

## ANNEX 5: Evaluation Form for ENTREPOSE Administration

A. Instructions		
<ul style="list-style-type: none"> <li>- The evaluator is to fill this form based on:                             <ul style="list-style-type: none"> <li>➤ Review of the Weekly Reporting Forms of ENTREPOSE facilitators,</li> <li>➤ Interviews with key staff members involved in ENTREPOSE facilitation and administration, and</li> <li>➤ Review of existing registers and other documents.</li> </ul> </li> <li>- The coverage period of the facilitators' activities (Part 1) is the last month.</li> </ul>		
B. General Information		
Facility:	Date of Evaluation (MM/DD/YY):	Coverage Period (MM/YY):
C. Evaluator Information		
Name:	Designation:	

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

	Facilitators	Group Batch		Number of Sessions Facilitated				
		Group ID	Number of Patients	PO	CBT & CBT-E	SS	PE	SHGM
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

### Part 2: Evaluation of ENTREPOSE Administration

Evaluation Standards		Yes/No	Comments
<b>I. Organizational Aspects</b>			
<i>A. Patients</i>			
1.	The facility's own eligibility criteria for patients to participate in ENTREPOSE are established and implemented.	Yes No	
2.	Patients' individual registers are developed and updated to keep their attendance to the ENTREPOSE sessions.	Yes No	
<i>B. Family Members</i>			
3.	Family members' statuses of participation in the PE sessions are updated in the patients' individual registers.	Yes No	
4.	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 registration.	Yes No	

Evaluation Standards		Yes/No	Comments
<b>C. Scheduling</b>			
5.	Timetables of all the patient groups throughout the treatment period are available with the information of the scheduled ENTREPOSE sessions that satisfy the minimum requirements as follows: ● PO-1, CBT-28, CBT-E-3, PE-12, SHGM-6, ICA-26	Yes No	
6.	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 registration of the patients.	Yes No	
<b>D. Facilitators</b>			
7.	All the staff members facilitating sessions have attended a training program for ENTREPOSE facilitators.	Yes No	
8.	All the facilitators weekly record their activities in the Weekly Reporting Form for ENTREPOSE Facilitators.	Yes No	
9.	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	
<b>E. Environment</b>			
10.	Appropriate places are secured for the ENTREPOSE group sessions (e.g., not too noisy to conduct group sessions).	Yes No	
<b>II. ENTREPOSE Implementation Status during the last month</b> (based on the facilitators' activities during the coverage period)			
<b>F. Program Orientation</b>			
11.	Eligible patients attended an orientation program before entering ENTREPOSE groups.	Yes No	
<b>G. Cognitive Behavioral Therapy (CBT) &amp; Cognitive Behavioral Therapy Evaluation (CBT-E)</b>			
12.	Eligible patients attended CBT and CBT-E sessions according to the schedule.	Yes No	
13.	Copies of Patient's Workbooks were given to all the eligible patients.	Yes No	
14.	The group size was mostly less than 15 and did not exceed 20.	Yes No	
15.	A co-facilitator was assigned to the CBT sessions.	Yes No	
<b>H. Psycho-Education (PE)</b>			
16.	Eligible patients attended PE sessions according to the schedule.	Yes No	
17.	The group size was less than 50.	Yes No	
<b>I. Self-help Group Meeting (SHGM)</b>			
18.	Eligible patients attended at SHGM sessions according to the schedule.	Yes No	
19.	The group size was mostly less than 12 and did not exceed 15.	Yes No	
20.	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: \_\_\_\_\_