

For Office Staff Only:

Client ID _____

Date of Study Enrollment ____ / ____ / ____

Date Questionnaire Completed ____ / ____ / ____

PETS Intake Questionnaire

Thank you for taking the time to fill out this questionnaire. Your answers will help us tell the agencies that pay for this training program about the people who attended the training, what you know and do right now, and if this changes after you have received the trainings. It will help them make decisions about whether or not to provide more funding for these activities. Your responses are completely confidential. Your name is not on this survey, and your answers will be combined with the answers given by people in other states. Some of the questions are very personal, and if you do not want to answer them, you do not have to. You will still receive the training that we provide through this program, whether you answer the questions or not.

PERSONAL INFORMATION

1. In what year were you born? 1 9 ____

2. What is your gender?

<input type="checkbox"/> Male	<input type="checkbox"/> Transgender-Male to Female
<input type="checkbox"/> Female	<input type="checkbox"/> Transgender – Female to Male
	<input type="checkbox"/> Other

3. How would you describe yourself?

<input type="checkbox"/> Heterosexual/Straight	<input type="checkbox"/> Asexual
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Do not want to say
<input type="checkbox"/> Gay/Lesbian	

4. What is your race or ethnicity?

<input type="checkbox"/> Asian <input type="checkbox"/> Black/Afro- or African-American <input type="checkbox"/> Hispanic or Latino/a <input type="checkbox"/> Multiracial (More than one race)	<input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White or European American <input type="checkbox"/> Other (specify) _____
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5. What language do you speak most of the time, with friends and family?

<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (specify) : _____
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6. Have you ever been homeless?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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7. Where do you live right now? (Please check one box)

<input type="checkbox"/> My own home <input type="checkbox"/> Rented apartment <input type="checkbox"/> Rented room <input type="checkbox"/> Someone else's home or apartment <input type="checkbox"/> Supported/transitional housing <input type="checkbox"/> Residential treatment program	<input type="checkbox"/> On the streets/in a car/in a public place <input type="checkbox"/> Shelter <input type="checkbox"/> Correctional facility <input type="checkbox"/> I move from house to house <input type="checkbox"/> Other: _____
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8. Have you ever been incarcerated (in jail or prison)?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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9. Which of the following best describes your work? (Please check the one that fits best)

- Working full time (35 or more hours per week)
- Working part time (34 or less hours per week)
- Unemployed – looking for work
- Unemployed – not looking for work

10. Do you have a regular monthly income? → (If "No, skip to Question 12)

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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11. What is your average monthly personal income? (For example, from disability payments, child support, a job, other income)

\$ _____.00

12. How much education have you received? (Please check the highest level of education received)

School	Some	Completed
Primary/Elementary School	<input type="checkbox"/>	<input type="checkbox"/>
Secondary/ High School/ Vocational School or GED	<input type="checkbox"/>	<input type="checkbox"/>
College	<input type="checkbox"/>	<input type="checkbox"/>

13. What kind of health insurance do you have? (Please check all that apply)

Medicaid	<input type="checkbox"/>
Medicare	<input type="checkbox"/>
Private insurance	<input type="checkbox"/>
CHAMPUS/Veteran's	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>
I do not have any health insurance	<input type="checkbox"/>

14. Do you have any of the following health problems? (Check box if yes)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Gastrointestinal problems (stomach)
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Weight loss

<input type="checkbox"/> Asthma <input type="checkbox"/> Cancer <input type="checkbox"/> Eye problems <input type="checkbox"/> Hearing problems <input type="checkbox"/> Kidney problems <input type="checkbox"/> Skin problems <input type="checkbox"/> Infections <input type="checkbox"/> Neurological problems (nerves or muscles)	<input type="checkbox"/> Heart problems <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Other hepatitis <input type="checkbox"/> HIV <input type="checkbox"/> AIDS <input type="checkbox"/> STD (such as herpes, gonorrhea, chlamydia) <input type="checkbox"/> Mental health problems <input type="checkbox"/> Sickle cell anemia <input type="checkbox"/> Other: _____
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KNOWLEDGE ABOUT HIV¹

15. Please tell us if you think these things are true or not. (If you think the statement is true, check “Yes.” If it is not true, check “No.” If you do not know, check “Don’t Know.”)

