

Behavioral Intent Questionnaire and Intervention Evaluation

1. Administered to participants of Health Education and Risk Reduction interventions.
2. Administer once on the day the participant completes the intervention.
3. Submit to Family Planning, STD, and HIV Program with invoice for HIV prevention services.

Date:	Prevention Provider:	Intervention Name: Cycle Number:
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HIV Behavioral Intent Questionnaire
(completed at last session)

The following information is needed to identify you as a participant in this program while maintaining your confidentiality.

1st & 3rd letter of your **first name** _____

1st & 3rd letter of your **last name** _____

Your birth date (month/day/year): ___/___/_____

Your age: _____

1. **If asked to demonstrate how to use a condom correctly, do you feel confident that you can do this?**
 No Yes

2. **After completing this program, I have learned ways to protect myself from HIV, STDs, or Hepatitis C.**
 No Yes

3. **What is the most important skill you learned in this program to protect yourself from HIV, STDs, or Hepatitis C?**

4. **If you have put yourself at risk in the last 12 months, what are the top 3 changes you are willing to make to lower your risk of HIV, STDs or Hepatitis C?**
 1.
 2.
 3.

5. **I recognize my behaviors that put me at risk for HIV and STDs, but find it difficult to change my behavior; if there are any, please check off the changes that are most difficult to make.**
 I have difficulty asking my partner(s) to use a condom
 I am afraid my partner will not have sex with me if I insist on using a condom
 I am afraid I might loose my partner if I insist on using a condom
 I don't want to use condoms for other reasons – why? _____
 Stopping or limiting my use of drugs or alcohol in risky situations is difficult
 Cleaning my drug injection equipment is too much trouble
 I don't know where to get clean needles and syringes
 If none of the above apply, please identify why it is difficult to protect yourself from HIV, STDs, or Hepatitis C):

6. **From now on, in real life, what will it take to keep your risk of HIV, STDs, and Hepatitis C low?**

7. Please help us improve our programs by rating the statements and supplying answers to the questions below. Your answers will allow us to offer feedback to the instructor and will be used for program improvement.					
	Not at all		Half the time		To a great extent
1. I clearly understood the goals of each HIV/STD prevention session.	1	2	3	4	5
2. The prevention educator appeared to know the information well.	1	2	3	4	5
3. The information was delivered in a way that was understandable.	1	2	3	4	5
4. There was plenty of time to have questions answered.	1	2	3	4	5
5. The facilitator was respectful of participant's experiences, ideas, and contributions.	1	2	3	4	5
What was the most important information you learned from this program to help protect yourself from disease?					
What information was the least important?					
Is there anything you would suggest to make this program better or that you think would help people change their risk behavior for HIV, STDs, or hepatitis?					

Thank you for providing us with this information!

We value your responses and we hope this program has given you tools to make healthy life choices.