



APPENDIX D  
Evaluation Field Manual Forms

## Evaluation Forms

Each agency's funding source will have different requirements for process monitoring, process evaluation, and outcome monitoring. The following forms are supplied as suggestions. Each can be modified to fit your agency's requirements, target population, resources, and needs. If you are printing forms from appendices, you may wish to delete the footer.

The Pre-Intervention Assessment Survey is used to collect baseline information from the participants. It is used to create the three Personal Feedback Report (PFR) forms distributed during the sessions. See **Appendices L, N, and P** for more on the PFR forms. See the Post-Intervention Assessment and Follow-up Assessment Surveys below for information on how this Pre-Intervention Assessment Survey can be used in Outcome Monitoring.

The Process Monitoring Form that is presented is meant to serve as a supplement to the normal data collection of how many people attended, what were their gender, race/ethnicity, risk behavior, age, etc. Remember to consider these questions:

- ★ What process data are required by the funding agency and in what format?
- ★ What other process data could be helpful to know and in what format will it be available?
- ★ What type of data collection form will be used?
- ★ How will the data be collected?
- ★ How will the data be compiled (a computerized data system, a single computer spreadsheet or a written spreadsheet)?
- ★ Who is responsible for each step?
- ★ How will quality assurance over the evaluation occur?

The Process Evaluation Form can aid your agency in determining how closely you implemented the Core Elements and documenting the customizing you did for your population and agency. The Participant Satisfaction Survey form can be used to receive structured comments from your participants as part of intervention improvement. Remember to consider these questions:

- ★ What process data are required by the funding agency and in what format?
- ★ What other process data could be helpful to know and in what format will it be available?
- ★ What type of data collection form will be used?
- ★ How will the data be collected?
- ★ How will the data be compiled (a computerized data system, a single computer spreadsheet or a written spreadsheet)?
- ★ Who is responsible for each step?
- ★ How will quality assurance over the evaluation occur?
- ★ How will the comparison between the activities and the plan be made and by whom?
- ★ What actions will occur if discrepancies are found?
- ★ How will the results be used to improve the program?

Outcome Monitoring, when required and appropriate, can be conducted by having the participants complete the Post-Intervention Assessment and Follow-up Assessment Surveys and then comparing the results to the data from the Pre-Intervention Assessment Survey on outcome variables. Remember to consider these questions:

- ★ What are the outcomes we expect from **Nia**?
- ★ What outcome data can be collected and in what format?
- ★ What is our timeframe for conducting Follow-up Assessment Surveys?
- ★ What type of data collection form will be used?
- ★ How will the data be collected?
- ★ How will the data be compiled (a computerized data system, a single computer spreadsheet or a written spreadsheet)?
- ★ Who is responsible for each step?
- ★ How will the analysis be conducted and by whom?
- ★ How will the results be reported and to whom?
- ★ How will the results be used to improve the program?

Changes in behaviors can be measured two to three months after the intervention. The Follow-up Post-Assessment Survey is written from the viewpoint of a two-month period. If using a different timeframe, make adjustments as needed to question 16 on page 2 of the survey and to the instructions and questions 45-61 on pages 5-6. See pages 67-83 of the Program Manager's Guide for more information on evaluation.

The implementation of the evaluation plan during the intervention will result in several sets of data to be reviewed and analyzed.

The process monitoring data are best collected in some type of spreadsheet, since they are primarily numerical and are reviewed by looking at progress over time. Program managers may also want to look at the number of people attending sessions, for example, for each target population, at each location, by facilitator team, or session by session.

The process evaluation procedure documents fidelity to Core Elements and the customizing done to meet the needs of the populations and the resources and capabilities

of your agency. These data are primarily descriptive and should be reviewed by the Program Manager at the end of each cycle. Another type of process evaluation involves comparing the process monitoring data to the corresponding planned or anticipated numbers of people contacted, recruited, and attending the sessions, for example. The results of this comparison can expose areas for further review and improvement as well as areas of achievement.

The outcome monitoring process is more complex and beyond the scope of this brief section. Agencies should have an evaluation specialist on staff, consult with such a specialist, or seek technical assistance to analyze outcome results.

## Nia Pre-Intervention Assessment Survey

Please answer the following questions as truthfully as possible; there are no right or wrong answers. Please take your time, and read each section carefully. Some sections require you to provide numbers. Others require you to circle the appropriate response. All answers will remain confidential to the extent allowed by law.