		Yes	No	Don't Know
a.	Only people who have sex with gay (homosexual) people get AIDS			
b.	Infants can get HIV from their mother’s breast milk			
c.	Being drunk or high may increase your chance of getting HIV			
d.	You cannot get HIV from someone who looks healthy			
e.	There is now a vaccine that prevents HIV			
f.	A person can be infected with HIV for a long time before getting sick			
g.	There is no cure for HIV			
h.	It is better to take half of your HIV medications than to take none at all			

PEER EDUCATION WORK²

16. Are you working as a peer educator or volunteer right now?

- No → (If no, skip to Question 21)
- Yes

17. If you are currently working as a peer educator, is your work paid or volunteer?

- Volunteer
- Paid, full time (35 hours or more per week)
- Paid, part time - Hours per week: _____

18. How long have you been doing this work? (Please write in the number of years, but if less than one year, please write the number of months)

_____ Years _____ Months

¹ Adapted from Project Wall Talk, AIDS Foundation Houston, 2003.

² Adapted from Shanti California Peer Educator Project, 2003.

19. What kind of organization do you work or volunteer for as a peer? *(Please check the one box that fits the best answer)*

<input type="checkbox"/> Hospital	<input type="checkbox"/> Prison
<input type="checkbox"/> Community health clinic	<input type="checkbox"/> Homeless shelter
<input type="checkbox"/> AIDS Service Organization	<input type="checkbox"/> Substance abuse treatment program
<input type="checkbox"/> Church group	<input type="checkbox"/> Mental health agency
<input type="checkbox"/> Social service agency	<input type="checkbox"/> Other: _____

20. Which of these things do you do with your clients now? *(Please check all that apply)*

- Provide HIV prevention education through group talks
- Provide HIV prevention education to individuals, one-to-one
- Provide outreach to bring people into HIV counseling and testing
- Provide outreach to offer HIV information and risk reduction supplies
- Provide referrals to services for individuals living with HIV
- Provide advocacy for HIV positive individuals who are having problems getting services
- Provide emotional support or counseling to HIV positive individuals (one-to-one)
- Help with support groups
- Take HIV positive individuals to medical appointments
- Take HIV positive individuals to other services
- Provide HIV treatment education
- Provide HIV treatment adherence support
- Provide spiritual support
- Provide practical support (such as help with shopping, laundry, errands, help at home)
- Other Services: _____
- None of the above

21. What would you like to be doing in the next six months? *[Please check all that apply]*

- Working full time as a paid peer educator
- Working part time as a paid peer educator
- Volunteering as a peer educator
- Working at another job, but also working as a paid peer educator part time
- Working at another job, but also volunteering as a peer educator
- Other: _____

22. PEER EDUCATION SKILLS³

The following questions will give us a chance to understand the value of the training for you. There are no right or wrong answers. Please circle one of the numbers below for each question. “1” means Completely or Always, and a “4” means Not At All.

		Completely/ Always	Usually	Some- times	Not at all
A	I understand how peer education works, including the skills and roles of a peer educator.	1	2	3	4
B	I feel confident in my ability to provide outreach. I know how to approach people I do not know, how to stay safe, and how to begin building a relationship.	1	2	3	4
C	I am able to use a harm reduction approach when I work with clients.	1	2	3	4
D	I feel confident in my ability to talk with people about what they can do to reduce the risk of getting HIV.	1	2	3	4
E	I know how to explain HIV care and treatment to my clients, including how often to see the doctor and why they should consider antiretroviral treatment.	1	2	3	4
F	I feel confident in my ability to help people get health care services in my community.	1	2	3	4
G	I can help people get non-medical services (housing, food, transportation, support groups) in my community.	1	2	3	4
H	I can educate clients about their rights and encourage them to resolve conflicts or problems on their own.	1	2	3	4
I	I can put aside my own feelings about lifestyles that are different from my own.	1	2	3	4
J	I am able to take care of myself when I am stressed by my work.	1	2	3	4
K	I can resolve conflicts that come up in my relationships with people at work and in my personal life.	1	2	3	4
L	I get medical and dental care on a regular basis, even if it is only for routine check-ups.	1	2	3	4
M	I know where to get support when major changes in my life arise.	1	2	3	4
N	I feel supported by the people who supervise my work with clients.	1	2	3	4

HIV RISK BEHAVIORS⁴

³ Adapted from Shanti California Peer Educator Project.

23. How many people have you had sex with in the past month?

- None, I have not had sex in the past month. → (If “None”, skip to Question 28)
- One person
- Two people
- 3-5 people
- More than 5 people

24. In the past month, did you have sex with:

- Only men
- Only women
- Both men and women

25. Did you have one main sex partner in the past month?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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26. How often did you use condoms when you had sex with your main sex partner in the past month?

