



Fidelity Checklist

Date:

Program Name:	Using Original Design Yes/No	Changed From Original Design (If changed please describe)
I. TARGET GROUP CHANGE		
Age Group	Y N <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> _____ _____ _____ _____
Ethnicity	Y N <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> _____ _____ _____ _____
II. RECRUITMENT STRATEGY		
Recruitment Strategy	Y N <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> _____ _____ _____ _____
III. INTERVENTION CHANGES		
Length of Exposure	Y N <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> _____ _____ _____ _____
Counselor adherence to treatment Components, Phases, and specific Lessons	Y N <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> _____ _____ _____ _____

III. INTERVENTION CHANGES (CONT.)

Language / Translation	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/> _____ _____ _____ _____
Addition To Original Strategy	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/> _____ _____ _____ _____
Change To Curriculum	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/> _____ _____ _____ _____

IV. EVALUATION

Design	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/> _____ _____ _____ _____
Measures / Language	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/> _____ _____ _____ _____