

## AK12. HCV KNOWLEDGE QUESTIONNAIRE # 1

### USE WHEN YOU WANT TO EVALUATE:

**Outcomes :**

- ✓ Awareness and knowledge

**Intervention types:**

- ✓ Targeted education activities for priority population
- ✓ Targeted awareness activities for priority population
- ✓ Skill building sessions to increase capacity to engage in risk mitigation behaviors
- ✓ Outreach to priority populations for awareness and education

**Worked well with these populations:**

- ✓ Youth (male)
- ✓ People who inject drugs (male)

**Interventions for:**

- ✓ HCV

### DESCRIPTION

This 6-item measure has been used in a study of the effectiveness of a peer education program for hepatitis C prevention delivered to men at risk for HCV.

**WHY THIS TOOL MIGHT BE USEFUL FOR COMMUNITY-BASED INTERVENTIONS**

- ✓ The peer education program resulted in improved HCV knowledge.
- ✓ Suitable for before and after testing of a program's effects
- ✓ Easily completed and analysed
- ✓ Could easily be programmed to be given electronically

**Developed in:**

- ✓ English

### ADMINISTRATION, DESIGN, SCORING and ANALYSIS CONSIDERATIONS

**ADMINISTRATION**

- These questions will take about 5 minutes to fill out each time.
- Tell participants why you are using the questionnaire, being clear that it is to evaluate the intervention, to help make it better and not them.
- Participation should be voluntary, so tell participants that it is ok if they do not complete the questionnaire, and 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 questionnaire so that the confidentiality of this decision is protected. (For further information on ethical considerations in carrying out evaluations, see [Ethics Resources](#))
- If using 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.

**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 HCV 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 1, 3, 4, 5 and 6 are **TRUE** as worded and question 2 is **FALSE**. Count "don't understand" and "don't know" answers as wrong. Scores can range from 0 to 6.

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. 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 hepatitis C is caused by a virus" AND "Before the workshop, I thought hepatitis C was caused by a virus" (See an [example](#) of a questionnaire with before and after versions)

2. **SCORING:** Create each person's total pre-program and post-program HCV 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 1, 3, 4, 5 and 6 are **TRUE** as worded and question 2 is **FALSE**. Count "don't understand" and "don't know" answers as wrong. Scores can range from 0 to 6.

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.

**AK 12. HCV KNOWLEDGE QUESTIONNAIRE**

	True	False	Don't understand	Don't know
1. Hepatitis C is caused by a virus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. A vaccination is available for hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Hepatitis B and C can be transmitted by sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The easiest way to get or give hepatitis C is through sharing bloody needles, syringes, and deep cuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Once you are infected, it is possible for you to be a chronic carrier of the disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. A pregnant woman who is infected with hepatitis B or C can transmit the disease to her unborn child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Source:**

Zucker, D. M. (2009). **Peer education for hepatitis C prevention.** Gastroenterology Nursing : The Official Journal of the Society of Gastroenterology Nurses and Associates, 32(1), 42-48.