

### AK3. STI/HIV PREVENTION KNOWLEDGE - NATIVE STAND EVALUATION QUESTIONNAIRE

#### USE WHEN YOU WANT TO EVALUATE:

**Outcomes :**

- ✓ Awareness and knowledge
- ✓ Skills / competency and capacity of individuals
- ✓ Healthy behavior

**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:**

- ✓ Aboriginal youth
- ✓ Youth

**Interventions for:**

- ✓ HIV
- ✓ STIs

#### DESCRIPTION

**Description:**

This is a section of a long questionnaire that covers a range of issues relevant to healthy decision-making that affects HIV risk. These 10 questions assess levels of STI/HIV prevention knowledge.

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

- ✓ This tool was used in an evaluation of a peer education program with Aboriginal youth. Results showed significant gains among peer leaders in talking to peers about sexual health; STI/HIV prevention and reproductive health knowledge; intention to use condoms to avoid pregnancy and STIs; and in condom self-efficacy.
- ✓ Some sections are 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**

- This section will take no more than 10 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. 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 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), 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 a unique identifier that respondents generate and remember (see [Tips for passwords](#)).
3. **SCORING:** Create each person's total pre-program and post-program STI/HIV Prevention 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, 3, 4, 8 and 10 are **TRUE** as worded and questions 1, 5, 6, 7, and 9 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. 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 **STIs** always have signs and symptoms." AND "Before the workshop, I thought STIs always have signs and symptoms."
2. **SCORING:** Create each person's total pre-program and post-program STI/HIV Prevention 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, 3, 4, 8 and 10 are **TRUE** as worded and questions 1, 5, 6, 7, and 9 are **FALSE**. Count "don't know" answers as wrong. Scores can range from 0 to 10. (See an [example](#) of a questionnaire with before and after versions)
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.

### AK3. STI /HIV Prevention Knowledge Questionnaire

1. STIs always have signs and symptoms.	<input type="checkbox"/> True	<input type="checkbox"/> False	<input type="checkbox"/> Don't know
2. You can get an STI in your throat and mouth from oral sex.	<input type="checkbox"/> True	<input type="checkbox"/> False	<input type="checkbox"/> Don't know
3. The average time from when someone is exposed to HIV to when they first show signs or symptoms is 8 to 10 years.	<input type="checkbox"/> True	<input type="checkbox"/> False	<input type="checkbox"/> Don't know
4. Having an STI makes you more at risk for HIV.	<input type="checkbox"/> True	<input type="checkbox"/> False	<input type="checkbox"/> Don't know
5. You can catch HIV by touching saliva (spit), tears, or sweat.	<input type="checkbox"/> True	<input type="checkbox"/> False	<input type="checkbox"/> Don't know
6. You have to be gay to get HIV.	<input type="checkbox"/> True	<input type="checkbox"/> False	<input type="checkbox"/> Don't know
7. There are medicines to cure HIV.	<input type="checkbox"/> True	<input type="checkbox"/> False	<input type="checkbox"/> Don't know
8. HIV weakens your immune system so your body can't fight against infections.	<input type="checkbox"/> True	<input type="checkbox"/> False	<input type="checkbox"/> Don't know
9. Condoms make sex completely safe	<input type="checkbox"/> True	<input type="checkbox"/> False	<input type="checkbox"/> Don't know
10. Cum (semen) and blood can carry HIV.	<input type="checkbox"/> True	<input type="checkbox"/> False	<input type="checkbox"/> Don't know

**Sources:** Obtained from authors of: De Ravello, L., Rushing, S. C., Doshi, S., Smith, M. U., & Tulloch, S. (2011).

**Evaluating Native Stand: A peer education curriculum for healthy decision-making for native youth.** Sexually Transmitted Infections, 87, A226.