



Evaluation Tools

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SISTA Evaluation Summary Sheet

Instrument	When to Use	Administered By	Completed By
Focus Group Protocol	Before implementation	Facilitator	Facilitator
Fidelity/Process Form	After each session	Facilitator	Facilitator
Session Evaluation Forms	After each session	Facilitator	Participants
Facilitator Observation Form	At least once each cycle of SISTA	Supervisor	Supervisor
Pre-test Survey	Before or during Session 1	Facilitator	Participants
Post-test Survey Contains the same Pre-test scales/measures	3 and 6 months after Session 5 or during booster sessions	Facilitator	Participants



SISTA Focus Group Protocol

Instructions:

This focus group protocol will help you gather information from women in your community that are likely to participate in your SISTA intervention. These focus groups can provide information about successful approaches to recruiting and retaining women in your project, developing/revising materials such as the messages, session handouts, session role-play scenarios and exercises, and getting feedback on evaluation tools.

We recommend that you do at least two focus groups with eight to ten women from the community.

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



Introduction:

Thanks everyone for coming today. We are really excited because we have been planning for this focus group. Today we are going to have fun. We are going to discuss your relationships, both current relationships you have, as well as your previous relationships. We are interested in knowing where you meet your partners, what attracts you to your partners, why you like having sex, and what you think about using condoms. So we are viewing you as the experts in these areas and would like to know your opinions, ideas, attitudes, and beliefs about relationships.

_____ and I will take turns asking the group questions about these topics. Because everyone likes to talk about these topics, we have a couple of ground rules:

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

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

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

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

(Conduct ice breaker)

Thanks for sharing that information. That was fun.



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

Meeting Potential Partners

Where do you meet guys?

(Probe: school, house party, bar...)

How do you meet guys?

(Probe: Does he approach you or do you approach him?)

What attracts you to a guy?

(Probe: looks, popular in school, like's older....)

Making the First Move

How soon after you meet your partner does he start coming on to you (i.e. kissing, caressing)?

Do you like it when he first comes on to you?

(Probe: If yes, why? If no, why not?)

How do you feel when he first does this to you?

(Probe: scarred, anxious, excited)

Why do you feel this way?

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

Do you talk about what you want from the relationship?

A) before your partner comes on to you

B) after your partner comes on to you

C) you never talk about what you want in your relationship.

The Condom Questions

Have you ever used condoms?

(Probe: How often do you use condoms?)

Have you ever asked your partner to use a condom?

Why is it difficult to ask your partner to use a condom (get detailed here)?

(Probe: You don't know what to say? You don't know how to say it? Afraid of what partner might think? Afraid of what he might say?)

If you thought your partner had an STD would you ask him to wear a condom?

(Probe: If yes, why? If no, why not?)



The STD Questions

When you get an STD, how do you feel?

(Probe: upset at yourself, angry at your partner, do you want to get revenge)

Have you ever told your partner that you had an STD?

What was his reaction?

(Probe: What did he say? What did he do? Did he scare you? Did he yell at you? Did he leave you...?)

Have you ever asked your partner to get treated for an STD?

Why haven't you asked your partner to get treated for an STD? (get detailed)

(Probe: You don't know what to say? You don't know how to say it? Afraid of what partner might think? Afraid of what he might say? Afraid of what your partner might do?)

Ask all of the following questions:

If you knew that your partner had an STD would you...

- 1) Have sex with him without using a condom? Why?
- 2) Have sex with him, but use a condom? Why?
- 3) Ask him to get treated for his STD? How would you do it?
- 4) Go to the STD clinic to see that he gets treated? How would you do this?
- 5) Break up with him, Why?

The Abstinence Questions

What is the longest that you have gone without having sex?

Why did you wait this long?

(Probe: didn't have a partner, wanted to not have sex for a while, too busy, not feeling well)

What made you have sex, after you had gone a long time without having sex?

(Probe: started dating, felt horny, felt lonely...)

Could you date a guy and not have sex with him (get detailed)?

(Probe: If yes, why? If no, why not?)

What would it take for you to never have sex again until you were married?

(Probe: commitment?)