- I do not have a main sex partner
- Every time
- More than half the time
- Less than half the time
- Never

27. How often did you use condoms when you had sex with other people in the past month?

- I did not have sex with anyone other than my main partner
- Every time
- More than half the time
- Less than half the time
- Never

28. Have you ever had anal sex?

- No → (If “No” skip to Question 30)
- Yes

29. How many times did you have anal sex in the past month?

<input type="checkbox"/> No times	<input type="checkbox"/> 3-5 times
<input type="checkbox"/> One time	<input type="checkbox"/> 6-10 times
<input type="checkbox"/> Two times	<input type="checkbox"/> More than 10 times

⁴ Adapted from Darke, Hall, Heather, Ward and Wodak, HIV Risk-taking Behavior Scale (HRBS) from Darke et al., “The reliability and validity of a scale to measure HIV risk-taking among intravenous drug users.” *AIDS*, 5 (1991) 181-185.

30. Have you ever exchanged sex for money, drugs, shelter, etc.?

- No → (If “No,” skip to Question 32)
- Yes

31. How many times did you have sex in exchange for money, drugs, or shelter in the past month?

<input type="checkbox"/> No times	<input type="checkbox"/> 3-5 times
<input type="checkbox"/> One time	<input type="checkbox"/> 6-10 times
<input type="checkbox"/> Two times	<input type="checkbox"/> More than 10 times

32. Have you ever injected drugs (not prescribed by a doctor)?

- No → (If “No,” skip to Question 36)
- Yes
- Cannot remember/don’t know

33. How many times did you inject drugs in the past month?

- I did not inject any drugs.
- Once a week or less
- More than once a week (but not every day)
- Once a day
- 2 or more times a day

34. Have you ever shared needles?

- No → (If “No,” skip to Question 36)
- Yes

35. How many times in the past month did you use a needle after someone else had already used it?

<input type="checkbox"/> No times	<input type="checkbox"/> 3-5 times
<input type="checkbox"/> One time	<input type="checkbox"/> 6-10 times
<input type="checkbox"/> Two times	<input type="checkbox"/> More than 10 times

36. How many times did you smoke, sniff, snort or swallow any drugs (but did not inject them) to get high in the past month?

<input type="checkbox"/> I did not use any other drugs	
<input type="checkbox"/> Once a week or less	<input type="checkbox"/> Once a day
<input type="checkbox"/> More than once a week (but not every day)	<input type="checkbox"/> 2 or more times a day

37. In the last month what drugs did you smoke, sniff, snort or swallow? (Please check all that apply)

<input type="checkbox"/> Marijuana	<input type="checkbox"/> Psychedelics (LSD, mushrooms)
<input type="checkbox"/> Cocaine	<input type="checkbox"/> Inhalants
<input type="checkbox"/> Heroin	<input type="checkbox"/> Pain killers (oxycontin)
<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> Other:
<input type="checkbox"/> Ecstasy	<input type="checkbox"/> None

38. How many days did you drink alcohol in the past month?

<input type="checkbox"/> 0 days	
<input type="checkbox"/> 1 or 2 days	<input type="checkbox"/> 10 to 19 days
<input type="checkbox"/> 3 to 5 days	<input type="checkbox"/> 20 to 29 days
<input type="checkbox"/> 6 to 9 days	<input type="checkbox"/> all 30 days

39. How many times during the past month (if any) have you been drunk or very high from drinking alcohol?

<input type="checkbox"/> No times	
<input type="checkbox"/> 1 to 2 times	<input type="checkbox"/> 10 to 19 times
<input type="checkbox"/> 3 to 5 times	<input type="checkbox"/> 20 to 39 times
<input type="checkbox"/> 6 to 9 times	<input type="checkbox"/> 40 or more times

PERSONAL EXPERIENCE WITH HIV TESTING

40. Have you ever taken an HIV test?

- No → (If “No,” skip to question 43)
- Yes

41. What year did you last take the test? _ _ _ _ _

42. Did you go back to get your results?

- No **Why not?:** _____
- Yes

43. What is your next step in finding out about your HIV status?

- Nothing, I know my HIV status
- To schedule an HIV test
- To go for the results of a test I already took
- I don't have any plans

44. Did someone else help you fill out this questionnaire?

- No
- Yes

EXPERIENCE WITH HIV MEDICAL CARE

(For HIV Positive Individuals Only)

These questions are about the health care you get for HIV. When we use the words “health care provider,” we mean the person you see most often for your HIV medical care. Often this is a doctor, but it can also be a nurse, a nurse practitioner, or physician’s assistant.

