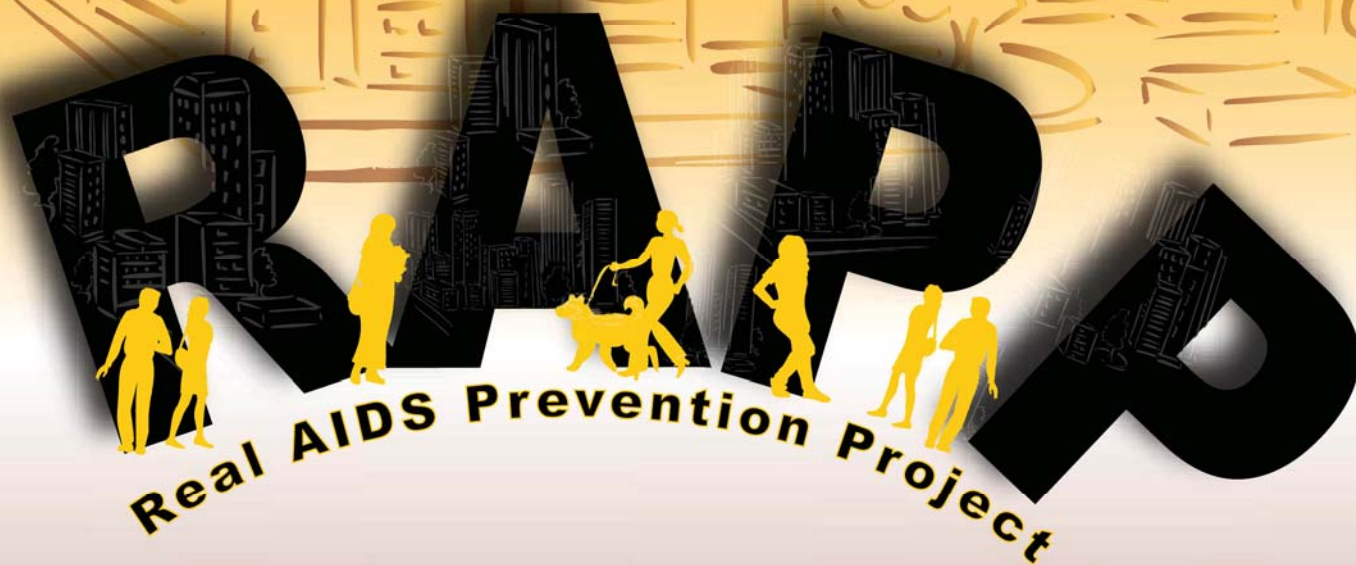


# Evaluation Plan and Instruments



**September 2008**



## Acknowledgments

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

It is hoped that this guide will prove useful to those implementing the RAPP 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 Aisha Gilliam via electronic mail at [aisha.gilliam@cdc.hhs.gov](mailto:aisha.gilliam@cdc.hhs.gov) with any comments or concerns.



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# INTRODUCTION

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## PURPOSE

The Real AIDS Prevention Project (RAPP) Evaluation Field Guide was developed to provide community-based organizations implementing RAPP with systematic methods to conduct evaluation processes and activities that will inform, guide, and assess their RAPP 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 RAPP 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 use of the variables included in CDC's National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS). Related documents include:

- **Evaluation Capacity Building Guide.** This guide provides an overview of monitoring and evaluating evidence-based interventions, with particular focus on process monitoring and evaluation activities, tools, and templates (CDC, 2008a).
- **National Monitoring and Evaluation Guidance for HIV Prevention Programs (NMEG).** This manual provides a framework and specific guidance on using NHM&E DS variables to monitor and evaluation 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](mailto:pemsservice@cdc.gov); visiting the PEMS Web site (<https://team.cdc.gov>); or contacting the DHAP Help Desk (1-877-659-7725 or [dhapsupport@cdc.gov](mailto:dhapsupport@cdc.gov)).

## MODIFYING MATERIALS

The evaluation questions and data collection forms contained in this document are very general in nature. These questions and data collection forms reflect the reporting requirements of CDC<sup>1</sup> and the basic monitoring and evaluation requirements of RAPP. 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 this document contains an overview of CDC's reporting requirements for RAPP. 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. Section Three has data collection tables that summarize the data collection activities arranged by RAPP primary activities, recommend data collection schedules, provide a brief description of agency resources needed, and suggest ways to use the data. Section Four includes all the required and optional RAPP instruments. Each evaluation instrument is arranged by RAPP activity. The appendices consist of the RAPP behavioral risk analysis (Appendix A), conceptual framework (Appendix B), logic model (Appendix C), and a list of the NHM&E DS variables (not all of which are required for this intervention) (Appendix D).<sup>2</sup>

The development of the RAPP evaluation plan was guided by the development of a behavioral risk analysis (Appendix A), conceptual framework (Appendix B), and RAPP logic model (Appendix C). The risk analysis explores possible circumstances that may place members of the target population at HIV transmission risk 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

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<sup>1</sup> NHM&E DS variables for 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 RAPP intervention in its entirety. They are also designed to capture most program planning and client services PEMS DVS variables. Agencies should check with their CDC Project Officer or other contract monitors specific RAPP intervention reporting requirements.

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



intervention, and intended outcomes. Both the situational risk analysis and the logic model are based on program materials and consultations with members of the Science Application Team within CBB.

## THEORETICAL BASIS AND CORE ELEMENTS

The Real AIDS Prevention Project (RAPP) is a community-based intervention designed to help reduce the risk of HIV among women and their male partners in high-risk communities. Specifically, the objectives of RAPP are to increase consistent condom use among women and their partners, to change community norms so that practicing safer-sex is seen as the appropriate thing to do, and to involve as wide a range of people in the community as possible.

RAPP is based on three behavioral change theories—the Transtheoretical Model of Behavior Change, the Diffusion of Innovations, and Social Learning Theory. The Transtheoretical Model of Behavior, popularly known as the Stages of Change (Prochaska & DiClemente, 1983; 1985), asserts that behavior occurs in stages, ranging from not considering making a change to making and maintaining a change. Thus, to facilitate behavior change, stage of change readiness must be understood and utilized. Diffusion of Innovations (also called Theory of Diffusion) suggests that people are more likely to adopt a behavior if influential community leaders embrace and endorse that behavior (Rogers, 1995). Finally, Social Learning Theory indicates that people are more likely to adopt a behavior when given the opportunity to learn about the behavior, the behavior is adopted by their peers, they have a chance to increase both knowledge and skills related to the behavior and the behavior results in outcomes that they value (Bandura, 1977).

RAPP has been demonstrated to be effective in increasing consistent condom use among women and their partners and to change community norms so that practicing safer sex is seen as the appropriate thing to do. It is one of the interventions developed by the CDC's Replication of Effective Programs (REP). There are five core elements of RAPP (Table 1). "Core elements are those parts of an intervention that must be done and cannot be changed. They come from the behavioral theory upon which the intervention or strategy is based; they are thought to be responsible for the intervention's effectiveness. Core elements are essential and cannot be ignored, added to, or changed" (CDC, April 2006).

**TABLE 1: THE CORE ELEMENTS OF RAPP\***

- **Peer Network:** The peer network is made up of people from the community who volunteer several hours each week to talk to women and men about HIV prevention and related issues. They also distribute condoms, Role Model Stories, and other educational materials which could include referrals for other prevention services such as counseling and testing or other prevention intervention programs.
- **Stage-Based Encounters:** Stage-based encounters are one-on-one conversations led by the Outreach Specialist who asks questions about attitudes and condom use to find out the person's stage of change. Then, based on the response, give the person a message aimed at encouraging them to begin or continue condom use.
- **Role Model Stories:** Role model stories are printed short stories based on interviews with people about their decisions to change their behavior. In these stories, people in different situations and stages of change tell about experiences that made them think about, start, or continue using condoms.



**TABLE 1: THE CORE ELEMENTS OF RAPP\* (CONTINUED)**

- **Community Network:** The Community Network is made up of local businesses, organizations, and agencies that support the project's goals in a variety of ways, including displaying and/or distributing Role Model Stories and other educational materials and sponsoring project activities.
- **Small Group Activities:** Small-group activities include safer sex gatherings and HIV/AIDS presentations. Safer sex gatherings give people a chance to learn about HIV and to develop safer sex communication and condom use skills. More formal group settings provide a different kind of opportunity to educate community members about HIV and ways to prevent infection.





## 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 RAPP 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 RAPP. Collecting and analyzing RAPP data will help you improve your implementation of RAPP 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 RAPP. Though the data you collect will include NHM&E DS variables, you will collect and use more data than actually submitted to CDC. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (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 provide information about what you intend to do. Your program plan describes the following:

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

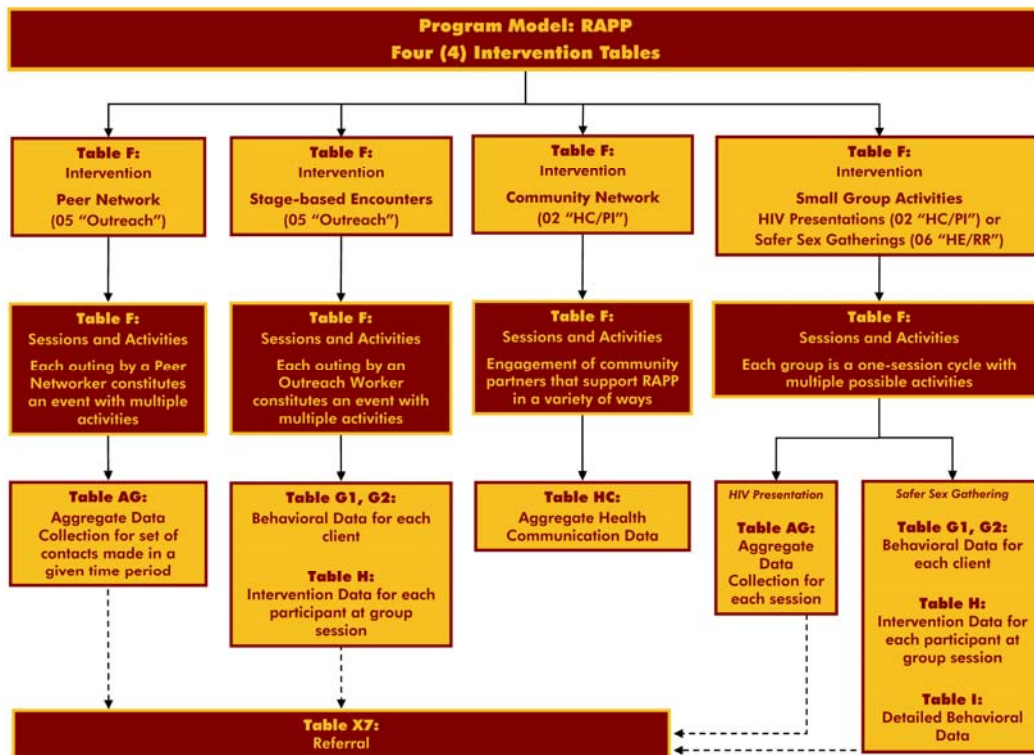
Carefully describing your program is a process that will help your agency determine how to best implement and monitor RAPP. A clearly described and well-thought-out program plan will allow you to use your process monitoring data to conduct process evaluations. Please refer to CDC's *Evaluation Capacity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

**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 RAPP.



The figure below illustrates how RAPP is organized in NHM&E DS:



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

Table 2 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 RAPP. For instance, Program Model Name (NHM&E DS number E101) is labeled "Agency Determined" because the name of your Program Model can be RAPP or any other name determined by your agency. The Evidence Base (NHM&E DS number E102) variable, however, specifies a particular variable code ("1.07") because, regardless of what you have named your program, it is based on RAPP, one of CDC's Effective Behavioral Interventions.

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



TABLE 2: PROGRAM INFORMATION			
Variable	NHM&E DS Number	Variable Code	Guidance
Program Model Name	E101	Agency determined	You can use RAPP as the Program Model Name or you can give it another name. If you are implementing more than one version of RAPP within the same program (such as implementing RAPP in two different communities with different target populations), each must have a different name. See the <i>CDC National Monitoring and Evaluation Guidance for HIV Prevention Programs</i> (CDC, 2008b) for additional information.
Evidence Base	E102	1.07	If you were funded to implement RAPP, choose the value choice 1.07. If you are changing or dropping any of the core elements, use the E102 comment box to explain changes.*
Target Population	E105	Agency determined	RAPP was developed as a community level intervention to help women and their partners reduce their risk for HIV infection.  If you are targeting a different population with RAPP, select the appropriate variable code.

\* Organizations funded directly by CDC to implement RAPP 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 RAPP. If you intend to drop or change a core element of RAPP 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 the intervention(s) of RAPP. They describe the activities you intend to implement, the planned number of cycles and sessions, the duration of the cycles, how the intervention(s) within RAPP will be implemented, whether client services data will be collected 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 RAPP. Because RAPP has more than one intervention (e.g. peer networks, small group activities, etc.), you will describe your plan for each separately.

Note that the variables presented in Table 3 include only those specific to monitoring RAPP. Additional, agency-specific variables are required. The complete list and description of all M&E variables required for reporting to CDC and optional variables for local M&E or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements can be found in Appendix D. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for further information and updates.



**TABLE 3: PROGRAM INFORMATION-INTERVENTION DETAILS  
PEER NETWORK**

Variable	NHM&E DS Number	Variable Code	Guidance	
Intervention Type	F01	05	RAPP's Peer Network is an Outreach intervention (variable value code: 05).	
Planned Number of Cycles	F07	9,999	A cycle is the complete delivery of an intervention to its intended audience. The cycles for outreach interventions are ongoing.  For RAPP's Peer Network, cycles are ongoing (variable value code: 9,999,9).	
Number of Events (Sessions)	F08	1	Indicate the number of Peer Network events you plan to implement during the program plan period.  For RAPP's Peer Network, each time Peer Networkers go out into the community to conduct outreach is considered an event.	
Unit of Delivery	F09	01	RAPP's Peer Network activities are delivered to individuals (variable value code: 01).	
Activity	F10	08.10	Talk to community members about safer sex	<ul style="list-style-type: none"> <li>■ <b>08.10</b> information – sexual risk reduction</li> </ul>
		11.01		<ul style="list-style-type: none"> <li>■ <b>11.01</b> discussion – sexual risk reduction</li> </ul>
		13.01		
		13.02	Distribute Role Model Stories	<ul style="list-style-type: none"> <li>■ <b>13.08</b> distribution – Role Model Stories</li> </ul>
		13.06	Distribute educational materials, including referral lists	<ul style="list-style-type: none"> <li>■ <b>13.06</b> distribution – educational materials</li> </ul>
		13.07		<ul style="list-style-type: none"> <li>■ <b>13.07</b> distribution – referral lists</li> </ul>
		13.08		



**TABLE 3: PROGRAM INFORMATION-INTERVENTION DETAILS  
PEER NETWORK (CONTINUED)**

Variable	NHM&E DS Number	Variable Code	Guidance
			Distribute condoms <ul style="list-style-type: none"> <li>■ 13.01 distribution – male condoms</li> <li>■ 13.02 distribution – female condoms</li> </ul>
Delivery Method	F11	01.00 03.00 03.02	Peer Networkers deliver a prevention message in person (01.00, in person) and disseminate Role Model Stories* (03.00, printed materials and 03.02, printed materials – pamphlets/brochures).  * Role Model Stories are an integral part of the RAPP Program Model. Because they are a core element and the minimal expectation is that peer networkers disseminate Role Model Stories, they are coded as a delivery method.
Detailed Behavior Data Collection	F13	0	RAPP’s Peer Network does not require the collection of detailed behavior data on each client (variable value code: 0).
Level of Data Collection	F14	2	Data will be collected in aggregate for RAPP’s Peer Network (variable value code: 2).



**TABLE 4: PROGRAM INFORMATION-INTERVENTION DETAILS  
STAGE-BASED ENCOUNTERS**

Variable	NHM&E DS Number	Variable Code	Guidance
Intervention Type	F01	05	Stage-Based Encounters are targeted outreach events (variable value code: 05).
Planned Number of Cycles	F07	9,999,9	The cycles for outreach interventions are ongoing (variable value code: 9,999,9).
Number of Sessions	F08	Agency determined	Indicate the number of Stage-Based Encounters you plan to implement during the Program Plan period. For RAPP's Stage-Based Encounters, each time Outreach Specialists go out into the community to conduct encounters it is considered an event.
Unit of Delivery	F09	01	RAPP's Stage-Based Encounters are delivered to individuals (variable value code: 01).
Activity	F10	05.00	Determine client's stage of change for condom use <ul style="list-style-type: none"> <li>05.00 personalized risk assessment</li> </ul>
		08.01 08.13	Provide information on risks for HIV infection and/or condom use <ul style="list-style-type: none"> <li>08.01 information – HIV/AIDS transmission</li> <li>08.13 information – condom/barrier use</li> </ul>
Activity <i>(continued)</i>	F10	08.05	Distribute Role Model Stories <ul style="list-style-type: none"> <li>13.08 distribution – Role Model Stories</li> </ul>
		13.01	Distribute condoms <ul style="list-style-type: none"> <li>13.01 distribution – male condoms</li> </ul>
		13.02	<ul style="list-style-type: none"> <li>13.02 distribution – female condoms</li> </ul>
		13.08	Offer HIV testing referrals <ul style="list-style-type: none"> <li>08.05 information – availability of HIV/STD counseling and testing</li> </ul>



<b>TABLE 4: PROGRAM INFORMATION-INTERVENTION DETAILS STAGE-BASED ENCOUNTERS (CONTINUED)</b>			
Variable	NHM&E DS Number	Variable Code	Guidance
Delivery Method	F11	01.00 03.00 03.02	<p>Stage-Based Encounters are delivered in person (01.00, in person) and Role Model Stories are often disseminated during each encounter (03.00, printed materials and 03.02, printed materials –pamphlets/brochures).</p> <p>* Role Model Stories are an integral part of the RAPP Program Model. Because they are a core element and the minimal expectation is that Role Model Stories are distributed during Stage-Based Encounters, they are coded as a delivery method.</p>
Detailed Behavior Data Collection	F13	0	RAPP's Stage-Based Encounters do not require the collection of detailed behavior data on each client.
Level of Data Collection	F14	2	Data will be collected at the individual client level for RAPP's Stage-Based Encounters.

<b>TABLE 5: PROGRAM INFORMATION-INTERVENTION DETAILS COMMUNITY NETWORK</b>			
Variable	NHM&E DS Number	Variable Code	Guidance
Intervention Type	F01	02	The Community Network is a health communication and public information intervention (variable value code: 02).
Total Number of Clients	F05	Agency determined	<p>The total number of clients equals the planned number of cycles (F07) multiplied by the number of individuals expected to be served in each intervention cycle.</p> <p>Estimate the number of community members that may receive Role Model Stories or other materials from members of the Community Network.</p>
Planned Number of Cycles	F07	9	Community Network is an ongoing intervention (variable code: 9).
Number of Sessions	F08	Agency determined	Enter the total number of sessions you intend to deliver.





<b>TABLE 5: PROGRAM INFORMATION-INTERVENTION DETAILS COMMUNITY NETWORK (CONTINUED)</b>			
Variable	NHM&E DS Number	Variable Code	Guidance
Unit of Delivery	F09	05	The Community Network targets an entire community.
Activity	F10	13.08	Distribute Role Model Stories that address safer sex behaviors/practices <ul style="list-style-type: none"> <li>■ <b>13.08</b> distribution – Role Model Stories</li> </ul>
Delivery Method	F11	03.00 03.02	Printed materials=Role Model Stories (variable value code: 03.00 and 03.02, printed materials – pamphlets /brochures)
Detailed Behavior Data Collection	F13	0	RAPP’s Community Network does not require the collection of client-level data (variable value code: 0).
Level of Data Collection	F14	2	Data will be collected in aggregate for RAPP’s Community Network using Health Communication/Public Information (HC/PI) variables (variable value code: 2).

<b>TABLE 6: PROGRAM INFORMATION-INTERVENTION DETAILS SAFER SEX GATHERINGS</b>			
Variable	NHM&E DS Number	Variable Code	Guidance
Intervention Type	F01	06	The Safer Sex Gathering is a Health Education/Risk Reduction (HE/RR) intervention (variable value code: 06).
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 cycle.  For Safer Sex Gatherings, one session = one cycle. RAPP program materials recommend conducting Safer Sex Gatherings with 6–8 participants.



**TABLE 6: PROGRAM INFORMATION-INTERVENTION DETAILS  
SAFER SEX GATHERINGS (CONTINUED)**

Variable	NHM&E DS Number	Variable Code	Guidance
Planned Number of Cycles	F07	Agency determined	A cycle is the complete delivery of the RAPP intervention to its intended audience. Calculate how many times you intend to implement the cycle within the Program Model period. Safer Sex Gatherings have one session; each session is one cycle.
Number of Sessions	F08	Agency determined	Enter the total number of sessions you intend to deliver.
Unit of Delivery	F09	03	Safer Sex Gatherings are conducted in small groups with 6–8 participants (variable value code: 03).
Activity	F10	08.01 09.01 09.03 10.01	Present “basics of HIV/STDs” <ul style="list-style-type: none"> <li>■ <b>08.01</b> information – HIV/AIDS transmission</li> </ul>
			Show how to use condoms correctly <ul style="list-style-type: none"> <li>■ <b>09.01</b> demonstration – condom/barrier use</li> </ul>
Activity	F10	08.01 09.01 09.03 10.01	Practice using condoms correctly <ul style="list-style-type: none"> <li>■ <b>10.01</b> practice – condom/barrier use</li> </ul>
			Show how to talk to partners about using condoms <ul style="list-style-type: none"> <li>■ <b>09.03</b> demonstration – negotiation and communication</li> </ul>
Activity (continued)	F10	10.03	Practice talking to partners about using condoms <ul style="list-style-type: none"> <li>■ <b>10.03</b> practice – negotiation and communication</li> </ul>
Delivery Method	F11	01.00	Safer Sex Gatherings are conducted in person (variable value code: 01.00).
Detailed Behavior Data Collection	F13	0	RAPP’s Safer Sex Gatherings do not require the collection of detailed behavior data from each client (variable value code: 0).
Level of Data Collection	F14	1	Data are collected at the individual client level for RAPP’s Safer Sex Gatherings (variable value code: 1).



