

EvaluationWeb® 2013 NON Testing – Client Level Data Collection Form
(rev 26—2013.08.19)

Agency Name A01		SECTION C. BEHAVIORAL RISK PROFILE <small>Instructions: Please complete Section C if the client completed a behavioral risk profile (see question in Section B). Indented questions are required if the response to the initial question is Yes.</small>
Client ID G103		
Intervention Name H01a (Circle one)	CRCS or SBIRT	In the past 12 months has the client engaged in?
SECTION A. DEMOGRAPHICS <small>Instructions: Please complete Section A for each client only once, when the client first enrolls in an intervention or receives referrals to HIV prevention and support services.</small>		No Yes Don't Know
Date Demographics Collected G101	M M D D Y Y Y Y	Vaginal or anal sex with a male G216a <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't Know
Year of Birth G112	Y Y Y Y	With a male without using a condom G217a <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't Know
Ethnicity G114	<input type="radio"/> Hispanic or Latino <input type="radio"/> Don't Know <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Declined to Answer	With a male who is IDU G218a <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't Know
Race G116 (select all that apply)	<input type="checkbox"/> Am. Indian/AK Native <input type="checkbox"/> Native HI/Pac. Islander <input type="checkbox"/> Don't Know <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Declined to Answer	With a male who is HIV+ G219a <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't Know
RESIDENCE	State/Territory Name G120	Vaginal or anal sex with a female G216b <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't Know
	County Name G132	With a female without using a condom G217b <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't Know
Assigned Sex at Birth G123	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Declined to Answer	With a female who is IDU G218b <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't Know
Current Gender Identity G124	<input type="radio"/> Male <input type="radio"/> Transgender—Male to Female <input type="radio"/> Declined to Answer <input type="radio"/> Female <input type="radio"/> Transgender—Female to Male <input type="radio"/> Transgender—Unspecified	With a female who is HIV+ G219b <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't Know
		Vaginal or anal sex with a transgender person G216c <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't Know
		With a transgender person without using a condom G217c <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't Know
		With a transgender person who is IDU G218c <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't Know
		With a transgender person who is HIV+ G219c <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't Know
		Has the client used injection drugs? G211_01 <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't Know
		Share drug injection equipment? G211_08 <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't Know
		Female clients only (based on current gender identity)
		Vaginal or Anal Sex with MSM G220 <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't Know

SECTION B. CLIENT RISK <small>Instructions: Please complete Section B once for each client.</small>	Additional Risk Factors G212 (select all that apply)
Date Risk Profile Collected G200	<input type="checkbox"/> 01 Exchange vaginal/anal sex for drugs/money/or something they needed
Choose status of collection of behavioral risk profile G200_1	<input type="checkbox"/> 02 Vaginal/anal sex while intoxicated and/or high on drugs
<input type="radio"/> Client Completed a Behavioral Risk Profile (GO TO Section C)	<input type="checkbox"/> 05 Vaginal/anal sex with person of unknown HIV status
<input type="radio"/> Client Was Not Asked about Behavioral Risk Factors	<input type="checkbox"/> 06 Vaginal/anal sex with person who exchanges sex for drugs/money
<input type="radio"/> Client Was Asked, but No Behavioral Risks Were Identified	<input type="checkbox"/> 08 Vaginal/anal sex with anonymous partner
<input type="radio"/> Client Declined to Discuss Behavioral Risk Factors	<input type="checkbox"/> 12 Diagnosed with a sexually transmitted disease (STD)
Previous HIV Test? G204	<input type="checkbox"/> 13 Sex with multiple partners
<input type="radio"/> No	<input type="checkbox"/> 14 Oral sex
<input type="radio"/> YES	<input type="checkbox"/> 15 Unprotected vaginal/anal sex with a person who is an IDU
<input type="radio"/> Don't Know	<input type="checkbox"/> 16 Unprotected vaginal/anal sex with a person who is HIV positive
<input type="radio"/> Declined to Answer	<input type="checkbox"/> 17 Unprotected vaginal/anal sex in exchange for drugs/money/ or something they needed
Self-Reported HIV Test Result G205	<input type="checkbox"/> 18 Unprotected vaginal/anal sex with person who exchanges sex for drugs/ money
<input type="radio"/> Positive <input type="radio"/> Don't Know	<input type="checkbox"/> 19 Unprotected sex with multiple partners
<input type="radio"/> Negative <input type="radio"/> Declined to Answer	
<input type="radio"/> Preliminary Positive	
<input type="radio"/> Indeterminate	