**Participant ID Code:** \_\_\_\_\_

**Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Age:** \_\_\_\_\_

**Birth date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Ethnicity:**

**Hispanic/Latino**     

**Not Hispanic or Latino**     

**Race:**

Mark your primary race first.

If you identify with more than one, please mark a secondary choice.

	<b>Primary</b>	<b>Secondary</b>
<b>American Indian/Alaskan Native</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Asian</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>African American/Black</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>White</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Native Hawaiian/Pacific Islander</b>	<input type="checkbox"/>	<input type="checkbox"/>

**Please answer each question below.**

1. Circle the highest grade or year of school that you have **completed**.

**6<sup>th</sup> grade or below**

**7<sup>th</sup>-8<sup>th</sup> grade**

**9<sup>th</sup>-11<sup>th</sup> grade**

**12<sup>th</sup> grade**

**1-2 years college**

**Associate's degree**

**3 years college**

**Bachelor's degree**

**Graduate school**

2. What is your current employment status? (Circle one letter)

a) Working

b) Unemployed

c) Student (either full- or part-time)

d) Other (Please explain \_\_\_\_\_)

3. Which of the following best describes your status regarding sex at this time?  
(Circle one letter)

a) Not having sex

b) Having sex with more than one person

c) Having sex with just one person for less than one (1) year

d) Having sex with just one person for one (1) year or more

4. How many children do you have? (Circle one)

**0      1      2      3      4      5 or more**

5. Have you ever personally known someone with HIV or AIDS? (Circle one)

**Yes                  No**

(If yes) How many people with HIV / AIDS have you known? \_\_\_\_\_

6. Have you ever been incarcerated (in jail)? (Circle one)

**Yes                  No**



**Please answer each question by circling either YES or NO.**

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- |     |  |            |           |
|-----|--|------------|-----------|
| 7.  | Are AIDS and HIV two names for the same thing?   | <b>YES</b> | <b>NO</b> |
| 8.  | Does a person who has HIV always have AIDS?  | <b>YES</b> | <b>NO</b> |
| 9.  | Can a person be infected with HIV and not show signs?                                    | <b>YES</b> | <b>NO</b> |
| 10. | Does a negative HIV test always mean a person does not have HIV?                         | <b>YES</b> | <b>NO</b> |
| 11. | Does getting tested for HIV help protect a person from getting the virus?                | <b>YES</b> | <b>NO</b> |
| 12. | Does a negative test mean a person cannot get HIV?                                       | <b>YES</b> | <b>NO</b> |
| 13. | Can a person with HIV who looks healthy pass the virus to others?                        | <b>YES</b> | <b>NO</b> |
| 14. | Can a person get HIV through contact with saliva?  | <b>YES</b> | <b>NO</b> |
| 15. | Does having sex with more than one partner increase a person's chances of getting HIV?   | <b>YES</b> | <b>NO</b> |
| 16. | Can a woman give HIV to a man?   | <b>YES</b> | <b>NO</b> |
| 17. | Do people get HIV the same way that they get Gonorrhea and Syphilis (VD)?                | <b>YES</b> | <b>NO</b> |
| 18. | Can a person who got HIV from shooting up drugs give the virus to someone by having sex? | <b>YES</b> | <b>NO</b> |
| 19. | Does using shortening and other oils to lubricate latex condoms help them work better?   | <b>YES</b> | <b>NO</b> |
| 20. | Does washing drug equipment with warm water kill HIV?                                    | <b>YES</b> | <b>NO</b> |
| 21. | Do most types of birth control also protect against HIV?                                 | <b>YES</b> | <b>NO</b> |
- 



22. Based on your behavior **in the past 2 months**, what do you think is your risk for getting the virus that causes AIDS? (Circle one)

No risk at all          Somewhat at risk          Good deal at risk          Extremely at risk

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**Please answer these statements by circling either YES OR NO.**

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- |     |  |            |           |
|-----|--|------------|-----------|
| 23. | I worry about getting HIV.                             | <b>YES</b> | <b>NO</b> |
| 24. | I think that HIV is a serious problem in my community. | <b>YES</b> | <b>NO</b> |
| 25. | I have thought about how to protect myself from HIV.   | <b>YES</b> | <b>NO</b> |
- 



**The statements below describe feelings or thoughts you may have about condoms. For each question, please circle an answer to indicate whether you agree or disagree with the statement.**

