

HIV Prevention Intervention

(Session Activity Form for HC/PI and Outreach)

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

Agency Name: _____ Intervention Name: _____

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) _____ |
|--|---|

Intervention Type: - Outreach - HC/PI

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

<input type="checkbox"/> – Personalized risk assessment Provision of Information <input type="checkbox"/> -HIV/AIDS transmission <input type="checkbox"/> -Abstinence/postpone sexual activity <input type="checkbox"/> -Other STDs <input type="checkbox"/> -Viral hepatitis <input type="checkbox"/> -Availability of HIV/STD counseling/testing <input type="checkbox"/> -Availability of partner notification/referral <input type="checkbox"/> -Living with HIV/AIDS <input type="checkbox"/> -Availability of social services <input type="checkbox"/> -Availability of medical services <input type="checkbox"/> -Sexual risk reduction <input type="checkbox"/> -IDU risk reduction <input type="checkbox"/> -IDU risk free behavior <input type="checkbox"/> -Condom/barrier use <input type="checkbox"/> -Negotiation/Communication <input type="checkbox"/> -Decision making <input type="checkbox"/> -Disclosure of HIV status <input type="checkbox"/> -Providing prevention services <input type="checkbox"/> -HIV testing <input type="checkbox"/> -Partner notification <input type="checkbox"/> -HIV medication therapy adherence <input type="checkbox"/> -Alcohol and drug use prevention <input type="checkbox"/> -Sexual health	Demonstration <input type="checkbox"/> -Condom/barrier use <input type="checkbox"/> -IDU risk reduction <input type="checkbox"/> -Negotiation/Communication <input type="checkbox"/> -Decision making <input type="checkbox"/> -Disclosure of HIV status <input type="checkbox"/> -Providing prevention services <input type="checkbox"/> -Partner notification Practice <input type="checkbox"/> -Condom/barrier use <input type="checkbox"/> -IDU risk reduction <input type="checkbox"/> -Negotiation/Communication <input type="checkbox"/> -Decision making <input type="checkbox"/> -Disclosure of HIV status <input type="checkbox"/> -Providing prevention services <input type="checkbox"/> -Partner notification Discussion <input type="checkbox"/> -Sexual risk reduction <input type="checkbox"/> -IDU risk reduction <input type="checkbox"/> -HIV testing <input type="checkbox"/> -Other STDs <input type="checkbox"/> -Disclosure of HIV status <input type="checkbox"/> -Partner notification <input type="checkbox"/> -HIV Medication therapy adherence	Discussion (cont.) <input type="checkbox"/> -Abstinence/postpone sexual activity <input type="checkbox"/> -IDU risk free behavior <input type="checkbox"/> -HIV/AIDS transmission <input type="checkbox"/> -Viral hepatitis <input type="checkbox"/> -Living with HIV/AIDS <input type="checkbox"/> -Availability of HIV/STD CTR <input type="checkbox"/> -Availability of partner notification/referral <input type="checkbox"/> -Availability of social services <input type="checkbox"/> -Availability of medical services <input type="checkbox"/> -Condom/barrier use <input type="checkbox"/> -Negotiation/Communication <input type="checkbox"/> -Decision making <input type="checkbox"/> -Providing prevention services <input type="checkbox"/> -Alcohol/drug use prevention <input type="checkbox"/> -Sexual health Distribution (list number of materials distributed) <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) _____
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Other Session Details:

If testing accompanied this event, indicate the number of participants that were tested below.

Number Receiving HIV Test: _____ Number Receiving STD Test: _____ Number Receiving Hep C Test: _____