Conclusion

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



SISTA Focus Group

Proposed Dates:

200x

Location:

Time:

9:00 am -1:00 pm

Staff 9:00 am -1:00 pm

Participants 10:00 am -12:30 pm

Facilitators:

(Female) xxx

Recorders: xxx

Participants:

African American Females (ages 18-50)

Not more than 10 women per group. An ideal group size is 7

Compensation:

Each participant will be compensated \$\$\$\$ for their time

Lunch provided by:

Topics:

- I. Relationships
- II. Emotional Reaction to having an STD
- III. Prevention and Treatment
- IV. Partner Information
- V. Social Variables



SISTA Focus Group

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

Consent Form

TITLE: Focus Group for The SISTA Intervention

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

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

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

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

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

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

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

Participant Signature

Date

(Organization) Staff Signature

Date



SISTA Fidelity/Process Form

Instructions for Facilitators

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



Evaluation for Session 1: Ethnic and Gender Pride

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

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

Statements: Rating

1.	I feel more pride in myself as an African American woman.	
2.	I have a better understanding of the importance of personal values.	
3.	I feel I got a lot out of the in-class games/exercises we did today.	
4.	Any questions I had were clearly answered.	
5.	The handouts were helpful.	
6.	The group discussions were interesting and informative.	

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

Poor			Okay				Excellent		
1	2	3	4	5	6	7	8	9	10

8. Overall, how would you rate today’s session? Please circle a number.

Poor			Okay				Excellent		
1	2	3	4	5	6	7	8	9	10

9. How could this session be improved?

10. Any other comments?

Thank You, my SISTA!



Evaluation for Session 2: HIV/AIDS Education

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

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

Statements: Rating

1.	I learned new information about HIV.	
2.	The video could help me in my everyday life.	
3.	I feel I got a lot out of the in-class games/exercises we did today.	
4.	Any questions I had were clearly answered.	
5.	The handouts were helpful.	
6.	The group discussions were interesting and informative.	

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

Poor			Okay				Excellent		
1	2	3	4	5	6	7	8	9	10

8. Overall, how would you rate today’s session? Please circle a number.

Poor			Okay				Excellent		
1	2	3	4	5	6	7	8	9	10

9. How could this session be improved?

10. Any other comments?

Questions continue on back of page.



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

- Yes No Did not attend last week's session.

If you checked yes, please describe below the changes you made.

Thank You, my SISTA!



Evaluation for Session 3: Assertiveness Skills Training

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

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

Statements: Rating

1.	I am confident I can communicate more effectively.	
2.	I am confident I can start a discussion about condom use with my partner.	
3.	I am confident I can apply the SISTAS Assertiveness Model in my life.	
4.	I feel I got a lot out of the role-play situations.	
5.	Any questions I had were clearly answered.	
6.	The handouts were helpful.	

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

Poor			Okay				Excellent		
1	2	3	4	5	6	7	8	9	10

8. Overall, how would you rate today’s session? Please circle a number.

Poor			Okay				Excellent		
1	2	3	4	5	6	7	8	9	10

9. How could this session be improved?

10. Any other comments?

Questions continue on back of page.



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

- Yes No Did not attend last week's session.

If you checked yes, please describe below the changes you made.

Thank You, my SISTA!



Evaluation for Session 4: Behavioral Self-Management Training

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

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

Statements: Rating

1.	I am confident I can communicate more effectively.	
2.	I am confident I can start a discussion about condom use with my partner.	
3.	I am confident I can apply the SISTAS Assertiveness Model in my life.	
4.	I feel I got a lot out of the role-play situations.	
5.	Any questions I had were clearly answered.	
6.	The handouts were helpful.	

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

Poor	Okay						Excellent		
1	2	3	4	5	6	7	8	9	10

8. Overall, how would you rate today’s session? Please circle a number.

Poor	Okay						Excellent		
1	2	3	4	5	6	7	8	9	10

9. How could this session be improved?

10. Any other comments?

Questions continue on back of page.



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

- Yes No Did not attend last week's session.

If you checked yes, please describe below the changes you made.

Thank You, my SISTA!