45. Has a health care provider ever told you that you have AIDS (as opposed to HIV)?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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46. Do you currently have a regular clinic or health center where you go for your HIV medical care?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know
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47. In the last 6 months, how many times did you see a doctor for your HIV (outside of an emergency room)?

Number of doctor visits: _____

48. In the last 6 months, did a health care provider draw blood to check your CD4 count or viral load?

- No
- Yes
- They drew blood, but I am not sure what for

49. In the last 6 months, did your health care provider discuss the results of the CD4 and/or viral load tests with you? (Please check one box below)

- No, my health care provider did not discuss the results with me
- No, The results are not back yet
- No, I didn't have the tests
- Yes

50. In the last six months, did you discuss any HIV treatment options with your health care provider?

(Treatment options include plans for taking medications, changing diet, other changes to address side effects or symptoms)

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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51. In the last six months, did you miss any of your appointments for HIV medical care?

- No → (If no, skip to Question 54)
- Yes
- Don't know

52. How many appointments for HIV medical care did you miss in the past six months? _____

53. Why did you miss this/these appointment(s)?

54. Are you currently taking antiretroviral medications for your HIV?

- No → (If no, skip to question 57)
- Yes
- Don't know

55. How long have you been taking antiretroviral medications (HAART)? (Please write the number of years. If less than one year, write the number of months.)

Years: _____ Months: _____

56. How often do you remember to take your HIV medications? (Please check one box below)

<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Not very often
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57. If you are not taking HIV medications, what are the reasons? (Please check all that apply, but skip this question if you are taking HIV medications):

a.	I don't need to take them yet (I'm too healthy)	<input type="checkbox"/>
b.	I cannot pay for the medications	<input type="checkbox"/>
c.	The side effects are too much for me to handle	<input type="checkbox"/>
d.	There are too many pills to take	<input type="checkbox"/>
e.	Taking HIV medication is too difficult because it interferes with my daily activities [including work]	<input type="checkbox"/>
f.	I can't remember to take the pills	<input type="checkbox"/>
g.	I have problems getting refills for my medication	<input type="checkbox"/>
h.	I am afraid that someone will find out I'm on HIV medication	<input type="checkbox"/>
i.	I am taking a medication or drug "holiday" or "vacation"	<input type="checkbox"/>
j.	The medications do not work for me	<input type="checkbox"/>
k.	I don't feel I need them	<input type="checkbox"/>
l.	I have just learned my HIV status and have not seen a doctor yet	<input type="checkbox"/>
m.	Other (specify): _____	<input type="checkbox"/>

58. How is your health right now? (Please check one box below)

<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor
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THANK YOU for your participation!

Peer Education Training Sites (PETS) Multi-Site Study Protocol

I. Aim

The study protocol described below addresses the instruments, data collection procedures, and submission process for the PETS Multi-Site evaluation. The Health and Disability Working Group at the Boston University School of Public Health (HDWG/BUSPH), working collaboratively with Health Watch Information and the four participating PETS grantees, developed evaluation instruments to answer the PETS Multi-Site study questions related to the impact of peer educator training on enhancing peer skills, knowledge, and self-care behaviors; the impact of training and technical assistance on partner organizations; and the impact of the peers on the clients with whom they interact.

II. Overview of Data Collection Instruments

There are a total of six data collection instruments for the multi-site evaluation. Five have been developed already, and the sixth – the end user survey - will be developed early next year by a multi-site work group.

- There are three quantitative multi-site collection instruments to collect data on the impact of the training on the peer educators:
 - PETS Intake Questionnaire (Baseline and Follow up Questionnaire)
 - Peer Educator Training Spreadsheet
 - Peer Educator Contact Form
- The quantitative multi-site collection instrument for Organization data is:
 - PETS Organizational Assessment (Baseline and Follow up Assessment)
- The quantitative multi-site instrument for aggregate end user data is:
 - Aggregate Data Form

The multi-site work group will develop an end user survey to collect data on outcomes for the consumers working with the peer educators, with the goal of trying to track changes in HIV counseling and testing, adherence, or care seeking practices

III. Time Period for Data Collection

Data collection for the multi-site evaluation begins on October 1, 2003. The following timelines apply for the different multi-site instruments:

1. Peer Intake Questionnaire: Intake data collected for all new peers who begin the training program between October 1, 2003 and May 31, 2004

2. Peer Follow-Up Questionnaire: Follow up data collected on all peers who complete an intake questionnaire, at 6 months and 12 months post-intake, through May 31, 2005.
3. Peer Educator Training Sheet: Data collected from October 1, 2003 – May 31, 2005 each time a peer who has completed an Intake Questionnaire attends one of the PETS-sponsored training sessions.
4. Peer Educator Contact Form: Data collected from October 1, 2003 – May 31, 2005 for each contact between the PETS (or its designated partner organization) and a peer who has completed in Intake Questionnaire.
5. Organizational Assessment Baseline: Data collected from October 1, 2003 – May 31, 2004 for all organizations that send or receive peers to/from the training during this period.
6. Organizational Assessment Follow-up: Data collected from October 1, 2004-May 31, 2005 for all organizations that complete an initial assessment, 12 months after the initial assessment.
7. Peer Encounter Form: This information should be collected at the same time as the Organizational Assessment and Organizational Assessment follow-up.
8. End-user Survey: TBD

IV. Instructions for Specific Instruments

A. Peer Educator Intake and Follow up Questionnaires

1. Data will be collected for each individual study enrollee at intake, six months, and 12 months. The Peer Educator Questionnaires are to be collected with the new peer cohorts who begin their training (Level 1) between **October 1, 2003 - May31, 2004** so that the PETS Follow up Questionnaire can be administered at the *6 month* and *12 month* interval prior to May 31, 2005. The final data collection date is **May 31, 2005**.
2. At the top of the form is a shaded area that should be completed by PETS staff (or the evaluator).
 - The *Client ID* is the ID you have assigned to the peer or the peer has selected for him/herself. PETS staff should fill this in prior to distributing the questionnaire to the individual peer educator.
 - The *Date of Study Enrollment* is the date the peer educator signed his/her informed consent.
 - The *Date Questionnaire is Completed* is the day the peer educator fills out the questionnaire, in most cases the first day of the Level 1 training, or it may occur before the Level 1 training begins. In all cases, the Intake Questionnaire should be completed before the training begins.
 - The *Date the Questionnaire is Completed* **can not be earlier** than the *Date of Study Enrollment*, and neither date can be earlier than October 1, 2003
 - The *Client ID* and *Date of Study Enrollment* remain the same for the 6 and 12 month follow-ups. Subsequent questionnaires should be administered at 6 and 12 months, based on the *Date the first Questionnaire is Completed*.

- For Follow Up Questionnaires, PETS STAFF should complete the gray box at the top, including the *Follow Up Number*, Follow Up #1 = 6 month questionnaire; and Follow Up #2 = 12 month questionnaire.
3. Questionnaires should be completed within a 30-day window before and after the scheduled questionnaire date. For example, if a six-month questionnaire is due on April 1, 2004, we will accept a questionnaire completed between March 1, 2004 and April 30, 2004. We will not accept peer questionnaire data collected outside of these time periods.
 4. If a questionnaire is not completed within the accepted time periods, please submit the required data tracking form¹ indicating reasons for the lack of data collection.
 5. For clients who miss questionnaires but remain in the study, training and contact data should still be submitted.
 6. **Do not** submit questionnaires for peers who were already in peer training programs before the study period or have who completed Level 1 training prior to October 1, 2003.
 7. The questionnaires are self-administered with support from the PETS staff or designated partners as necessary. If different methods for data collection are used, (i.e. phone interviews, face-to-face interviews) this should be noted on the data tracking form.

B. Peer Educator Training Spreadsheet

For each peer educator who received training, check off the topics covered and the amount of time spent on each topic. The spreadsheets are unique to each site, in that each topic and the corresponding time spent on that topic will be listed. If a peer was absent for any topic covered then that topic should not be checked for that individual.

Any new topics introduced and covered over the course of the next year should be written in the *Other Topic* section of the spreadsheet and documented appropriately for each individual.

C. Peer Educator Contact Form

The peer educator contact form should be completed for each study enrollee, **for each contact that they receive** as part of your Mentoring/Technical Assistance. The forms should be submitted, in hard copy, to BU for each peer educator who has completed Level 1 training and throughout the duration of the study until May 31, 2005.

¹ Data tracking form to follow.

The peer educator contact form has been designed for mentor/TA staff to use as a simple check-off list of what, where, who, and how long each contact lasted. Your use of this form should be guided by the efforts that you consider as part of your mentoring/Technical Assistance to peer educators.

D. Organizational Assessments – Baseline and Follow Up

Baseline Organizational Assessments will be conducted for organizations that have existing relationships with PETS as well as new organizations that PETS form partnerships with during the time period **October 1, 2003 – May 31, 2004**. As a reminder, existing partner organizations may be used in this study as long as new activities are being planned with that partner. Please check the box on the baseline and follow up Assessments to indicate if data is from a new or previous organizational relationship. The organizations included in the Assessment can be those that send peers to trainings as well as those that hire peers following the trainings.

The follow-up Organizational Assessment should be conducted 12 months after the baseline assessment. A window of 30 days on either side of the 12 month anniversary date is acceptable, with the exception that all data collection must be completed by May 31, 2005.

The Organizational Assessment may be self-administered or completed via interview with the partner organization. The person responding for the partner organizations should be the program supervisor or manager responsible for coordinating activities with the PETS programs.

Each PETS organization should assign a code to partner organizations and record it in the gray box on the baseline and follow up assessment forms. The same code should be used for baseline and follow up questionnaires.

E. Aggregate Data Form

The Aggregate Data Form will be used to capture as much aggregate data as possible on the part of organizational partners. The Aggregate Data Form should be administered at the same time as the Organizational Assessment Baseline and Follow up as follows:

- Organizations with existing client data systems that have tracked client data on any of their Peer educator programs for the year prior to the Baseline date should complete the Aggregate Data Form for the period covering the previous year.
- If the organization does not have prior year data, then the Baseline Aggregate Data Form will be *blank*, and should be submitted as a blank form. The Follow up Aggregate Data Form should be completed for the 1 year period between the Baseline and Follow Up assessments and submitted with the completed Organizational Assessment Follow Up.

V. Other Multi-Site Data Collection Requirements

All PETS must submit a copy of their IRB Approval letter to HDWG/BUSPH before we can accept any of your data submissions.

Each multi-site data collection instrument is mandatory. We will not be using any other *required* quantitative data collection instruments, but will expect all data elements on these instruments to be collected in their entirety, except for those questions not allowed by your IRB

If you are collecting additional data elements beyond those elements in the multi-site instruments:

- Please do not submit that additional data to HDWG.
- Additional questions need to be placed at the end of the multi-site instruments, or if they are closely linked to the multi-site questions, on a separate page that can be easily deleted from the data you send to HDWG.

EACH peer educator enrolled in the study should receive a Client ID, which should be consistent across the Peer Educator Intake and Follow Up Questionnaires, Peer Educator Training Spreadsheet, and Peer Educator Contact Form, and remain the same for all data submissions during the PETS study.

VI. Data Submission:

The data submission schedule is as follows:

Within two weeks following a Level 1 training:

1. Peer Educator Intake Questionnaire
2. Peer Educator Training Spreadsheets
3. Baseline Organizational Assessments
4. Baseline Aggregate Data Forms (if organization has prior year data)

At 6 months post initial training:

1. Peer Educator Follow Up Questionnaire
2. Peer Educator Contact Form(s)
3. Peer Educator Training Spreadsheet (if additional training has occurred in the interim)

At 12 months post initial training:

1. Peer Educator Follow Up Questionnaire
2. Peer Educator Contact Form(s)
3. Peer Educator Training Spreadsheet (if additional training has occurred in the interim)

4. Follow up Organizational Assessments
5. Follow up Aggregate Data Forms

Other Data Submission Protocols

1. PETS will submit *original* Peer Educator Questionnaires, Organizational Assessments, and Aggregate Data Forms to HDWG, with the local data not required in the multi-site evaluation removed from the originals.
2. Peer Educator Contact data and Peer Educator Training data may be submitted electronically or in *original* hard copy to HDWG. You must submit a *separate* Peer Educator contact form for *each* Peer educator contact. Therefore, individuals conducting mentoring/technical assistance should be reminded and trained to record each contact in the format used by the multi-site evaluation.
3. Each PETS will identify one person responsible for data submission to HDWG. This person will be the primary recipient of all communications from HDWG regarding data submission issues and will be expected to communicate all information from HDWG or communicating with HDWG regarding data issues.
4. Prior to submitting data, please be sure you have completed the data quality check. The person submitting data to HDWG must review all data being submitted with the lead evaluator, who must sign off that he or she believes the data is correct.
5. A data tracking form must be submitted with each data submission².
6. Once a Peer Educator questionnaire for a specific time period has been submitted, HDWG will assume that questionnaire is complete and that the rest of the data is missing.

