

Evaluation Sheet – INTREPRET Administration [Organization and Management]

Sheet ID:
A-II

A. Instructions

- The evaluator is to fill this form based on:
 - Review of the A-I forms filled by INTREPRET facilitators,
 - Interviews with key staff members involved in INTREPRET facilitation and administration, and
 - Review of existing registers and other documents.
- The coverage period of the facilitators' activities (Part 1) is the past 7 days, counting back from yesterday.

B. General Information

Facility:	Date of Evaluation (MM/DD/YY):	Coverage Period (7 days): (MM/DD/YY) -- (MM/DD/YY)
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C. Evaluator Information

Name: _____ Designation: _____

Part 1: Summary of Facilitators' Activities during the Coverage Period

	Facilitators	Program Orientation (# patients)	Number of Sessions Facilitated				
			CBT	CBT-R	SS	PE	SHGM
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Part 2: Evaluation of INTREPRET Administration

Evaluation Standards		Yes/No	Comments
I. Organizational Aspects			
A. Patients			
1.	The facility's own eligibility criteria for patients to participate in INTREPRET are established and implemented.	Yes No	
2.	Patients' individual registers are developed and updated to keep their attendance to the INTREPRET sessions.	Yes No	
3.	Eligible patients' treatment stages are reflected in their group assignments in the CBT and CBT-R programs.	Yes No	
B. Family Members			
4.	Family members' statuses of participation in the PE sessions are updated in the patients' individual registers.	Yes No	
5.	Family members of more than 50% of all the eligible patients in the pre-discharge program have attended at least 6 PE sessions since their admission.	Yes No	
C. Scheduling			
6.	A weekly timetable is available with at least 8 INTREPRET sessions (CBTx3, CBT-Rx1, PEx1, SSx2, SHGMx1) incorporated in a printed form.	Yes No	

Evaluation Standards		Yes/No	Comments
7.	A calendar with topics of CBT, PE, and SS sessions and facilitators' names is available to show future schedules of at least the next three months and those sessions are conducted in the numerical sequence of the session numbers.	Yes No	
8.	A calendar with a schedule of the PE sessions meant for family members is available for the next three months and its copy is provided with them upon admission of the patients.	Yes No	
D. Facilitators			
9.	All the staff members facilitating sessions have attended a training program for INTREPRET facilitators.	Yes No	
10.	All the facilitators weekly record their activities in the Weekly Reporting Form for INTREPRET Facilitators.	Yes No	
11.	At least one peer-evaluation session per facilitator, using the evaluation forms, was conducted to ensure the facilitation quality of the CBT program during the last 6 months.	Yes No	
E. Environment			
12.	Appropriate places are secured for the INTREPRET group sessions (e.g. not too noisy to conduct group sessions).	Yes No	
II. INTREPRET Implementation Status during the past 7 days (based on the facilitators' activities during the coverage period)			
F. Program Orientation			
13.	Eligible patients attended an orientation program before entering INTREPRET groups.	Yes No	
G. Cognitive Behavioral Therapy (CBT) & Cognitive Behavioral Therapy-Review (CBT-R)			
14.	Eligible patients attended at least 3 CBT sessions.	Yes No	
15.	Eligible patients attended at least 1 CBT-R session.	Yes No	
16.	Copies of Patient's Workbooks were given to all the eligible patients.	Yes No	
17.	The group size was mostly less than 15 and did not exceed 20.	Yes No	
18.	A co-facilitator was assigned to the CBT sessions.	Yes No	
H. Psycho-Education (PE)			
19.	Eligible patients attended at least 1 PE session.	Yes No	
20.	The group size was less than 50.	Yes No	
I. Social Support (SS)			
21.	Eligible patients attended at least 2 SS sessions.	Yes No	
22.	The group size was mostly less than 15 and did not exceed 20.	Yes No	
J. Self-help Group Meeting (SHGM)			
23.	Eligible patients attended at least 1 SHGM session.	Yes No	
24.	The group size was mostly less than 12 and did not exceed 15.	Yes No	
25.	SHGM sessions were conducted without involving TRC staff members and led by chairpersons selected from patients.	Yes No	

Overall comments and suggestions to the facilitator:

Signature of Evaluator: _____

Date: _____