Evaluation for Session 5: Coping Skills

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

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

Statements: Rating

1.	I feel I got a lot out of the role-play situations about coping.	
2.	I am confident I can apply these coping skills in my life.	
3.	I have a better understanding of the effects of drugs and alcohol.	
4.	Any questions I had were clearly answered.	
5.	The handouts were helpful.	
6.	The group discussions were informative.	
7.	The review of materials we covered in earlier sessions of the SISTA intervention was worthwhile.	

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

Poor			Okay				Excellent		
1	2	3	4	5	6	7	8	9	10

9. Overall, how would you rate today’s session? Please circle a number.

Poor			Okay				Excellent		
1	2	3	4	5	6	7	8	9	10

10. Overall, how would you rate the SISTA intervention? Please circle a number.

Poor			Okay				Excellent		
1	2	3	4	5	6	7	8	9	10

11. How could Session 5 be improved?

Questions continue on back of page.



12. Any other comments?

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

- Yes No Did not attend last week's session.

If you checked yes, please describe below the changes you made.

Thank You, my SISTA!



SISTA Facilitator Observation Form

- When to Use:** At least once during each cycle of SISTA. A cycle of SISTA is Sessions 1-5 and any Boosters.
- Administered by:** Supervisor
- Completed by:** Supervisor



SISTA Facilitator Observation Form

Facilitator: _____ Supervisor: _____ Date: _____

Session: _____ Location: _____

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

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

of participants in attendance: _____ # of children _____ Child care available? _____ Yes _____ No

of women completing home activity? _____

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

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

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



How did the facilitator: (Continued)

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

Observation Comments:

Facilitator strengths

Areas to be improved



SISTA Pre-test/Post-test Instructions for Facilitators

Instructions:

Please direct the participants to complete these forms as honestly and thoroughly as possible. The pre-test should be administered either before or during Session 1. The post-test should be completed three and six months after Session 5 or during each booster session. Participants' responses will help you assess the effectiveness of the SISTA intervention and make improvements, as necessary. The completed tests are your personal evaluation tool. The participant's birth month and day, and first and last initial can be used as a unique identifier for the Participant ID (example: 1122JC).

Before collecting the forms from the participants, be sure they have provided a unique identifier on the form. The same participant ID should be used for the post-tests.

The pre-test/post-test survey on the following pages was developed by Dr. Gina Wingood, original SISTA developer.



SISTA Pre-test/Post-test

Participant ID: _____ Pre-test Post-test Date _____

INSTRUCTIONS: Please complete this form as honestly and thoroughly as possible. The following questions ask demographic information about you. Circle your responses as necessary

1. How old are you? _____ (years)
2. What is the highest grade of school that you have completed?
 - a. No formal schooling
 - b. Less than a high school diploma
 - c. A high school diploma
 - d. Some college or a 2-year degree
 - e. 4-year college degree or graduate work
3. What is your employment status?
 - a. Unemployed
 - b. Part-time
 - c. Full-time
4. What is your total monthly income? (Not including your partner's)
 - a. I have no monthly income
 - b. My monthly income is \$ _____
5. Do you currently have medical insurance (i.e., Medicaid/Medical)?
 - a. No
 - b. Yes
6. Are you currently married?
 - a. No
 - b. Yes
7. How long have you and your main partner been together?
 - a. I do not have a main partner
 - b. We have been together for _____ (days/months/years)
8. Are you living with your main partner?
 - a. No
 - b. Yes
9. In the past 3 months, how often did you drink beer, wine or liquor?
 - a. Not at all
 - b. A few times
 - c. A few times each week
 - d. Everyday
10. In the past 3 months, how often did use drugs to get high or relax (i.e., marijuana, cocaine, crack)?
 - a. Not at all
 - b. A few times
 - c. A few times each week
 - d. Everyday



INSTRUCTIONS: The following statements are about your attitudes towards using condoms. Please indicate how much you agree or disagree with each statement by putting a check mark under your choice.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. My main partner would get mad if I said we had to use a male condom.	_____	_____	_____	_____
2. Male condoms ruin the mood.	_____	_____	_____	_____
3. Sex doesn't feel as good when you use a condom.	_____	_____	_____	_____
4. My main partner would think I was having sex with another person if I said we had to use a condom.	_____	_____	_____	_____
5. Using male condoms would help build trust between my main partner and me.	_____	_____	_____	_____
6. Sex with condoms doesn't feel natural.	_____	_____	_____	_____
7. Using male condoms breaks up the rhythm of sex.	_____	_____	_____	_____



INSTRUCTIONS: The next questions ask about what kinds of situations are more difficult for you to use condoms when you have sex with your main partner. Even if the situation has not happened to you, try to imagine how you would handle it if it ever happened. Place a check mark under your choice.

