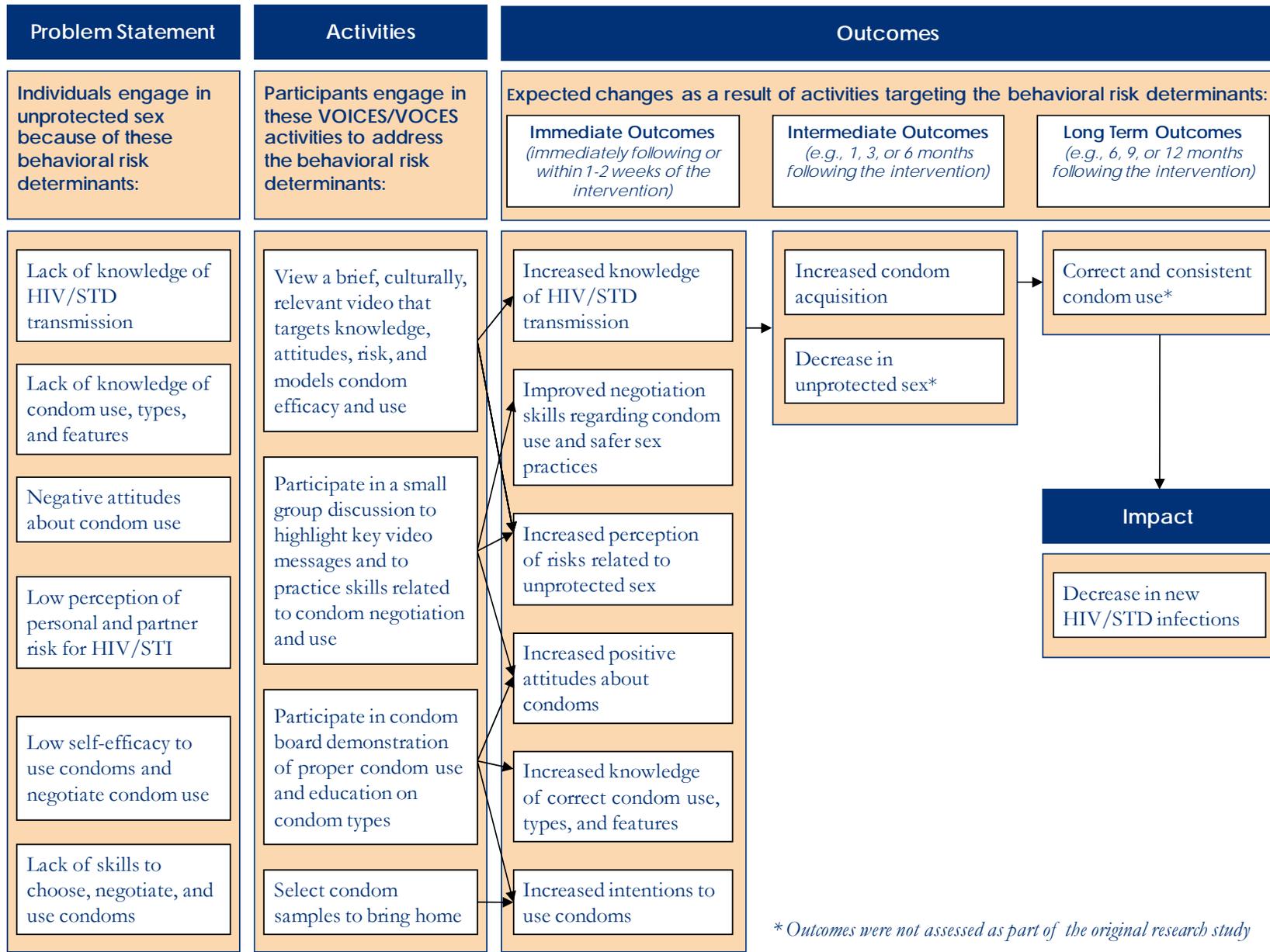


APPENDIX B: LOGIC MODEL

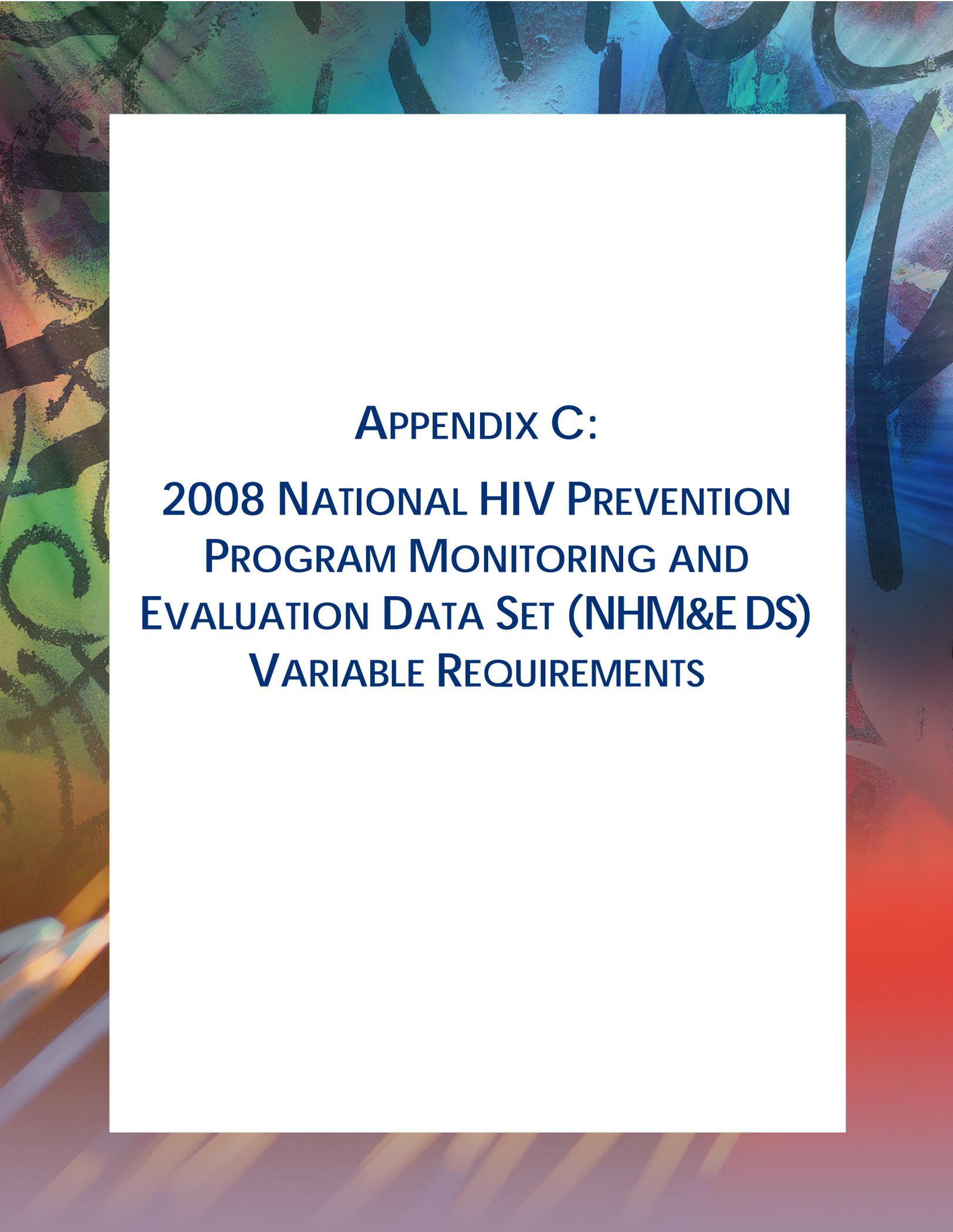
This section provides a generic logic model for VOICES/VOCES. The model reflects activities designed to affect the behaviors and attitudes of members of targeted communities, and illustrates the relationship of the program's activities to the expected outputs and outcomes as described in the VOICES/VOCES 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 VOICES/VOCES.



LOGIC MODEL



* Outcomes were not assessed as part of the original research study



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



2008 NATIONAL HIV PREVENTION PROGRAM

MONITORING AND EVALUATION DATA SET (NHM&E DS) VARIABLE REQUIREMENTS

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

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

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

Variable Number	Variable Name	HD & CDC Reported Required
Site Information (Table S) (continued)		
S16	Use of Mobile Unit	Required
Program Name - Planning (Table D)		
D01	Program Name	Required
D02	Community Planning Jurisdiction	Required
D03	Community Planning Year	Required
Program Model and Budget - Planning (Table E1)		
E101	Program Model Name	Required
E102	Evidence Base	Required
E103	CDC Recommended Guidelines	Required
E104	Other Basis for Program Model	Required
E105	Target Population	Required
E107	Program Model Start Date	Required
E108	Program Model End Date	Required
E109	Proposed Annual Budget	Required
Intervention Plan Characteristics (Table F)		
F01	Intervention Type	Required
F02	Intervention Name/ID	Required
F03	HIV+ Intervention	Required
F04	Perinatal Intervention	Required
F05	Total Number of Clients	Required
F06	Sub-Total Target Population	Required
F07	Planned Number of Cycles	Required
F08	Number of Sessions	Required
F09	Unit of Delivery	Required
F11	Delivery Method	Required
F14	Level of Data Collection	Required
Client Characteristics (Table G)		
G101	Date Collected	Required
G102	PEMS Client Unique Key	Required
G112	Date of Birth - Year	Required
G113	Calculated Age	Required
G114	Ethnicity	Required
G116	Race	Required
G120	State/Territory of Residence	Required

