Development and Testing of an HIV Prevention Intervention Targeting Black Bisexually-Active Men

Attachment 3D

Acceptability Survey by Site

Form Approved OMB No. 0920-XXXX Expiration Date:

3D.1 PHMC: Acceptability/Feasibility Assessment

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)

Session feedback

Session # ------

Please give us your honest opinion of today's session. Seal your completed form in the envelope and place in the box at the receptionist desk.

The session achieved my expected results	Strongly Agree	Agree	Neutral C	Disagree C	Strongly Disagree
I felt comfortable with the counselor	Q	0	0	0	Q
The amount of information was about right	Q	Q	Q	Q	O
The information presented was interesting	Q	Q	Q	Q	Q
The information was applicable	Q	Q	Q	Q	Q
The discussion was useful to me	Q	Q	Q	Q	Q
The session motivated me	Q	Q	Q	Q	Q
The facilitator seemed to be knowledgeable	Q	Q	C	Q	Q
The verbal pact with the life coach was important and appropriate	Q	Q	Q	Q	Q

My overall rating of the session Very good

Very poor

5 4 3 2 1

Please tell us what you liked and what was particularly useful in this session.

Please tell us what you didn't like or topics that didn't apply to you.

What changes would you suggest?

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3D.2: NOVA: Acceptability/Feasibility Assessment

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- 1. The information provided in the sessions was useful.
- 2. I am likely to use information that I learned in the program to make changes in my life.
- 3. Information given in the sessions can easily be applied to real life.
- 4. It was difficult to follow the information presented in each session.*
- 5. I felt comfortable talking to the group leaders.
- 6. The program addressed issues faced by young people like me.
- 7. The examples used by the interventionists were not relevant.*
- 8. The interventionists seemed to be well-informed.
- 9. I would recommend this program to my friends.
- 10. The material presented in the program was easy to understand.
- 11. The interventionists were easy to understand.
- 12. The handouts and other written materials were difficult to read.*
- 13. How could we improve this program? (open ended)
- 14. What topics do you think would be helpful to add to the program? (open ended)
- 15. How hard was it to keep appointment sessions?

16. What were some things that made it difficult to attend the sessions? "Check all those that apply"

16. If other please specify: (open ended)

17. What are some things that we can do to make it easier for someone to attend their sessions? "Please list as many...(open ended)

18. My friends would participate in this program if offered.

19. Three sessions were too many sessions.*

20. This is a program that I will recommend to my friends.

Items 1-12; 18-20 use a 5 point Likert scale (strongly agree – strongly agree) (3 = neutral)

Item 15 uses a 5 point Likert scale (very difficult – not difficult at all)

Item 16 (items to choose: didn't have transportation, I was tired, I was in another city, etc.)

This assessment measures: 1) the usability of the content and material; 2) userfriendliness of the presentation, delivery format, and facilitator; 3) credibility of the examples used; 4) participant ratings of the competence, credibility, and empathy of the facilitator, and 5) comprehensibility and readability of the content. Participants will also rate how easy or hard it was to attend the sessions and the barriers to attendance. So, the higher the score, the more acceptability (*Starred/highlighted items that will need to be reverse coded).

Form Approved

3D.3 CSU: Acceptability/Feasibility Assessment

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Overall Session Evaluation

Date_____

Intervention Location

Facilitator: _____

Co Facilitator:

Facilitator Introduction: Thanks for participating. We would like you now to fill out an evaluation about the program and about us. Please be honest. This will help us to improve the program and to improve our work with future groups.

Number of regular MILE sessions that you completed: ____ Number of make-up MILE sessions that you completed: ____

1: Which parts of the sessions will you be most able to apply to your everyday life?

2: Approximately how many of the sessions provided you with useful skills and information that you could use in your everyday life? _____ (0 to 6). What parts of these sessions were the most useful?

3: Did this project leave you feeling more empowered to make better decisions regarding your sexual activities?

Extremely Very Somewhat A little Not at all

	mpared to live a			arted th	e group, how	w wi	lling are you	u to t	ake the ne	cessary
		Extren	nely	Very	Somewhat		A little	Ν	lot at all	
	tually us ise) is u	-			ie project (i.e e.	e., d	iet, safer se	ex, cc	ommunicat	ion, and
		Very ti	rue	Some	what true		A little true	Ν	lot at all tru	le
6: Wo atten		be willir	ng to sh	are the	project with	oth	er men and	enco	ourage the	m to
		Yes		Not Re	eally		No			
7: of soi					aided you th making?	e m	ost in gainir	ng a l	better unde	erstanding
	_									
	_									
	_									
8:	What	was you	ır overa	II rating	of the facilit	tator	s?			
	Excell	ent	Very G	Good	Good		Fair	P	Poor	
9: Are there ways in which the facilitators could perform better? Please be specific and indicate if your comments apply to just one of the facilitators.										
10:	What	was your overall rating of the MILE program?								
	Excell	ent	Very G	Good	Good		Fair	P	Poor	
11: H	ow do yo	ou think	the MII	_E prog	ram could b	e im	proved?			