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SECTION D. ENROLLMENT IN HIV PREVENTION INTERVENTIONS <i>Instructions:</i> Please update Section D each time the client enrolls in or completes an intervention. <i>Key:</i> N = No, Y = Yes, DK = Don't Know, DA = Declined to Answer, NA = Not Asked											
Intervention Name H01a (Circle one)						CRCS or SBIRT					
Date of Enrollment H07						M M D D Y Y Y Y					
Number of Planned Sessions H02				Number of Completed Sessions H05							
OPTIONAL INFORMATION											
Client Intervention Status						<input type="radio"/> Enrolled			<input type="radio"/> Not Enrolled		

SESSION # _____											
Session Date H06						M M D D Y Y Y Y					
Length of Session				Session Number							
Session Activities				1				3			
				2				4			
Referral Codes for This Session				1		2		3		4	

SECTION E. SESSION INFORMATION <i>Instructions:</i> Sessions are recorded in 15-minute increments (15 minutes = 0.25 hours). Use 0.1 for any session shorter than 15 minutes. For session activities, enter the code from page 6. For referrals, use the codes from Section F.											
SESSION # _____											
Session Date H06						M M D D Y Y Y Y					
Length of Session				Session Number							
Session Activities				1				3			
				2				4			
Referral Codes for This Session				1		2		3		4	

SESSION # _____											
Session Date H06						M M D D Y Y Y Y					
Length of Session				Session Number							
Session Activities				1				3			
				2				4			
Referral Codes for This Session				1		2		3		4	

SESSION #2											
Session Date H06						M M D D Y Y Y Y					
Length of Session				Session Number							
Session Activities				1				3			
				2				4			
Referral Codes for This Session				1		2		3		4	

SESSION # _____											
Session Date H06						M M D D Y Y Y Y					
Length of Session				Session Number							
Session Activities				1				3			
				2				4			
Referral Codes for This Session				1		2		3		4	

SESSION # _____											
Session Date H06						M M D D Y Y Y Y					
Length of Session				Session Number							
Session Activities				1				3			
				2				4			
Referral Codes for This Session				1		2		3		4	

SESSION # _____											
Session Date H06						M M D D Y Y Y Y					
Length of Session				Session Number							
Session Activities				1				3			
				2				4			
Referral Codes for This Session				1		2		3		4	

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SECTION F. REFERRALS OUTSIDE OF SESSIONS (OPTIONAL)

Instructions: Please complete Section F for all clients who were referred to any services listed below outside of the sessions listed in Section E. Services may apply to either HIV positive or HIV negative clients.

Services	Date of 1st Referral	Date of 2nd Referral	Date of 3rd Referral
01 - HIV Testing	M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y
02 - HIV Confirmatory Test	M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y
03 - HIV Prevention Counseling	M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y
04 - STD Screening and Treatment	M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y
05 - Viral Hepatitis Screening and Treatment	M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y
06 - Tuberculosis Testing	M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y
07 - Syringe Exchange Services	M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y
08 - Reproductive Health Services	M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y
09 - Prenatal Care	M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y
10 - HIV Medical Care/Evaluation/Treatment	M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y
11 - IDU Risk Reduction Services	M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y
12 - Substance Abuse Services	M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y
13 - General Medical Care	M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y
14 - Partner Services	M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y
15 - Mental Health Services	M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y
16 - Comprehensive Risk Counseling Services	M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y
17 - Other Prevention Services	M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y
18 - Other Support Services	M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y
19 - Case Management	M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y
88 - Other	M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y

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CODES FOR SESSION ACTIVITIES (OPTIONAL)

03.00 HIV testing	08.17 Information - Providing prevention services	10.06 Practice - Providing prevention services	11.19 Discussion - Decision making
04.00 Referral	08.18 Information - HIV Testing	10.07 Practice - Partner notification	11.20 Discussion - Providing prevention services
05.00 Personalized risk assessment	08.19 Information - Partner notification	10.88 Practice - Other Participant	11.21 Discussion - Alcohol and drug use prevention
06.00 Elicit partners	08.20 Information - HIV medication therapy adherence	11.01 Discussion - Sexual risk reduction	11.22 Discussion - Sexual health
07.00 Notification of exposure	08.21 Information - Alcohol and drug use prevention	11.02 Discussion - IDU risk reduction	11.23 Discussion - TB testing
08.01 Information - HIV/AIDS transmission	08.22 Information - Sexual health	11.03 Discussion - HIV testing	11.24 Discussion - Stage-based encounter
08.02 Information - Abstinence/postpone sexual activity	08.23 Information - TB Testing	11.04 Discussion - Other sexually transmitted diseases	11.88 Discussion - Other
08.03 Information - Other sexually transmitted diseases	08.88 Information - Other	11.05 Discussion - Disclosure of HIV status	12.01 Other Testing - Pregnancy
08.04 Information - Viral hepatitis	09.01 Demonstration - Condom/barrier use	11.06 Discussion - Partner notification	12.02 Other Testing - STD
08.05 Information - Availability of HIV/STD counseling and testing	09.02 Demonstration - IDU risk reduction	11.07 Discussion - HIV medication therapy adherence	12.03 Other Testing - Viral hepatitis
08.06 Information - Availability of partner notification and referral services	09.03 Demonstration - Negotiation/communication	11.08 Discussion - Abstinence/postpone sexual activity	12.04 Other Testing - TB
08.07 Information - Living with HIV/AIDS	09.04 Demonstration - Decision making	11.09 Discussion - IDU risk-free behavior	13.01 Distribution - Male condoms
08.08 Information - Availability of social services	09.05 Demonstration - Disclosure of HIV status	11.10 Discussion - HIV/AIDS transmission	13.02 Distribution - Female condoms
08.09 Information - Availability of medical services	09.06 Demonstration - Providing prevention services	11.11 Discussion - Viral hepatitis	13.03 Distribution - Safe sex kits
08.10 Information - Sexual risk reduction	09.07 Demonstration - Partner notification	11.12 Discussion - Living with HIV/AIDS	13.04 Distribution - Safer injection/bleach kits
08.11 Information - IDU risk reduction	09.88 Demonstration - Other	11.13 Discussion - Availability of HIV/STD counseling and testing	13.05 Distribution - Lubricants
08.12 Information - IDU risk-free behavior	10.01 Practice - Condom/barrier use	11.14 Discussion - Availability of partner notification and referral services	13.06 Distribution - Education materials
08.13 Information - Condom/barrier use	10.02 Practice - IDU risk reduction	11.15 Discussion - Availability of social services	13.07 Distribution - Referral lists
08.14 Information - Negotiation/communication	10.03 Practice - Negotiation/communication	11.16 Discussion - Availability of medical services	13.08 Distribution - Role model stories
08.15 Information - Decision making	10.04 Practice - Providing prevention services	11.17 Discussion - Condom/barrier use	13.09 Distribution - Dental dams
08.16 Information - Disclosure of HIV status	10.05 Practice - Disclosure of HIV status	11.18 Discussion - Negotiation/communication	13.88 Distribution - Other
			14.01 Post-intervention follow-up
			14.02 Post-intervention booster session
			15.00 HIV testing history survey
			16.00 Risk reduction counseling
			17.00 Personalized cognitive counseling
			88 Other

CODES AND NAMES FOR PROGRAM EVIDENCE BASE [H01b](#) (SPECIFY STUDY/SPECIAL STUDY OR OTHER IN [H01c](#))

1.01 Community PROMISE	1.10 Street Smart	1.19 D-UP	1.28 Project AIM
1.02 Healthy Relationships	1.11 Together Learning Choices	1.20 Sister to Sister	1.29 Safe in the City
1.03 Holistic Health Recovery	1.12 VOICES/VOCES	1.21 Project START	1.30 RESPECT
1.04 Many Men, Many Voices	1.13 WILLOW	1.22 Connect	1.31 ARTAS
1.05 Mpowerment	1.14 SIHLE	1.23 SHIELD	2.01 Comprehensive Risk Counseling Services
1.06 Popular Opinion Leader	1.15 CLEAR	1.24 Nia	3.01 Study/Special Study (Specify)
1.07 RAPP	1.16 OPTIONS	1.25 Cuidate!	3.02 Other (Specify)
1.08 Safety Counts	1.17 Focus on Youth with ImPact	1.26 Partnership for Health	
1.09 SISTA	1.18 MIP	1.27 Personalized Cognitive Counseling (PCC)	