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- |     |   |                 |              |
|-----|---|-----------------|--------------|
| 26. | The use of condoms can make sex more exciting.                      | <b>Disagree</b> | <b>Agree</b> |
| 27. | Condoms are uncomfortable.  | <b>Disagree</b> | <b>Agree</b> |
| 28. | I find it embarrassing to be seen buying condoms.                   | <b>Disagree</b> | <b>Agree</b> |
| 29. | Using condoms can be pleasurable.                                   | <b>Disagree</b> | <b>Agree</b> |
| 30. | Using condoms can show concern and caring.                          | <b>Disagree</b> | <b>Agree</b> |
| 31. | Condoms ruin the “mood.”  | <b>Disagree</b> | <b>Agree</b> |
| 32. | Condoms mess up foreplay.   | <b>Disagree</b> | <b>Agree</b> |
| 33. | I feel comfortable when I buy condoms.                              | <b>Disagree</b> | <b>Agree</b> |
| 34. | Condoms don’t always work.  | <b>Disagree</b> | <b>Agree</b> |
| 35. | Condoms are an effective method of preventing sexual diseases.      | <b>Disagree</b> | <b>Agree</b> |
| 36. | I feel good about sex with a condom.                                | <b>Disagree</b> | <b>Agree</b> |
| 37. | Most women would break up with me if I said we had to use a condom. | <b>Disagree</b> | <b>Agree</b> |
| 38. | My friends would approve of me using a condom.                      | <b>Disagree</b> | <b>Agree</b> |

**Now, vividly imagine a situation with a person where they want to have sex with you without a condom. Imagine that you are very attracted to this person and want to be with them, and they really want to have sex with you. Please circle the number beside each statement below that best describes how confident you are that you can do each.**

	Definitely Not Confident 1	Somewhat Confident 2	Definitely Confident 3
39. I will keep condoms nearby.	1	2	3
40. I will remind myself to use a condom during sex.	1	2	3
41. I will bring up the need to use a condom.	1	2	3
42. I will use a condom.	1	2	3
43. I will tell myself that sex with a condom is as good as sex without a condom.	1	2	3
44. I will not drink or use drugs before sex.	1	2	3
45. I will refuse to have sex without a condom, even if my partner pressures me to have unsafe sex.	1	2	3
46. I will decide ahead of time what I will and will not agree to do.	1	2	3
47. I will actively guide our actions to safe sex.	1	2	3



**Now please think carefully about risky situations like the one on the previous page. Please circle the number beside each statement below that best describes how certain you are that you can do each.**

		Definitely Not Certain	Somewhat Certain	Definitely Certain
48.	I can know when a situation is risky.	1	2	3
49.	I can avoid being in a risky situation.	1	2	3
50.	I can use a condom.	1	2	3
51.	I can talk to my partner about using condoms.	1	2	3

**Please circle your answer to the following questions.**

52. When you have sex, how often do you have a condom with you?

1                      2                      3                      4                      5  
 Every time    Almost Every Time    Sometimes    Almost Never    Never

53. When you have sex, how often do you use a condom?

1                      2                      3                      4                      5  
 Every Time    Almost Every Time    Sometimes    Almost Never    Never

54. How likely do you think it is that from now on you will use a condom every time you have sex?

1                      2                      3                      4  
 Very Likely    Likely    Unlikely    Very Unlikely



**Please circle your answer to the following.**

- |     |   |     |    |
|-----|---|-----|----|
| 55. | Have you ever shared needles to inject (shoot-up) drugs?  | YES | NO |
| 56. | Have you had a sex partner who you think used needles to shoot-up drugs?                                | YES | NO |
| 57. | Have you given someone money, drugs, or other things to get sex?  | YES | NO |
| 58. | Have you ever had sex with another man?   | YES | NO |
| 59. | Have you been treated for a sexual disease (VD, STD) such as Syphilis, Gonorrhea, Herpes, or Chlamydia? | YES | NO |

If YES, how many times? \_\_\_\_\_

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Now please think carefully about the past **2 months** and fill in the spaces with the **number** of times you have had these types of sex or **number** of partners you have had. If you do not remember the actual **number**, please estimate this to the best of your ability.

