

Principles & Practice of Health Evangelism

Program Evaluation Form

Data Collection Start Date : _____ Completion Date: _____

Name of Evaluator(s): _____

Phone #: _____ Email: _____

Source of Information: _____

1. Program Description

Name of the program: _____

Purpose of the program: _____

Number of sessions: _____ Duration of the program: _____

Frequency of sessions (daily, weekly, etc.): _____

Program developer (author/owner): _____

Year the program was developed: _____ Year the program was most recently up dated: _____

Program distributor(s): _____

Total Cost of the program for the church: _____ Cost for the church per participant: _____

Cost for a participant to attend the entire program (excluding labs): _____

Number of programs conducted over the past year: _____

Number of countries/states where program is available: _____

Language(s) in which the program is available: _____

2. Program Location

Where is the typical or ideal location for the program to be conducted? _____

Is a local church utilized as a location for conducting a program?

___ Yes. Required or highly recommended.

___ Yes. Preferable but not essential to program success.

___ No. Not required or recommended.

3. Materials

Check the types of materials that have been developed for this program.

3A. Promotional Materials: Indicate Y for yes and N for no. Mark with an asterisk if samples are enclosed.

- ___ Media package
- ___ Letters promoting the program
- ___ Posters
- ___ Handouts/Flyers
- ___ Radio Spots
- ___ TV Spots
- ___ Newspaper articles
- ___ Newspaper advertisements
- ___ Social Media: Be specific: _____
 If yes, URL's: _____
- ___ Other _____

3B. Program Materials: Indicate Y for yes and N for no. Mark with an asterisk if samples are enclosed.

- ___ **Director's Manual** (Instruction on how to organize and conduct a program.)
 - ___ Session Presentation Materials
 - ___ Health materials. How many presentations? _____ Percent of total: _____%
 - ___ Psychological materials. How many presentations? _____ Percent of total: _____%
 - ___ Spiritual materials. How many presentations? _____ Percent of total: _____%
 - ___ Printed. Titles: _____
 - ___ PowerPoint. Titles: _____
 - ___ Videos. Titles: _____
 - ___ Other: _____

___ **Helper's Materials**

- ___ Do helpers have instructional material?
- ___ Are there social activities?
- ___ Are there spiritual activities?
- ___ Are scriptures used in these activities?
- ___ Are there scientific activities?
- ___ Are there behavioral modification activities?

___ Small Group Materials

- ___ How many small group sessions are there? _____ Percent of total: _____%
- ___ Social activities? In how many sessions? _____ Percent of total: _____%
- ___ Spiritual activities? In how many sessions? _____ Percent of total: _____%
- ___ Scientific activities? In how many sessions? _____ Percent of total: _____%
- ___ Behavior change activities? In how many sessions? _____ Percent of total: _____%
- ___ Other. _____ Percent of total: _____%
- Total: _____%

___ Workbook for Participants (Take-Home Materials)

- ___ How many sessions have take-home materials? _____ Percent of total: _____%
- ___ Take-home social materials? How many sessions? _____ Percent of total: _____%
- ___ Take-home spiritual materials? How many sessions? _____ Percent of total: _____%
- ___ Take-home scientific materials? How many sessions? _____ Percent of total: _____%
- ___ Take-home behavior change materials? How many? _____ Percent of total: _____%
- Total: _____%

___ Other materials developed for the program. _____

4. Personnel

What personnel are required to conduct a program? List job title with a brief job description of each.

Does this program utilize any of the following personnel?

Physicians level health professional:

- ___ Yes. Required or highly recommended.
- ___ Yes. Preferable but not essential to program success.

No. Not required or recommended.

Nurses (RN, LVN, MS):

Yes. Required or highly recommended.

Yes. Preferable but not essential to program success.

No. Not required or recommended.

Allied Health Professionals (PT, OT, Lab, X-ray, Social Worker, etc.):

Yes. Required or highly recommended.

Yes. Preferable but not essential to program success.

No. Not required or recommended.

Lay Persons without formal medical training:

Yes. Required or highly recommended.

Yes. Preferable but not essential to program success.

No. Not required or recommended.

Pastors:

Yes. Required or highly recommended.

Yes. Preferable but not essential to program success.

No. Not required or recommended.

5. Science

Give a brief description of the science behind this program. What is the scientific evidence to support the purpose and the techniques utilized in this program?

6. Behavior Change

What specific behavior changes are recommended in this program?

Are participants' unhealthy behaviors identified before the program? _____

How is this done? (Questionnaire, laboratory test, measurements?) _____

Are participants' changes in behaviors monitored during the program? _____

How is this done? (Questionnaire, laboratory test, measurements?) _____

Are participants' changes of behaviors measured at the end of the program? _____

How is this done? (Questionnaire, laboratory test, measurements?) _____

Follow-Up: Are participants' changed behaviors monitored after the program? _____

If yes, at what intervals and for how long? _____

7. Use of Evangelism Variables

Do you count **Non-Adventist Person Visits** (NAPV)? _____

Do you use **Scripture** in the program? _____

Do you evaluate the use of Scripture in the program? _____

How frequently is Scripture used in the program? _____

Are there daily Scripture reading assignments? _____

Do you evaluate how many are doing the Scripture assignments? _____

If yes, how do you evaluate this? _____

Do you use **Prayer** in the program? _____

How frequently is Prayer used in the program? _____

Are there daily prayer assignments? _____

Do you evaluate how often participants pray? _____

If yes, how do you evaluate this? _____

Do you have participants **contact** Seventh-day Adventist church members for help? _____

If yes, how often do you recommend contact? _____

Do you evaluate the number of contacts that are made? _____

If yes, how do you evaluate this? _____

Do you evaluate the number of participants who request Bible studies? _____

Do you evaluate the susceptibility of participants to attend evangelistic meetings? _____

Do you evaluate the number of participants who are eventually baptized? _____

Do you evaluate the number of participants who become active SDA members? _____

Do you evaluate the retention of participants that join the church? _____

8. Small Group Activities

Does the program contain small group activities? ___ No. (Go to section 9) ___ Yes

Do you provide facilitators for small group activities? ___ No ___ Yes

Are small group facilitators SDA church members? ___ No ___ Yes

How many facilitators are recommended for each group? _____

How many facilitator helpers are recommended for each group? _____

How many program participants are assigned to each group? _____

How many sessions have small group activities?

___ All sessions

___ Most (2/3's to 3/4's)

___ About Half

___ Some (1/4 to 1/3)

___ None

In a typical meeting how much time is spent in small group activity?

___ 5-15 minutes

___ 15-30 minutes

___ 30-45 minutes

___ 45-60 minutes

What percentage of a program session is spent in small groups?

___ 10-20%

___ 20-35%

___ 35-65%

___ 65-90%

Does each small group session have a specific agenda?

Yes. Activities are structured and are patterned after the day's lecture.

Yes. Guidelines are general in nature and activities vary from group to group.

No. This is social time unrelated to the topic for the session. This is time to build friendships.

Does the program utilize a "one-on-one" (church member – participant) Buddy System? _____

If yes, explain: _____

9. Follow-Up Activities (Indicate Y for yes and N for no)

There is no specific follow-up.

There is at least one follow-up meeting at a central location where all participants are invited.

How many follow-up meetings of this type are recommended? _____

Follow-up is done individually by: Email Mail

How many follow-up contacts of this type are recommended? _____

Follow-up is done personally by visiting the participant in his/her home.

How many follow-up contacts of this type are attempted? _____

Follow-up questions focus on maintenance of behavior change?

Follow-up questions inquire about the use of spiritual resources in maintaining their new behaviors?

Inquiry is made as to the use of prayer.

Inquiry is made as to the use of scripture.

Inquiry is made as to interest in Bible studies.

Inquiry is made as to church attendance.

Follow-up questions include questions about attitude or mental state.

Follow-up includes options for participants regarding **Relapse Prevention** and/or **Relapse Recovery**?

How is this done? _____

Other features of your follow-up activities. _____

10. Data Collection and Analysis (Indicate Y for yes and N for no)

- Registration form? Includes basic demographic data?
- First Session Questionnaire? Includes documentation of initial behaviors?
- Questionnaire or progress cards utilized during the program? Each session?
 Other tracking mechanisms? _____
- Last Session Questionnaire? Includes documentation of changes made during the program?
- Three-month follow-up questionnaire?
 Data collected by: Personal Visit Email Mail
- Six-month follow-up questionnaire?
 Data collected by: Personal Visit Email Mail
- Twelve-month follow-up questionnaire?
 Data collected by: Personal Visit Email Mail
- Other, describe: _____

___ Data Entry and Analysis

- We only keep paper copies.
- Analysis consists of totals added up directly from paper copies.
- Data is entered into a database maintained on site.
 What type of software do you use? _____
- Have you analyzed the data? _____
- Data is entered into a remote/online database.
 What site maintains your data? _____
- Have you analyzed the data? _____

Describe the results of your health/behavior data analysis: _____

Describe the results of your spiritual/evangelistic data analysis: _____

___ Program Effectiveness Report enclosed for dates: _____