THANK YOU!

² Data tracking form to follow

Peer Education Training Sites (PETS) Organizational Assessment: Baseline

Organization Name and Address:
Contact information: Name(s): _____ Title of Respondent(s): _____ Phone/Fax: _____ Email: _____

For Pets Staff Only:	
PETS Organization ID: _____	
Check one:	
<input type="checkbox"/> New partner organization	<input type="checkbox"/> Previous partner organization
Check all that apply:	
<input type="checkbox"/> Refers peer to training program	<input type="checkbox"/> Uses peers in their organization

Title of Person(s) Completing the Survey:	

Date Organization was founded:	Date Questionnaire Completed:
_____	____/____/____

1. Type of Organization:
<input type="checkbox"/> HIV/AIDS service organization <input type="checkbox"/> Multi-service organization <input type="checkbox"/> Health clinic <input type="checkbox"/> Health department (specify level of government: _____) <input type="checkbox"/> Substance abuse treatment facility <input type="checkbox"/> Other (please describe): _____
2. Geographic areas served: (check all that apply)
<input type="checkbox"/> Rural areas (Total population less than 25,000) <input type="checkbox"/> Urban areas (Total population between 25,000-100,000) <input type="checkbox"/> Major urban area (Total population greater than 100,000)
3. Funding
What is the organization's total annual budget? _____ What is the annual budget for HIV/AIDS services? _____ (Include all HIV services, prevention/education, counseling & testing, case management, etc)

4. What types of services are provided by your organization?

- HIV prevention education
- HIV Counseling & Testing
- Case management
- HIV/AIDS medical services
- Adherence counseling
- Substance abuse treatment (includes methadone maintenance, counseling)
- Mental health services
- Dental services
- Benefit assistance (rental assistance, housing search, financial assistance)
- Transportation
- Food or Nutritional services
- Clothing
- Practical support (help with grocery shopping, budget planning, errands, living skills, laundry)
- Emotional support or counseling to individuals
- Support groups
- Other (please describe): _____

5. Administration & Staff

5a. Total Number of Employees: _____

5b. Please describe the race and/or ethnicity of your staff. (Estimate in percentages)

Asian	_____	%
Black, Afro- or African-American	_____	%
Native American or Alaskan Native	_____	%
Native Hawaiian or Pacific Islander	_____	%
Hispanic or Latino/a	_____	%
More than one race (please describe):	_____	%

Other (please describe):	_____	%
Total		100%

5c. Number of Employees working with HIV/AIDS programs: _____

5d. Total Number of Volunteers working with HIV/AIDS programs (if applicable): _____

5e. Number of peer educators:

We define peer educators as persons who are HIV infected, affected, or at risk for infection engaged to perform outreach, educate/inform, advocate, and empower in their respective communities. According to this definition:

How many total peer educators work for your HIV/AIDS programs (either as salaried staff or receive a stipend)? _____

What is the total number of hours per week that all peer educators work (for payment)? _____

How many peer educators are volunteers? _____

What is the total number of hours per week that all peer educators work as volunteers? _____

5f. Do you have specific practices to recruit a diverse population that reflects the community it serves?

No (please describe any barriers to having specific practices):

Yes, (please describe):

6. Target Populations Served by HIV/AIDS Programs

6a. What is the total number of unduplicated clients served by your HIV/AIDS program in the last year?

6b. What is the total number of client contacts in the last year?

6c. What age groups do you serve? (Estimate in percentages)

Children under 12 years	_____	%
Adolescents, 12-19 years	_____	%
Adults, 20-64 years	_____	%
Elders (65+ years)	_____	%
Total		100%

6d. What is the race and/or ethnicity of your clients? (Please give an estimate in percentages)

Asian	_____	%
Black, Afro- or African- American	_____	%
Native American or Alaskan Native	_____	%
Native Hawaiian or Pacific Islander	_____	%
Hispanic or Latino/a	_____	%
More than one race (please describe):	_____	%
 Other (please describe):	_____	%
Total		100%

6e. What is the gender of your clients? (Please give an estimate in percentages)

Male	_____	%
Female	_____	%
Transgender Male-to-Female	_____	%
Transgender Female-to-male	_____	%
Other:	_____	%
Total		100%

6f. Please describe the data source for question 6a-6e.