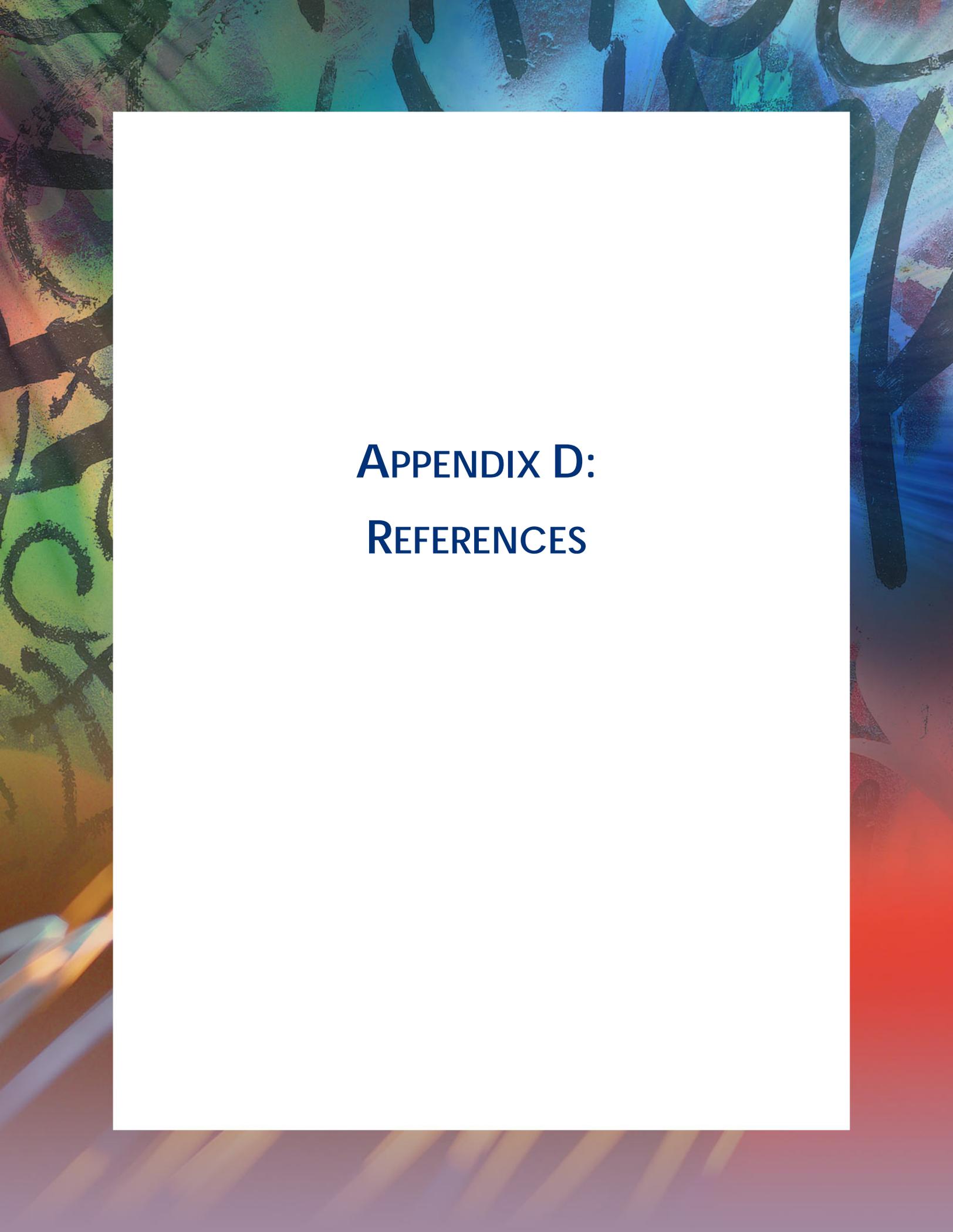
Variable Number	Variable Name	HD & CDC Reported Required
Client Characteristics (Table G) (continued)		
G123	Assigned Sex at Birth	Required
G124	Current Gender	Required
G200	Date Collected	Required
G204	Previous HIV Test	Required
G205	Self Reported HIV Test Result	Required
G208	In HIV Medical Care/Treatment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