**TABLE 7: PROGRAM INFORMATION-INTERVENTION DETAILS  
SMALL GROUP ACTIVITIES-HIV PRESENTATIONS**

Variable	NHM&E DS Number	Variable Code	Guidance
Intervention Type	F01	02	The RAPP HIV Presentation is a Health Communication/Public (HC/PI) Information intervention (variable value code: 02).
Total Number of Clients	F05	Agency determined	RAPP program materials recommend that presentation audience size should be 8–15 participants. Determine the number of presentations and estimate attendance at each presentation to calculate the total number of clients for RAPP HIV Presentations.
Planned Number of Cycles	F07	Agency determined	A cycle is the complete delivery of an intervention to its intended audience. RAPP HIV presentations are single session interventions. Each session is one cycle.  Calculate how many times you intend to implement the cycle within the Program Model period.
Number of Sessions	F08	Agency determined	Enter the total number of sessions you intend to deliver.
Unit of Delivery	F09	Agency determined	Presentations should be conducted with 2-12 participants per group.  Groups with 2-12 participants are coded as small group (variable value code: 03).  Groups with more than 12 participants are coded as large group (variable value code: 04).  Determine the number of participants you intend to target for HIV presentations and select the appropriate value choice.



**TABLE 7: PROGRAM INFORMATION-INTERVENTION DETAILS  
SMALL GROUP ACTIVITIES-HIV PRESENTATIONS (CONTINUED)**

Variable	NHM&E DS Number	Variable Code	Guidance	
Activity	F10	08.01	Provide information about how HIV is spread and how to prevent it	■ <b>08.01</b> information – HIV/AIDS transmission
		08.05		■ <b>08.10</b> information – sexual risk reduction
		08.10	Distribute condoms	■ <b>13.01</b> distribution – male condoms
		13.01		■ <b>13.02</b> distribution – female condoms
13.02	Provide information about where people can get tested for HIV	■ <b>08.05</b> Information – availability of HIV/STD counseling and testing		
Delivery Method	F11	01.00	Small group activities are delivered in person (variable value code: 01.00)	
Detailed Behavior Data Collection	F13	0	RAPP's HIV Presentations do not require the collection of detailed behavior data on each client (variable value code: 0).	
Level of Data Collection	F14	2	Data are collected in aggregate for RAPP's HIV Presentations (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 or encounter in which the client participates. Client services data describe the demographic and risk characteristics of individuals receiving HIV prevention services through RAPP, the sessions that clients participated in, and the activities implemented during those sessions. The client services data for RAPP involve the collection of client level data for NHM&E DS tables H, G1, and G2.

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 RAPP with what you included in your plan. This will help ensure that your activities and your participants are consistent with your plan.

### Client-Level Data

Specific information is gathered about each client (e.g., “The client was a 19-year-old Hispanic female”).

### Aggregate-Level Data

Taking the information from each client, adding it together with all the other clients who took part in the intervention, and coming up with a summary number that represents all the clients (e.g., “12 women participated: 5 were White, 5 were African-American, and 2 were Asian American; 6 were younger than 24, and 6 were between 25 and 29.”).



## SECTION TWO: OBJECTIVES AND EVALUATION QUESTIONS

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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—formative, 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 improvement and planning. 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.

### RAPP PROGRAM OBJECTIVES

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

- To determine the specific characteristics and needs of the target community to inform planning and implementation of RAPP
- To implement RAPP as intended
- To influence community change

The evaluation questions your agency develops should address the extent to which the objectives of the program were met.

### FORMATIVE EVALUATION QUESTIONS

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

RAPP includes a formative evaluation as one of the pre-implementation activities. The following questions are examples of formative evaluation questions for RAPP.



## 1. What are the risk behaviors among members of the target community?

RAPP will be most effective if it is tailored to the specific population whose behavior is being addressed. It is imperative to understand the practices that put members of your target community at risk for HIV before implementation so that activities and processes may be tailored to meet the particular needs of those you are trying to reach.

Data	Data Source/Methods	Analysis
<ul style="list-style-type: none"> <li>■ Sexual risk behaviors that put members of target community at risk for HIV</li> <li>■ Attitudes toward condom use</li> <li>■ Social and community norms around condom use</li> <li>■ Attitudes/beliefs about HIV/AIDS</li> </ul>	<ul style="list-style-type: none"> <li>■ Key informant interviews</li> <li>■ Focus groups</li> <li>■ Community observation</li> <li>■ Spot interviews</li> <li>■ State/community epidemiological data</li> <li>■ Staff meeting minutes/notes</li> </ul>	<ul style="list-style-type: none"> <li>■ Review for trends in risk behaviors, attitudes, norms, etc., that may affect intervention implementation</li> </ul>

## 2. How should RAPP activities be modified to meet the specific needs of the target community and its members?

Collecting information about the community in which RAPP will be implemented leads to identifying community-specific characteristics and norms (including cultural, social, and socioeconomic financial factors). Identifying community characteristics and norms ensures that these important qualities and cultural and social standards are incorporated into program activities (e.g., Role Model Stories, Safer Sex Gatherings, HIV Presentations).

Data	Data Source/Methods	Analysis
<ul style="list-style-type: none"> <li>■ Characteristics of community and its members (e.g., culture, education level)</li> <li>■ Community needs</li> <li>■ Community perception of HIV risk</li> </ul>	<ul style="list-style-type: none"> <li>■ Key informant interviews</li> <li>■ Focus groups</li> <li>■ Community observation</li> <li>■ Spot interviews</li> <li>■ State/community epidemiological data</li> <li>■ Staff meeting minutes/notes</li> </ul>	<ul style="list-style-type: none"> <li>■ Review for ways RAPP activities may be adapted to better meet needs of target population</li> </ul>



**3. What is the predominant stage of change for risk behavior among members of the target community?**

It is important to determine the proportion of Role Model Stories that should be written for each stage of change. Well-written Role Model Stories require considerable resources and effort in order to make them relevant to a particular target population, and must include influencing factors specific to the risk behaviors and characteristics of the community in which you are working.

Data	Data Source/Methods	Analysis
<ul style="list-style-type: none"> <li>■ Overall stage of change regarding condom use in community</li> <li>■ Proportion of individuals in target community in each stage of change</li> </ul>	<ul style="list-style-type: none"> <li>■ Key informant interviews</li> <li>■ Focus groups</li> <li>■ Community observation</li> <li>■ Spot interviews</li> <li>■ Community assessment summary log</li> </ul>	<ul style="list-style-type: none"> <li>■ Identify predominant stages of change so that community-specific Role Model Stories may be drafted accordingly</li> </ul>

**4. Where can members of the target community be effectively reached?**

It is important to determine where you have access to members of your target community. Understanding the characteristics and norms of the community and its members will facilitate recruitment efforts as well as RAPP activity implementation.

Data	Data Source/Methods	Analysis
<ul style="list-style-type: none"> <li>■ Locales frequented by members of target community (including when they are there)</li> <li>■ Areas accessible by RAPP staff</li> <li>■ Gatekeepers in the community</li> </ul>	<ul style="list-style-type: none"> <li>■ Key informant interviews</li> <li>■ Focus groups</li> <li>■ Community observation</li> <li>■ Spot interviews</li> </ul>	<ul style="list-style-type: none"> <li>■ Compare areas trafficked by members of target community and accessible venues to determine where best to focus RAPP efforts (recruitment and activity implementation)</li> </ul>

**5. What are the most effective ways to reach members of the target community?**

It is critical to determine the most effective methods that should be employed to reach your target audience. As mentioned above, understanding and working within the preferences of the community members will facilitate recruitment efforts as well as RAPP activity implementation.

Data	Data Source/Methods	Analysis
<ul style="list-style-type: none"> <li>■ Communication preferences of members of target community</li> <li>■ Activity types preferred by members of target community</li> </ul>	<ul style="list-style-type: none"> <li>■ Key informant interviews</li> <li>■ Focus groups</li> <li>■ Community observation</li> <li>■ Spot interviews</li> </ul>	<ul style="list-style-type: none"> <li>■ Review feedback from community members about methods they prefer so that you may structure recruitment and activities accordingly</li> </ul>





## PROCESS MONITORING AND EVALUATION QUESTIONS

The following are potential process monitoring and evaluation questions that stakeholders may ask about your agency's implementation of RAPP. 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?

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

Data	Data Source/Methods	Analysis
<ul style="list-style-type: none"> <li>■ Number of Peer Network outreach events and contacts</li> <li>■ Number of Stage-Based Encounters conducted</li> <li>■ Number of Role Model Stories distributed</li> <li>■ Number of agencies/organizations involved in the Community Network</li> <li>■ Number of Safer Sex Gatherings hosted</li> <li>■ Number of HIV Presentations facilitated</li> </ul>	<ul style="list-style-type: none"> <li>■ Outreach logs</li> <li>■ Community network logs</li> <li>■ Small group activity logs</li> <li>■ Facilitator/staff notes</li> </ul>	<ul style="list-style-type: none"> <li>■ Compare activities conducted with the core elements as described in the RAPP Program Manual</li> </ul>



## 2. Which of the core elements were implemented with fidelity?

It is important to know if an agency's implementation of the RAPP core elements matches the intended implementation described in the manual. An agency's implementation of RAPP will affect the outcomes produced.

Data	Data Source/Methods	Analysis
<ul style="list-style-type: none"> <li>■ Peer Network outreach content and activities</li> <li>■ Stage-Based Encounter content and activities</li> <li>■ Number and type of Role Model Stories developed and distributed</li> <li>■ Information about Community Network members and level of participation (e.g., sponsorship, endorsement, support)</li> <li>■ Small Group Activity content and activities</li> <li>■ Information about appropriate training for Peer Network volunteers and Outreach Specialists</li> </ul>	<ul style="list-style-type: none"> <li>■ Outreach activity forms and logs</li> <li>■ Role model interviews</li> <li>■ Community network activity forms and logs</li> <li>■ Small group activity forms and logs</li> <li>■ Facilitator/staff notes</li> <li>■ Training logs/attendance sheets</li> </ul>	<ul style="list-style-type: none"> <li>■ Compare the descriptions of the core elements conducted with the descriptions of the core elements in the RAPP Program Manual</li> </ul>

## 3. How and why was the program activities modified?

While agencies may modify program activities based on agency resources, priorities, and in consideration of current activities as long as the core elements are maintained, it is important to know how and why activities were changed and how the changes will affect the anticipated outcomes. For example, intervention activities may be tailored or modified to accommodate cultural nuances of the target population (e.g., beginning small group activities reading a culturally appropriate poem), but modifications should be carefully documented for later review and analysis.

Data	Data Sources/Methods	Analysis
<ul style="list-style-type: none"> <li>■ Characteristics of the community and its members (i.e., community assessment information)</li> <li>■ Peer Network outreach content and activities</li> <li>■ Stage-based Encounter content and activities</li> <li>■ Number and type of Role Model Stories developed and distributed</li> </ul>	<ul style="list-style-type: none"> <li>■ Key informant interviews</li> <li>■ Focus groups</li> <li>■ Community observation</li> <li>■ Spot interviews</li> <li>■ Outreach activity forms and logs</li> <li>■ Role model interviews</li> <li>■ Community network activity forms and logs</li> <li>■ Small group activity forms and logs</li> </ul>	<ul style="list-style-type: none"> <li>■ Identify activities not conducted as written in RAPP Program Manual or activities modified (e.g., content, delivery method, etc.) and rationale for changes</li> </ul>



Data	Data Sources/Methods	Analysis
<ul style="list-style-type: none"> <li>■ Information about Community Network members and level of participation (e.g., sponsorship, endorsement, support)</li> <li>■ Small Group Activity content and activities</li> </ul>	<ul style="list-style-type: none"> <li>■ Facilitator/staff notes</li> <li>■ Staff meeting minutes/notes</li> </ul>	

#### 4. What was the risk profile of the community served?

RAPP was intended for communities whose members are at high risk for becoming infected with HIV because of inconsistent, inappropriate, or no condom use.

Data	Data Sources/Methods	Analysis
<ul style="list-style-type: none"> <li>■ Behavioral risk data of members in target community</li> <li>■ Behavioral risk data of program activity recipients (e.g., those in attendance at Safer Sex Gatherings)</li> </ul>	<ul style="list-style-type: none"> <li>■ State/community epidemiological data</li> <li>■ Local CBOs' HIV prevention data</li> <li>■ Outreach activity forms and logs</li> <li>■ Small group activity forms and logs</li> <li>■ Key informant interviews</li> <li>■ Focus groups</li> <li>■ Community observation</li> <li>■ Spot interviews</li> </ul>	<ul style="list-style-type: none"> <li>■ Review information to determine if population served shared the same risk profile as intended target community</li> </ul>

#### 5. What were the demographic characteristics of the community members served?

RAPP was designed to increase the condom use of women with their male partners in communities at high risk for HIV infection. A demographic profile of the community members served by the program demonstrates that the population for which the intervention is intended is being reached. The information also provides information that can be used to inform the development of other prevention activities.

Data	Data Sources/Methods	Analysis
<ul style="list-style-type: none"> <li>■ Age</li> <li>■ Race</li> <li>■ Ethnicity</li> <li>■ Gender</li> <li>■ Education level</li> <li>■ Employment status</li> <li>■ Sexual orientation</li> </ul>	<ul style="list-style-type: none"> <li>■ Outreach activity forms and logs</li> <li>■ Small group activity forms and logs</li> <li>■ Community observation</li> <li>■ Facilitator/staff notes</li> <li>■ Staff meeting minutes/notes</li> </ul>	<ul style="list-style-type: none"> <li>■ Examine the demographic characteristics of members of the community to determine if demographic profile of individuals served matches intended target population</li> </ul>



## 6. What proportion of the target population was served by the intervention?

An agency needs to determine the number of people in its target population and the proportion of that population that is being served by RAPP. This information can be used to guide planning.

Data	Data Sources/Methods	Analysis
<ul style="list-style-type: none"> <li>■ Number of individuals in target community</li> <li>■ Number of individuals reached by RAPP activities</li> <li>■ Number of Peer Network contacts</li> <li>■ Number of Stage-Based Encounters conducted</li> <li>■ Number of Role Model Stories distributed</li> <li>■ Number of agencies/organizations involved in the Community Network and level of participation</li> <li>■ Number of, and attendance at, Safer Sex Gatherings</li> <li>■ Number of, and attendance at, HIV Presentations</li> </ul>	<ul style="list-style-type: none"> <li>■ Census data</li> <li>■ HIV surveillance data</li> <li>■ Outreach logs</li> <li>■ Community network logs</li> <li>■ Small group activity logs</li> <li>■ Attendance sheets</li> </ul>	<ul style="list-style-type: none"> <li>■ Determine the proportion of individuals reached by RAPP activities by comparing the number reached by RAPP activities with the total number of individuals in the target population</li> </ul>

## 7. What were the barriers to, and facilitators of, implementation?

Identifying the barriers (what made it difficult) to implementing RAPP can help and enhance or improve strategies used to implement the intervention. It is also important to identify facilitators (what made it easy) to implementing RAPP to recognize successful implementation activities and approaches.

Data	Data Sources/Methods	Analysis
<ul style="list-style-type: none"> <li>■ Challenges and facilitators identified during Community Assessment activities</li> <li>■ Challenges and facilitators identified by Peer Network volunteers, Outreach Specialists, and other RAPP staff</li> <li>■ Challenges and facilitators mentioned by RAPP participants</li> </ul>	<ul style="list-style-type: none"> <li>■ Key informant interviews</li> <li>■ Focus groups</li> <li>■ Community observation</li> <li>■ Spot interviews</li> <li>■ Outreach activity forms and logs</li> <li>■ Community Network activity forms and logs</li> <li>■ Small group activity forms and logs</li> <li>■ Facilitator/staff notes</li> <li>■ Staff meeting minutes/notes</li> </ul>	<ul style="list-style-type: none"> <li>■ Examine challenges/facilitators identified for common themes so modifications can be made, if necessary</li> </ul>



## OUTCOME MONITORING QUESTIONS

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

### 1. To what extent was there a change in skills, knowledge, and intention to adopt safer sex practices among community members?

These data provide information about the effectiveness of the intervention in terms of knowledge, skills, and attitudes of the community. Changes include an increase or decrease in condom use skills, knowledge or intentions reported by participants or observed by small group facilitators, Peer Networkers, and/or Outreach Specialists.

Data	Data Sources/Methods	Analysis
<ul style="list-style-type: none"> <li>■ Participants’ self-report of skills, knowledge, and/or intention to adopt safer sex practices</li> <li>■ Observation of demonstrated skills (e.g., condom use, condom negotiation) during outreach and small group activities</li> </ul>	<ul style="list-style-type: none"> <li>■ Outreach encounter activity forms and logs</li> <li>■ Small group activity forms and logs</li> <li>■ Participant observations</li> <li>■ Spot Interviews (informal)</li> </ul>	<ul style="list-style-type: none"> <li>■ Examination of change reported by individuals engaged in Stage-Based Encounters, Peer Network outreach, or Small Group Activities</li> <li>■ Examination of participant observations (e.g., condom use skills exhibited during Safer Sex Gathering)</li> </ul>

### 2. What proportion of small group participants reported intention to increase the frequency of condom use?

This information determines whether or not there is a change in condom use norms among members in the target community.

Data	Data Sources/Methods	Analysis
<ul style="list-style-type: none"> <li>■ Participants’ self-report of intention to increase condom use</li> <li>■ Perceptions and comments about condom use observed during small group activities</li> </ul>	<ul style="list-style-type: none"> <li>■ Small group activity forms and logs</li> <li>■ Participant observation</li> <li>■ Spot interviews (informal)</li> </ul>	<ul style="list-style-type: none"> <li>■ Review small group activity logs for changes in reported condom use intentions and behavior</li> <li>■ Review small group activity logs for changes in observations regarding condom use intentions and behavior</li> </ul>



3. What proportion of community members engaged in Stage-Based Encounters reported increased frequency of condom use?

This information provides insights on the percentage or proportion of all encounters, wherein involved community members advanced through progressive change stages and reported increases in condom use. Depending upon the stages of change readiness, those changes could be adoption of condom use behaviors, consistent use of condoms, or maintenance of condom use behaviors.

Data	Data Sources/Methods	Analysis
<ul style="list-style-type: none"> <li>■ Participants' self-report of condom use</li> <li>■ Perceptions and comments about condom use by Outreach Specialists and/or Peer Network volunteers</li> </ul>	<ul style="list-style-type: none"> <li>■ Outreach activity forms and logs</li> <li>■ Participant observation</li> <li>■ Spot interviews (informal)</li> </ul>	<ul style="list-style-type: none"> <li>■ Review outreach logs for changes in reported condom use behavior</li> <li>■ Review outreach logs for changes in observations regarding condom use behavior</li> </ul>

4. What changes in the perception of condom use occurred in the community?

This information indicates whether or not attitudes toward condom use in the community are changing. For instance, a change in community perceptions may include an increase in the number of local businesses or organizations that display Role Model Stories or increased sales of condoms in community stores.

Data	Methods	Analysis
<ul style="list-style-type: none"> <li>■ Community members' attitudes toward condom use</li> <li>■ Number of businesses and organizations that display Role Model Stories and/or provide HIV prevention materials</li> <li>■ Number of businesses and organizations that provide/sell condoms</li> <li>■ Condom sales in target community (e.g., increase in condom sales in neighborhoods frequented by Peer Network volunteers)</li> </ul>	<ul style="list-style-type: none"> <li>■ Key informant interviews</li> <li>■ Focus groups</li> <li>■ Community observation</li> <li>■ Spot interviews</li> <li>■ Outreach activity forms and logs</li> <li>■ Small group activity forms and logs</li> <li>■ Community network activity forms and logs</li> <li>■ Facilitator/staff notes</li> <li>■ Staff meeting minutes/notes</li> <li>■ Community/public forums</li> </ul>	<ul style="list-style-type: none"> <li>■ Review logs and observations over time to identify changes, if any, in perceptions of condom use</li> </ul>



5. What changes occurred in the number of community businesses and organizations involved in HIV prevention activities?

A change in community involvement may reflect a change in community norms around condom use.

Data	Methods	Analysis
<ul style="list-style-type: none"> <li>■ Number of community organizations/businesses that have been recruited for the Community Network</li> <li>■ Number of community organizations/businesses that endorse RAPP activities (e.g., supply Role Model Stories, display RAPP logo in window)</li> <li>■ Number of community organizations/businesses that support HIV Prevention presentations or Safer Sex Gatherings (e.g., provide meeting space for small group activities)</li> <li>■ Number of community organizations/businesses that participate in RAPP activities (e.g., actively hand out and discuss Role Model Stories)</li> <li>■ Number of community organizations/businesses that are involved in coalition building activities for RAPP (e.g., an agency convenes a meeting with influential community members to discuss issues related to RAPP's goals)</li> </ul>	<ul style="list-style-type: none"> <li>■ Community network logs</li> <li>■ Observation at community forums/meetings</li> </ul>	<ul style="list-style-type: none"> <li>■ Compare the number of businesses/organizations in Community Network when project started with after RAPP implementation</li> </ul>

6. What changes in HIV testing behavior occurred in the community?

These data will yield information regarding HIV testing behaviors and patterns in the community, such as an increase or decrease in the number of locations in the community that offer HIV testing, or the number of people in the community who mention they have been tested by Peer Networkers or Outreach Specialists or during small group events.