	Definitely Not	Probably Not	Probably Yes	Definitely Yes
1. Can you discuss condom use with your main partner?	_____	_____	_____	_____
2. Can you insist on condom use if your main partner does not want to use one?	_____	_____	_____	_____
3. Can you stop and look for condoms when you are sexually aroused?	_____	_____	_____	_____
4. Can you insist on condom use every time you have sex even when you are under the influence of drugs?	_____	_____	_____	_____
5. Can you insist on condom use every time you have sex even when your main partner is under the influence of drugs?	_____	_____	_____	_____
6. Can you put a condom on your main partner without spoiling the mood?	_____	_____	_____	_____
7. Can you insist on condom use every time you have sex even if you or your main partner uses another method to prevent pregnancy?	_____	_____	_____	_____



INSTRUCTIONS: The next questions are about your confidence in using condoms with your main partner. Place a check mark under your choice.

Even if you've never used condoms before, how confident or sure are you that you could...

	Not Confident	Somewhat Confident	Very Confident
1. Put a condom on a hard penis.	_____	_____	_____
2. Unroll a condom down correctly on the first try.	_____	_____	_____
3. Start over with a new condom if you placed it on the wrong way.	_____	_____	_____
4. Unroll a condom fully to the base of the penis.	_____	_____	_____
5. Squeeze air from the tip of a condom.	_____	_____	_____
6. Take a male condom off without spilling the semen or cum.	_____	_____	_____
7. Take a male condom off before partner loses their hard on.	_____	_____	_____
8. Dispose of a used condom properly.	_____	_____	_____
9. Use lubricant with a condom.	_____	_____	_____



INSTRUCTIONS: The next 10 questions are about your knowledge of HIV. Circle **1** if **TRUE** and **0** if **FALSE**.

	True	False
1. Condoms can help protect you from transmitting or becoming infected with HIV.	1	0
2. Having sex with someone who has HIV is the only way to becoming infected with HIV.	1	0
3. Female condoms are effective in preventing HIV infection.	1	0
4. There is a cure for AIDS.	1	0
5. A positive HIV Antibody test means that you have AIDS.	1	0
6. To know if you have HIV you have to take a test.	1	0
7. Having unprotected anal sex increases a person's chance of getting HIV.	1	0
8. HIV is passed most effectively in semen and blood.	1	0
9. Women can not pass HIV to men.	1	0
10. The safest way to prevent getting HIV is to abstain from sex.	1	0



INSTRUCTIONS: *The next few questions are about having sex and using condoms.*

1. In the past 3 months, how many times have you had sex with a man who put this penis into your vagina?

_____ (# of times had sex with a man who put his penis in your vagina, in the past 3 months)

999 = I have not had sex with a man who put his penis into my vagina in the past 3 months.

2. In the past 3 months, when you had sex with a man who put his penis into your vagina, how many times of these times was a condom used?

_____ (# of times used a condom, in the past 3 months)

999 = I have not had sex with a man who put his penis into my vagina in the past 3 months.

3. In the past 3 months, how many men have put their penis into your vagina?

_____ (# of men who have put their penis into your vagina in the past 3 months)

999 = I have not had sex with a man who put his penis into my vagina in the past 3 months.

4. In the past 3 months, how many times did you exchange sex for drugs, shelter, food or cash?

_____ (# times exchanged sex in the past 3 months)

999 = I have not exchanged sex for drugs, shelter, food or money in the past 3 months.

Please circle 1 if YES and 0 if NO for the next questions.

	Yes	No
5. The last time you had sex did you use a condom?	1	0
6. The next time you have sex do you plan to use a condom?	1	0
7. In the next 3 months, do you plan on using a condom if you have sex?	1	0
8. In the next 3 months, do you plan on using a female condom?	1	0
9. In the past 3 months, did you attempt to use a female condom?	1	0