Variable Number	Variable Name	HD & CDC Reported 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
AG08f	Client Primary Risk - Other/Risk Not Identified	Required
AG09a	Client Gender - Male	Required
AG09b	Client Gender - Female	Required
AG09c	Client Gender - Transgender MTF	Required
AG09d	Client Gender - Transgender FTM	Required
AG10a	Client Ethnicity - Hispanic or Latino	Required
AG10b	Client Ethnicity - Not Hispanic or Latino	Required
AG11a	Client Race - American Indian or Alaska Native	Required
AG11b	Client Race - Asian	Required
AG11c	Client Race - Black or African American	Required
AG11d	Client Race - Native Hawaiian or Other Pacific Islander	Required
AG11e	Client Race - White	Required
AG12a	Client Age - Under 13 years	Required
AG12b	Client Age – 13–18 years	Required
AG12c	Client Age – 19–24 years	Required
AG12d	Client Age - 25–34 years	Required
AG12e	Client Age – 35–44 years	Required
AG12f	Client Age - 45 years and over	Required

Variable Number	Variable Name	HD & CDC Reported Required
Aggregate HE/RR and Outreach (Table AG) (continued)		
AG14a	Materials Distributed - Male Condoms	Required
Aggregate HE/RR and Outreach (Table AG) (continued)		
AG14b	Materials Distributed - Female Condoms	Required
AG14c	Materials Distributed - Bleach or Safer Injection Kits	Required
AG14d	Materials Distributed - Education Materials	Required
AG14e	Materials Distributed - Safe Sex Kits	Required
AG14f	Materials Distributed - Referral list	Required
AG14g	Materials Distributed - Role Model Stories	Required
AG14h	Materials Distributed - Other (specify)	Required
Health Communication / Public Information (Table HC)		
HC01	Intervention Name	Required
HC02	HC/PI Delivery Method	Required
HC05	Event Start Date	Required
HC06	Event End Date	Required
HC07	Total Number of Airings	Required
HC08	Estimated total Exposures	Required
HC09	Number of Materials Distributed	Required
HC10	Total Number of Web Hits	Required
HC11	Total Number of Attendees	Required
HC12	Number of Callers	Required
HC13	Number of Callers Referred	Required
HC14	Distribution - Male condoms	Required
HC15	Distribution - Female condoms	Required
HC16	Distribution - Lubricants	Required
HC17	Distribution - Bleach or Safer Injection Kits	Required
HC18	Distribution - Referral Lists	Required
HC19	Distribution - Safe sex kits	Required
HC20	Distribution - Other	Required
Community Planning Level (Table CP-A/B/C)		
CP-A01	Name of HIV Prevention CPG	HD only
CP-A02	Community Plan Year	HD only
CP-B01	Priority Population	HD only
CP-B02	Rank	HD only
CP-B03	Age	HD only
CP-B04	Gender	HD only

Variable Number	Variable Name	HD & CDC Reported Required
Community Planning Level (Table CP-A/B/C) (continued)		
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



REFERENCES

- Centers for Disease Control and Prevention (2003). *Procedural guidance for selected strategies and interventions for community based organizations funded under program announcement 04064: Draft 9 Dec 03*. Atlanta, GA: Author.
- 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
- Centers for Disease Control and Prevention. (2007). *HIV prevention strategic plan: extended through 2010*. Retrieved April 2, 2008, from <http://www.cdc.gov/hiv/resources/reports/psp/pdf/psp.pdf>
- Centers for Disease Control and Prevention (2008a). *Evaluation capacity building guide*. Draft in preparation. Developed for the Centers for Disease Control and Prevention under contract number 200-2006-18987. Atlanta, GA: Author.
- Centers for Disease Control and Prevention (2008b). *National monitoring and evaluation guidance for HIV prevention programs*. Draft in preparation. Developed for the Centers for Disease Control and Prevention under contract number 200-2003-01926. Atlanta, GA: Author.
- Centers for Disease Control and Prevention (2008c). *Program Evaluation and Monitoring System (PEMS) user manual*. Atlanta, GA: Author.
- Centers for Disease Control and Prevention. (2008d). National HIV Prevention Program Monitoring and Evaluation data set. Retrieved September 16, 2008, from <http://team.cdc.gov>
- Educational Development Center (1999). *VOICES/VOCES implementation manual*. (Developed for the Centers for Disease Control under Cooperative Agreement #UG2/CCU113446).
- Montano, D. E., Kasprzyk, D., & Taplin, S. H. (1997). The theory of reasoned action and the theory of planned behavior. In K., Glanz, F.M., Lewis, & B.K., Rimer, (EDs.), *Health behavior and health education: Theory, research and practice* (2nd ed.).San Francisco, CA: Jossey-Bass Inc.,
- Thomas, C. W., Smith, B. D., & Wright-DeAgüero, L. (2006). The Program Evaluation and Monitoring System: A key source of data for monitoring evidence-based HIV prevention program processes and outcomes. *AIDS Education and Prevention*, 18(Suppl. A), 74–80.