Data	Data Sources/Methods	Analysis
<ul style="list-style-type: none"> <li>■ HIV testing data from local health department, hospital, or clinic</li> <li>■ Number of people in the community who know their HIV status</li> <li>■ Number of places in the community that offer HIV testing</li> <li>■ Number of places where HIV testing and educational information is available in the community</li> </ul>	<ul style="list-style-type: none"> <li>■ State/community epidemiological data</li> <li>■ Local CBOs' HIV prevention data</li> <li>■ Count of HIV testing sites and educational centers in community</li> <li>■ Community network activity forms and logs</li> <li>■ Outreach activity forms and logs</li> <li>■ Small group activity forms and logs</li> </ul>	<ul style="list-style-type: none"> <li>■ Compare HIV testing rates during the community assessment and after intervention started</li> <li>■ Review outreach logs for changes in HIV testing behaviors or intentions among members of target community</li> <li>■ Compare the number of places in the community where testing was available during community assessment and after intervention started</li> <li>■ Compare the number of places in the community that provide HIV testing and/or HIV information, including those in the Community Network</li> </ul>



## SECTION THREE: DATA COLLECTION ACTIVITIES AND SCHEDULE

This section describes the data collection processes and instruments for RAPP. The table below (Table 8) indicates when each instrument should be administered, who administers the instruments, and by whom the instrument is completed. The subsequent tables (Tables 9–13) provide more in-depth detail regarding data collection activities and schedules for each component of RAPP.

**TABLE 8: DATA COLLECTION SCHEDULE**

<b>INSTRUMENT</b>	<b>WHEN TO USE</b>	<b>ADMINISTERED BY</b>	<b>COMPLETED BY</b>
Key Informant Interview Guide (required)	During each key informant interview conducted during RAPP's Pre-Implementation phase	<ul style="list-style-type: none"> <li>■ Outreach Staff</li> <li>■ Project Manager</li> </ul>	<ul style="list-style-type: none"> <li>■ Outreach Staff</li> <li>■ Project Manager</li> </ul>
Focus Group Guide (required)	During each focus group conducted during RAPP's Pre-Implementation phase	<ul style="list-style-type: none"> <li>■ Outreach Staff</li> <li>■ Project Manager</li> <li>■ Consultant</li> </ul>	<ul style="list-style-type: none"> <li>■ Outreach Staff</li> <li>■ Project Manager</li> <li>■ Consultant</li> </ul>
Spot Interview Guide (optional)	During each spot interview conducted during RAPP's Pre-Implementation phase	<ul style="list-style-type: none"> <li>■ Outreach Staff</li> <li>■ Project Manager</li> </ul>	<ul style="list-style-type: none"> <li>■ Outreach Staff</li> <li>■ Project Manager</li> </ul>
Spot Interview Summary Log (optional)	At the conclusion of all spot interviews conducted during RAPP's Pre-Implementation phase	<ul style="list-style-type: none"> <li>■ Outreach Staff</li> <li>■ Project Manager</li> <li>■ Data Analyst</li> <li>■ Administrative Staff</li> </ul>	<ul style="list-style-type: none"> <li>■ Outreach Staff</li> <li>■ Project Manager</li> <li>■ Data Analyst</li> <li>■ Administrative Staff</li> </ul>
Community Observation Form (optional)	During each community observation event/outing conducted during RAPP's Pre-Implementation phase	<ul style="list-style-type: none"> <li>■ Outreach Staff</li> <li>■ Project Manager</li> </ul>	<ul style="list-style-type: none"> <li>■ Outreach Staff</li> <li>■ Project Manager</li> </ul>





<b>INSTRUMENT</b>	<b>WHEN TO USE</b>	<b>ADMINISTERED BY</b>	<b>COMPLETED BY</b>
Community Assessment Summary Log (optional)	At the conclusion of all community assessment activities conducted during RAPP's Pre-Implementation phase	<ul style="list-style-type: none"> <li>■ Project Manager</li> <li>■ Data Analyst</li> <li>■ Administrative Staff</li> </ul>	<ul style="list-style-type: none"> <li>■ Project Manager</li> <li>■ Data Analyst</li> <li>■ Administrative Staff</li> </ul>
Outreach Encounter Form (optional)	During each outreach encounter	<ul style="list-style-type: none"> <li>■ Outreach Staff</li> </ul>	<ul style="list-style-type: none"> <li>■ Outreach Staff</li> </ul>
Outreach Summary Log (required)	At conclusion of each outreach event (includes Stage-Based Encounters)	<ul style="list-style-type: none"> <li>■ Outreach Staff</li> </ul>	<ul style="list-style-type: none"> <li>■ Outreach Staff</li> </ul>
Role Model Interview Guide (required)	During each role model interview	<ul style="list-style-type: none"> <li>■ Outreach Staff</li> <li>■ Project Manager</li> </ul>	<ul style="list-style-type: none"> <li>■ Outreach Staff</li> <li>■ Project Manager</li> </ul>
Role Model Follow-Up Interview Guide (optional)	After each role model interview conducted	<ul style="list-style-type: none"> <li>■ Outreach Staff</li> <li>■ Project Manager</li> </ul>	<ul style="list-style-type: none"> <li>■ Outreach Staff</li> <li>■ Project Manager</li> </ul>
Stage-Based Encounter Activity Form (required)	During each Stage-Based Encounter	<ul style="list-style-type: none"> <li>■ Outreach Specialists</li> <li>■ Trained Peer Network Volunteers</li> </ul>	<ul style="list-style-type: none"> <li>■ Outreach Specialists</li> <li>■ Trained Peer Network Volunteers</li> </ul>
Stage-Based Encounter Summary Log (required)	Following each Stage-Based Encounter event, weekly, or monthly (agency should define regular schedule)	<ul style="list-style-type: none"> <li>■ Outreach Staff</li> <li>■ Project Manager</li> </ul>	<ul style="list-style-type: none"> <li>■ Outreach Specialists</li> <li>■ Trained Peer Network Volunteers</li> </ul>
Safer Sex Gathering Participant Information Form (required)	During each Safer Sex Gathering (exact time during gathering may vary)	<ul style="list-style-type: none"> <li>■ Facilitator</li> </ul>	<ul style="list-style-type: none"> <li>■ Participant</li> </ul>
Safer Sex Gathering Summary Log (required)	At conclusion of each Safer Sex Event	<ul style="list-style-type: none"> <li>■ Facilitator</li> </ul>	<ul style="list-style-type: none"> <li>■ Facilitator</li> </ul>

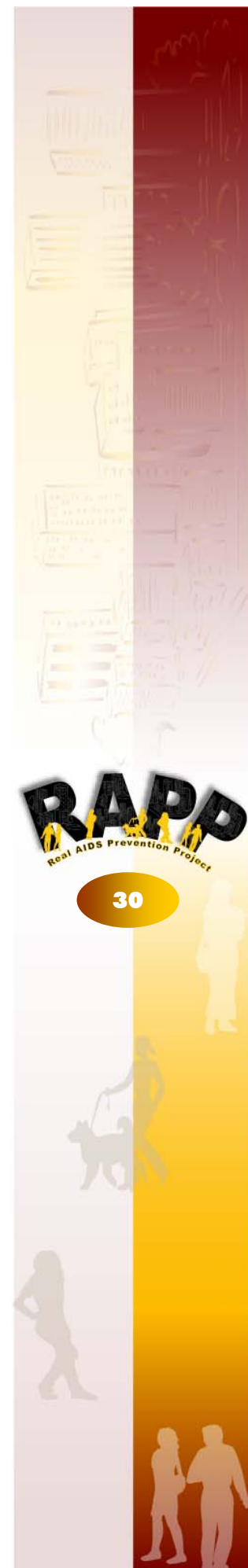


<b>INSTRUMENT</b>	<b>WHEN TO USE</b>	<b>ADMINISTERED BY</b>	<b>COMPLETED BY</b>
HIV Presentation Summary Log (required)	At conclusion of each HIV presentation	■ Facilitator	■ Facilitator
Community Network Activity Form (optional)	After each Community Network visit	■ Agency Staff	■ Agency Staff
Community Network Summary Log (required)	Ongoing, as Community Network activities proceed	■ Agency Staff	■ Agency Staff
Referral Tracking Form	As referrals are made	■ Agency Staff providing referral (e.g., facilitator, outreach worker)	■ Agency Staff providing referral

## DATA COLLECTION ACTIVITIES

The tables below (Tables 9–13) are arranged by RAPP 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 RAPP.

<b>TABLE 9: COMMUNITY ASSESSMENT</b>	
Data Collection Methods	<ul style="list-style-type: none"> <li>■ Community member self-report</li> <li>■ Community observation</li> <li>■ State/community epidemiological data</li> <li>■ Staff meeting minutes/notes</li> </ul>
Instruments	<ul style="list-style-type: none"> <li>■ Key Informant Interview Guide</li> <li>■ Focus Group Guide (with Sample Consent Form)</li> <li>■ Spot Interview Guide</li> <li>■ Spot Interview Summary Log</li> <li>■ Community Observation Form</li> <li>■ Community Assessment Summary Log</li> </ul>
When to Collect Data	<ul style="list-style-type: none"> <li>■ During planning phase</li> <li>■ Within first 6 to 8 weeks of project</li> </ul>



<b>TABLE 9: COMMUNITY ASSESSMENT (CONTINUED)</b>	
Resources Needed	<ul style="list-style-type: none"> <li>■ Staff time to recruit key informants and conduct interviews (key informant interviews are required; spot interviews are optional)</li> <li>■ Staff time to recruit participants and conduct focus groups</li> <li>■ Staff time to observe community activities (optional)</li> <li>■ Staff time to organize data</li> <li>■ Database to manage assessment data (e.g., spreadsheet to manage qualitative data and conduct thematic analysis)</li> <li>■ Expertise to analyze data</li> </ul>
Data Provided	<ul style="list-style-type: none"> <li>■ Characteristics of the community and its members</li> <li>■ Community culture, including preferred methods of communication and activities</li> <li>■ Community needs, issues, and perceptions of HIV risk</li> <li>■ General perception of community's stage of change regarding condom use</li> </ul>
Analysis	<ul style="list-style-type: none"> <li>■ Theme analysis of interview, focus group, and observation data</li> <li>■ Descriptive analysis of epidemiological data</li> </ul>
Related Evaluation Questions	<ul style="list-style-type: none"> <li>■ What are the risk behaviors among members of the target community?</li> <li>■ How should RAPP activities be adapted to meet the specific needs of the target community and its members?</li> <li>■ What is the predominant stage of change for risk behavior among members of the target community?</li> <li>■ Where can members of the target community be effectively reached?</li> <li>■ What are the most effective ways to reach members of the target community?</li> </ul>
Possible Uses of Data	<ul style="list-style-type: none"> <li>■ Identify community-specific risk behaviors to inform peer network, stage-based encounters, and small group activities</li> <li>■ Identify community characteristics so activities are appropriate for members of target community</li> <li>■ Help ensure access to target population</li> <li>■ Identify possible Small Group Activity participants</li> <li>■ Identify possible Peer Network volunteers</li> <li>■ Identify possible members of the Community Network</li> <li>■ Identify service and HIV prevention gaps for future planning</li> </ul>



**TABLE 10: STAGE-BASED ENCOUNTERS**

Data Collection Methods	<ul style="list-style-type: none"><li>■ Participant self-report</li><li>■ Observation</li></ul>
Instruments	<ul style="list-style-type: none"><li>■ Stage-Based Encounter Activity Form</li><li>■ Stage-Based Encounter Summary Log</li></ul>
When to Collect Data	<ul style="list-style-type: none"><li>■ Encounter forms should be completed immediately following each Stage-Based Encounter event</li><li>■ Summary logs should be completed on agency-defined schedule (daily, weekly)</li></ul>
Resources Needed	<ul style="list-style-type: none"><li>■ Outreach Staff</li><li>■ Staff time to supervise outreach staff</li><li>■ Resources to train outreach staff (Outreach Specialists and, possibly, peer network volunteers)</li><li>■ Materials for outreach workers to distribute (e.g., Role Model Stories, condoms, educational materials)</li><li>■ Collaborative relationship with organizations for referrals</li><li>■ Time and resources to compile the data</li><li>■ Database to manage the data</li></ul>
Data Provided	<ul style="list-style-type: none"><li>■ Number and characteristics of people reached, including change readiness information and risk profile</li><li>■ Materials distributed and referrals made (and any other activities conducted)</li><li>■ Location of Stage-based Encounters</li><li>■ Number of Stage-based Encounters conducted</li><li>■ Clients' stage of change</li><li>■ Other activities implemented other than those specified in RAPP Program Manual</li><li>■ Challenges/facilitators of implementation</li></ul>
Analysis	<ul style="list-style-type: none"><li>■ Data should be compiled at the end of each outreach event for descriptive analysis</li><li>■ Data should be reviewed across Stage-Based Encounters to identify themes/trends</li></ul>



<b>TABLE 10: STAGE-BASED ENCOUNTERS (CONTINUED)</b>	
Related Evaluation Questions	<ul style="list-style-type: none"> <li>■ Which of the core elements were implemented?</li> <li>■ Which of the core elements were implemented with fidelity?</li> <li>■ How and why were the program activities modified?</li> <li>■ What was the risk profile of the community served?</li> <li>■ What were the demographic characteristics of the community members served?</li> <li>■ What proportion of the target population was served by the intervention?</li> <li>■ What were the barriers to, and facilitators of, implementation?</li> <li>■ Was there a change in skills, knowledge, and intention to adopt safer sex practices among Small Group, Peer Network, and Stage-Based Encounter participants?</li> <li>■ What proportion of community members engaged in Stage-Based Encounters reported increased frequency of condom use?</li> <li>■ Was there a change in the perception of condom use in the community?</li> <li>■ What changes occurred in community HIV testing behavior?</li> </ul>
Possible Uses of Data	<ul style="list-style-type: none"> <li>■ Make changes to or improve implementation of Stage-Based Encounters</li> <li>■ Modify Role Model Stories to meet community needs</li> <li>■ Determine if tailoring achieves similar outcomes</li> <li>■ Ensure that targeted population is being reached</li> <li>■ Identify challenges/facilitators of implementation</li> </ul>

<b>TABLE 11: PEER NETWORK</b>	
Data Collection Methods	<ul style="list-style-type: none"> <li>■ Participant self-report</li> <li>■ Observation</li> </ul>
Instruments	<ul style="list-style-type: none"> <li>■ Outreach Encounter Form</li> <li>■ Outreach Summary Log</li> </ul>
When to Collect Data	<ul style="list-style-type: none"> <li>■ During peer networking outreach activities (Outreach Encounter Form)</li> <li>■ Summary log on agency defined schedule (e.g. weekly, monthly)</li> </ul>



**TABLE 11: PEER NETWORK (CONTINUED)**

Resources Needed	<ul style="list-style-type: none"><li>■ Peer Network volunteers</li><li>■ Staff time to supervise peer network volunteers</li><li>■ Resources to train volunteers</li><li>■ Materials for peer network volunteers to distribute (e.g., Role Model Stories, condoms, educational materials)</li><li>■ Collaborative relationship with organizations for referrals</li><li>■ Time and resources to compile the data</li><li>■ Database to manage the data</li></ul>
Data Provided	<ul style="list-style-type: none"><li>■ Number and characteristics of people reached</li><li>■ Materials distributed and referrals made (and any other activities conducted)</li><li>■ Location of peer network activities</li><li>■ Number of Stage-Based Encounters conducted (if applicable)</li><li>■ Other activities implemented other than those specified in RAPP Program Manual</li><li>■ Challenges/facilitators of implementation</li></ul>
Analysis	<ul style="list-style-type: none"><li>■ Data should be compiled at the end of each outreach event for descriptive analysis</li><li>■ Data should be reviewed across peer network activities to identify themes/trends</li></ul>
Related Evaluation Questions	<ul style="list-style-type: none"><li>■ Which of the core elements were implemented?</li><li>■ Which of the core elements were implemented with fidelity?</li><li>■ How and why were the program activities modified?</li><li>■ What was the risk profile of the community served?</li><li>■ What were the demographic characteristics of the community members served?</li><li>■ What proportion of the target population was served by the intervention?</li><li>■ What were the barriers to, and facilitators of, implementation?</li><li>■ Was there a change in skills, knowledge, and intention to adopt safer sex practices among Small Group, Peer Network, and Stage-Based Encounter participants?</li><li>■ What proportion of community members engaged in Stage-Based Encounters reported increased frequency of condom use? (May not be relevant if Peer Network volunteers are not trained to conduct Stage-Based Encounters.)</li><li>■ Was there a change in the perception of condom use in the community?</li><li>■ What changes occurred in community HIV testing behavior?</li></ul>

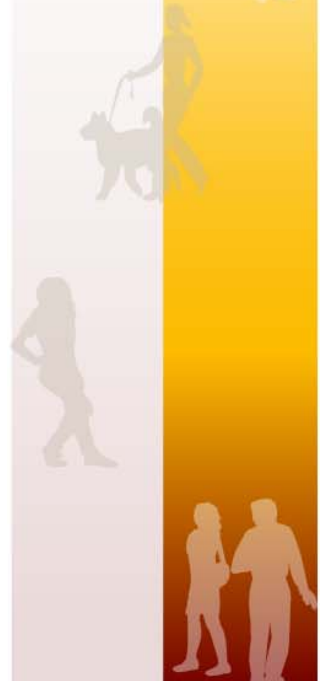


**TABLE 11: PEER NETWORK (CONTINUED)**

Possible Uses of Data	<ul style="list-style-type: none"> <li>■ Make changes to or improve implementation of peer network activities</li> <li>■ Determine if tailoring achieves similar outcomes</li> <li>■ Ensure that targeted population is being reached</li> <li>■ Identify challenges/facilitators of implementation</li> </ul>
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**TABLE 12: SAFER SEX GATHERINGS/SMALL GROUP ACTIVITIES**

Data Collection Methods	<ul style="list-style-type: none"> <li>■ Participant self-report</li> <li>■ Observation</li> </ul>
Instruments	<ul style="list-style-type: none"> <li>■ Safer Sex Gathering Participant Information Form</li> <li>■ Safer Sex Gathering Summary Log</li> <li>■ HIV Presentation Summary Log</li> </ul>
When to Collect Data	<ul style="list-style-type: none"> <li>■ Client-level information collected at beginning of Safer Sex Gathering (client-level information collected for Safer Sex Gathering only, not those attending an HIV Presentation)</li> <li>■ Summary information completed immediately after each small group activity</li> </ul>
Resources Needed	<ul style="list-style-type: none"> <li>■ Outreach Staff</li> <li>■ Staff time to supervise outreach staff</li> <li>■ Facilitator time to collect information</li> <li>■ Sufficient number of forms for Safer Sex Gathering participants</li> <li>■ Collaborative relationship with organizations for referrals</li> <li>■ Time and resources to compile the data</li> <li>■ Database to manage the data</li> </ul>
Data Provided	<ul style="list-style-type: none"> <li>■ Number and characteristics of people reached (including risk profile of Safer Sex Gathering participants)</li> <li>■ Locations of small group activities</li> <li>■ Activities conducted</li> <li>■ Challenges/facilitators of implementation</li> </ul>
Analysis	<ul style="list-style-type: none"> <li>■ Data should be compiled at the end of each small group activity for descriptive analysis</li> <li>■ Data should be reviewed across small group activities to identify themes/trends</li> </ul>
Related Evaluation Questions	<ul style="list-style-type: none"> <li>■ Which of the core elements were implemented?</li> <li>■ Which of the core elements were implemented with fidelity?</li> <li>■ How and why were the program activities modified?</li> <li>■ What was the risk profile of the community served?</li> </ul>



**TABLE 12: SAFER SEX GATHERINGS/SMALL GROUP ACTIVITIES (CONTINUED)**

	<ul style="list-style-type: none"> <li>■ What were the demographic characteristics of the community members served?</li> <li>■ What proportion of the target population was served by the intervention?</li> <li>■ What were the barriers to, and facilitators of, implementation?</li> <li>■ Was there a change in skills, knowledge, and intention to adopt safer sex practices among Small Group, Peer Network, and Stage-Based Encounter participants?</li> <li>■ What proportion of small group participants reported intention to increase the frequency of condom use?</li> <li>■ Was there a change in the perception of condom use in the community?</li> <li>■ What changes occurred in community HIV testing behavior?</li> </ul>
Possible Uses of Data	<ul style="list-style-type: none"> <li>■ Make changes to/improve implementation of small group activities</li> <li>■ Determine if tailoring achieves similar outcomes</li> <li>■ Ensure that targeted population is being reached</li> <li>■ Identify challenges/facilitators of implementation</li> </ul>

**TABLE 13: COMMUNITY NETWORKING**

Data Collection Methods	<ul style="list-style-type: none"> <li>■ Checklists</li> <li>■ Observation</li> </ul>
Instruments	<ul style="list-style-type: none"> <li>■ Community Network Activity Form</li> <li>■ Community Network Summary Log</li> </ul>
When to Collect Data	<ul style="list-style-type: none"> <li>■ Completed by Peer Networker and/or Outreach Specialist during, or immediately following, each Community Network member visit</li> </ul>
Resources Needed	<ul style="list-style-type: none"> <li>■ Outreach Staff</li> <li>■ Staff time to supervise Outreach Staff</li> <li>■ Staff time to complete Community Network forms</li> <li>■ Materials for outreach workers to distribute (e.g., Role Model Stories, condoms, educational materials)</li> <li>■ Time and resources to compile the data</li> <li>■ Database to manage the data</li> </ul>
Data Provided	<ul style="list-style-type: none"> <li>■ Location and type of network members</li> <li>■ Level of participation</li> <li>■ Description and count of materials distributed</li> </ul>
Analysis	<ul style="list-style-type: none"> <li>■ Data should be compiled for descriptive analysis</li> </ul>
Related Evaluation Questions	<ul style="list-style-type: none"> <li>■ Which of the core elements were implemented?</li> <li>■ Which of the core elements were implemented with fidelity?</li> </ul>





**TABLE 13: COMMUNITY NETWORKING (CONTINUED)**

	<ul style="list-style-type: none"><li>■ How and why were the program activities modified?</li><li>■ What proportion of the target population was served by the intervention?</li><li>■ What were the barriers to, and facilitators of, implementation?</li><li>■ Was there an increase in the number of community businesses and organizations involved in HIV prevention activities?</li></ul>
Possible Uses of Data	<ul style="list-style-type: none"><li>■ Demonstrate community involvement in RAPP</li><li>■ Identify new businesses and organizations for the network</li><li>■ Make changes to/improve implementation of Community Network activities</li><li>■ Determine what materials are reaching community members</li><li>■ Determine if tailoring achieves similar outcomes</li><li>■ Ensure that targeted population is being reached</li><li>■ Identify challenges/facilitators of implementation</li></ul>



## 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 RAPP Implementation Manual 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 better understand what you want to know.