- Organization's data system
- Client surveys (please describe): _____
- Estimates from community data
- Other (please describe): _____

7. Programs & Services

7a. Do you have clients for whom English is not their language preference?

- Yes
- No

7b. What are clients' language preferences (s)? (please list including American Sign Language)

7c. Please list the number of staff members who speak the clients' language (except English), their position, and language they speak.

7d. Do you have access to translation services? (including American Sign Language)

- No, please describe any barriers to accessing translation services:

- Yes, please describe if these services are provided in-house or through an external agency, and list the languages:

7e. What materials (e.g., written, videos, etc) are provided to clients relevant to their language needs other than English?

Types of materials	Language

8. Partnerships & Linkages: Using the chart below, please list the name(s) of partner agencies serving similar target populations and describe the types of joint activities and the form of relationship that exists.

Name of Partner	Types of Joint Activities -Case conferences to discuss clients -Cross-training -Share staff resources -Translation -Joint events -Other (please describe)	Relationship -Memorandum of Understanding -Serve on committees -Provide referrals -Sub-contracts -Formal Network -Collaboration -Other (please describe)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

9. Peer Recruiting and Roles

**What are the main peer educators' roles and responsibilities in your agency?
(Check all that apply)**

- A. HIV prevention education (group talks, workshops, discussion, groups, classes)
- B. HIV prevention education (one-on-one)
- C. Outreach to bring people into HIV counseling and testing
- D. Outreach to bring HIV-infected people into medical care
- E. HIV information and referrals to services for individuals living with HIV
- F. Client advocacy for HIV-infected individuals who are having problems getting services
- G. Emotional support or counseling to HIV-infected individuals (one on one)
- H. Emotional support or counseling to HIV-infected individuals (in a group/support groups)
- I. Taking HIV-infected individuals to medical appointments
- J. Taking HIV-infected individuals to other services
- K. HIV Treatment education
- L. HIV Treatment adherence support
- M. Spiritual support
- N. Practical support (help with grocery shopping, budget planning, errands, living skills, laundry, etc)
- O. Other (please describe): _____

- P. Currently, there is not a peer educator position in our agency. (SKIP TO QUESTION 12)

10. Peer Training

10a. What programs and policies did you have in place (prior to involvement with the PETS) that encourage peer educators to improve their skills and learn about issues facing their community?

- In-house trainings (please describe)
- External trainings (please describe)
- Education benefits (please describe)
- Attending conferences (please describe)
- Mentoring from other peer educators
- Shadowing other peer educators
- Other (please describe): _____

10b. In the past year how many hours of internal training were provided to peer educators?
_____ Hours

10c. In the past year how many hours of external training were provided to peer educators?
_____ Hours

11. Peer Supervision and Support

11a. Please describe the supervision system for peer educators.

Who provides supervision? [Name(s) and position (s)]

How is supervision given?

- Individual meetings
- Group meetings
- Other (please describe): _____

How often do peer educators receive supervision?

- Weekly
- Monthly
- Other (please describe): _____

What are the issues discussed during supervision? (Check all that apply.)

- Tracking and recording services for clients
- Locating referrals and services for clients
- Handling difficult client issues
- Coping with work and/or volunteer responsibilities
- Coping with personal issues
- Other (please describe): _____

11b. Is there a process to help peer educators expand their role or advance professionally? If yes, please describe.

11c. What methods do you use to retain peer educators and volunteers?

12. Participation in the PETS program

12a. How many peer educators do you plan to send to the PETS training programs?

_____ Peer educators

12b. What are your goals for participating in partnership with the PETS (Peer Education Training Sites)? (Check all that apply)

- Expand the number and demographics of the target populations served
- Expand the network of collaborating agencies
- Increase the role of peers in the organization
- Changes in organizational culture (please describe)

- Changes in peer supervision capacity
- Ability to track/document outcomes
- Increase the number of individuals who test positive for HIV (or percent)
- Increase the percentage of individuals who return for test results
- Increase the number of sero-positives who present for medical care
- Increase the number of minority clients who engage in case management or support groups
- Increase the number of minority clients who receive at least one primary care visit/quarter
- Increase the number of minority clients who are informed about highly active antiretroviral therapy (HAART)
- Increased the number of minority clients who start highly antiretroviral therapy (HAART)
- Increase the number of minority clients who are adherent with highly active antiretroviral therapy (HAART)
- Other program outcomes. Please describe: