

# HIV Individual Level Prevention Intervention

## Intervention Session Details

*To be completed by provider. Assure your client that their identity will remain anonymous and that we use the client code to keep their participation confidential. Please keep original for client file and send copy to FPSHP.*

Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Client ID: \_\_\_\_ Client Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (1<sup>st</sup> and 3<sup>rd</sup> letter of first & last name)

Agency Name: \_\_\_\_\_ Counselor Name: \_\_\_\_\_

Intended # sessions	Current session/cycle	Duration of Session	Site/Location of Intervention Session
<input type="radio"/> # _____ <input type="radio"/> unknown	____/____	_____ minutes	

**Recruitment Source** (only reported at first session)

Agency referral  
  HC/PI  
  Self  
  Partner  
  Friend and/or family member  
  Other \_\_\_\_\_  
  Don't know

If Agency referral:  CT  
 HC/PI  
 Partner Services  
 CRCS  
 Outreach  
 HE/RR  
 Intake/screening  
 Other  
 Don't know

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

<input type="checkbox"/> – <b>Personalized risk assessment</b> <input type="checkbox"/> Post-intervention booster session  <b>Provision of Information</b> <input type="checkbox"/> HIV/AIDS transmission (8.1) <input type="checkbox"/> Abstinence/postpone sexual activity (8.2) <input type="checkbox"/> Other STDs (8.3) <input type="checkbox"/> Viral hepatitis (8.4) <input type="checkbox"/> Availability of HIV/STD counseling/testing <input type="checkbox"/> Availability of partner notification/referral <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"/> Other	<b>Demonstration</b> <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)  <b>Practice</b> <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 <input type="checkbox"/> Partner notification (10.7)  <b>Discussion</b> <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 <input type="checkbox"/> Partner notification (11.6) <input type="checkbox"/> HIV Medication therapy adherence	<input type="checkbox"/> Abstinence/postpone sexual activity <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 <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 <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 <input type="checkbox"/> Alcohol/drug use prevention (11.21) <input type="checkbox"/> Sexual health (11.22) <input type="checkbox"/> TB testing (11.23)  <b>Distribution                      # Distributed</b> <input type="checkbox"/> Male condoms _____ <input type="checkbox"/> Female condoms _____ <input type="checkbox"/> Safe sex kits _____ <input type="checkbox"/> Lubricant _____ <input type="checkbox"/> Education material _____ <input type="checkbox"/> Referral lists _____ <input type="checkbox"/> Role model stories _____ <input type="checkbox"/> other _____
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Referrals Made (this visit)	Referral Outcome (from previous referral):	
<input type="checkbox"/> HIV testing <input type="checkbox"/> STD screening/tx <input type="checkbox"/> Viral Hepatitis screening/tx <input type="checkbox"/> TB testing <input type="checkbox"/> Reproductive health care <input type="checkbox"/> Prenatal care <input type="checkbox"/> HIV medical care/eval/tx	<input type="checkbox"/> Substance abuse treatment <input type="checkbox"/> Medical care <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Other HIV prevention services <input type="checkbox"/> Case management <input type="checkbox"/> Other support services (specify): _____	Did client access previous referral? <input type="checkbox"/> Yes, indicate referral(s) accessed: _____  How did you verify? _____  <input type="checkbox"/> No

**Progress note Risk Reduction Plan :**