AK1. HIV KNOWLEDGE QUESTIONNAIRE

USE WHEN YOU WANT TO EVALUATE

Outcomes:

- ✓ Awareness and knowledge

Intervention types:

- ✓ Social marketing campaign on HIV/AIDS, hepatitis C or related communicable diseases
- ✓ Social media intervention on HIV/AIDS, hepatitis C or related communicable diseases
- ✓ Targeted education activities for priority population
- ✓ Targeted awareness activities for priority population

Worked well with these populations:

- ✓ Transgendered
- ✓ Ethnocultural (Black & Hispanics in US context)

Interventions relevant to:

- ✓ HIV

TOOL DESCRIPTION

Description:

- ✓ Adapted version of the highly-used 18-item, Carey and Schroder HIV Knowledge Scale (2002), a questionnaire measuring knowledge of HIV transmission, reduced to 10 items and tested for appropriateness for different high-vulnerability populations and subgroups: MSM, women, Black, white, Hispanic and different age groups.

WHY THIS TOOL MIGHT BE USEFUL FOR COMMUNITY-BASED INTERVENTIONS

- ✓ Used in a large-scale evaluation of an HIV prevention program.
- ✓ Testing established that this scale does NOT work well with MSM and young adults but works well for transgendered people, some cultural minorities and older age groups.
- ✓ Suitable for before and after testing of a program's effects.
- ✓ Questions fit together well and produce stable results (reliable).
- ✓ Easily completed and analysed.
- ✓ Could easily be programmed to be given electronically.

Developed in:

- ✓ English

ADMINISTRATION, DESIGN, SCORING and ANALYSIS CONSIDERATIONS

ADMINISTRATION

- This questionnaire should take about 10 minutes to fill out each time.
- Tell participants why you are using the questionnaire, being clear that it is to evaluate the intervention and not them, to help make it better.
- Participation should be voluntary, so tell participants that it is ok if they do not complete the questionnaire. Assure participants that there are no negative consequences if they don't want to complete it. Give them a way to do something else at the same time that looks similar to completing the checklist so that the confidentiality of this decision is protected. (For further information on ethical considerations in carrying out evaluations, see Ethics Resources)
- If used in a group setting, ensure that people feel safe and that the space is confidential; no one can see their answers (can see their screen or papers), and put completed questionnaires into a sealed envelope.

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DESIGN OPTIONS

Measuring before and after intervention (this is the best option because it measures real change)

1. **WHEN TO USE**: Have the questionnaires filled out before the intervention or at the very beginning of it, and again after, as close to the end as possible (often the very last session is not suitable because it may be a celebration, or have low attendance).

2. **LINKING RESULTS**: Include a way to match the same person's pre and post questionnaires while protecting confidentiality, for example using a password or unique identifier that respondents generate and remember. (see Tips for passwords).

3. **SCORING:** Create each person's total pre-program and post-program HIV Knowledge Scores by calculating their total number of correct answers, with a score of zero for wrong and a score of 1 for correct. Questions 2, 8 and 9 are **TRUE** as worded and questions 1, 3, 4, 5, 6, 7, and 10 are **FALSE**. Count "don't know" answers as wrong. Scores can range from 0 to 10.

4. **ANALYSIS:** Compare the pre and post scores for each individual, noting how many people improve, how many stay the same, and how many get worse.

Measuring change only after the end of an intervention: (this is the second best option, because people often think the intervention has had more effect than it really did)

1. **WHEN TO USE:** Adapt all the questions so that they ask people what their answer is now and what it was before the intervention. For example, for question 1 ask: "*Now I think that pulling out the penis before a man climaxes/cums keeps a woman from getting HIV during sex"* AND "*Before the workshop, I thought pulling out the penis before a man climaxes/cums kept a woman from getting HIV during sex*" (see an example of a questionnaire with before and after versions)

2. **SCORING:** Create each person's total pre-program and post-program HIV Knowledge Score by calculating their total number of correct answers, with a score of zero for wrong and a score of 1 for correct. Questions 2, 8 and 9 are **TRUE** as worded and questions 1, 3, 4, 5, 6, 7, and 10 are **FALSE**. Count "don't know" answers as wrong. Scores can range from 0 to 10.

3. **ANALYSIS:** Compare the pre and post scores for each individual, noting how many people say they improve, how many stay the same, and how many get worse.

AK1. HIV Knowledge Questionnaire

1. Pulling out the penis before a man climaxes/cums keeps a woman from getting HIV during sex	☐ Yes	☐ No	☐ Don't know
2. A woman can get HIV if she has anal sex with a man	☐ Yes	☐ No	☐ Don't know
3. Showering, or washing one's genitals/private parts, after sex keeps a person from getting HIV	☐ Yes	☐ No	☐ Don't know
4. There is a vaccine that can stop adults from getting HIV	☐ Yes	☐ No	☐ Don't know
5. People are likely to get HIV by deep kissing, putting their tongue in their partner's mouth, if their partner has HIV	☐ Yes	☐ No	☐ Don't know
6. A woman cannot get HIV if she has sex during her period	☐ Yes	☐ No	☐ Don't know
7. A natural skin condom works better against HIV than latex condom does	☐ Yes	☐ No	☐ Don't know
8. Having sex with more than one partner can increase a person's chance of being infected with HIV	☐ Yes	☐ No	☐ Don't know
9. A person can get HIV from oral sex	☐ Yes	☐ No	☐ Don't know
10. Using Vaseline or baby oil with condoms lowers the chance of getting HIV	☐ Yes	☐ No	☐ Don't know

Source:

Oglesby, W. H., & Alemagno, S. A. (2013). **Psychometric properties of an HIV knowledge scale administered with populations at high risk for HIV infection.** Health Promotion Practice, 14(6), 859-867.

Original scales used in: Johnston, C. L., Marshall, B. D. L., Qi, J., Zonneveld, C. J., Kerr, T., Montaner, J. S. G., & Wood, E. (2011). HIV knowledge and perceptions of risk in a young, urban, drug-using population. *Public Health, 125*(11), 791-794.