

B7. TESTING HISTORY - NATIVE STAND EVALUATION QUESTIONNAIRE

USE WHEN YOU WANT TO EVALUATE:

Outcomes :

- ✓ Healthy behavior

Intervention types:

- ✓ 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

Worked well with these populations:

- ✓ Aboriginal youth

Interventions for:

- ✓ HIV
- ✓ STIs

DESCRIPTION

This is a section of a longer questionnaire that covers a range of issues relevant to healthy decision-making that affects HIV risk. This section assesses testing history for HIV and STIs,

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.
- ✓ 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, 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](#))
- 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.

B7. TESTING HISTORY - NATIVE STAND EVALUATION QUESTIONNAIRE

DESIGN OPTIONS

Measuring before and after intervention (this is the best option because it measures actual 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:** Assign a numerical value to each of the possible answers except "Don't know" and "Prefer not to answer" which you can assign zero; it is easiest if the higher numbers always mean the same thing (e.g., more positive response in terms of outcomes). For example, in question 1, you would assign a 5 to the response "very safe" and 1 to response "not safe at all". Create each person's Testing History score for before and after intervention, by calculating his or her [average](#) of the questions answered.
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: *"How safe do you think your current sexual behavior is in terms of avoiding STIs and HIV?"* AND *"Before the workshop, how safe did you think your sexual behavior was in terms of avoiding STIs and HIV?"* (see an [example](#))

2. **SCORING:** Assign a numerical value to each of the possible answers except "Don't know" and "Prefer not to answer" which you can assign zero; it is easiest if the higher numbers always mean the same thing (e.g., more positive response in terms of outcomes). For example, in question 1, you would assign a 5 to the response "very safe" and 1 to response "not safe at all". Create each person's Testing History score by calculating his or her [average](#) of the questions answered.
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.

B7. STI TESTING AND TREATMENT HISTORY

These questions are about sexually transmitted infections (STIs) testing and treatment. *(Choose one answer for each question)*

1. **How safe do you think your current sexual behavior is in terms of avoiding STIs and HIV?**
 - ☐ Very safe
 - ☐ Safe
 - ☐ Unsure
 - ☐ Not very safe
 - ☐ Not safe at all
 - ☐ Prefer not to answer

2. **Have you ever been tested for HIV, the virus that causes AIDS?** *(Don't include tests done as part of blood donations)*
 - ☐ Yes
 - ☐ No
 - ☐ Don't know
 - ☐ Prefer not to answer

3. **Does someone you are close to have HIV or AIDS?**
 - ☐ Yes
 - ☐ No
 - ☐ Don't know
 - ☐ Prefer not to answer

4. **Have you ever been tested for STIs?**
 - ☐ Yes
 - ☐ No
 - ☐ Don't know
 - ☐ Prefer not to answer

5. **Has a doctor or other medical personnel ever told you that you have an STI?**
 - ☐ Yes
 - ☐ No
 - ☐ Prefer not to answer

6. **The last time you had an STI, did you tell your partner?**
 - ☐ Yes
 - ☐ No
 - ☐ Prefer not to answer

Source: 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.