

HIV Group-Level Prevention Intervention

Intervention Session Details

Session Date: ____/____/____ Worker Name: _____

Agency Name: _____ Intervention Name: _____

Cycle/Session	Duration of Session	Site/Location of Intervention Session
Cycle #: _____	_____ minutes	
Session #: _____		

Intervention Delivery Method (Check all that apply)	
<input type="checkbox"/> - In Person <input type="checkbox"/> - Internet <input type="checkbox"/> - Printed Materials - Magazines, Newspapers <input type="checkbox"/> - Printed Materials – Pamphlets, Brochures <input type="checkbox"/> - Printed Materials – Posters, Billboards	<input type="checkbox"/> - Radio <input type="checkbox"/> - Telephone <input type="checkbox"/> - Television <input type="checkbox"/> - Video (title) _____ <input type="checkbox"/> - Other (specify) _____

Session Activities (check the box beside activities this session – see PEMS Activity list for code definitions)

<input type="checkbox"/> – Personalized risk assessment <input type="checkbox"/> - Post-intervention booster session Provision of Information <input type="checkbox"/> -HIV/AIDS transmission (8.1) <input type="checkbox"/> -Abstinence/postpone sexual activity <input type="checkbox"/> -Other STDs (8.2) <input type="checkbox"/> -Viral hepatitis (8.3) <input type="checkbox"/> -Availability of HIV/STD counseling/testing (8.5) <input type="checkbox"/> -Availability of partner notification/referral (8.6) <input type="checkbox"/> -Living with HIV/AIDS (8.7) <input type="checkbox"/> -Availability of social services (8.8) <input type="checkbox"/> -Availability of medical services (8.9) <input type="checkbox"/> -Sexual risk reduction (8.10) <input type="checkbox"/> -IDU risk reduction (8.11) <input type="checkbox"/> -IDU risk free behavior (8.12) <input type="checkbox"/> -Condom/barrier use (8.13) <input type="checkbox"/> -Negotiation/Communication (8.14) <input type="checkbox"/> -Decision making (8.15) <input type="checkbox"/> -Disclosure of HIV status (8.16) <input type="checkbox"/> -Providing prevention services (8.17) <input type="checkbox"/> -HIV testing (8.18) <input type="checkbox"/> -Partner notification (8.19) <input type="checkbox"/> -HIV medication therapy adherence (8.20) <input type="checkbox"/> -Alcohol and drug use prevention (8.21) <input type="checkbox"/> -Sexual health (8.22) <input type="checkbox"/> -TB testing (8.23) <input type="checkbox"/> -Info-Other _____	Demonstration <input type="checkbox"/> -Condom/barrier use (9.1) <input type="checkbox"/> -IDU risk reduction (9.2) <input type="checkbox"/> -Negotiation/Communication (9.3) <input type="checkbox"/> -Decision making (9.4) <input type="checkbox"/> -Disclosure of HIV status (9.5) <input type="checkbox"/> -Providing prevention services (9.6) <input type="checkbox"/> -Partner notification (9.7) <input type="checkbox"/> -Demo-Other _____ Practice <input type="checkbox"/> -Condom/barrier use (10.1) <input type="checkbox"/> -IDU risk reduction (10.2) <input type="checkbox"/> -Negotiation/Communication (10.3) <input type="checkbox"/> -Decision making (10.4) <input type="checkbox"/> -Disclosure of HIV status (10.5) <input type="checkbox"/> -Providing prevention services (10.6) <input type="checkbox"/> -Partner notification (10.7) <input type="checkbox"/> -Practice-Other _____ Discussion <input type="checkbox"/> -Sexual risk reduction (11.1) <input type="checkbox"/> -IDU risk reduction (11.2) <input type="checkbox"/> -HIV testing (11.3) <input type="checkbox"/> -Other STDs (11.4) <input type="checkbox"/> -Disclosure of HIV status (11.5) <input type="checkbox"/> -Partner notification (11.6) <input type="checkbox"/> -HIV Medication therapy adherence (11.7)	Discussion (cont.) <input type="checkbox"/> -Abstinence/postpone sexual activity (11.8) <input type="checkbox"/> -IDU risk free behavior (11.9) <input type="checkbox"/> -HIV/AIDS transmission (11.10) <input type="checkbox"/> -Viral hepatitis (11.11) <input type="checkbox"/> -Living with HIV/AIDS (11.12) <input type="checkbox"/> -Availability of HIV/STD CTR (11.13) <input type="checkbox"/> -Availability of partner notification/referral (11.14) <input type="checkbox"/> -Availability of social services (11.15) <input type="checkbox"/> -Availability of medical services (11.16) <input type="checkbox"/> -Condom/barrier use (11.17) <input type="checkbox"/> -Negotiation/Communication (11.18) <input type="checkbox"/> -Decision making (11.19) <input type="checkbox"/> -Providing prevention services (11.20) <input type="checkbox"/> -Alcohol/drug use prevention (11.21) <input type="checkbox"/> -Sexual health (11.22) <input type="checkbox"/> -TB testing (11.23) <input type="checkbox"/> -Discussion-Other _____ Distribution <input type="checkbox"/> - male condoms # _____ <input type="checkbox"/> - female condoms # _____ <input type="checkbox"/> - safe sex kits # _____ <input type="checkbox"/> - lubricant # _____ <input type="checkbox"/> - educational materials # _____ <input type="checkbox"/> - referral lists # _____ <input type="checkbox"/> - role model stories # _____ <input type="checkbox"/> - other (specify) _____
--	--	---

Session Details not captured above: