

CLIENT LEVEL HE/RR TEMPLATES: Client Administered (low literacy) Intervention Delivered to Group

This template allows an agency to capture all elements that are required for client-level data collection for HE/RR interventions (recruitment, session information, and client characteristics). There are two parts of the template: Part I is completed by the service provider and Part II is designed to be completed by the client. All language is intended to serve individuals with a basic literacy level. The template includes **all required CDC PEMS variables** relevant to HE/RR.

1. This form is completed once - at the time the client is enrolled in the intervention.
2. There should be one *Client-Level Data Report Form* for each client listed on the *HIV Prevention Participant Sign-In Form*.
3. The *HIV Prevention Intervention: Session Activity Form* is used to document the content of each session. The client count on each activity form should match the number of clients listed on the *HIV Prevention Participant Sign-In Form*.

HIV Prevention Intervention Client-Level Data Report Form Group Level

PART I (Completed by provider)

Date of this session: ____/____/____ mm / dd / yyyy	Cycle number: _____ Session number: _____	Site Name/ID:
Client was recruited from: <input type="checkbox"/> Agency referral <input type="checkbox"/> Advertisement <input type="checkbox"/> Self <input type="checkbox"/> Partner <input type="checkbox"/> Friend and/or family member <input type="checkbox"/> Don't know <input type="checkbox"/> Other (specify) _____		
If referred from an agency, what type of service does the agency deliver? <input type="checkbox"/> Counseling & Testing <input type="checkbox"/> Health Communication/Public Information <input type="checkbox"/> Partner Services <input type="checkbox"/> Comprehensive Risk Counseling Services <input type="checkbox"/> Outreach <input type="checkbox"/> Health Education/Risk Reduction <input type="checkbox"/> Intake/screening <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Don't know		

PART II (Completed by client)

Date Information Collected: _____ (mm/dd/yyyy)

Please answer these questions the best you can. All of your answers will be kept confidential. It is very important that you answer every question honestly. Thank you for your time.

1) 1st and 3rd letter of first name _____ 1st and 3rd letter of last name _____ What is your birth day? ____/____/____ (mm/dd/yyyy)	2) What was your sex at birth? (choose only one) <input type="checkbox"/> Male <input type="checkbox"/> Female	3) What is your current gender identity? (choose only one) <input type="checkbox"/> Male <input type="checkbox"/> Transgender – MTF <input type="checkbox"/> Female <input type="checkbox"/> Transgender – FTM <input type="checkbox"/> Additional (specify): _____ <input type="checkbox"/> Declined to answer	4) What state do you live in? _____
5) Are you: (choose only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer	6) What is your race? (choose all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer		
7) If you are female, are you pregnant? (choose only one) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer	8) If you are pregnant, are you getting prenatal care? (choose only one) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer		
9) Have you been tested for HIV? (choose only one) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer	10) If you have been tested for HIV, what was the result of your <u>most recent</u> HIV test? (choose only one) <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Preliminary Positive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer		
11) If you are HIV positive: Are you getting medical care for HIV? (choose only one) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer	12) In the last 12 months, did a health worker tell you that you have syphilis, gonorrhea or Chlamydia? (choose only one) <input type="checkbox"/> Yes – Self report <input type="checkbox"/> Yes - Lab confirmed <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer		

13) Have you injected any drugs (including narcotics, non-prescription hormones, silicon etc.) within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	14) If you have injected drugs within the past 12 months, have you shared drug injection equipment with someone within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
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15) Within the past 12 months have you had vaginal or anal sex with a
 Male Female Transgender

16) If you have not checked any of the above boxes please choose one of the following:
 No risk identified Declined to answer Other (specify): _____

17) IF you checked one or more boxes in question 15, please complete the following information.

Did you have vaginal or anal sex within the past 12 months... [G212]:	WITH A MALE PARTNER	WITH A FEMALE PARTNER	WITH A TRANSGENDER PARTNER
Without a condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After or while using alcohol or drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For drugs, money or something you needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With a person who you know has HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With a person whose HIV status you did not know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With a person whose identity was unknown to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With a person who uses injection drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With a person who has sex for drugs or for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With a person who has hemophilia or has had a transfusion/transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With a man who has sex with other men	<input type="checkbox"/>		<input type="checkbox"/>
None of the above (no additional sex risk identified)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Declined to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The information in this report to the Centers for Disease Control and Prevention (CDC) is collected under the authority of Sections 304 and 306 of the Public Health Service Act, 42 USC 242b and 242k. Your cooperation is necessary for evaluation of the interventions being done to understand and control HIV/AIDS. Information in CDC's HIV/AIDS Program Evaluation and Monitoring System (PEMS) that would permit identification of any individual on whom a record is maintained, or any health care provider collecting PEMS information, or any institution with which that health care provider is associated will be protected under Section 308(d) of the Public Health Service Act. This protection for the PEMS information includes a guarantee that the information will be held in confidence, will be used only for the purposes stated in the Assurance of Confidentiality on file at CDC, and will not otherwise be disclosed or released without the consent of the individual, health care provider, or institution described herein in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m(d)).