The instruments and data collection forms in this section are organized by the required and optional data collection activities related to each intervention activity. Each form includes instructions and recommendations for administering and/or completing the form. Also, certain forms include items that collect NHM&E DS variables that will be submitted to CDC.<sup>3</sup> Following the instructions for these forms is a table listing the NHM&E DS variables and the item on the form that corresponds to that variable.

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



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# COMMUNITY ASSESSMENT INSTRUMENTS

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Though some data collection activities are required for the Community Assessment, questions should be tailored to fit targeted communities.

## REQUIRED

- Key Informant Interview Guide
- Focus Group Guide

## OPTIONAL

- Spot Interview Guide
- Spot Interview Summary Log
- Community Observation Form
- Community Assessment Summary Log



# KEY INFORMANT INTERVIEW GUIDE

**When to Use:** During each key informant interview conducted during RAPP's pre-implementation phase

**Administered by:** Outreach Staff, Project Manager

**Completed by:** Outreach Staff, Project Manager



# KEY INFORMANT INTERVIEW GUIDE

## INTERVIEWER INSTRUCTIONS

- Greet the key informant. Introduce yourself if you have not had previous personal contact with him or her.
- Thank the key informant for taking the time to talk with you about his or her community. Provide a brief overview of RAPP and why the interview is being conducted.
- Observe demographic characteristics of the key informant. Clarify information as necessary with him or her, asking only for information that cannot be determined from observation. Do not use a checklist with the informant.

## GENERAL INFORMATION

Staff name: \_\_\_\_\_ Staff ID: \_\_\_\_\_  
Date of the interview \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Place where respondent was contacted/recruited: \_\_\_\_\_  
Interview site/setting: \_\_\_\_\_

## DEMOGRAPHIC INFORMATION

### Gender

- Male
- Female
- Transgender: male to female
- Transgender: female to male
- Don't know

### Age

- 12 or below
- 13–18 years
- 19–24 years
- 25–34 years
- 35–44 years
- 45 years and over
- Don't know

### Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Don't know

### Language spoken during interview

- English
- Spanish
- Other (specify: \_\_\_\_\_ )

**Race (check all that apply)**

- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or Pacific Islander
- White
- Don't know

**Type of respondent**

- Community member
- Agency representative
- Business owner
- Clergy
- Health department representative
- Other (specify: \_\_\_\_\_ )

**[INTERVIEW QUESTIONS START ON NEXT PAGE]**

**INTERVIEWER INSTRUCTIONS:**

Read the following statement to the key informant, or provide the information in your own words, before asking interview questions.

Thank you again for taking the time to talk to me today. As indicated when this interview was arranged, we are interested in learning more about your community so that we can help prevent or reduce HIV infection. All of your answers will be kept confidential and only used to inform planning and implementation of prevention activities. But if you are uncomfortable with any of the questions, you don't have to answer them or can choose to end the interview at any time.

1. How long have you lived in this community?
  
  
  
  
  
  
  
  
  
  
2. What are the best things about living in this community?
  
  
  
  
  
  
  
  
  
  
3. In general, what are some major concerns in this community?

4. What are the major health concerns in this community?
  - a. Where do people go to get medical care?
  - b. Is it easy for them to get there?
  - c. Do they have to wait a long time to receive care?
  
5. How much drug and alcohol use is there in this community?
  - a. What drug is used most often?
  - b. Where do most people use?
  - c. When do most people use?
  
6. Are there drug treatment programs in this community?
  - a. If yes, where are they located?



7. How serious is HIV infection compared to other problems in the community?
  
  
  
  
  
  
  
  
  
  
8. Do people in your community feel that they are at risk of getting infected with HIV?
  - a. Why or why not?
  
  
  
  
  
  
  
  
  
  
9. Who are the people in your community you feel are most at risk of getting infected with HIV?
  - a. Where do they hang out?
  
  
  
  
  
  
  
  - b. How can we reach them?
  
  
  
  
  
  
  
  
  
  
10. What do you think is going on in the community that puts people at risk for HIV infection?
  - a. What do you think can be done to reduce these risks?

11. How do people feel about HIV testing in this community?

a. What are the reasons why someone would not want to get tested? Why or why not?

b. Is it easy to get an HIV test in this community?

12. How do people feel about condom use in this community? Is it something they even think about? Why or why not?

a. What do you think are the advantages and disadvantages of using condoms?

b. Are condoms easy to get? Why or why not?

13. What do you think can be done to help people learn about HIV and other STDs?

14. Do any stores, businesses, or other organizations provide information about HIV or condoms in the community?

a. If yes, which ones?

b. If yes, what do they provide?

15. Have there been past attempts to address HIV in this community?

a. What succeeded and what failed in the prior program(s)?

b. What made the efforts successful or not successful?

16. Where do people in this community go for shopping, entertainment, or other services?

a. How do they usually get there (bus, walking, car)?

17. What kinds of activities and events do people in this community enjoy most?

18. Are there certain people or groups that have a lot of influence in this community?

a. What kind of influence do they have?

b. Why do people listen to them?

c. Are they positive or negative influences? Why?

d. Do you think that those people or groups would be willing to support condom use?

19. Can you think of other people who I could interview about this community?

20. Is there anything else that you would like to add?

**THANK YOU FOR YOUR PARTICIPATION!**

# FOCUS GROUP GUIDE

**When to Use:** During each focus group conducted during RAPP's pre-implementation phase

**Administered by:** Outreach Staff, Project Manager, Consultant

**Completed by:** Outreach Staff, Project Manager, Consultant



# FOCUS GROUP GUIDE\*

\* Additional information about conducting focus groups can be found in the Evaluation Capacity Building Guide

## FACILITATOR'S INTRODUCTION

### Welcome Participants

- Introduce yourself
- Thank them for their participation in the group
- Distribute and review consent form
- Discuss payment (if participants will receive a stipend)
- Ask participants to complete name tents or tags with any desired name

### Explain Purpose of Focus Group

- Gain a better understanding of the community's perceptions of concerns and priorities
- Gather information about the community to guide the planning and implementation of prevention activities

### Explain Focus Group Process

- Focused discussion about a particular topic
- Facilitator asks questions to the group, clarifies terms, and summarizes
- Recorder takes notes, but does not directly participate in the group
- Participants discuss the topics
- If the process will be audiotaped, explain that focus group will be recorded on an audiotape and that it will be erased after the information has been compiled

### Establish Ground Rules

- One person speaks at a time
- Speak loudly and clearly
- Respect confidentiality of the group
- Free to leave at any time if needed





### **Introductory Questions**

3. From your observations and experiences, what are the major problems in the community?
  
  
  
  
  
  
  
  
  
  
4. Is HIV viewed as a major problem in the community? How does HIV infection compare to other problems?
  
  
  
  
  
  
  
  
  
  
5. How do you think community members would feel about having an HIV prevention program in the community?

### **Transition Questions**

6. Do you believe the community has a role or any responsibility in HIV prevention?
  - a. If yes, what do you consider to be the role of the community in HIV prevention? Are there specific businesses or organizations that you think can or should be involved?
  
  
  
  
  
  
  
  
  
  
  - b. If no, why don't you think the community has a responsibility in HIV prevention?

7. What would it take to encourage community members to get involved in an HIV program?

### **Key Questions**

8. a. Why do you think people in the community are becoming infected with HIV?

b. What activities, behaviors, or conditions put individuals at risk?

9. a. Where are the best places to reach people with HIV prevention messages?

b. What do you think are the best ways to reach at-risk individuals in your community?

10. a. What do people think about condom use?
- b. Do people even think about using condoms? Why or why not?
- c. What do you think are the advantages and disadvantages of using condoms?
- d. Are condoms easy to get in your community?
11. a. How do people feel about HIV testing?
- b. Where do people go to get tested?
- c. Why don't some people get tested?
- d. What would make it easier to get tested?

## **Ending Question**

12. What do you think is the most important factor in decreasing HIV infection in your community?

A stylized, golden-yellow city skyline is visible in the background, featuring various skyscrapers and buildings. The overall color palette is warm, with shades of orange, red, and yellow.

# SPOT INTERVIEW GUIDE

**When to Use:** During each spot interview conducted during RAPP's pre-implementation phase

**Administered by:** Outreach Staff, Project Manager

**Completed by:** Outreach Staff, Project Manager



# SPOT INTERVIEW GUIDE

## INTERVIEWER INSTRUCTIONS

- Greet the interviewee. Introduce yourself if you have not had previous personal contact with him or her.
- Thank the community member for taking the time to talk with you about his or her community. (Note: Spot interviews are usually quick interactions. If time allows, provide a brief overview of RAPP and why the interview is being conducted.)
- Observe demographic characteristics of the community member. Clarify information as necessary with him or her, asking only for information that cannot be determined from observation. Do not use a checklist with the individual.
- Use the questions provided below as a guide. Encourage respondents to express themselves as they choose.

## GENERAL INFORMATION

Staff name: \_\_\_\_\_ Staff ID: \_\_\_\_\_

Date of the interview: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- Interview site/setting:
- Street/hangout (specify: \_\_\_\_\_)
  - Business (specify: \_\_\_\_\_)
  - Church/religious institution (specify: \_\_\_\_\_)
  - Agency (specify: \_\_\_\_\_)
  - Clinic/healthcare facility (specify: \_\_\_\_\_)
  - Bar/club (specify: \_\_\_\_\_)
  - Residence (specify: \_\_\_\_\_)
  - Community event (specify: \_\_\_\_\_)
  - Other (specify: \_\_\_\_\_)

## DEMOGRAPHIC INFORMATION

### Gender

- Male
- Female
- Transgender: male to female
- Transgender: female to male
- Don't know
- Refused to answer

### Age

- 12 or below
- 13–18 years
- 19–24 years
- 25–34 years
- 35–44 years
- 45 years & over
- Don't know
- Refused to answer

**Ethnicity**

- Hispanic or Latino
- Not Hispanic or Latino
- Don't know
- Refused to answer

**Language spoken during interview**

- English
- Spanish
- Other (specify: \_\_\_\_\_)

**DEMOGRAPHIC INFORMATION (CONTINUED)**

**Race (check all that apply)**

- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or Pacific Islander
- White
- Don't know
- Refused to answer

**Type of respondent**

- Community member
- Agency representative
- Business owner
- Clergy
- Health department representative
- Other (specify: \_\_\_\_\_)

**INTERVIEW QUESTIONS**

1. Do you feel that HIV is a major problem in your community? Why or why not?

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2. What do you think about using condoms? What do other people in the community think about using condoms?

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3. Where do you get condoms in this community? Are they easy to get?

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4. Where do most people hang out?

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5. Who do people respect in the community? Why? Where do they hang out?

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Other notes:

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# SPOT INTERVIEW SUMMARY LOG

**When to Use:** At the conclusion of all spot interviews conducted during RAPP's pre-implementation phase

**Administered by:** Outreach Staff, Project Manager, Data Analyst, Administrative Coordinator

**Completed by:** Outreach Staff, Project Manager, Data Analyst, Administrative Coordinator

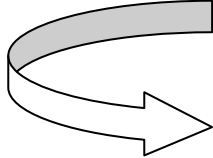


## SPOT INTERVIEW SUMMARY LOG

### INSTRUCTIONS

For each of the following sites/settings, indicate the total number of interviews that took place in each, providing specific locations if known. You may then calculate the total number of spot interviews conducted.

### INTERVIEW SITE/SETTING

SITE/SETTING	NUMBER OF INTERVIEWS	SPECIFIC LOCATION (I.E., NAME, ADDRESS)
Street/hangout		
Business		
Church/religious institution		
Agency		
Clinic/healthcare facility		
Bar/club		
Community event		
Other		
		= (TOTAL SPOT INTERVIEWS CONDUCTED)

## INSTRUCTIONS

For each of the following, indicate the total number of interviews that were conducted with individuals with the following characteristics.

### DEMOGRAPHIC INFORMATION

#### Gender

- Male
- Female
- Transgender: male to female
- Transgender: female to male
- Don't know
- Refused to answer

#### Age

- 12 or below
- 13–18 years
- 19–24 years
- 25–34 years
- 35–44 years
- 45 years and over
- Don't know
- Refused to answer

#### Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Don't know
- Refused to answer

#### Language spoken during interview

- English
- Spanish
- Other (specify: \_\_\_\_\_)

**DEMOGRAPHIC INFORMATION (CONTINUED)**

**Race**

- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or Pacific Islander
- White
- Don't know
- Refused to answer

**Type of respondent**

- Community member
- Agency representative
- Business owner
- Clergy
- Health department representative
- Other (specify: \_\_\_\_\_)

**INSTRUCTIONS**

Review the answers provided during the spot interviews. For each of the following interview questions, record the most commonly reported answers.

**INTERVIEW QUESTIONS**

1. Do you feel that HIV is a major problem in your community? Why or why not?

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2. What do you think about using condoms? Where do you get condoms in this community? Are they easy to get?

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3. Where do most people hang out?

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4. Who do people respect in the community? Why? Where do they hang out?

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Other notes:

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# COMMUNITY OBSERVATION FORM

**When to Use:** During each community observation event/outing conducted during RAPP's pre-implementation phase

**Administered by:** Outreach Staff, Project Manager

**Completed by:** Outreach Staff, Project Manager



# COMMUNITY OBSERVATION FORM

## INSTRUCTIONS

Observe community members and their interactions for 10-30 minutes at a specific setting in the targeted community. Complete a form for EACH location.

Staff name: \_\_\_\_\_

Staff ID: \_\_\_\_\_

Date of the observation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

## INTERVIEW SITE/SETTING

- Street/hangout (specify: \_\_\_\_\_)
- Business (specify: \_\_\_\_\_)
- Church/religious institution (specify: \_\_\_\_\_)
- Agency (specify: \_\_\_\_\_)
- Clinic/healthcare facility (specify: \_\_\_\_\_)
- Bar/club (specify: \_\_\_\_\_)
- Residence (specify: \_\_\_\_\_)
- Community event (specify: \_\_\_\_\_)
- Other (specify: \_\_\_\_\_)

### Vehicle Traffic in Area

- Light                               Moderate                               Heavy

### Gender

- Male
- Female
- Transgender: male to female
- Transgender: female to male
- Don't know

### Age

- 12 or below
- 13–18 years
- 19–24 years
- 25–34 years
- 35–44 years
- 45 years and over
- Don't know

**Race**

- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or Pacific Islander
- White
- Don't know

**Ethnicity**

- Hispanic or Latino
- Not Hispanic or Latino
- Don't know

**OBSERVATION NOTES**

1. Describe what the people are doing (e.g., sitting, talking, playing checkers, buying condoms, exchanging money for drugs).

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2. Describe the attitudes you observe (e.g., relaxed, stressed, happy, anxious).

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3. What languages do you hear the community members speak?

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4. Describe the setting itself (e.g., Residential or commercial? If residential, what type of setting is it? If commercial, what types of businesses or service agencies are in the area?).

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5. Other observations:

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### **AFTER THE OBSERVATION**

In your opinion (i.e., the observer's opinion), what methods would you use to reach people here?

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# COMMUNITY ASSESSMENT SUMMARY LOG

**When to Use:** At the conclusion of all community assessment activities (i.e., key informant interviews, focus groups, spot interviews, and community observations) conducted during RAPP's pre-implementation phase

**Administered by:** Project Manager, Data Analyst, Administrative Coordinator

**Completed by:** Project Manager, Data Analyst, Administrative Coordinator



## COMMUNITY ASSESSMENT SUMMARY LOG

### INSTRUCTIONS

Summarizing community assessment activities can help you and your staff gain a clearer understanding of the implications of the information you have collected. The following table is an example of how you may conceptualize this process. Systematically writing out the primary findings of each of the community assessment activities may help you think through your agency's implementation of RAPP.

SOURCE	FINDINGS	IMPLICATIONS
Key Informant Interviews	<i>Example:</i> <i>Individuals don't want to pay for condoms but don't know where to get them for free.</i>	<i>In addition to providing free condoms during outreach, Peer Networkers and Outreach Specialists should provide community members with information about where they may regularly obtain free condoms. This type of information may be printed on the back of the Role Model Stories or delivered orally.</i>
Focus Groups		
Spot Interviews		
Community Observations		

After conducting the community assessment activities, what is the estimated Stage of Change in this community regarding condom use?

(Use percentages: e.g., 70% Pre-contemplation, 25% Contemplation, and 5% Preparation.)

- Pre-contemplation (not thinking about using condoms)
- Contemplation (thinking about using condoms)
- Preparation (taking steps toward using condoms)
- Action (using condoms for less than 6 months)
- Maintenance (using condoms for 6 months or longer)

Conclusions/Additional Comments:

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# PEER NETWORK INSTRUMENTS

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The Outreach Encounter Form is an optional form that will help your staff systematically collect the information for the Outreach Activity Summary Form.

## REQUIRED

- Outreach Summary Log\*

## OPTIONAL

- Outreach Encounter Form\*

\* While the Outreach Encounter Form is optional, the data from this form will be used to complete the Outreach Summary Form, which includes required NHM&E DS variables.



# OUTREACH ENCOUNTER FORM

**When to Use:** After each outreach encounter event

**Administered by:** Outreach Staff

**Completed by:** Outreach Staff



# OUTREACH ENCOUNTER FORM

## INSTRUCTIONS

Circle the appropriate letter that corresponds with the correct description for each client. Provide additional information in Notes/Details column as appropriate. (See example below for the type of information that may be included in this column.)

Do not use this form as a sign-in or client-administered sheet. This form is a tool for outreach workers to record quickly the demographic characteristics and activities of clients contacted during outreach. Once information is collected, it may be transferred to an aggregate form (e.g., Outreach Summary Log).

**Note:** If a Stage-Based Encounter is conducted, also complete the SBE Form.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Staff Name: \_\_\_\_\_      Staff ID: \_\_\_\_\_      Location: \_\_\_\_\_  
Mo      Year

### Location Type:

- |                                   |   |   |  |
|-----------------------------------|---|---|--|
| <input type="checkbox"/> Business | <input type="checkbox"/> Bar/club       | <input type="checkbox"/> Residence                    | <input type="checkbox"/> Clinic/healthcare setting |
| <input type="checkbox"/> Agency   | <input type="checkbox"/> Street/hangout | <input type="checkbox"/> Church/religious institution | <input type="checkbox"/> Other (specify: _____)    |

AGE GROUP	GENDER	ETHNICITY	RACE (CHECK ALL THAT APPLY)	HIV RISK	HIV STATUS	ACTIVITY	NOTES/DETAILS
A. 12 or below B. 13–18 C. 19–24 D. 25–34 E. 35–44 F. 45 and over	Female (F) Male (M) Transgender (MTF) Transgender (FTM)	Hispanic/Latino/a (H/L) Non Hispanic Latino/a (Non-H/L)	A. American Indian/Alaska Native B. Asian C. Black/African-American D. Native Hawaiian/Pacific Islander E. White	A. MSM B. MSM/ IDU C. IDU D. Heterosexual at risk E. Sex involving transgender F. Refused G. Not asked H. Other	+. HIV+ –. HIV – DK. Don’t know R. Refused NA. Not asked	<b>Materials Dissemination:</b> A1. Role Model Stories A2. Condoms A3. Brochures/ education info A4. Other B. Referral C. Stage-Based Encounter D. Other	<b>For Example:</b> <ul style="list-style-type: none"> <li>■ 5 condoms</li> <li>■ “Action” Role Model Story</li> <li>■ Referral</li> <li>■ Stage-Based Encounter (SBE)</li> </ul>
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	



AGE GROUP	GENDER	ETHNICITY	RACE (CHECK ALL THAT APPLY)	HIV RISK	HIV STATUS	ACTIVITY	NOTES/DETAILS
A. 12 or below B. 13–18 C. 19–24 D. 25–34 E. 35–44 F. 45 and over	Female (F) Male (M) Transgender (MTF) Transgender (FTM)	Hispanic/Latino/a (H/L) Non Hispanic Latino/a (Non-H/L)	A. American Indian/Alaska Native B. Asian C. Black/African-American D. Native Hawaiian/Pacific Islander E. White	A. MSM B. MSM/ IDU C. IDU D. Heterosexual at risk E. Sex involving transgender F. Refused G. Not asked H. Other	+. HIV+ –. HIV – DK. Don’t know R. Refused NA. Not asked	<b>Materials Dissemination:</b> A1. Role Model Stories A2. Condoms A3. Brochures/ education info A4. Other B. Referral C. Stage-Based Encounter D. Other	<b>For Example:</b> <ul style="list-style-type: none"> <li>■ 5 condoms</li> <li>■ “Action” Role Model Story</li> <li>■ Referral</li> <li>■ Stage-Based Encounter (SBE)</li> </ul>
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	

AGE GROUP	GENDER	ETHNICITY	RACE (CHECK ALL THAT APPLY)	HIV RISK	HIV STATUS	ACTIVITY	NOTES/DETAILS
A. 12 or below B. 13–18 C. 19–24 D. 25–34 E. 35–44 F. 45 and over	Female (F) Male (M) Transgender (MTF) Transgender (FTM)	Hispanic/Latino/a (H/L) Non Hispanic Latino/a (Non-H/L)	A. American Indian/Alaska Native B. Asian C. Black/African-American D. Native Hawaiian/Pacific Islander E. White	A. MSM B. MSM/ IDU C. IDU D. Heterosexual at risk E. Sex involving transgender F. Refused G. Not asked H. Other	+. HIV+ –. HIV – DK. Don’t know R. Refused NA. Not asked	<b>Materials Dissemination:</b> A1. Role Model Stories A2. Condoms A3. Brochures/ education info A4. Other B. Referral C. Stage-Based Encounter D. Other	<b>For Example:</b> <ul style="list-style-type: none"> <li>■ 5 condoms</li> <li>■ “Action” Role Model Story</li> <li>■ Referral</li> <li>■ Stage-Based Encounter (SBE)</li> </ul>
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	

# OUTREACH SUMMARY LOG

**When to Use:** At conclusion of each outreach event. The data for this log will come from the Outreach Encounter Forms completed for the event.

