

HIV Prevention Intervention Aggregate Outreach Report Form

Please complete one form for each session or event.

Attach to accompanying Session Activity Form

Agency Name:

Intervention Name:

Worker name:

Intervention Event/Session Record

Session Number	Date of Event/Session	Duration of Event/Session (minutes)	Number of Client Contacts	Incentive Provided
				<input type="radio"/> – yes <input type="radio"/> – no

Location of Session/Site of Event:

Primary HIV Risk	Count
Heterosexual Contact	
Injection Drug User (IDU)	
Men Who Have Sex With Men (MSM)	
MSM/IDU	
Sex Involving Transgender	
Other/Risk Not Identified	

Gender	Count
Female	
Male	
Transgender - Female to Male	
Transgender – Male to Female	

Race	Count
American Indian or Alaskan Native	
Asian	
Black or African American	
Native Hawaiian or Pacific Islander	
White	

Ethnicity	Count
Hispanic or Latino	
Not Hispanic or Latino	

Age Group	Count
Under 13	
13-18	
19-24	
25-34	
35-44	
45 & older	

HIV Status	Count
Positive	
Negative	
Unknown	

Distribution of Material(s)	Count
Bleach or Safer Injection Kit	
Education Material	
Female Condom	
Male Condom	
Referral Lists	
Role Model Stories	
Safer Sex Kits	
Other (specify):	