

# HIV Prevention Intervention

## Session Activity Form

Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Worker Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Intervention Name: \_\_\_\_\_

Cycle Number	Session Number	Client Count	Site/Location of Intervention Session

**Intervention Delivery Method (Check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> - In Person<br><input type="checkbox"/> - Internet<br><input type="checkbox"/> - Printed Materials - Magazines, Newspapers<br><input type="checkbox"/> - Printed Materials – Pamphlets, Brochures<br><input type="checkbox"/> - Printed Materials – Posters, Billboards | <input type="checkbox"/> - Radio<br><input type="checkbox"/> - Telephone<br><input type="checkbox"/> - Television<br><input type="checkbox"/> - Video (title) _____<br><input type="checkbox"/> - Other (specify) _____ |
|--|---|

Intervention Type:  - Group Level     - Outreach     - HC/PI

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

<input type="checkbox"/> – <b>Personalized risk assessment</b>  <b>Provision of Information</b> <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	<b>Demonstration</b> <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  <b>Practice</b> <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  <b>Discussion</b> <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	<b>Discussion (cont.)</b> <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  <b>Distribution</b> <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) _____
---	--	---

**Other Session Details:**

Did STD/HIV/Hep C Testing Follow the Session?  - Yes     - No  
 If yes, indicate the number of participants that were tested below.

Number Receiving HIV Test: \_\_\_\_\_ Number Receiving STD Test: \_\_\_\_\_ Number Receiving Hep C Test: \_\_\_\_\_