**Administered by:** Outreach Staff

**Completed by:** Outreach Staff



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

<b>CDC'S NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET VARIABLES</b>		
NHM&E DS Table	NHM&E DS Number	Variable Name
HE/RR and Outreach (Table AG)	02	Date of outreach event
	03	Duration of outreach event
	04	Total number of clients contacted
	05a	Delivery method



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

NHM&E DS Table	NHM&E DS Number	Variable Name
	05b	<ul style="list-style-type: none"> <li>■ Activities</li> <li>■ Materials distributed</li> <li>■ Stage-Based Encounters conducted</li> <li>■ Other activities</li> </ul>
	06	Location/location types
	08a –08f	Client primary risk
	09a –09d	Gender
	10a –10b	Ethnicity
	11a –11e	Race
	12a –12f	Age



## OUTREACH ACTIVITY SUMMARY LOG

INSTRUCTIONS
<p>Peer Networkers and Outreach Specialists should complete this summary form at the end of their outreach event (4 pages in total).</p> <p>For each outreach event, list staff names and staff identification numbers. Also indicate staff position (either Peer Networker or Outreach Specialist).</p> <p><b>Note:</b> You can use your own internal forms/methods for gathering this information—or the Outreach Encounter Form—and then transfer it to this form to help document aggregate data for each outreach event.</p>

	STAFF NAME	STAFF ID	PEER NETWORKER	OUTREACH SPECIALIST
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>

Date of outreach event: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Duration of outreach event: \_\_\_\_\_ (in hours)

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

Total number of client contacts\*: \_\_\_\_\_

\* **Note:** Total numbers for each of the demographic characteristics should equal one another.

For example:

	<b>GENDER</b>	<b>AGE</b>	<b>HIV STATUS</b>
	12 Males	5 13–18 year olds	1 Positive
	10 Females	15 19–24 year olds	2 Negative
	1 Don't know	3 25–34 year olds	20 Unknown
<b>Total</b>	<b>= 23 Client contacts</b>	<b>= 23 Client contacts</b>	<b>= 23 Client contacts</b>

## ACTIVITIES CONDUCTED

### Materials Distributed

Yes —————→

How many of the following were distributed?

No

- Brochures/information
- Condoms
- Role Model Stories (TOTAL)



Role Model Stories distributed by stage:

- Pre-contemplation
- Contemplation
- Ready for action
- Action
- Maintenance
- Other (specify: \_\_\_\_\_)

### Referrals Made\*

How many referrals to each of the following services?

Yes —————→

No

- HIV counseling and testing
- HIV medical care
- STD screening and treatment
- Prevention case management
- Reproductive health services
- Substance abuse services
- General medical
- Other (specify: \_\_\_\_\_)

\* **Note:** Count only those referrals that will be tracked over time. A Referral Tracking Form may be required for each referral documented. Reference the *National Monitoring and Evaluation Guidance* for specifications regarding referrals.

**Stage-Based Encounter Conducted**

Yes\* —————→

No

\* Complete a Stage-Based Encounter Form for each encounter documented.

How many?

TOTAL number of Stage-Based Encounters conducted: \_\_\_\_\_



Encounters conducted by stage

- Pre-contemplation
- Contemplation
- Ready for action
- Action
- Maintenance

**Other Activities – Please Specify:**

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**Additional Notes** (e.g., challenges, facilitating factors, other influencing events or issues, etc.)

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**DELIVERY METHOD**

**Please specify how the outreach activities were delivered (check all that apply):**

In person

Specify location and location type(s): \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Business       | <input type="checkbox"/> Residence                    |
| <input type="checkbox"/> Agency         | <input type="checkbox"/> Church/religious institution |
| <input type="checkbox"/> Bar/club       | <input type="checkbox"/> Clinic/healthcare setting    |
| <input type="checkbox"/> Street/hangout | <input type="checkbox"/> Other                        |



Internet (specify Web site: \_\_\_\_\_)

Printed Materials

Magazines/newspapers (specify: \_\_\_\_\_)

Pamphlets/brochures (specify: \_\_\_\_\_)

Posters/billboards (specify: \_\_\_\_\_)

Other (specify: \_\_\_\_\_)

### AGGREGATE PARTICIPANT INFORMATION

Record the total number for each category below (e.g.,    Female).

Age	___ 13 or below	___ 19–24	___ 35–44	___ Unknown
	___ 13–18	___ 25–34	___ 45 and older	
Gender	___ Female	___ Male	___ Transgender (MTF)	___ Transgender (FTM)
Ethnicity	___ Hispanic/Latino	___ Not Hispanic/Latino		
Race	___ American Indian/Alaska Native	___ Black/African-American	___ Race not identified	
	___ Native Hawaiian/Pacific Islander	___ White		
	___ Asian			
	___ More than one race			

Client Primary Risk	<input type="checkbox"/> Sex involving transgender <input type="checkbox"/> MSM <input type="checkbox"/> MSM/IDU <input type="checkbox"/> IDU	<input type="checkbox"/> Heterosexual at risk <input type="checkbox"/> Other <input type="checkbox"/> Refused <input type="checkbox"/> Not asked
HIV Status	<input type="checkbox"/> HIV+ <input type="checkbox"/> HIV- <input type="checkbox"/> Don't know <input type="checkbox"/> Refused to answer <input type="checkbox"/> Not asked	

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# **ROLE MODEL STORY INSTRUMENTS**

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While the Role Model Follow-Up Interview Guide is optional, it may be useful to collect information about the effects of being a role model. These data may inform improvements to role model recruitment and story development.

## **REQUIRED**

- Role Model Interview Guide

## **OPTIONAL**

- Role Model Follow-Up Interview Guide



# ROLE MODEL INTERVIEW GUIDE

**When to Use:** During each role model interview

**Administered by:** Outreach Staff, Project Manager

**Completed by:** Outreach Staff, Project Manager



# ROLE MODEL INTERVIEW GUIDE

## INTERVIEWER INSTRUCTIONS

- Greet the role model. Introduce yourself if you have not had previous personal contact with him or her.
- Thank the role model for taking the time to talk with you about his or her experience using condoms. Provide a brief overview of RAPP and why the interview is being conducted.
- After asking the interview questions, schedule a follow-up interview.

## GENERAL INFORMATION

Staff name: \_\_\_\_\_ Staff ID: \_\_\_\_\_

Date of the interview: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Place where respondent was contacted/recruited: \_\_\_\_\_

Interview site/setting: \_\_\_\_\_

Language spoken during interview:  English  
 Spanish  
 Other (specify: \_\_\_\_\_)

## ROLE MODEL DEMOGRAPHIC INFORMATION

Observe demographic characteristics of the role model. Clarify information as necessary and appropriate with him or her.

### Gender

- Male
- Female
- Transgender: male to female
- Transgender: female to male
- Don't know

### Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Don't know

**Race (check all that apply)**

- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or Pacific Islander
- White
- Don't know

**Type of respondent**

- Community member
- Agency representative
- Business owner
- Clergy
- Health department representative
- Other (specify: \_\_\_\_\_)

**[INTERVIEW QUESTIONS START ON NEXT PAGE]**

**Interviewer:**

I would first like to thank you again for agreeing to tell me your story and ask how you heard about becoming a RAPP role model.

**Recruitment Source (check all that apply)**

- Flyer in the community
- Referral/friend
- Safer sex event
- RAPP Peer Networker Volunteer
- Reading a Role Model Story
- Don't know
- Other (specify: \_\_\_\_\_)

As I mentioned when we set up this interview, I would like to talk with you today about your experiences using condoms. For instance, I'd like to talk about things that made you think about starting to use condoms, how and when you started using condoms, etc. Please know that you may choose not to answer any of the questions or end the interview at any time if you feel uncomfortable.

1. As you know, we don't use peoples' real names in their stories. What name would you like me to use?  
\_\_\_\_\_
  
2. What is your birth date? \_\_\_ / \_\_\_\_ (month / year)
  
3. Do you go to school?
  - Not currently in school
  - Elementary or junior high school
  - High school
  - Technical/vocational program
  - Community college or university
  - Other (specify:\_\_\_\_\_)
  
4. Do you work?
  - No
  - Yes, full-time (specify: \_\_\_\_\_)
  - Yes, part-time (specify: \_\_\_\_\_)
  - Yes, temporary/contract (specify: \_\_\_\_\_)
  - Other (specify: \_\_\_\_\_)

5. Do you have any children?
- No
  - One
  - Two
  - Three
  - Four or more (specify: \_\_\_\_)

Now I would like you to tell me about your experience using condoms. Think about what made you think about using condoms, when it happened, and some of the things you thought about and did when you were trying to begin using condoms. (Use probes as needed to answer the questions below).

6. How long have you been using condoms?

7. Why did you start using condoms?

8. How long did you think about using condoms before you actually started?

9. What happened that made you decide to use condoms?



10. Did you talk to your partner about using condoms?

*If yes, what did you say?*

*If yes, how did your partner react?*

11. What do you think are the best reasons to use condoms?

12. Are there bad things about using condoms?

*If yes, what are they?*

13. How do you make sure that you continue to use condoms?

14. What lesson or lessons do you think it's important for people to learn from your story?

15. What would you tell someone who is NOT using condoms?

16. Is there anything else you would like to tell me or ask me about HIV/AIDS or other STDs?

**Interviewer:**

Thank you again for talking with me today. I would like to follow up with you in a couple of weeks to ask just a few more questions. Would you like to set up another meeting now, or would you like to talk by phone? I could call you, or I could give you a phone number to reach me—whatever is most comfortable for you.

- Follow-up in-person

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

Time: \_\_\_\_\_ a.m./p.m. (circle one)

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

- Call Role Model Story participant (specify phone number: \_\_\_\_\_)
- Role Model Story participant to call RAPP staff
- Other (specify: \_\_\_\_\_)
- Declined to participate in follow-up questions

**FOR STAFF USE ONLY**

Was the individual interviewed eligible to become a RAPP role model?

- Lives in the community where agency is working.
- Uses condoms consistently with all partners.
- Is in the process of making changes toward using condoms consistently.
- Can describe own experiences of trying to use condoms.
- Can explain how and why experiences changed own behavior.

Additional Notes:

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# ROLE MODEL FOLLOW-UP INTERVIEW GUIDE

**When to Use:** After each role model interview conducted

**Administered by:** Outreach Staff, Project Manager

**Completed by:** Outreach Staff, Project Manager



# ROLE MODEL FOLLOW-UP INTERVIEW GUIDE

## INTERVIEWER INSTRUCTIONS

Record the follow-up method using checkboxes below. Specify details as possible.

Ask the follow-up questions in an open-ended manner, allowing the role model to respond in his or her own words.

## GENERAL INFORMATION

Staff name: \_\_\_\_\_

Staff ID: \_\_\_\_\_

Date of the interview: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Follow-up method:

Follow-up in-person

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

Time: \_\_\_\_\_ a.m./p.m. (circle one)

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

Call Role Model Story participant (specify phone number: \_\_\_\_\_)

Role Model Story participant to call RAPP staff

Other (specify: \_\_\_\_\_)

## INTERVIEW QUESTIONS

### Interviewer:

Thank you again for sharing your story and allowing me to ask you a few follow-up questions.

1. Months ago, you agreed to use your story as a Role Model Story. How was this experience for you? Did you find sharing your story helpful? Why or why not?
  
2. Since sharing your story, how have you felt about your decision to continue using condoms?
  
3. Did sharing your story change how you think or feel about yourself? How?
  
4. Do you think your story accurately reflected what you told us about your experiences using condoms? Why or why not?
  
5. Is there anything else you would like to share about your experience?

**THANK YOU FOR YOUR PARTICIPATION!**

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# STAGE-BASED ENCOUNTER INSTRUMENTS

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Client-level demographic and risk profile information should be collected for participants engaged in a Stage-Based Encounter. These data are captured on the Stage-Based Encounter Activity Form and may be transferred to the Staged-Based Encounter Summary Log for an aggregate record.

## REQUIRED

- Stage-Based Encounter Activity Form\*
- Stage-Based Encounter Summary Log\*

\* The data from the Stage-Based Encounter Activity Form are to be used to complete the Stage-Based Encounter Summary Log, which includes required NHM&E DS variables.



# **STAGE-BASED ENCOUNTER ACTIVITY FORM**

**When to Use:** Following each Stage-Based Encounter event

**Administered by:** Outreach Staff

**Completed by:** Outreach Staff





# STAGE-BASED ENCOUNTER ACTIVITY FORM

## INSTRUCTIONS

Circle the appropriate letter that corresponds with the correct description for each client. Provide additional information in Notes/Details column as appropriate. (See example below for the type of information that may be included in this column).

Do not use this form as a sign-in or client-administered sheet. This form is a tool for outreach workers to record quickly the demographic characteristics and activities of clients contacted during outreach. Once information is collected, it may be transferred to an aggregate form (e.g., RAPP Stage-Based Encounter Summary Log).

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Year

Staff Name: \_\_\_\_\_

Staff ID: \_\_\_\_\_

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

### Location Type:

Business

Bar/club

Residence

Clinic/healthcare setting

Agency

Street/hangout

Church/religious institution

Other (specify: \_\_\_\_\_)

AGE GROUP	GENDER	ETHNICITY	RACE (CHECK ALL THAT APPLY)	HIV RISK	HIV STATUS	ACTIVITY	NOTES/DETAILS
A. 12 or below B. 13–18 C. 19–24 D. 25–34 E. 35–44 F. 45 and over	Female (F) Male (M) Transgender (MTF) Transgender (FTM)	Hispanic/ Latino/a (H/L)  Non Hispanic Latino/a (Non-H/L)	American Indian/ Alaska Native  Asian  Black/ African- American  Native Hawaiian/ Pacific Islander  White	MSM  MSM/ IDU  IDU  Heterosexual at risk  Sex involving transgender  Refused  Not asked  Other	+. HIV+ –. HIV – DK. Don’t know R. Refused NA. Not asked	<b>Materials Dissemination:</b> A1. Role Model Stories A2. Condoms A3. Brochures/ education info A4. Other B. Referral C. Stage-Based Encounter D. Other	<b>For Example:</b>  ■ 5 condoms ■ “Action” Role Model Story ■ Referral ■ Stage-Based Encounter (SBE)
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	

AGE GROUP	GENDER	ETHNICITY	RACE (CHECK ALL THAT APPLY)	HIV RISK	HIV STATUS	ACTIVITY	NOTES/DETAILS
A. 12 or below B. 13–18 C. 19–24 D. 25–34 E. 35–44 F. 45 and over	Female (F) Male (M) Transgender (MTF) Transgender (FTM)	Hispanic/Latino/a (H/L) Non Hispanic Latino/a (Non-H/L)	American Indian/Alaska Native Asian Black/African-American Native Hawaiian/Pacific Islander White	MSM MSM/ IDU IDU Heterosexual at risk Sex involving transgender Refused Not asked Other	+. HIV+ –. HIV – DK. Don’t know R. Refused NA. Not asked	<b>Materials Dissemination:</b> A1. Role Model Stories A2. Condoms A3. Brochures/ education info A4. Other B. Referral C. Stage-Based Encounter D. Other	<b>For Example:</b> ■ 5 condoms ■ “Action” Role Model Story ■ Referral ■ Stage-Based Encounter (SBE)
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	

AGE GROUP	GENDER	ETHNICITY	RACE (CHECK ALL THAT APPLY)	HIV RISK	HIV STATUS	ACTIVITY	NOTES/DETAILS
A. 12 or below B. 13–18 C. 19–24 D. 25–34 E. 35–44 F. 45 and over	Female (F) Male (M) Transgender (MTF) Transgender (FTM)	Hispanic/Latino/a (H/L) Non Hispanic Latino/a (Non-H/L)	American Indian/Alaska Native Asian Black/African-American Native Hawaiian/Pacific Islander White	MSM MSM/ IDU IDU Heterosexual at risk Sex involving transgender Refused Not asked Other	+. HIV+ –. HIV – DK. Don’t know R. Refused NA. Not asked	<b>Materials Dissemination:</b> A1. Role Model Stories A2. Condoms A3. Brochures/ education info A4. Other B. Referral C. Stage-Based Encounter D. Other	<b>For Example:</b> ■ 5 condoms ■ “Action” Role Model Story ■ Referral ■ Stage-Based Encounter (SBE)
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ – DK R NA	A1 A2 A3 A4 B C D	

# STAGE-BASED ENCOUNTER SUMMARY LOG

**When to Use:** At the conclusion of each Stage-Based Encounter event. The data for this log will come from the Staged-Based Encounter Activity Forms completed.

**Administered by:** Outreach Staff

**Completed by:** Outreach Staff



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

<b>CDC'S NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET VARIABLES</b>		
<b>NHM&amp;E DS Table</b>	<b>NHM&amp;E DS Number</b>	<b>Variable Name</b>
HE/RR and Outreach (Table AG)	02	Date of outreach event
	03	Duration of outreach event
	04	Total number of clients contacted
	05a	Delivery method



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

NHM&E DS Table	NHM&E DS Number	Variable Name
	05b	<ul style="list-style-type: none"> <li>■ Activities</li> <li>■ Materials distributed</li> <li>■ Stage-Based Encounters conducted</li> <li>■ Other activities</li> </ul>
	06	Location/location types
	08a –08f	Client primary risk
	09a –09d	Gender
	10a –10b	Ethnicity
	11a –11e	Race
	12a –12f	Age



## STAGED-BASED ENCOUNTER SUMMARY LOG

INSTRUCTIONS
<p>Outreach Specialists should complete this summary form at the end of their Stage-Based Encounters (4 pages in total).</p> <p>For each outreach event, list staff names and staff identification numbers. Also indicate staff position (Outreach Specialist).</p> <p><b>Note:</b> You can use your own internal forms/methods for gathering this information—or the Stage-Based Encounter Activity Form—and then transfer it to this form to help document aggregate data for each Stage-Based Encounter event.</p>

	STAFF NAME	STAFF ID	PEER NETWORKER	OUTREACH SPECIALIST
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>

Date of outreach event: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Duration of outreach event: \_\_\_\_\_ (in hours)

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

Total number of client contacts\*: \_\_\_\_\_

\* **Note:** Total numbers for each of the demographic characteristics should equal one another.



For example:

	<b>GENDER</b>	<b>AGE</b>	<b>HIV STATUS</b>
	12 Males	5 13–18-year-olds	1 Positive
	10 Females	15 19–24-year-olds	2 Negative
	1 Don't know	3 25–34-year-olds	20 Unknown
<b>Total</b>	<b>= 23 Client contacts</b>	<b>= 23 Client contacts</b>	<b>= 23 Client contacts</b>

## ACTIVITIES CONDUCTED

### Materials Distributed

- Yes —————▶
- No

How many of the following were distributed?

- Brochures/information
- Condoms
- Role Model Stories (TOTAL)



Role Model Stories distributed by stage:

- Pre-contemplation
- Contemplation
- Ready for action
- Action
- Maintenance
- Other (specify: \_\_\_\_\_)

### Referrals Made\*

- Yes —————▶
- No

How many referrals to each of the following services?

- HIV counseling and testing
- HIV medical care
- STD screening and treatment
- Prevention case management
- Reproductive health services
- Substance abuse services
- General medical
- Other (specify: \_\_\_\_\_)

\* **Note:** Count only those referrals that will be tracked over time. A Referral Tracking Form may be required for each referral documented. Reference the *National Monitoring and Evaluation Guidance* for specifications regarding referrals.

**Stage-Based Encounter Conducted**

How many?

Yes\* →

TOTAL number of Stage-Based Encounters conducted: \_\_\_\_

No



\* Complete a Stage-Based Encounter Form for each encounter documented.

Encounters conducted by stage

- Pre-contemplation
- Contemplation
- Ready for action
- Action
- Maintenance

**Other Activities – Please Specify:**

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**Additional Notes** (e.g., challenges, facilitating factors, other influencing events or issues, etc.)

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**DELIVERY METHOD**

**Please specify how the outreach activities were delivered (check all that apply):**

In person

Specify location and location type(s): \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Business       | <input type="checkbox"/> Residence                    |
| <input type="checkbox"/> Agency         | <input type="checkbox"/> Church/religious institution |
| <input type="checkbox"/> Bar/club       | <input type="checkbox"/> Clinic/healthcare setting    |
| <input type="checkbox"/> Street/hangout | <input type="checkbox"/> Other                        |

- Internet (specify Web site: \_\_\_\_\_)
- Printed Materials
  - Magazines/newspapers (specify: \_\_\_\_\_)
  - Pamphlets/brochures (specify: \_\_\_\_\_)
  - Posters/billboards (specify: \_\_\_\_\_)
- Other (specify: \_\_\_\_\_)

### AGGREGATE PARTICIPANT INFORMATION

Record the total number for each category below (e.g., 7 Female).

Age	<input type="checkbox"/> 13 or below <input type="checkbox"/> 19–24 <input type="checkbox"/> 35–44 <input type="checkbox"/> Unknown <input type="checkbox"/> 13–18 <input type="checkbox"/> 25–34 <input type="checkbox"/> 45 and older
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender (MTF) <input type="checkbox"/> Transgender (FTM)
Ethnicity	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
Race	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African-American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Race not identified <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> More than one race

Client Primary Risk	<input type="checkbox"/> Sex involving transgender <input type="checkbox"/> MSM <input type="checkbox"/> MSM/IDU <input type="checkbox"/> IDU	<input type="checkbox"/> Heterosexual at risk <input type="checkbox"/> Other <input type="checkbox"/> Refused <input type="checkbox"/> Not asked
HIV Status	<input type="checkbox"/> HIV+ <input type="checkbox"/> HIV- <input type="checkbox"/> Don't know <input type="checkbox"/> Refused to answer <input type="checkbox"/> Not asked	

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# SMALL GROUP ACTIVITY INSTRUMENTS

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Because data collection requirements and instruments vary, Safer Sex Gathering and HIV Presentation instruments are presented separately.

## SAFER SEX GATHERINGS

### REQUIRED

- Safer Sex Gathering Participant Information Form\*
- Safer Sex Gathering Summary Log\*

## HIV PRESENTATIONS

### REQUIRED

- HIV Presentation Summary Log

\* The data from the Safer Sex Gathering Participant Information Form are to be used to complete the Safer Sex Gathering Summary Log, which includes required NHM&E DS variables.



# **SAFER SEX GATHERING PARTICIPANT INFORMATION FORM**

**When to Use:** During each Safer Sex Gathering (exact time during gathering may vary)

**Administered by:** Facilitator

**Completed by:** Participant

The NHM&E DS variables listed in the table below are collected on the Safer Sex Gathering Participant Information 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 D).



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

NHM&E DS Table	NHM&E DS Number	VARIABLE NAME (ITEM # ON FORM)
Client Characteristics – Demographic (Table G1)	01	Date collected (today's date)
	02	PEMS client unique key (system generated)
	12	Date of birth year (1)
	13	Age (system calculated)
	14	Ethnicity (5)
	16	Race (6)
	18	More than one race (6)
	20	State/territory of residence (2)
	23	Assigned sex at birth (3)
	24	Current gender (4)



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

NHM&E DS Table	NHM&E DS Number	VARIABLE NAME (ITEM # ON FORM)
Client Characteristics – Risk Profile (Table G2)	00	Date collected (today's date)
	04	Previous HIV test (13)
	05	HIV status (13)
	06	Date of last HIV-negative test (16)
	07	Date of first HIV-positive test (14)
	08	Medical care (HIV+) (15)
	09	Pregnant (7)
	10	In prenatal care (if pregnant) (8)
	11	Client risk factors (18)
	12	Additional risk factors (18)
	13	Recent STD (Not HIV) (17)





# SAFER SEX GATHERING PARTICIPANT INFORMATION FORM

## INSTRUCTIONS

- Please answer the following questions as truthfully as possible; there are no “right” or “wrong” answers. Your answers will be kept confidential and **no identifying information will be associated with your responses**. The information you provide will help us plan activities that provide the best services possible for your community.
- Once completed, please place your form in the envelope provided.

Today’s date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year)

1. What is your birth date? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year)
2. In what state do you currently reside? \_\_\_\_\_
3. Were you born as a male or a female?
  - Male
  - Female
4. How do you view yourself now (i.e., what is your current gender)?
  - Male
  - Female
  - Transgender – male to female
  - Transgender – female to male
  - Don’t know
5. What best describes your ethnicity?
  - Hispanic or Latino
  - Not Hispanic or Latino
6. What best describes your race? (*check all that apply*)
  - American Indian or Alaska Native
  - Asian
  - Black or African-American
  - Native Hawaiian or Pacific Islander
  - White
7. Are you currently pregnant? (*only if female; if male, skip to question 13*)
  - Yes
  - No (skip to question 13)
  - Don’t know (skip to question 13)
8. Are you receiving prenatal care? (*only if pregnant*)
  - Yes
  - No
9. In the past 12 months, have you been in jail or prison for at least 24 hours?
  - Yes
  - No
10. In the past 12 months, have you had sex for money?
  - Yes
  - No (skip to question 12)
11. Is this the main way you earned money?
  - Yes
  - No

12. Have you ever had an HIV test?  
 Yes  
 No (skip to question 17)  
 Don't know (skip to question 17)
13. What is your HIV status?  
 HIV-positive (HIV+)  
 HIV-negative (HIV-) (skip to question 16)  
 Don't know (skip to question 17)
14. When did you first test positive for HIV?  
 \_\_\_\_ / \_\_\_\_ (month/year)  
 Don't know
15. Are you currently receiving medical care or treatment for HIV?  
 Yes  
 No
16. When did you last test negative for HIV?  
 \_\_\_\_ / \_\_\_\_ / (month/year)  
 Don't know
17. In the past 12 months, have you been diagnosed with an STD (not including HIV)?  
 Yes (specify type)  
 Syphilis  
 Chlamydia  
 Gonorrhea  
 Other (specify: \_\_\_\_\_)  
 No  
 Don't know
18. In the past 12 months, did you partake in any of the following activities?
- |   |                              |                             |                                     |
|---|------------------------------|-----------------------------|-------------------------------------|
| a. Oral sex with a man                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| b. Oral sex with a woman                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| c. Sex with a man                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| d. Sex with a woman                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| e. Sex with a transgender                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| f. Sex while intoxicated or high                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| g. Sex with someone who injects drugs               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| h. Sex with a man who has sex with other men        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| i. Sex with a person who has sex for drugs or money | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

- j. Sex with a hemophiliac or a transplant recipient  Yes  No  Don't know
- k. Sex with an anonymous partner  Yes  No  Don't know
- l. Sex without using a condom  Yes  No  Don't know
- m. Injection drug use  Yes  No  Don't know
- n. Shared injection drug equipment  Yes  No  Don't know
- o. Exchanged sex for drugs, money, or something you needed  Yes  No  Don't know

19. Please read the following statements. What have you done in the last 3 months to reduce your chance of getting infected with HIV or infecting someone else with HIV? Check all the statements that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Started using condoms                                 | <input type="checkbox"/> Reduced number of partners             |
| <input type="checkbox"/> Increased use of condoms                              | <input type="checkbox"/> Practiced monogamy                     |
| <input type="checkbox"/> Use spermicides (such as jelly, cream, foam, or film) | <input type="checkbox"/> Stopped sharing works                  |
| <input type="checkbox"/> Abstain from sex                                      | <input type="checkbox"/> Stopped shooting drugs                 |
| <input type="checkbox"/> Have less sex   | <input type="checkbox"/> Became more informed about HIV/AIDS    |
| <input type="checkbox"/> Stopped anal sex                                      | <input type="checkbox"/> Talked to partners about safe sex      |
| <input type="checkbox"/> Have more oral sex (instead of vaginal or anal)       | <input type="checkbox"/> Talked to partners about HIV/AIDS/STDs |
| <input type="checkbox"/> Stopped trading sex                                   | <input type="checkbox"/> Got tested for HIV/AIDS                |
| <input type="checkbox"/> Choose partners more carefully                        | <input type="checkbox"/> Got my partner tested for HIV/AIDS     |
|  | <input type="checkbox"/> Other (specify) _____                  |
|  | <input type="checkbox"/> Did nothing                            |

20. In the next 3 months, how likely do you think you will start using a condom every time you have sex (vaginal or anal) with your main partner? Would you say you are:

- Very sure you won't
- Somewhat sure you won't
- Undecided – not sure if you will or won't
- Somewhat sure you will
- Very sure you will
- Does not apply to me
- Other (explain: \_\_\_\_\_)

21. In the next 3 months, how likely do you think you will start using a condom every time you have sex (vaginal or anal) with one of your other partners? Would you say you are:
- Very sure you won't
  - Somewhat sure you won't
  - Undecided – not sure if you will or won't
  - Somewhat sure you will
  - Very sure you will
  - Does not apply to me
  - Other (explain: \_\_\_\_\_)
22. How did you hear about RAPP Safer Sex gatherings?
- Agency (specify: \_\_\_\_\_)
  - Billboard, flyer, brochure, newspaper, etc. (specify: \_\_\_\_\_)
  - Your partner
  - A family member or friend
  - Self
  - Other (specify): \_\_\_\_\_

**THANK YOU FOR YOUR PARTICIPATION!**

# SAFER SEX GATHERING SUMMARY LOG

**When to Use:** At the conclusion of each Safer Sex Gathering

**Administered by:** Facilitator

**Completed by:** Facilitator



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

<b>CDC'S NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET VARIABLES</b>		
<b>NHM&amp;E DS Table</b>	<b>NHM&amp;E DS Number</b>	<b>VARIABLE NAME (ITEM # ON FORM)</b>
Client Intervention Characteristics (Table H)	05	Session number (This will always be 1)
	06	Session date-month (Date of event)
	07	Session date-day (Date of event)
	08	Session date-year (Date of event)
	09	Worker ID (Staff ID)
	10	Site name (Location of event)
	11	Duration of session (Duration)
	20	Activity (Topics Covered, Activities Conducted – A, B, C, & D)



## SAFER SEX GATHERING SUMMARY LOG

INSTRUCTIONS
<ul style="list-style-type: none"> <li>■ A summary log should be completed for EACH Safer Sex Gathering conducted.</li> <li>■ In addition to this summary log, Safer Sex Gathering participants should complete the Safer Sex Participant Information Form, an instrument that collects client-level behavioral data.</li> </ul>

	STAFF NAME	STAFF ID
1.		
2.		
3.		

Date of outreach event: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Duration of outreach event: \_\_\_\_\_ (in hours)

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

Total number of client contacts: \_\_\_\_\_

Location of SBE (specify address or specific location as possible):

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Location Type:

- |   |  |
|---|--|
| <input type="checkbox"/> Business<br><input type="checkbox"/> Agency<br><input type="checkbox"/> Bar/club<br><input type="checkbox"/> Residence | <input type="checkbox"/> Church/religious institution<br><input type="checkbox"/> Clinic/healthcare facility<br><input type="checkbox"/> Street/hangout<br><input type="checkbox"/> Other: _____ |
|---|--|

**DELIVERY METHOD**

Please specify how the HIV presentation was delivered (*check all that apply*):

- In person
- Internet
- Printed materials
- Magazines/newspapers
- Pamphlets/brochures
- Posters/billboards
- Radio
- Telephone
- Television
- Video
- Other (specify: \_\_\_\_\_)

**TOPICS COVERED**

Please indicate what topics were addressed during the Safer Sex Gathering. Please be as specific as possible, providing details in the space provided.

- HIV/AIDS
- Other STDs (e.g., Chlamydia, gonorrhea)
- Viral hepatitis
- Substance use
- Injection drug use
- Condom use
- Availability of HIV/STD counseling and testing
- Availability of medical and social services
- Availability of partner notification and referral services
- Other (please specify)
- Living with HIV/AIDS
- Disclosing HIV+ status
- Abstinence
- Negotiation skills
- Communication skills
- Decision-making skills
- Reproductive health
- Domestic violence
- HIV medical adherence

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**ACTIVITIES CONDUCTED**

**A. Materials Dissemination**

Please indicate which materials were distributed during the Safer Sex Gathering. For each, specify the number disseminated.

MATERIAL	HOW MANY?
<input type="checkbox"/> Male condoms	
<input type="checkbox"/> Female condoms	



MATERIAL	HOW MANY?
<input type="checkbox"/> Dental dams	
<input type="checkbox"/> Lubricants	
<input type="checkbox"/> Educational materials	
<input type="checkbox"/> Referral lists	
<input type="checkbox"/> Safer sex kits	
<input type="checkbox"/> Role Model Stories	
<input type="checkbox"/> Other (specify: _____)	

**B. Referrals\***

Please indicate how many referrals were made to each of the following (e.g., 4 HIV Medical Care):

- |                                  |                                |
|----------------------------------|--------------------------------|
| ___ HIV counseling and testing   | ___ HIV medical care           |
| ___ STD screening and treatment  | ___ Prevention case management |
| ___ Reproductive health services | ___ Substance abuse services   |
| ___ General medical care         | ___ Other (specify: _____)     |

\* Count only those referrals that will be tracked over time. A Referral Tracking Form is required for each referral documented. Reference the *National Monitoring and Evaluation Guidance* (CDC, 2008b) for specifications regarding referrals.

**C. Skills Building Activities**

Please indicate which of the following activities were conducted during the Safer Sex Gathering:

Demonstration

- Condom/barrier use
- Decision making
- Negotiation and communication
- Other (specify: \_\_\_\_\_)

Practice

- Condom/barrier use
- Decision making
- Negotiation and communication
- Other (specify: \_\_\_\_\_)

**D. Other Activities**

Please provide detailed information about any other activities that took place during this HIV Presentation. Be as specific as possible.

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**AGGREGATE PARTICIPANT INFORMATION**

Record total number for each category (e.g., 7 Female).\*

\* **Note:** Total numbers for each of the demographic characteristics should equal one another.

*For example:*

	<b>GENDER</b>	<b>AGE</b>	<b>HIV STATUS</b>
	12 Males	5 13–18 year olds	1 Positive
	10 Females	15 19–24 year olds	2 Negative
	1 Don't know	3 25–34 year olds	20 Unknown
<b>Total</b>	<b>= 23 Client contacts</b>	<b>= 23 Client contacts</b>	<b>= 23 Client contacts</b>

Recruitment Source	<input type="checkbox"/> Agency (specify): _____ <input type="checkbox"/> Billboard, flyer, brochure, newspaper, etc. (specify): _____ <input type="checkbox"/> Your partner <input type="checkbox"/> A family member or friend <input type="checkbox"/> Self <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
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Age	<input type="checkbox"/> 13 or below	<input type="checkbox"/> 19–24	<input type="checkbox"/> 35–44	<input type="checkbox"/> Unknown
	<input type="checkbox"/> 13–18	<input type="checkbox"/> 25–34	<input type="checkbox"/> 45 and older	
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender (MTF)	<input type="checkbox"/> Transgender (FTM)
Ethnicity	<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Not Hispanic/Latino	
Race	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> White		
	<input type="checkbox"/> Black/African-American	<input type="checkbox"/> More than one race		
	<input type="checkbox"/> Asian	<input type="checkbox"/> Race not identified		
	<input type="checkbox"/> Native Hawaiian/Pacific Islander			
Client Primary Risk	<input type="checkbox"/> Sex involving transgender	<input type="checkbox"/> Heterosexual at risk		
	<input type="checkbox"/> MSM	<input type="checkbox"/> Other		
	<input type="checkbox"/> MSM/IDU	<input type="checkbox"/> Refused		
	<input type="checkbox"/> IDU	<input type="checkbox"/> Not asked		
HIV Status	<input type="checkbox"/> HIV+	<input type="checkbox"/> Don't know		
	<input type="checkbox"/> HIV–	<input type="checkbox"/> Refused to answer		
		<input type="checkbox"/> Not asked		

**ADDITIONAL NOTES** (E.G., CHALLENGES, FACILITATING FACTORS, OTHER INFLUENCING EVENTS OR ISSUES, ETC.)

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# HIV PRESENTATION SUMMARY LOG

**When to Use:** At the conclusion of each HIV presentation

**Administered by:** Facilitator

**Completed by:** Facilitator



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

<b>CDC'S NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET VARIABLES</b>		
<b>NHM&amp;E DS Table</b>	<b>NHM&amp;E DS Number</b>	<b>VARIABLE NAME (ITEM # ON FORM)</b>
Health Communication/ Public Information (Table HC)	01	Intervention name
	02	HC/PI delivery methods (1)
	03	Activity (2, 3, 4, 5, 6)
	05	Event start date
	06	Event end date
	06a	Data reported as of date (use to indicate dates of updates)



## **HIV PRESENTATION SUMMARY LOG**

<b>INSTRUCTIONS</b>
Complete a summary log for EACH HIV Presentation conducted.

	<b>STAFF NAME</b>	<b>STAFF ID</b>
1.		
2.		
3.		

Date of outreach event: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Duration of outreach event: \_\_\_\_\_ (in hours)

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

Total number of client contacts: \_\_\_\_\_

General description of clients (e.g., women's group, public housing residents)

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Total number of clients in attendance: \_\_\_\_\_

## DELIVERY METHOD

1. Please specify how the HIV presentation was delivered (check all that apply):

- In person (specify address: \_\_\_\_\_)
- Internet (specify Web site: \_\_\_\_\_)
- Printed materials
- Magazines/newspapers
- Pamphlets/brochures
- Posters/billboards
- Radio
- Telephone
- Television
- Video
- Other (specify: \_\_\_\_\_)

## TOPICS COVERED

2. Please indicate what topics were addressed during the Safer Sex Gathering. Please be as specific as possible, providing details in the space provided.

- |   |   |
|---|---|
| <input type="checkbox"/> HIV/AIDS   | <input type="checkbox"/> Living with HIV/AIDS   |
| <input type="checkbox"/> Other STDs (e.g., Chlamydia, gonorrhea)                    | <input type="checkbox"/> Disclosing HIV+ status |
| <input type="checkbox"/> Viral hepatitis  | <input type="checkbox"/> Abstinence             |
| <input type="checkbox"/> Substance use  | <input type="checkbox"/> Negotiation skills     |
| <input type="checkbox"/> Injection drug use   | <input type="checkbox"/> Communication skills   |
| <input type="checkbox"/> Condom use   | <input type="checkbox"/> Decision making skills |
| <input type="checkbox"/> Availability of HIV/STD counseling and testing             | <input type="checkbox"/> Reproductive health    |
| <input type="checkbox"/> Availability of medical and social services                | <input type="checkbox"/> Domestic violence      |
| <input type="checkbox"/> Availability of partner notification and referral services | <input type="checkbox"/> HIV medical adherence  |
| <input type="checkbox"/> Other (please specify)                                     |   |

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## ACTIVITIES CONDUCTED

### A. Materials Dissemination

3. Please indicate which materials were distributed during the Safer Sex Gathering. For each, specify the number disseminated.

MATERIAL	HOW MANY?
<input type="checkbox"/> Male condoms	
<input type="checkbox"/> Female condoms	
<input type="checkbox"/> Dental dams	
<input type="checkbox"/> Lubricants	
<input type="checkbox"/> Educational materials	
<input type="checkbox"/> Referral lists	
<input type="checkbox"/> Safer sex kits	
<input type="checkbox"/> Role Model Stories	
<input type="checkbox"/> Other (specify: _____)	

**B. Referrals\***

4. Please indicate how many referrals were made to each of the following (e.g., 4 HIV Medical Care):

- |                                  |                                |
|----------------------------------|--------------------------------|
| ___ HIV counseling and testing   | ___ HIV medical care           |
| ___ STD screening and treatment  | ___ Prevention case management |
| ___ Reproductive health services | ___ Substance abuse services   |
| ___ General medical care         | ___ Other (specify: _____)     |

\* Count only those referrals that will be tracked over time. A Referral Tracking Form should be used for each referral documented. Reference the *National Monitoring and Evaluation Guidance* for specifications regarding referrals.

**C. Skills-Building Activities**

5. Please indicate which of the following activities were conducted during the Safer Sex Gathering:

- |   |  |
|---|--|
| <p>5a. Demonstration</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Condom/barrier use</li> <li><input type="checkbox"/> Decision making</li> <li><input type="checkbox"/> Negotiation and communication</li> <li><input type="checkbox"/> Other (specify: _____)</li> </ul> | <p>5b. Practice</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Condom/barrier use</li> <li><input type="checkbox"/> Decision making</li> <li><input type="checkbox"/> Negotiation and communication</li> <li><input type="checkbox"/> Other (specify: _____)</li> </ul> |
|---|--|



**D. Other Activities**

6. Please provide detailed information about any other activities that took place during this HIV Presentation. Be as specific as possible.

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**AGGREGATE PARTICIPANT INFORMATION**

As feasible, record the total number for each of the following demographic categories (e.g., Z Female).

While individual client-level information is not required for participants attending an HIV presentation, collecting this information may help you improve your program planning and service delivery. Depending on the size of the HIV presentation, it may be impractical to gather this type of information.

Recruitment Source	<input type="checkbox"/> Agency (specify): _____ <input type="checkbox"/> Billboard, flyer, brochure, newspaper, etc. (specify): _____ <input type="checkbox"/> Your partner <input type="checkbox"/> A family member or friend <input type="checkbox"/> Self <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
Age	<input type="checkbox"/> 13 or below <input type="checkbox"/> 19–24 <input type="checkbox"/> 35–44 <input type="checkbox"/> Unknown <input type="checkbox"/> 13–18 <input type="checkbox"/> 25–34 <input type="checkbox"/> 45 and older
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender (MTF) <input type="checkbox"/> Transgender (FTM)

Ethnicity	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Not Hispanic/Latino
Race	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African-American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> More than one race <input type="checkbox"/> Race not identified
Client Primary Risk	<input type="checkbox"/> Sex involving transgender <input type="checkbox"/> MSM <input type="checkbox"/> MSM/IDU <input type="checkbox"/> IDU	<input type="checkbox"/> Heterosexual at risk <input type="checkbox"/> Other <input type="checkbox"/> Refused <input type="checkbox"/> Not asked
HIV Status	<input type="checkbox"/> HIV+ <input type="checkbox"/> HIV- <input type="checkbox"/> Don't know <input type="checkbox"/> Refused to answer <input type="checkbox"/> Not asked	

**ADDITIONAL NOTES** (E.G., CHALLENGES, FACILITATING FACTORS, OTHER INFLUENCING EVENTS OR ISSUES, ETC.)

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# COMMUNITY NETWORK INSTRUMENTS

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Though the Community Network Activity Form is not required, using this (or a similar) form will help your staff systematically collect the information for the Community Network Summary Log.

## REQUIRED

- Community Network Summary Log

## OPTIONAL

- Community Network Activity Form\*

\* While the Community Network Activity Form is optional, the data from this form will be used to complete the Community Network Summary Log, which includes required NHM&E DS variables.



# COMMUNITY NETWORK ACTIVITY FORM

**When to Use:** After each Community Network visit

**Administered by:** Agency Staff

**Completed by:** Agency Staff



# COMMUNITY NETWORK ACTIVITY FORM

## INSTRUCTIONS

- Complete this activity log EACH time a business/organization is visited. Include all relevant activities, specifying additional details when prompted. If you need additional space or would like to include additional information, please use the "Additional Comments" space at the bottom.
- This information may be transferred to the Community Network Summary Log for an aggregate record.

## GENERAL INFORMATION

Staff name: \_\_\_\_\_ Staff ID: \_\_\_\_\_

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

Name of business/organization: \_\_\_\_\_

Contact person(s): \_\_\_\_\_

Location/address: \_\_\_\_\_

Business/organization type:

- |  |   |
|--|---|
| <input type="checkbox"/> Nail/hair salon   | <input type="checkbox"/> Bank                   |
| <input type="checkbox"/> Welfare office    | <input type="checkbox"/> Restaurant/bar         |
| <input type="checkbox"/> Drug store        | <input type="checkbox"/> Convenience store      |
| <input type="checkbox"/> Record store      | <input type="checkbox"/> Counseling center      |
| <input type="checkbox"/> Woman's shelter   | <input type="checkbox"/> Healthcare setting     |
| <input type="checkbox"/> Religious setting | <input type="checkbox"/> Other (specify: _____) |

## COMMUNITY NETWORK INFORMATION

### Level of Participation:

- Endorsement:** expressing approval or acceptance of RAPP (e.g., business displays RAPP logo stickers in window and Role Model Stories on the counter; store owner tells prostitutes who frequent her store that RAPP outreach staff are "OK" to talk to)
- Support:** providing assistance for existence or maintenance of RAPP activities or efforts (e.g., housing association provides project meeting space for free; sandwich shop provides lunch for volunteers)
- Participation:** taking part in an activity that is directly related to HIV prevention (e.g., community health center staff hand out and discuss RAPP materials with clients; ex-prostitutes volunteer to be Peer Networkers)
- Coalition Building:** forming alliances, affiliations, or associations around RAPP cause (e.g., several community organizations working with RAPP come together to lobby the city council for a needle exchange program; an agency convenes a meeting twice per year with influential community members to discuss issues related to RAPP's goals)

**Actions (check all that apply):**

- Talked to contact person; no Community Network involvement established
- Talked to contact person; established business/organization involvement in Community Network
- Left \_\_\_ number of Role Model Stories
- Left \_\_\_ number of condoms
- Left \_\_\_ number of "How to Use Condoms" materials
- Left \_\_\_ number of other HIV prevention materials (specify: \_\_\_\_\_)
- Checked Materials Quantity
- Restocked Materials:
  - Stories (insert # \_\_\_)
  - Condoms (insert # \_\_\_)
  - Other (insert # \_\_\_)
- Business/organization agreed to sponsor Safer Sex Gathering
  - Specify:  Financial sponsorship (\$\_\_\_\_\_)
  - Provided location/hosted gathering
  - Provided gifts/prizes
  - Other sponsorship (specify: \_\_\_\_\_)
- Business/organization agreed to sponsor HIV Presentation
  - Specify:  Financial sponsorship (\$\_\_\_\_\_)
  - Provided location/hosted gathering
  - Provided gifts/prizes
  - Other sponsorship (specify: \_\_\_\_\_)
- Other
  - Specify: \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

**NEXT STEPS**

Indicate next steps to be taken for this Community Network agency/organization (e.g., check on condom quantity in 3 weeks).

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**ADDITIONAL NOTES** (E.G., CHALLENGES, FACILITATING FACTORS, OTHER INFLUENCING EVENTS OR ISSUES, ETC.)

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# COMMUNITY NETWORK SUMMARY LOG

**When to Use:** Ongoing, as Community Network activities occur

**Administered by:** Agency Staff

**Completed by:** Agency Staff





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

<b>CDC'S NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET VARIABLES</b>		
NHM&E DS Table	NHM&E DS Number	VARIABLE NAME
Health Communication/ Public Information (Table HC)	01	Intervention name
	02	HC/PI delivery methods
	03	Activity
	05	Event start date
	06	Event end date
	06a	Data reported as of date (use to indicate dates of updates)



# COMMUNITY NETWORK SUMMARY LOG

## INSTRUCTIONS

This form is a tool to document Community Network activities. Information is recorded in aggregate for each intervention cycle of the Community Network.

Start date: \_\_\_ / \_\_\_ / \_\_\_      End date: \_\_\_ / \_\_\_ / \_\_\_

How many organizations of the following types participated in your agency's Community Network?

- |  |   |
|--|---|
| <input type="checkbox"/> ___ Nail/hair salon   | <input type="checkbox"/> ___ Bank                   |
| <input type="checkbox"/> ___ Welfare office    | <input type="checkbox"/> ___ Restaurant/bar         |
| <input type="checkbox"/> ___ Drug store        | <input type="checkbox"/> ___ Convenience store      |
| <input type="checkbox"/> ___ Record store      | <input type="checkbox"/> ___ Counseling center      |
| <input type="checkbox"/> ___ Woman's shelter   | <input type="checkbox"/> ___ Healthcare setting     |
| <input type="checkbox"/> ___ Religious setting | <input type="checkbox"/> ___ Other (specify: _____) |

Indicate the total number of Community Network organizations/businesses for each of the following levels of participation:

- Endorsement:** expressing approval or acceptance of RAPP (e.g., business displays RAPP logo stickers in window and Role Model Stories on the counter; store owner tells prostitutes who frequent her store that RAPP outreach staff are "OK" to talk to)
- Support:** providing assistance for existence or maintenance of RAPP activities or efforts (e.g., housing association provides project meeting space for free; sandwich shop provides lunch for volunteers)
- Participation:** taking part in an activity that is directly related to HIV prevention (e.g., community health center staff hand out and discuss RAPP materials with clients; ex-prostitutes volunteer to be Peer Networkers)
- Coalition Building:** forming alliances, affiliations, or associations around RAPP cause (e.g., several community organizations working with RAPP come together to lobby the city council for a needle exchange program; an agency convenes a meeting twice per year with influential community members to discuss issues related to RAPP's goals)

Indicate the total number of businesses/organizations that participated in the following activities.

- \_\_\_ Distributed/made available Role Model Stories
- \_\_\_ Distributed/made available condoms
- \_\_\_ Distributed/made available "How to Use Condoms" materials
- \_\_\_ Distributed/made available other HIV prevention materials
- \_\_\_ Sponsored Safer Sex Gathering
  - Of these, how many provided financial sponsorship? \_\_\_\_\_
  - Of these, how many provided location/hosted gathering? \_\_\_\_\_
  - Of these, how many provided gifts/prizes? \_\_\_\_\_
  - Of these, how many provided a different level of sponsorship? \_\_\_\_\_
- \_\_\_ Sponsored HIV presentation
  - Of these, how many provided financial sponsorship? \_\_\_\_\_
  - Of these, how many provided location/hosted gathering? \_\_\_\_\_
  - Of these, how many provided gifts/prizes? \_\_\_\_\_
  - Of these, how many provided a different level of sponsorship? \_\_\_\_\_
- \_\_\_ Other activity (specify): \_\_\_\_\_

**ADDITIONAL NOTES** (E.G., CHALLENGES, FACILITATING FACTORS, OTHER INFLUENCING EVENTS OR ISSUES, ETC.)

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# REFERRAL TRACKING FORM

**When to Use:** As referrals are made

**Administered by:** Agency Staff providing referral (e.g., Facilitator, Outreach Worker, Program Manager)

**Completed by:** Agency Staff providing referral

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



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

NHM&E DS Table	NHM&E DS Number	VARIABLE NAME
Referral (Table X-7)	01	Referral code
	02	Referral date
	03	Referral service type
	05	Referral follow-up
	06	Referral outcome
	06a	Confirmed internal referral site ID
	7	Confirmed network agency name
	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)



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

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

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

<b>Referral Code:</b>		
<b>Referral Date:</b>	____/____/____ mm    dd    yyyy	
<b>Referral Service Type:</b>	<input type="checkbox"/> HIV testing <input type="checkbox"/> HIV confirmatory test <input type="checkbox"/> HIV prevention counseling <input type="checkbox"/> STD screening/treatment <input type="checkbox"/> Viral hepatitis screening/treatment/immunization <input type="checkbox"/> Tuberculosis 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/evaluation/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 prevention services (specify): _____ _____ <input type="checkbox"/> Other support services (specify): _____ _____ <input type="checkbox"/> Other services (specify): _____ _____
<b>Referral Follow-up Method:</b> <small>(Choose only one)</small>	<input type="checkbox"/> None <input type="checkbox"/> Active referral <input type="checkbox"/> Passive referral – agency verification <input type="checkbox"/> Passive referral – client verification	
<b>Referral Outcome:</b> <small>(Choose only one)</small>	<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	

Referral Close Date:	___/___/___ mm dd yyyy
Referral Notes: (optional)	

<b>REFERRAL CODES AND EXPLANATIONS</b>	
Referral Code	Create and enter a unique code that your agency will use to track the client's referral to another agency.
Referral Date	The date the referral was made.
Referral Service Type	Indicate the type of service the client is being referred to.
Referral Follow-up Method	Indicate the method by which the referral will be verified. Options include: <ul style="list-style-type: none"> <li>■ <b>Active Referral</b> – direct linkage (access) to a service provider</li> <li>■ <b>Passive Referral</b> – agency verification: confirmation that the client accessed services by the receiving agency</li> <li>■ <b>Passive Referral</b> – client verification: confirmation by the client that he/she accessed services</li> <li>■ <b>None</b> – no plan to verify the completion of this referral</li> </ul>
Referral Outcome	Indicate the current status of the referral at the time of follow-up. Options include: <ul style="list-style-type: none"> <li>■ <b>Pending</b> – the status of the referral can't be confirmed or denied</li> <li>■ <b>Confirmed</b> – accessed service</li> <li>■ <b>Confirmed</b> – did not access service</li> <li>■ <b>Lost to follow-up</b> – the provider has been unable to verify the status of the referral within 60 days of the referral date.</li> </ul>
Referral Close Date	A date indicating when the referral is confirmed or lost to follow-up.
Referral Notes	(Optional) additional notes about the referral.



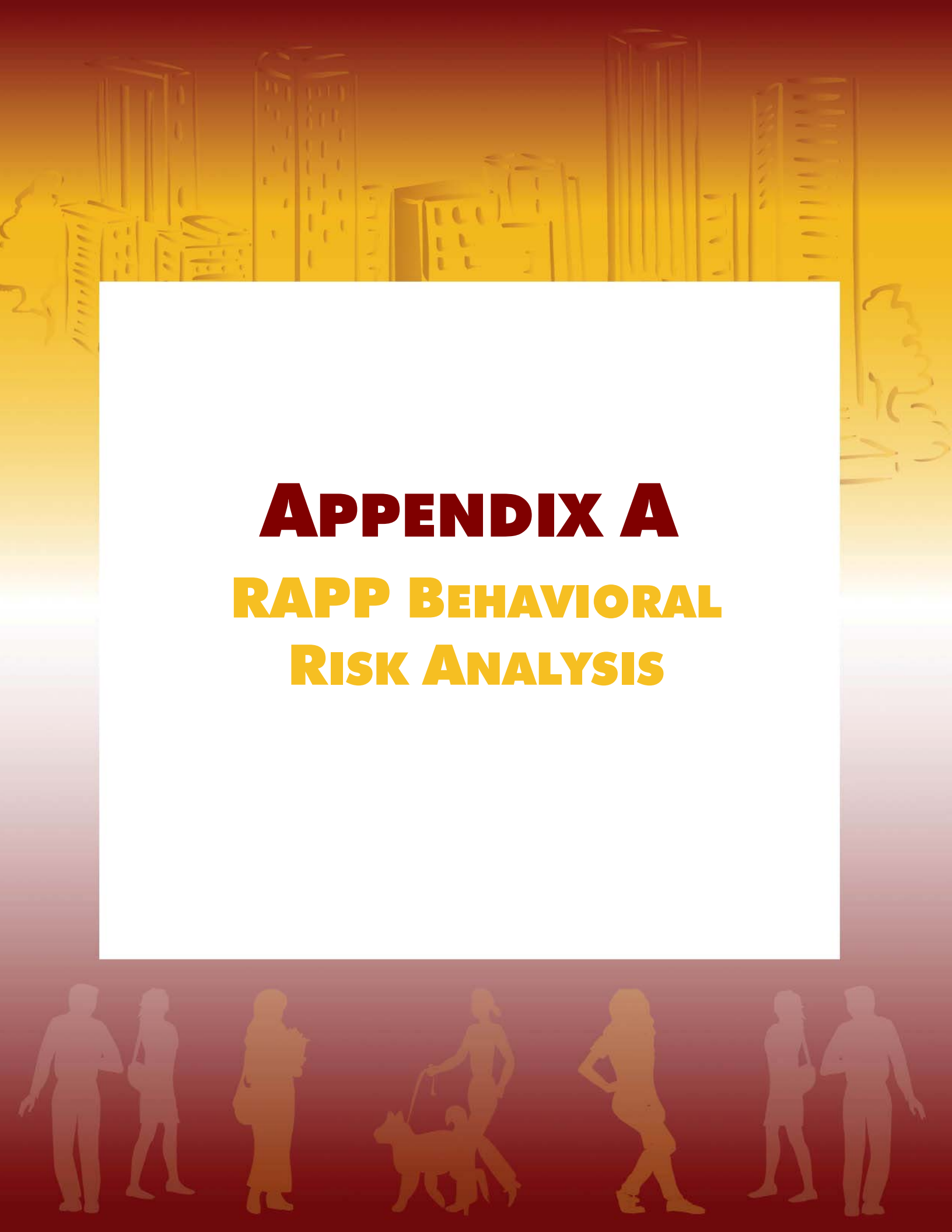
The background features a stylized, hand-drawn city skyline in shades of yellow and orange. The buildings are simple geometric shapes with some windows indicated by small rectangles. The overall aesthetic is clean and modern.

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# APPENDICES

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The background features a stylized, hand-drawn city skyline in shades of yellow and orange. The buildings are simple outlines with some windows. At the bottom of the page, there are silhouettes of various people in different poses, including a man and woman talking, a woman with a bag, a woman walking a dog, a woman with hands on hips, and another man and woman talking.

# **APPENDIX A**

## **RAPP BEHAVIORAL RISK ANALYSIS**

## **APPENDIX A: RAPP BEHAVIORAL RISK ANALYSIS**

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This appendix provides a generic behavior risk analyses for the various populations identified in the RAPP program manual. 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 RAPP intervenes to protect individuals against the determinants of risk. Appendix A-1 describes the factors that influence HIV risk behaviors in the populations in a table format. The flowchart that follows the table (Appendix A-2) is another way to show the relationships 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 the determinants of risk in a table format or as a flowchart.



## Behavioral Risk Analysis for RAPP

WHO	RISK BEHAVIOR	WHY . . .		
<b>WOMEN HAVING SEX WITH MULTIPLE PARTNERS</b>	Unprotected sex with multiple partners of unknown status – increase in number of partners increases likelihood that one or more will be HIV+	→ Partners provide financial support – money, drugs, housing, etc.	→ Insufficient access to income/resources	
		→ Do not want to ask partners about risk	→ Lack condom use skills → Lack condom negotiation skills	
		→ Partners provide varying levels of emotional support	→ Fear jeopardizing relationship → Perceive asking about risk as violation of "trust"	→ Need to be "in a relationship" – part of identity tied to relationships
		→ Request for condom use may jeopardize relationship	→ Fear that condom use may be seen as violation of "trust" → Request for condom use may jeopardize relationship	
→ Request for condom use may jeopardize relationship	→ Need for attention → Need to feel validated	→ History of abuse of neglect → Fear violence		

WHO	RISK BEHAVIOR	WHY . . .		
FEMALE PARTNERS OF MEN OF UNKNOWN STATUS (BISEXUAL, IDU, OR PREVIOUSLY INCARCERATED)	Unprotected sex with partner at increased risk for HIV	<i>All of the factors from "Women with multiple sex partners," plus:</i>		
		→ IDU status or sexual practices unknown	→ Partner does not provide truthful information	→ Partner provides emotional and/or financial support
		→ In denial about partner's risk (i.e., afraid to ask)		→ Fear of jeopardizing relationship
		→ Desire to have biological children with partner	→ Need to feel validated	→ Issues of trust
				→ Need to be "in a relationship" – part of identity tied to relationships

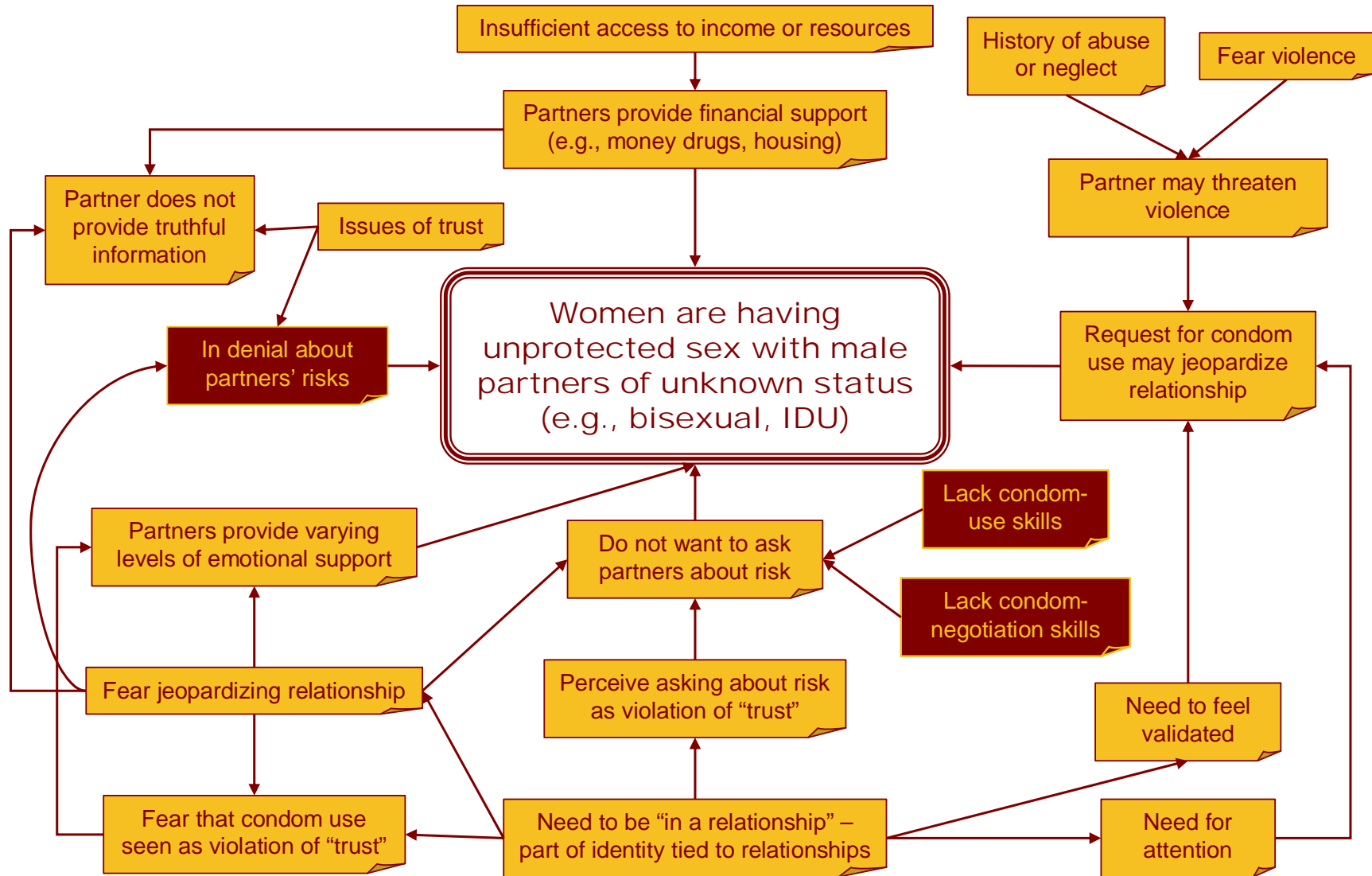
WHO	RISK BEHAVIOR	WHY . . .		
FEMALES WITH HIV+ PARTNERS	Unprotected sex with HIV-infected partners	<i>All of the factors from "Women with multiple sex partners," plus:</i>		
		→ Desire to not use condoms "all the time"	→ Increased pleasure	→ Lack of self-confidence
			→ Peer pressure	
			→ Trust issues	→ Low self-esteem
		→ Desire to please partner	→ Fear of loss of relationship	
		→ Inconvenience		
		→ Insufficient access to condoms		
	→ Motivated to have children	→ Desire to have biological children with their partner	→ Child may provide emotional support	
			→ Want partner legacy	

WHO	RISK BEHAVIOR	WHY . . .		
FEMALE PARTNERS OF SEX WORKERS OR THOSE WITH MULTIPLE PARTNERS	Unprotected sex with partner at increased risk for HIV	All of the factors from "Women with multiple sex partners," plus:		
		<ul style="list-style-type: none"> <li>→ May be unaware of partner's other partners</li> <li>→ May feel less vulnerable as "primary partner"</li> <li>→ Do not translate partner's behavior as own personal risk</li> </ul>	<ul style="list-style-type: none"> <li>→ Partner does not provide truthful information</li> <li>→ In denial about partner's risk (i.e., afraid to ask)</li> </ul>	<ul style="list-style-type: none"> <li>→ Fear of jeopardizing relationship</li> </ul>

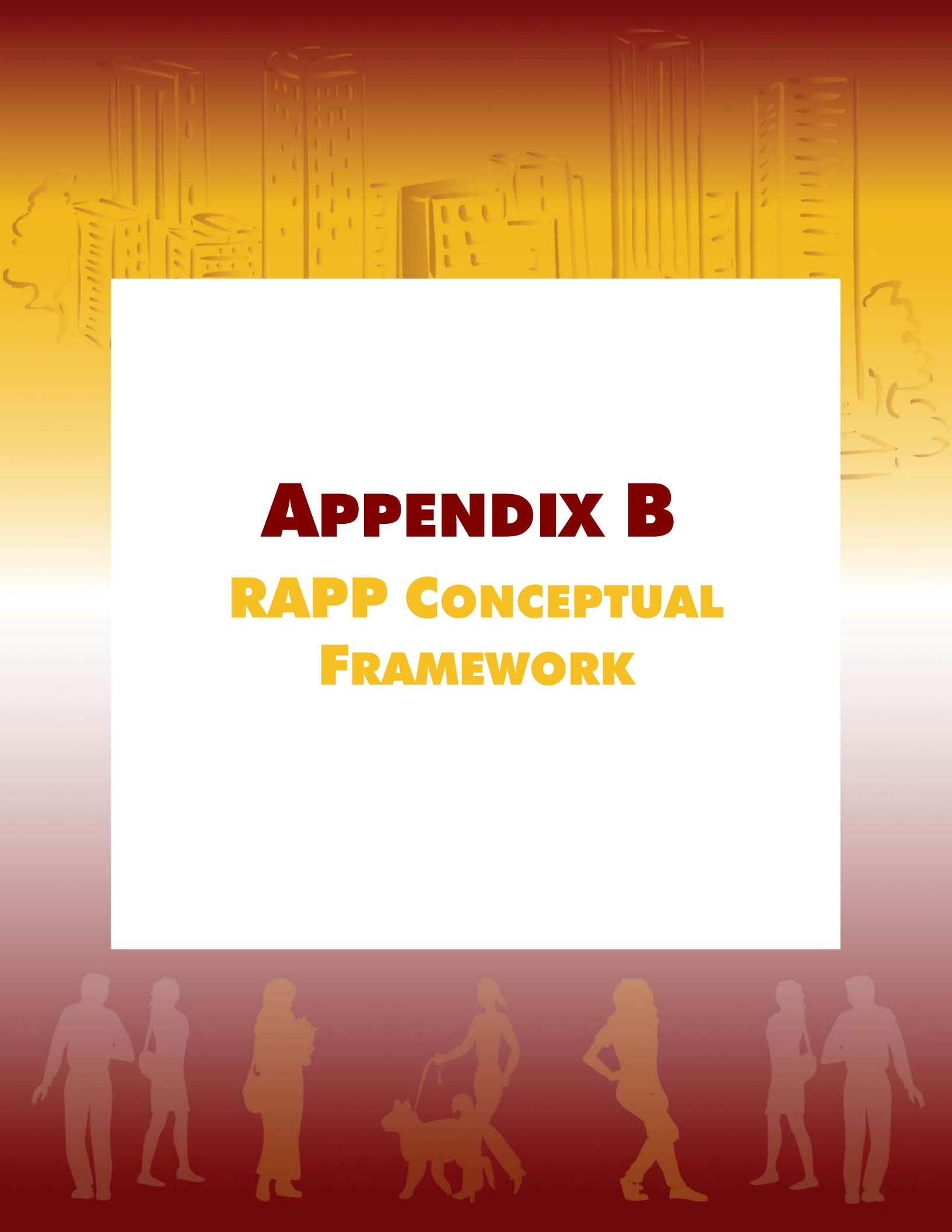
WHO	RISK BEHAVIOR	WHY . . .		
FEMALE SEX WORKERS	Increase in number of partners (unprotected) increases likelihood that one or more will be HIV+	→ Customers may refuse and threaten violence	→ Fear violence	
		→ Insufficient access to condoms		
		<ul style="list-style-type: none"> <li>→ Sex without a condom yields more money (higher rates)</li> </ul>	<ul style="list-style-type: none"> <li>→ Insistence on condom use may reduce number of customers</li> <li>→ Condoms may be perceived as less pleasurable</li> </ul>	<ul style="list-style-type: none"> <li>→ More partners translates to increased income</li> </ul>

WHO	RISK BEHAVIOR	WHY . . .			
SUBSTANCE -USING WOMEN	Sharing needles that may be contaminated with virus	→ No money to purchase needles	→ Substance-using lifestyle compromises wage-earning activities		
		→ Purchase/possession of needles illegal	→ Monies obtained quickly spent to support substance use		
		→ Needle-sharing behaviors integrated into the culture of substance use	→ State and Federal laws	→ Drug-using partners may substitute for family	
	Unprotected sex with IDUs who may be HIV+	<i>All of the factors from above, plus:</i>			
		→ Exchange sexual favors for drugs or money to purchase drugs	→ Substance-using lifestyle compromises wage-earning activities		
		→ Spouse or primary partner of male IDU	→ Partner may see condom use as violation of "trust"	→ Fear of jeopardizing relationship	
	Unprotected sex while under the influence of alcohol and/or other substances	→ Influence of substances impairs decision making			

## Example: Behavioral Risk Analysis for RAPP





The background features a stylized, golden-yellow city skyline with various skyscrapers and buildings. The scene is set against a gradient background that transitions from a light yellow at the top to a dark red at the bottom. A large white rectangular box is centered on the page, containing the title text.

# **APPENDIX B**

## **RAPP CONCEPTUAL FRAMEWORK**



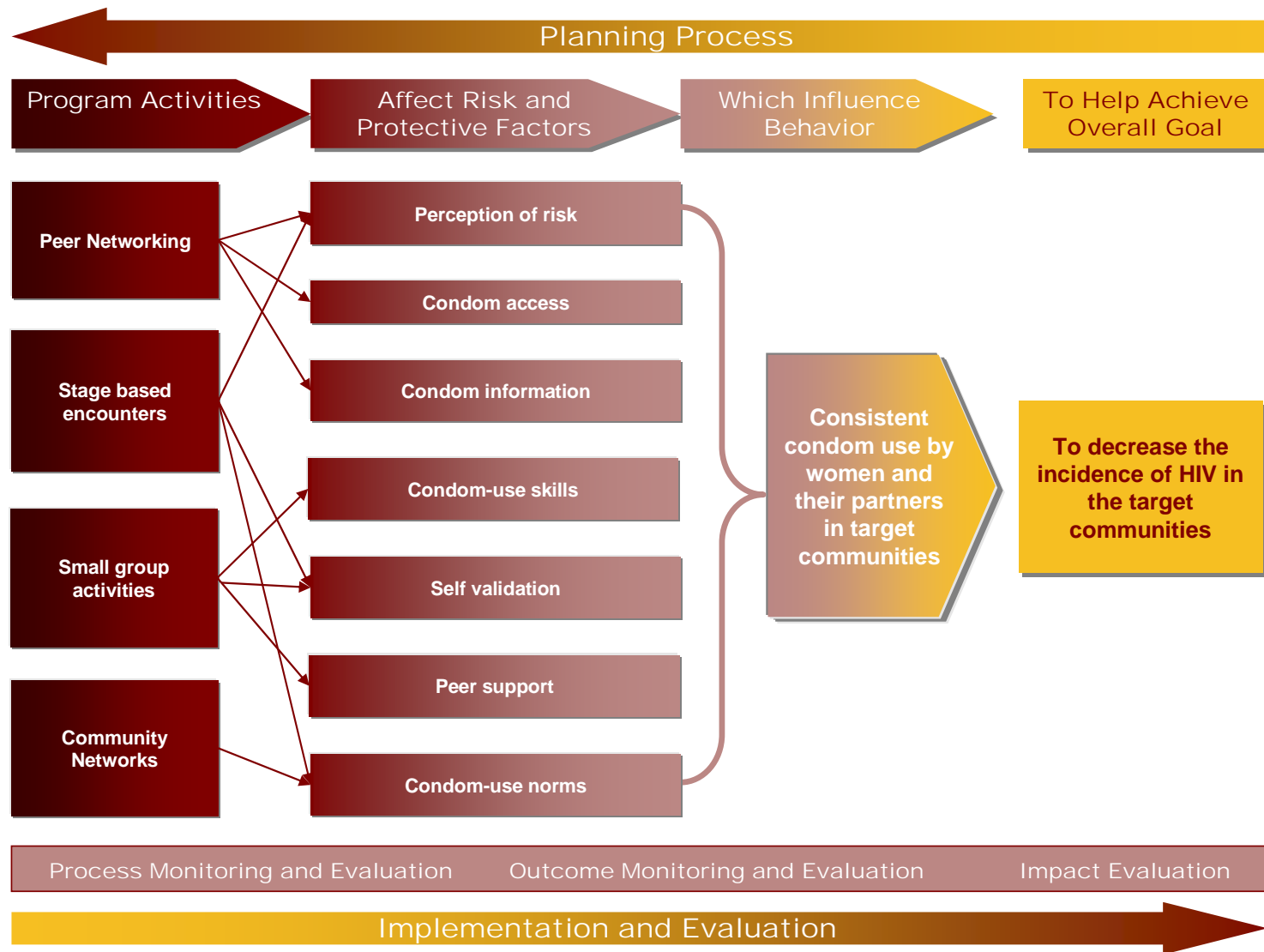
## **APPENDIX B: RAPP CONCEPTUAL FRAMEWORK**

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This appendix provides a conceptual framework for RAPP. This framework depicts the influential relationship of intervention activities on determinants of risk to influence behavior change. Use information obtained through a needs assessment of your target population to modify this framework to illustrate the determinants of risk specific to your target population.



## APPENDIX B: RAPP CONCEPTUAL FRAMEWORK



The background features a stylized, golden-yellow city skyline with various skyscrapers and buildings. The scene is set against a gradient background that transitions from a light yellow at the top to a dark red at the bottom. A large white rectangular box is centered on the page, containing the main title. At the bottom of the page, there are silhouettes of several people in various poses, including a person walking a dog, rendered in a dark red color.

# **APPENDIX C**

## **RAPP LOGIC MODEL**

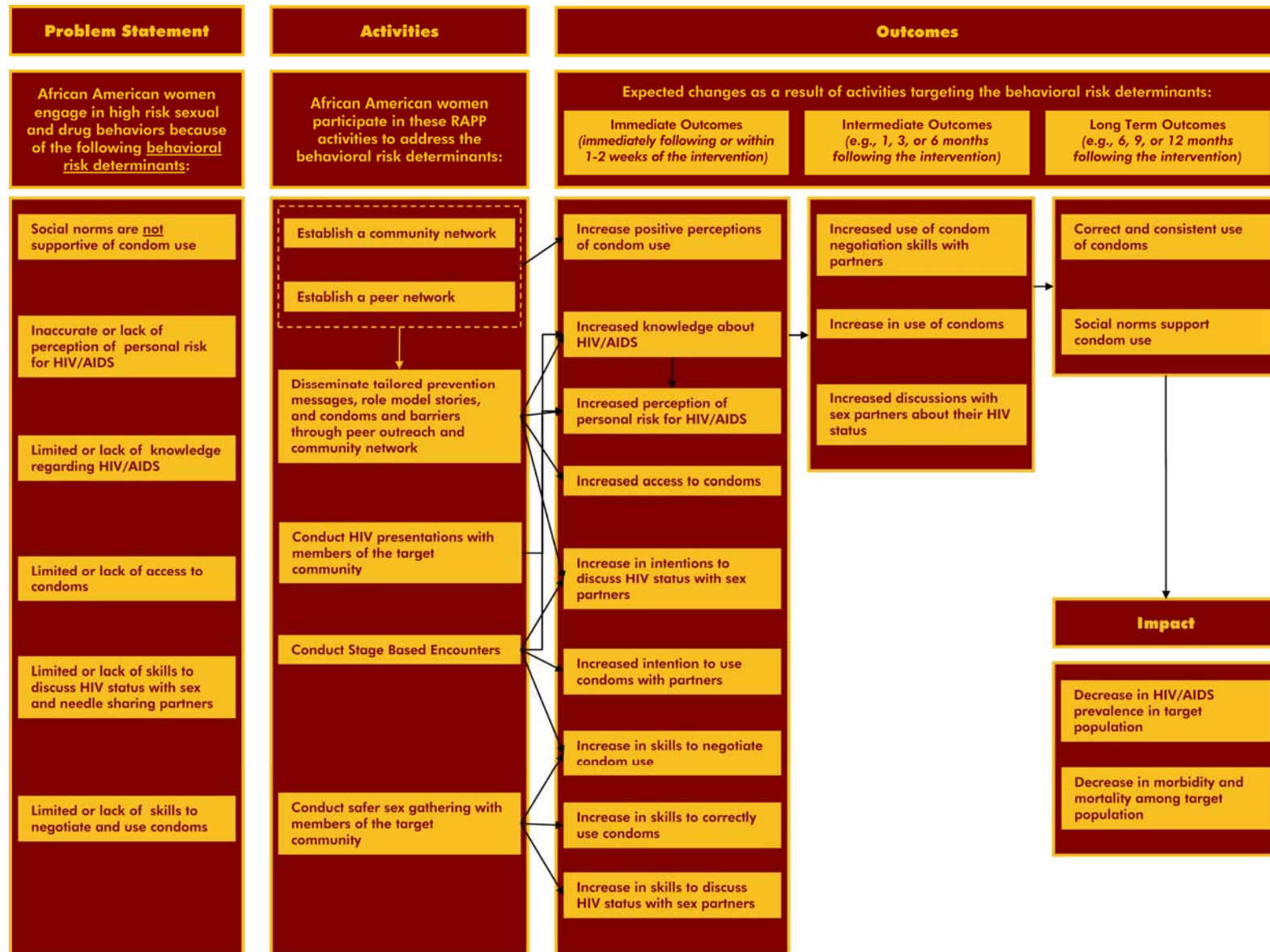
## RAPP LOGIC MODEL

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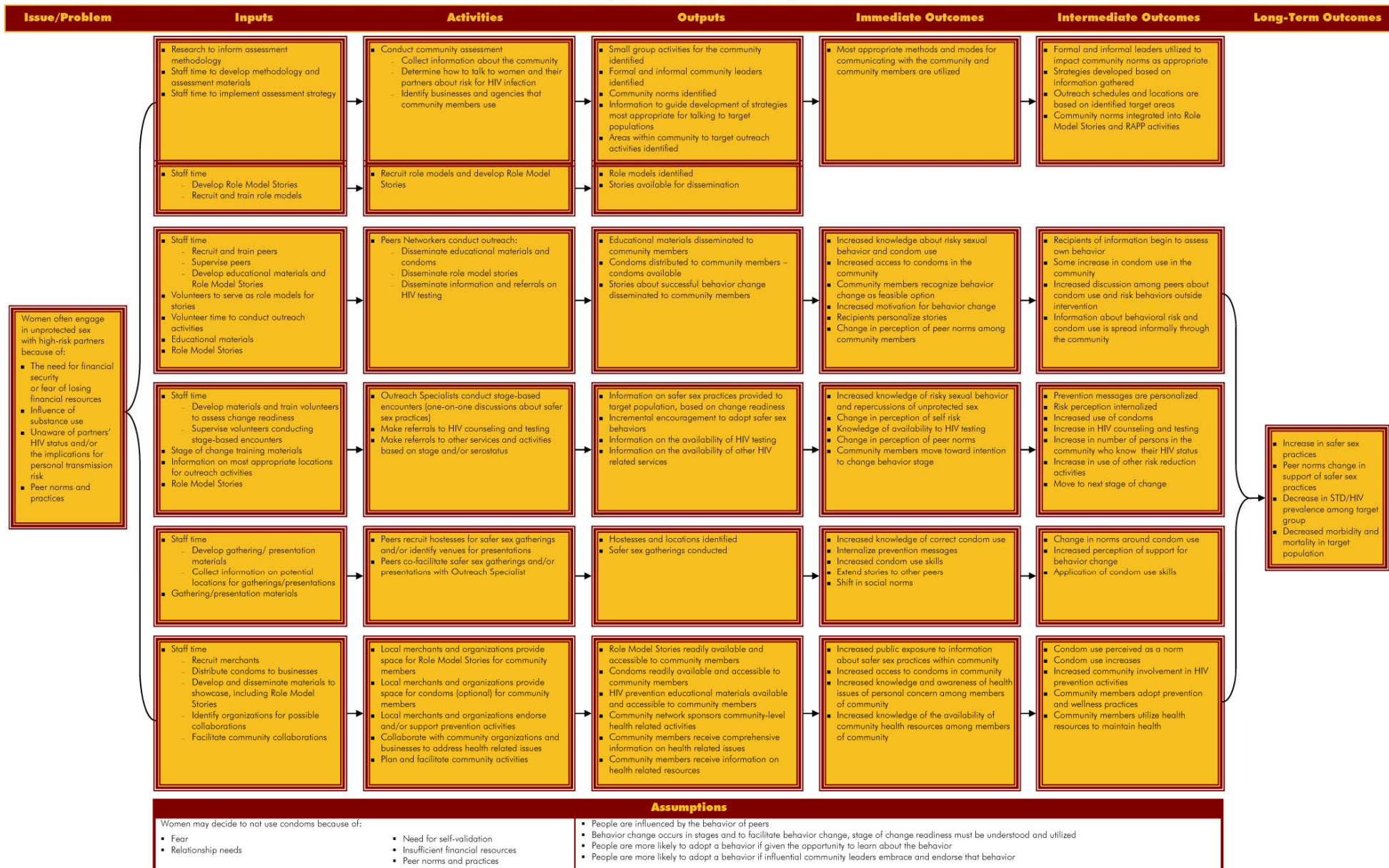
This section provides two logic models for RAPP—the first is a theoretical logic model and the second is an implementation logic model. Both models reflect the relationship between the activities and the anticipated outcomes as described in the RAPP program manual. The theoretical logic model (C-1) identifies the knowledge, beliefs, attitudes, and community factors (i.e., behavioral determinants) that influence the target population’s behavior. These are the determinants that the intervention will address through its various activities. The implementation logic model (C-2) portrays the resources required (i.e., inputs) and outputs of the intervention. As with the situational risk analysis, it is important that you adapt and tailor the logic model to reflect your agency’s implementation of RAPP.



## Theoretical Logic Model for RAPP



## RAPP Implementation Logic Model



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

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

<b>VARIABLE NUMBER</b>	<b>VARIABLE NAME</b>	<b>HD &amp; CDC REPORTED REQUIRED</b>
<b>GENERAL AGENCY INFORMATION (TABLE A)</b>		
A01	Agency Name	Required
A01a	PEMS Agency ID	Required
A02	Community Plan Jurisdiction	Required
A03	Employer Identification Number (EIN)	Required
A04	Street Address 1	Required
A05	Street Address 2	Required
A06	City	Required
A08	State	Required
A09	Zip Code	Required
A10	Agency Website	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 Email	Required



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

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

<b>VARIABLE NUMBER</b>	<b>VARIABLE NAME</b>	<b>HD &amp; CDC REPORTED REQUIRED</b>
<b>CLIENT CHARACTERISTICS (TABLE G) (CONTINUED)</b>		
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"> <li>■ Sex without using a condom</li> <li>■ Sharing drug injection equipment</li> </ul>		
<b>CLIENT INTERVENTION CHARACTERISTICS (TABLE H)</b>		
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
<b>REFERRAL (TABLE X7)</b>		
X701	PEMS Referral Code	Required
X702	Referral Date	Required
X703	Referral Service Type	Required
X706	Referral Outcome	Required
X710	Referral Close Date	Required

<b>VARIABLE NUMBER</b>	<b>VARIABLE NAME</b>	<b>HD &amp; CDC REPORTED REQUIRED</b>
<b>AGGREGATE HE/RR AND OUTREACH (TABLE AG)</b>		
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
AG14a	Materials Distributed - Male Condoms	Required
AG14b	Materials Distributed - Female Condoms	Required
AG14c	Materials Distributed - Bleach or Safer Injection Kits	Required

<b>VARIABLE NUMBER</b>	<b>VARIABLE NAME</b>	<b>HD &amp; CDC REPORTED REQUIRED</b>
<b>AGGREGATE HE/RR AND OUTREACH (TABLE AG) (CONTINUED)</b>		
AG14d	Materials Distributed - Education Materials	Required
AG14e	Materials Distributed - Safe Sex Kits	Required
AG14f	Materials Distributed - Referral list	Required
AG14g	Materials Distributed - Role Model Stories	Required
AG14h	Materials Distributed - Other (specify)	Required
<b>HEALTH COMMUNICATION / PUBLIC INFORMATION (TABLE HC)</b>		
HC01	Intervention Name	Required
HC02	HC/PI Delivery Method	Required
HC05	Event Start Date	Required
HC06	Event End Date	Required
HC07	Total Number of Airings	Required
HC08	Estimated total Exposures	Required
HC09	Number of Materials Distributed	Required
HC10	Total Number of Web Hits	Required
HC11	Total Number of Attendees	Required
HC12	Number of Callers	Required
HC13	Number of Callers Referred	Required
HC14	Distribution - Male condoms	Required
HC15	Distribution - Female condoms	Required
HC16	Distribution - Lubricants	Required
HC17	Distribution - Bleach or Safer Injection Kits	Required
HC18	Distribution - Referral Lists	Required
HC19	Distribution - Safe sex kits	Required
HC20	Distribution - Other	Required
<b>COMMUNITY PLANNING LEVEL (TABLE CP-A/B/C)</b>		
CP-A01	Name of HIV Prevention CPG	HD only
CP-A02	Community Plan Year	HD only
CP-B01	Priority Population	HD only
CP-B02	Rank	HD only
CP-B03	Age	HD only
CP-B04	Gender	HD only
CP-B05	Ethnicity	HD only
CP-B06	Race	HD only
CP-B07	HIV Status	HD only
CP-B08	Geo Location	HD only
CP-B09	Transmission Risk	HD only

VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
COMMUNITY PLANNING LEVEL (TABLE CP-A/B/C)		
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

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# **APPENDIX E**

## **REFERENCES**



## REFERENCES

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