

## B6. TESTING ATTITUDES, INTENTIONS AND BEHAVIOR MEASURE

### USE WHEN YOU WANT TO EVALUATE:

#### Outcomes :

- ✓ Healthy behavior: testing for HIV, STIs or hepatitis C
- ✓ Increased individual capacity and competency

#### 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
- ✓ Skill building sessions to increase capacity to engage in risk reduction behaviors
- ✓ Outreach to priority populations to increase their capacity to engage in risk reduction behaviors
- ✓ Outreach to priority populations for awareness and education

#### Worked well with these populations:

- ✓ African American women

#### Interventions for:

- ✓ HIV
- ✓ STIs

### DESCRIPTION

A short interview or questionnaire that assesses attitudes toward HIV testing, testing behavior and intentions. Although developed for Black women in the US, it would be suitable to use with any sexually active population.

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

- ✓ This tool was used in a controlled evaluation of a social marketing campaign promoting testing. There was an increase in visits to the Centre for Disease Control testing website after the campaign.
- ✓ 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 questionnaire should take about 10 minutes 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 so that the confidentiality of this decision is protected. (For further information on ethical considerations in carrying out evaluations, see [Ethics Resources](#))
- Ensure that people feel safe and that the space is confidential; no one can see their answers.

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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.
3. **SCORING:** Calculate the total score calculating the [average](#) of each individual's answers. Scores can range from 1 to 4.
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 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: *"Before this program, I thought I should get tested for HIV because I may be at risk", AND, "Now I think I should get tested for HIV because I may be at risk."* (see an [example](#))
2. **SCORING:** Calculate the total score calculating the [average](#) of each individual's answers. Scores can range from 1 to 4.
3. **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.

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	Strongly disagree			Strongly agree
1. I should get tested for HIV because I may be at risk.	1	2	3	4
2. People in my community should get tested for HIV.	1	2	3	4
3. Treatment and support programs are available to people in my community who might test positive for HIV.	1	2	3	4
4. HIV is not my problem.	4	3	2	1
5. I don't need to worry about getting HIV because I know everything about my partner.	4	3	2	1
6. I know where I can get a test for HIV.	1	2	3	4
7. I know how long after having unprotected sex I should get an HIV test	1	2	3	4
8. I plan to have a test for HIV in the next 12 months.	1	2	3	4
9. I plan to have a test for HIV in the next 6 months.	1	2	3	4
10. I have talked to someone, other than my partner, such as friends or family, about getting an HIV test.	1	2	3	4
	<b>No</b>		<b>Yes</b>	
11. I have gotten an HIV test in the last 6 months.	1		4	
12. I have visited the Web site <a href="http://www.catie.ca/">http://www.catie.ca/</a> OR <a href="http://www.hepatitisinfo.ca">www.hepatitisinfo.ca</a>	1		4	

**Sources:** Adapted from: Frazee, J. L., Uhrig, J. D., Davis, K. C., Taylor, M. K., Lee, N. R., Spoeth, S., . . . McElroy, L. (Sep 2009). **Applying core principles to the design and evaluation of the "take charge. take the test" campaign: What worked and lessons learned.** *Public Health*, 123(Suppl 1), e23-e3; Uhrig et al. **Efficacy of an HIV Testing Campaign's Messages for African American Women** *Health Marketing Quarterly*, 29:117–129, 2012