

## **TPP Performance Measures**

### **October 6, 2011**

#### **ALL GRANTEES**

- Participant ID
- Grantee name
- Program name (e.g., TOP, Cuídate, etc.)
- Date of data collection
- Demographic characteristics
  - Age
  - Grade
  - Gender
  - Race
  - Ethnicity
  - Language spoken at home
  - Special populations targeted
- Perceived impact of the program on sex
- Perceived impact of the program on condom use
- Perceived impact of the program on contraceptive use
- Perceived impact of the program on abstaining

#### **Dissemination**

- How many manuscripts have you had accepted for publication in the past year (including both articles that were published and those that have been accepted but not yet published)? Do not include manuscripts previously reported as published.
- Please list the references for any published manuscripts published in the past year.
- How many presentations have you made at each of the following levels in the past year:
  - National or regional? \_\_\_\_  
Please list titles of all presentations and venue (e.g., conference or organization to which the presentation was made)
  - State? \_\_\_\_  
Please list titles of all presentations and venue (e.g., conference or organization to which the presentation was made)

#### **Retention**

- With how many organizations and/or schools do you have a formal agreement in place to assist with implementing your program?
- With how many organizations or schools are you currently working that are assisting with intervention implementation?

- How many organizations have been involved in planning and implementing your program, but not in a formal role? (Do not include organizations with which you have a formal agreement).
- How many of the organizations or schools with which you had a formal agreement at the start of the program year remained engaged at the end of the program year?
- In the past program year, how many new intervention facilitators (including teachers) have you or one of your partners trained? Please include only training provided to new facilitators.
- In the past program year, how many intervention facilitators (including teachers) have you or one of your partners given follow-up training?

### **Dosage of services received by participants**

- What is the median % of program services received by youth?
- What is the median % of program services received by parents (if applicable)?
- What % of youth received at least 75% of the program?
- What % of parents received at least 75% of the program?

### **Fidelity**

- In the past program year, what percentage of sessions were observed by an independent observer for fidelity assessment?
- What is the median percentage of activities completed, across sessions observed?
- What is the minimum and maximum percentage of activities completed, across sessions observed?
  - Minimum
  - Maximum
- What percentage of sessions were rated either 4 or 5 for overall quality?
- For what percentage of sessions completed do you have a completed fidelity monitoring log from the facilitator?
- What is the median percentage of activities completed, across sessions for which you have a completed fidelity monitoring log?
- Across cohorts, what is the median percentage of sessions implemented?
- What is your score on the 24-point fidelity process scale?

### **ONLY GRANTEES WITH RIGOROUS EVALUATIONS**

- Ever had sex
- Ever been pregnant/gotten someone pregnant
- # of times been pregnant/gotten someone pregnant
- Any sex in past 3 months
- # of times had sex in past 3 months
- Had sex without a condom in past 3 months
- # of times had sex without a condom in past 3 months
- Had sex without birth control in past 3 months

- # of times had sex without birth control in past 3 months
- Intent to have sex in next year
- Intent to use a condom in next year
- Intent to use birth control in next year

## Actual Participant-Level Performance Measure Questions

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Demographic Questions (Inform Reach)

1. In what month and year were you born?

**MARK (X) ONE MONTH AND ONE YEAR**

- |                                    |                               |
|------------------------------------|-------------------------------|
| <input type="checkbox"/> January   | <input type="checkbox"/> 2002 |
| <input type="checkbox"/> February  | <input type="checkbox"/> 2001 |
| <input type="checkbox"/> March     | <input type="checkbox"/> 2000 |
| <input type="checkbox"/> April     | <input type="checkbox"/> 1999 |
| <input type="checkbox"/> May       | <input type="checkbox"/> 1998 |
| <input type="checkbox"/> June      | <input type="checkbox"/> 1997 |
| <input type="checkbox"/> July      | <input type="checkbox"/> 1996 |
| <input type="checkbox"/> August    | <input type="checkbox"/> 1995 |
| <input type="checkbox"/> September | <input type="checkbox"/> 1994 |
| <input type="checkbox"/> October   | <input type="checkbox"/> 1993 |
| <input type="checkbox"/> November  | <input type="checkbox"/> 1992 |
| <input type="checkbox"/> December  | <input type="checkbox"/> 1991 |

Alternative question:

How old are you? \_\_\_\_\_

2. What grade are you in? (If you are currently on vacation between grades, please indicate the grade you will be in when you go back to school).

**MARK (X) ONE ANSWER**

- ☐ 6<sup>th</sup>
- ☐ 7<sup>th</sup>
- ☐ 8<sup>th</sup>
- ☐ 9<sup>th</sup>
- ☐ 10<sup>th</sup>
- ☐ 11<sup>th</sup>
- ☐ 12<sup>th</sup>
- ☐ Ungraded
- ☐ College/Technical school
- ☐ Not currently in school

3. Are you male or female?

**MARK (X) ONE ANSWER**

- ☐ Male
- ☐ Female

4. Are you Hispanic or Latino?

**MARK (X) ONE ANSWER**

- ☐ Yes
- ☐ No

5. What is your race?

**MARK (X) ONE OR MORE THAN ONE ANSWER**

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African-American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Some other race (please specify): \_\_\_\_\_

6. When you are at home or with your family, what language or languages do you usually speak?

**MARK (X) ONE OR MORE THAN ONE ANSWER**

- ☐ English
- ☐ Spanish
- ☐ Chinese language such as Mandarin or Cantonese
- ☐ Some other language: \_\_\_\_\_

Indicate Special Populations (as applicable)

- Pregnant or parenting teens
- Youth in foster care
- Homeless youth
- Youth in the juvenile justice system
- Other

## **Perceived Impact of Program**

For the next few questions, please think about [NAME OF PROGRAM] and how it may have influenced you. You may not have thought about these situations before, but please still answer the questions. Think about what you would do and answer as best you can.

1. Would you say that being in (NAME OF PROGRAM) has made you more likely or less likely to have sexual intercourse in the next year?

- Much more likely
- More likely
- About the same
- Less likely
- Much less likely

2. If you were to have sexual intercourse in the next year, would you say that being in (NAME OF PROGRAM) has made you more likely or less likely to use (or ask your partner to use) any of these methods of birth control?

- Condoms
  - Birth control pills
  - The shot (Depo Provera)
  - The patch
  - The ring (NuvaRing)
  - IUD (Mirena or Paragard)
  - Implant (Implanon)
- 
- o Much more likely
  - o More likely
  - o About the same
  - o Less likely
  - o Much less likely

3. If you were to have sexual intercourse in the next year, would you say that being in (NAME OF PROGRAM) has made you more likely or less likely to use (or ask your partner to use) a condom?

- Much more likely
- More likely
- About the same
- Less likely
- Much less likely

4. Would you say that being in (NAME OF PROGRAM) has made you more likely or less likely to abstain from sexual intercourse in the next year (abstaining means choosing not to have sex)?

- Much more likely
- More likely
- About the same
- Less likely
- Much less likely

### **Participant-Level Questions (Rigorous evaluations only)**

The (next/first) questions are about sexual intercourse. By sexual intercourse, we mean a male putting his penis into a female's vagina.

1. Have you ever had sexual intercourse?

- ☐ Yes
- ☐ No → Skip to *Question 6*

2. To the best of your knowledge, have you ever been pregnant or gotten someone pregnant, even if no child was born?

- ☐ Yes
- ☐ No → Skip to *Question 3*

2a. To the best of your knowledge, how many times have you been pregnant or gotten someone pregnant?

\_\_\_\_\_

3. Now please think about the past 3 months. In the past 3 months, have you had sexual intercourse, even once?

- ☐ Yes
- ☐ No → Skip to *Question 6*

3a. In the past 3 months, how many times have you had sexual intercourse?

\_\_\_\_\_

4. In the past 3 months, have you had sexual intercourse without you or your partner using a condom?

- ☐ Yes
- ☐ No → Skip to *Question 5*

4a. In the past 3 months, how many times have you had sexual intercourse without using a condom?

\_\_\_\_\_



5. In the past 3 months, have you had sexual intercourse without you or your partner using any of these methods of birth control?

- Condoms
- Birth control pills
- The shot (Depo Provera)
- The patch
- The ring (NuvaRing)
- IUD (Mirena or Paragard)
- Implant (Implanon)

☐ Yes

☐ No → Skip to *Question 6*

5a. In the past 3 months, how many times have you had sexual intercourse without using any of these methods of birth control?

\_\_\_\_\_

6. Do you intend to have sexual intercourse in the next year, if you have the chance?

- ☐ Yes, definitely
- ☐ Yes, probably
- ☐ No, probably not
- ☐ No, definitely not

7. If you were to have sexual intercourse in the next year, do you intend to use (or have your partner use) a condom?

- ☐ Yes, definitely
- ☐ Yes, probably
- ☐ No, probably not
- ☐ No, definitely not

8. If you were to have sexual intercourse in the next year, do you intend to use (or have your partner use) any of these methods of birth control?

- Condoms
- Birth control pills
- The shot (Depo Provera)
- The patch

- The ring (NuvaRing)
- IUD (Mirena or Paragard)
- Implants (Implanon)

- ☐ Yes, definitely
- ☐ Yes, probably
- ☐ No, probably not
- ☐ No, definitely not