

Instructions for using this form:

Purpose. The primary purpose of this form is to document all elements that are required for data collection for aggregate Health Education/Risk Reduction (HE/RR) interventions. The form includes all required CDC PEMS variables relevant to HE/RR. This form is also a helpful record of necessary program data and serves as an internal control deterring fraud, abuse and waste. The form can be directly reconciled against the information contained in narrative progress reports, individual client records and other internal documents.

A separate form should be completed for each group-level HIV prevention intervention session conducted.

Immediate completion. Contractors are responsible for ensuring the completion of this form immediately during or after each group-level HIV prevention intervention session.

Frequency of use. This form must be completed for every group-level HIV prevention intervention session. Depending on the type of DEBI being implemented, “group level” sessions may include group-level intervention sessions, group social events and group-level counseling discussions or support groups. Use of this form for documentation of outreach activities is encouraged but optional.

Submission. A copy of this form must be sent to DCH as an attachment to your organization’s narrative progress report. In addition, all original copies of this form must be kept on file and made available for immediate review upon request by DCH staff.

1. Session date. Indicate the date of the outreach activity or group-level HIV prevention intervention session. You may include the time if there is more than one on any particular day.

2. Session number. If you are completing this form for a group-level HIV prevention intervention session, each session must be numbered sequentially. If you are implementing interventions that only have one session (such as Voices) this number will always be “1”. If you are recording information about the 2nd session of an intervention that requires 3 sessions total, you would enter “2” here.

3. Site name/ID. Indicate the specific, official name of the site where the activity/session took place. If you are providing data for a new site that has not yet been entered in PEMS, please

provide the specific name and address of the site so it can be added in PEMS.

4. Duration. Indicate the actual total time (in minutes) that the activity/session lasted.

5. Worker name or ID. Indicate the specific name of the person who delivered services to clients during the activity/session. If you are providing data for a new worker that has not yet been entered in PEMS, please provide the specific name of the worker so he or she can be added in PEMS.

6. This form reflects data for... Mark only one box. This field indicates whether the form reflects data for an outreach event or a group-level HIV prevention intervention session.

- If you are completing this form for a group-level HIV prevention intervention session, state the name of the intervention.

- If you are completing this form for an outreach event, remember to complete a separate form for each outreach event at that site. This is particularly important because your organization may implement outreach events at one site over the course of several different dates and times.

7. Delivery method. Mark only one box. This field indicates the medium through which the intervention session or activity was delivered.

8. Number of client contacts. Indicate the number of persons (clients) who attended this activity/session for any length of time.

9. ACTUAL number who completed entire session. Indicate the number of persons (clients) who attended this activity/session and completed the entire session. Completion may be defined as attending 75% or more of the session. For example, if you are completing this form for a Voices session which lasted 60 minutes, it would be inappropriate to count persons who began the session so late (or left the session so early) they did not view the video or could not participate in 15 minutes or more of the discussion time. For some HIV prevention intervention sessions, the definition of “completion” may be more stringent. For questions on this topic, you may contact your assigned contract monitor or refer to the specific guidelines of the intervention.

10. CPG priority populations. Indicate the number of participants or individuals from each of the listed CPG Priority Populations who were actually reached during this activity/session. Persons may be counted in more than one CPG Priority Population. For example, a White MSM client might also be a person who uses injection drugs. Do not total this column.

11. Primary risk. Indicate the number of participants or individuals from each “Primary Risk” category who were actually reached during this activity/session. Although individuals may fit into more than one risk category, please select only the one category that can best be described as the primary risk category. Count each person only once in this section. Total this column. The total must equal the number of clients who completed this activity/session.

12. Gender. Indicate the number of participants or individuals from each “Gender” category who were actually reached during this activity/session. Count each person only once in this section. Total this column. The total must equal the number of clients who completed this activity/session.

13. Age group. Indicate the number of participants or individuals from each “Age Group” category who were actually reached during this activity/session. Count each person only once in this section. Total this column. The total must equal the number of clients who completed this activity/session.

14. Ethnicity. Indicate the number of participants or individuals from each “Ethnicity” category who were actually reached during this activity/session. Count each person only once in this section. Total this column. The total must equal the number of clients who completed this activity/session.

15. Race. Indicate the number of participants or individuals from each “Race” category who were actually reached during this activity/session. Count each person only once in this section. Total this column. The total must equal the number of clients who completed this activity/session.

16. Distribution of material(s). Indicate the number of each item distributed during this activity/session. The total for this section is not necessary. It is not sufficient to merely check-mark an item. Instead, an actual number count must be provided.

17. Other group-level activities. Indicate whether any of the listed activities were implemented during the session such as demonstrations, referrals, practice activities or other activities. For each item, a “count” is not necessary. You may use a check mark (✓) instead.

18. Incentives. Indicate whether clients received incentives as compensation for their time and participation in the session.

Signature line. In order to be counted, this form must be signed and dated by the worker who delivered services to clients during this activity/session (whose name or ID is shown in question 5).

• Note: Labels for these form fields were copied directly from the list of available options in PEMS for client HIV exposure or transmission, gender, age group, ethnicity and race.

The format and content of this report may be modified from time to time. You should visit the web site of the HIV Unit periodically to check that you have the most current version: www.health.state.ga.us/programs/stdhiv/.