**In the past 2 months, I have...**

60. Had Vaginal sex **without** latex condoms (rubbers) \_\_\_\_\_ (**number of times**) in the past 2 months.
61. Had Vaginal sex **with** use of latex condoms (rubbers) \_\_\_\_\_ (**number of times**) in the past 2 months.
62. Had Anal (in the butt) sex **without** latex condoms (rubbers) \_\_\_\_\_ (**number of times**) in the past 2 months.
63. Had Anal (in the butt) sex **with** use of latex condoms (rubbers) \_\_\_\_\_ (**number of times**) in the past 2 months.
64. Gotten Oral sex (your partner performed oral sex on you) **without** a condom \_\_\_\_\_ (**number of times**) in the past 2 months.
65. Given Oral sex (you performed oral sex on your partner) **without** a condom or latex barrier \_\_\_\_\_ (**number of times**) in the past 2 months.
66. Gotten Oral sex (your partner performed oral sex on you) **with** a condom \_\_\_\_\_ (**number of times**) in the past 2 months.
67. Given Oral sex (you performed oral sex on your partner) **with** a condom or latex barrier \_\_\_\_\_ (**number of times**) in the past 2 months.
68. Drunk alcohol (beer, wine, etc.) before having sex \_\_\_\_\_ (**number of times**) in the past 2 months.
69. Used other drugs (marijuana, cocaine, or others) \_\_\_\_\_ (**number of times**) before having sex in the past 2 months.
70. Had sex with \_\_\_\_\_ (**number of women**) in past 2 months.
71. Had sex with \_\_\_\_\_ (**number of men**) in past 2 months.
72. Talked with my partner about using condoms \_\_\_\_\_ (**number of times**) in the past 2 months.
73. Refused to have sex because I did not have a condom \_\_\_\_\_ (**number of times**) in the past 2 months.

74. Planned ahead of time to practice safer sex \_\_\_\_\_ (**number of times**) in the past 2 months.

**In the past 2 months, I have ...**

75. Drunk less or used drugs less before having sex to be safe \_\_\_\_\_ (**number of times**) in the past 2 months.

76. Talked with a sex partner about getting tested for HIV \_\_\_\_\_ (**number of times**) in the past 2 months.

**THANK YOU FOR YOUR TIME. PLEASE RETURN THIS QUESTIONNAIRE TO THE FACILITATOR.**

# Nia Process Monitoring Form

Cycle #: \_\_\_\_\_ Target population: \_\_\_\_\_

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

Co-Facilitator \_\_\_\_\_

Date of first session of this cycle: \_\_\_\_\_

1. Did you recruit, or did you use an existing group? (*check one*)

- Recruit       Existing group

**If you used an existing group, skip to question 6.**

2. What challenges did you experience recruiting, and how did you resolve them?

<b>Challenges</b> <i>(Use additional pages, if needed)</i>	<b>How you resolved challenge(s)</b> <i>(Use additional pages, if needed)</i>

3. How many people were contacted as part of the session recruitment? # contacted: \_\_\_\_

Where were they recruited?	
How were they recruited?	

4. Of those contacted, what was their response?

# agreed to attend	# did not agree to attend	Reason(s) given for not attending

5. Did you re-contact people to ensure their attendance before the first session? If so, how many times?

# re-contacted: \_\_\_\_\_ # of times re-contacted: \_\_\_\_\_

By what means were these participants re-contacted? (*check all that apply*)

- Phone
  Email
  Case manager  
 Face-to-face
  Other \_\_\_\_\_

6. What is the total number of participants who attended each session?

# attended Session One: \_\_\_\_\_ # attended Session Two: \_\_\_\_\_

7. What is the total number of contacts made between sessions to maintain attendance?

# contacts between sessions: \_\_\_\_\_

By what means were these participants contacted? (*check all that apply*)

- Phone
  Email
  Case manager  
 Face-to-face
  Other \_\_\_\_\_

8. What types of incentives did you use? (*If applicable, fill in chart*)

<b>Incentives</b>	<b>When Distributed</b> (before, during, or after each session)	
1.		<input type="checkbox"/> Well received <input type="checkbox"/> Not well received
2.		<input type="checkbox"/> Well received <input type="checkbox"/> Not well received
3.		<input type="checkbox"/> Well received <input type="checkbox"/> Not well received
4.		<input type="checkbox"/> Well received <input type="checkbox"/> Not well received

9. Did you have to reschedule a session due to lack of attendance?

Yes

No

**If yes, complete the chart below regarding each rescheduled session.**

	Session One	Session Two
<b>Original date</b>		
<b># times rescheduled</b>		
<b>When did the session occur? (choose one for each session)</b>		
<b>Within a week of original date</b>		
<b>8-10 days later</b>		
<b>More than 10 days later</b>		
<b>Not at all</b>		



**10.** Use this chart to summarize answers you received on the Participant Satisfaction Survey.

Total # of surveys completed: \_\_\_\_\_

<b>Questions</b>	<b>Responses</b>
1. What did you like most about the <b>Nia</b> group sessions?	
2. How do you feel you benefited from participating in the <b>Nia</b> group?	
3. Did you feel comfortable sharing your experiences with members of the group? Was there anything that the facilitators could have done to help you be more comfortable?	
4. How do you feel that tension or conflict within the group was handled by the facilitators? Was there anything that the facilitators could have done differently to handle tension or conflict?	
5. What topics needed more time for discussion?	
6. What topics would you have liked to have had in the sessions that were not covered?	

## Nia Process Evaluation Form, Part I

Listed below are the five Core Elements of the intervention as outlined in the Program Manager's and Facilitator's Guides. Using the list below, please answer Questions 1-3 on the next pages.



Conducting small group sessions with men who have sex with women that are led by culturally competent male and female co-facilitators who:

- ★ Use videos and movie clips appropriate for and appealing to men to present HIV information, motivate risk-reduction, and build skills for handling common risk situations
- ★ Challenge negative attitudes towards women through group rules that disallow adversarial language against women



Correcting misperceptions and misinformation regarding HIV by using gender and culturally appropriate videos and interactive exercises, especially:

- ★ Providing Personal Feedback Report on HIV knowledge
- ★ Showing and leading discussion of HIV educational videos
- ★ Conducting Myths and Facts activity
- ★ Conducting HIV Risk Continuum activity



Inducing and enhancing motivation to reduce risks for HIV by having men identify themselves and their behavior with the HIV epidemic through:

- ★ Providing Personal Feedback Reports on sex behaviors and condom attitudes
- ★ Showing and leading discussion of videos featuring men who have been affected by HIV with whom participants can identify
- ★ Conducting HIV Risk Continuum activity
- ★ Eliciting and exploring personal risky sexual situations



Building skills for identifying and managing sexual risk situations by:

- ★ Eliciting and exploring personal risky sexual situations
- ★ Building trigger-identification and safer sex decision-making skills
- ★ Guiding practice of trigger-identification and safer sex decision-making skills using movie clips



Enhancing motivation and building behavioral skills for condom use or safer sex by:

- ★ Exploring attitudes toward and pros/cons for condom use
- ★ Identifying safer sex alternatives
- ★ Building behavioral skills for correctly using condoms and communicating sexual decisions regarding condom use
- ★ Guiding practice of condom use and safer sex decisions using movie clips

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1. Has your organization dropped any of the Core Elements listed on the previous page?

Yes

No

**If yes, and by referring to the numbered Core Elements, please indicate *which* Core Element(s) you dropped and why.**

<b>Core Elements</b>	<b>Check all that were dropped.</b>	<b>Reason(s) dropped</b> <i>(use additional pages, if needed)</i>
<b>#1</b>	<input type="checkbox"/>	
<b>#2</b>	<input type="checkbox"/>	
<b>#3</b>	<input type="checkbox"/>	
<b>#4</b>	<input type="checkbox"/>	
<b>#5</b>	<input type="checkbox"/>	

2. Have you modified any of the Core Elements as listed on the first page and as outlined in the Facilitator’s Guide?

Yes

No

**If yes, and by referring to the numbered Core Elements on the first page, please indicate which ones (if any) were modified, why they were modified and how they were modified in the table below.**

<b>Core Elements</b>	<b>Check all that were modified.</b>	<b>Reason(s) modified</b> <i>(use additional pages, if needed)</i>	<b>How modified</b> <i>(use additional pages, if needed)</i>
#1	<input type="checkbox"/>		
#2	<input type="checkbox"/>		
#3	<input type="checkbox"/>		
#4	<input type="checkbox"/>		
#5	<input type="checkbox"/>		

3. Rate how closely your organization implemented the Core Elements exactly as outlined in the Facilitator's Guide.

<b>Core Elements</b>	<b>Not very closely at all</b>	<b>Not very closely</b>	<b>Somewhat closely</b>	<b>Closely</b>	<b>Very closely</b>
<b>#1</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>#2</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>#3</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>#4</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>#5</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Agency name: \_\_\_\_\_

Date form completed: \_\_\_\_\_

**Nia** cycle start date: \_\_\_\_\_

**Nia** cycle end date: \_\_\_\_\_

Name of person providing data: \_\_\_\_\_

Name of person filling out form: \_\_\_\_\_

## Nia Process Evaluation Form, Part II

Agency Name: \_\_\_\_\_

Name of person providing data: \_\_\_\_\_

Date form completed: \_\_\_\_\_

Name of person filling out form: \_\_\_\_\_

Nia cycle start date: \_\_\_\_\_

Nia cycle end date: \_\_\_\_\_

**Complete the chart below to show any changes you made to Nia for this intervention cycle and how successful you found the changes.**

Topic	Did you change Nia to fit your agency and its circumstances?	If yes, how did you change it?	How successful do you feel the changes were and why?	Did you change Nia to fit your target population?	If yes, how did you change it?	How successful do you feel the changes were and why?
a. Number of sessions	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Length of sessions	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Facilitators	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Topic</b>	<b>Did you change Nia to fit your agency and its circumstances?</b>	<b>If yes, how did you change it?</b>	<b>How successful do you feel the changes were and why?</b>	<b>Did you change Nia to fit your target population?</b>	<b>If yes, how did you change it?</b>	<b>How successful do you feel the changes were and why?</b>
d. Participants	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
e. Videos and movie clips	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
f. Pre-Intervention Assessment survey	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
g. PFR-1 (HIV knowledge)	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
h. PFR-2 (Sexual behaviors)	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
i. PFR-3 (Condom attitudes)	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Topic</b>	<b>Did you change Nia to fit your agency and its circumstances?</b>	<b>If yes, how did you change it?</b>	<b>How successful do you feel the changes were and why?</b>	<b>Did you change Nia to fit your target population?</b>	<b>If yes, how did you change it?</b>	<b>How successful do you feel the changes were and why?</b>
j. Risk Continuum cards	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
k. Myths and Facts cards	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
l. Condom skills	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
m. Other (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
n. Other (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
o. Other (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		



## Nia Post-Intervention Assessment Survey Outcome Monitoring

Please answer the following questions as truthfully as possible; there are no right or wrong answers. Please take your time, and read each section carefully. Some sections require you to provide numbers. Others require you to circle the appropriate response. All answers will remain confidential to the extent allowed by law.

**Participant ID Code:** \_\_\_\_\_ **Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please answer each question by circling either YES or NO**

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- |     |  |     |    |
|-----|--|-----|----|
| 1.  | Are AIDS and HIV two names for the same thing?   | YES | NO |
| 2.  | Does a person who has HIV always have AIDS?  | YES | NO |
| 3.  | Can a person be infected with HIV and not show signs?                                    | YES | NO |
| 4.  | Does a negative HIV test always mean a person does not have HIV?                         | YES | NO |
| 5.  | Does getting tested for HIV help protect a person from getting the virus?                | YES | NO |
| 6.  | Does a negative test mean a person cannot get HIV?                                       | YES | NO |
| 7.  | Can a person with HIV who looks healthy pass the virus to others?                        | YES | NO |
| 8.  | Can a person get HIV through contact with saliva?  | YES | NO |
| 9.  | Does having sex with more than one partner increase a person's chances of getting HIV?   | YES | NO |
| 10. | Can a woman give HIV to a man?   | YES | NO |
| 11. | Do people get the HIV the same way that they get Gonorrhea and Syphilis (VD)?            | YES | NO |
| 12. | Can a person who got HIV from shooting up drugs give the virus to someone by having sex? | YES | NO |
| 13. | Does using shortening and other oils to lubricate latex condoms help them work better?   | YES | NO |

- |     |  |     |    |
|-----|--|-----|----|
| 14. | Does washing drug equipment with warm water kill HIV?    | YES | NO |
| 15. | Do most types of birth control also protect against HIV? | YES | NO |

**Please answer this question by circling the number below that best describes what you think your risk is for getting HIV.**

16. Based on your behavior **in the past 2 months**, what do you think is your risk for getting HIV?

No risk at all	Somewhat at risk	Good deal at risk	Extremely at risk
1	2	3	4

**Please answer these statements by circling either YES OR NO.**

- |     |  |     |    |
|-----|--|-----|----|
| 17. | I worry about getting HIV.                             | YES | NO |
| 18. | I think that HIV is a serious problem in my community. | YES | NO |
| 19. | I have thought about protecting myself from HIV.       | YES | NO |

**The statements below describe feelings or thoughts you may have about condoms. For each question, please circle an answer to indicate whether you agree or disagree with the statement.**

- |     |   |                 |              |
|-----|---|-----------------|--------------|
| 20. | The use of condoms can make sex more exciting.    | <b>Disagree</b> | <b>Agree</b> |
| 21. | Condoms are uncomfortable.                        | <b>Disagree</b> | <b>Agree</b> |
| 22. | I find it embarrassing to be seen buying condoms. | <b>Disagree</b> | <b>Agree</b> |
| 23. | Using condoms can be pleasurable.                 | <b>Disagree</b> | <b>Agree</b> |
| 24. | Using condoms can show concern and caring.        | <b>Disagree</b> | <b>Agree</b> |
| 25. | Condoms ruin the “mood.”                          | <b>Disagree</b> | <b>Agree</b> |
| 26. | Condoms mess up foreplay.                         | <b>Disagree</b> | <b>Agree</b> |

27.	I feel comfortable when I buy condoms.	<b>Disagree</b>	<b>Agree</b>
28.	Condoms don't always work.	<b>Disagree</b>	<b>Agree</b>
29.	Condoms are an effective method of preventing sexual diseases.	<b>Disagree</b>	<b>Agree</b>
30.	I feel good about sex with a condom.	<b>Disagree</b>	<b>Agree</b>
31.	Most women would break up with me if I said we had to use a condom.	<b>Disagree</b>	<b>Agree</b>
32.	My friends would approve of me using a condom.	<b>Disagree</b>	<b>Agree</b>

**Now, vividly imagine a situation with a person where they want to have sex with you. Imagine that you are very attracted to this person and want to be with them, and they really want to have sex with you. Please circle the number beside each statement below that best describes how confident you are that you can do each.**

		Definitely Not Confident	Somewhat Confident	Definitely Confident
33.	I will bring up the need to use a condom.	1	2	3
34.	I will use a condom.	1	2	3
35.	I will not drink or use drugs before sex.	1	2	3
36.	I will refuse to have sex without a condom, even if my partner pressures me to have unsafe sex.	1	2	3
37.	I will decide ahead of time what I will and will not agree to do.	1	2	3



**Now please think carefully about risky situations like the one on the previous page. Please circle the number beside each statement below that best describes how certain you are that you can do each.**

		Definitely Not Certain	Somewhat Certain	Definitely Certain
38.	I can know when a situation is risky.	1	2	3
39.	I can avoid being in a risky situation.	1	2	3
40.	I can use a condom.	1	2	3
41.	I can talk to my partner about using condoms.	1	2	3

**Please circle your answer to the following questions.**

42. When you have sex, how often do you have a condom with you?

1                      2                      3                      4                      5  
 Every time      Almost Every Time      Sometimes      Almost Never      Never

43. When you have sex, how often do you use a condom?

1                      2                      3                      4                      5  
 Every time      Almost Every Time      Sometimes      Almost Never      Never

44. How likely do you think it is that from now on you will use a condom every time you have sex?

1                      2                      3                      4  
 Very Likely      Likely      Unlikely      Very Unlikely

**THANK YOU FOR YOUR TIME.  
 PLEASE RETURN THIS QUESTIONNAIRE TO THE FACILITATOR.**

## Nia Follow-up Assessment Survey Outcome Monitoring

Please answer the following questions as truthfully as possible; there are no right or wrong answers. Please take your time, and read each section carefully. Some sections require you to provide numbers. Others require you to circle the appropriate response. All answers will remain confidential to the extent allowed by law.

**Participant ID Code:** \_\_\_\_\_ **Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please answer each question by circling either YES or NO**

- 
- |     |  |     |    |
|-----|--|-----|----|
| 1.  | Are AIDS and HIV two names for the same thing?   | YES | NO |
| 2.  | Does a person who has HIV always have AIDS?  | YES | NO |
| 3.  | Can a person be infected with HIV and not show signs?                                    | YES | NO |
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| 5.  | Does getting tested for HIV help protect a person from getting the virus?                | YES | NO |
| 6.  | Does a negative test mean a person cannot get HIV?                                       | YES | NO |
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| 8.  | Can a person get HIV through contact with saliva?  | YES | NO |
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| 12. | Can a person who got HIV from shooting up drugs give the virus to someone by having sex? | YES | NO |
| 13. | Does using shortening and other oils to lubricate latex condoms help them work better?   | YES | NO |

- |     |  |     |    |
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16. Based on your behavior **in the past 2 months**, what do you think is your risk for getting HIV?

No risk at all	Somewhat at risk	Good deal at risk	Extremely at risk
1	2	3	4

**Please answer these statements by circling either YES OR NO.**

- |     |  |     |    |
|-----|--|-----|----|
| 17. | I worry about getting HIV.                             | YES | NO |
| 18. | I think that HIV is a serious problem in my community. | YES | NO |
| 19. | I have thought about protecting myself from HIV.       | YES | NO |

**The statements below describe feelings or thoughts you may have about condoms. For each question, please circle an answer to indicate whether you agree or disagree with the statement.**

- |     |   |                 |              |
|-----|---|-----------------|--------------|
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30.	I feel good about sex with a condom.	<b>Disagree</b>	<b>Agree</b>
31.	Most women would break up with me if I said we had to use a condom.	<b>Disagree</b>	<b>Agree</b>
32.	My friends would approve of me using a condom.	<b>Disagree</b>	<b>Agree</b>

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34.	I will use a condom.	1	2	3
35.	I will not drink or use drugs before sex.	1	2	3
36.	I will refuse to have sex without a condom, even if my partner pressures me to have unsafe sex.	1	2	3
37.	I will decide ahead of time what I will and will not be willing to do.	1	2	3



**Now please think carefully about risky situations like the one on the previous page. Please circle the number beside each statement below that best describes how certain you are that you can do each.**

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40.	I can use a condom.	1	2	3
41.	I can talk to my partner about using condoms.	1	2	3

**Please circle your answer to the following questions.**

42. When you have sex, how often do you have a condom with you?

1                      2                      3                      4                      5  
 Every time      Almost Every Time      Sometimes      Almost Never      Never

43. When you have sex, how often do you use a condom?

1                      2                      3                      4                      5  
 Every time      Almost Every Time      Sometimes      Almost Never      Never

44. How likely do you think it is that from now on you will use a condom every time you have sex?

1                      2                      3                      4  
 Very Likely      Likely      Unlikely      Very Unlikely



Now please think carefully about the past 2 months and fill in the spaces on the next page.

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**In the past 2 months, I have had...**

45. Vaginal sex **without** latex condoms (rubbers) \_\_\_\_\_ times in the past 2 months.
46. Vaginal sex **with** use of latex condoms (rubbers) \_\_\_\_\_ times in the past 2 months.
47. Anal (in the butt) sex **without** latex condoms (rubbers) \_\_\_\_\_ times in the past 2 months.
48. Anal (in the butt) sex **with** use of latex condoms (rubbers) \_\_\_\_\_ times in the past 2 months.
49. Oral sex **without** a condom (your partner performed oral sex on you) \_\_\_\_\_ times in the past 2 months.
50. Oral sex **with** a condom (your partner performed oral sex on you) \_\_\_\_\_ times in the past 2 months.
51. Oral sex **without** a condom/latex barrier (you performed oral sex on your partner) \_\_\_\_\_ times in the past 2 months.
52. Oral sex **with** a condom/latex barrier (you performed oral sex on your partner) \_\_\_\_\_ times in the past 2 months.

**How many times in the past 2 months have you...**

53. Drunk alcohol (beer, wine, etc.) before having sex? \_\_\_\_\_ times in the past 2 months
54. Used other drugs (marijuana, cocaine, or others) before having sex? \_\_\_\_\_ times in the past 2 months
55. Talked with your partner about using condoms? \_\_\_\_\_ times in the past 2 months
56. Refused to have sex because you did not have a condom? \_\_\_\_\_ times in the past 2 months
57. Planned ahead of time to practice safer sex? \_\_\_\_\_ times in the past 2 months
58. Drunk less or used drugs less before having sex to be safe? \_\_\_\_\_ times in the past 2 months
59. Talked with a sex partner about getting tested for HIV? \_\_\_\_\_ times in the past 2 months
-

60. How many **women** have you had sex with  
in the past 2 months?

\_\_\_\_\_ number of **women** in  
the past 2 months

61. How many **men** have you had sex with  
in the past 2 months?

\_\_\_\_\_ number of **men** in  
the past 2 months

**THANK YOU FOR YOUR TIME.  
PLEASE RETURN THIS QUESTIONNAIRE TO THE FACILITATOR.**