

EVALUATIONWEB® 2014 CLIENT SESSION-LEVEL DATA COLLECTION

Agency Name A01													SECTION C. BEHAVIORAL RISK PROFILE							
Agency ID A01a													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.							
Program Name A28													For clients completing a risk profile, did the client report the following behaviors in the past 12 months?							
Client ID G103 (program ID + sequential order of client)													No	Yes	Don't Know					
SECTION A. DEMOGRAPHICS																				
Instructions: Please complete Section A for each client. When entering data, this section will only have to be entered once.																				
Date Demographics Collected G101	M	M	D	D	Y	Y	Y	Y							Vaginal or anal sex with a male G216a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
												With a male without using a condom G217a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
												With a male who is IDU G218a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
												With a male who is HIV+ G219a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Year of Birth G112 (enter 1800 if unknown)	Y	Y	Y	Y							Vaginal or anal sex with a female G216b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
Ethnicity G114																				
<input type="radio"/> Hispanic or Latino <input type="radio"/> Don't Know <input type="radio"/> Not Asked <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Declined to Answer																				
Race G116 (select all that apply)																				
<input type="radio"/> Am. Indian/AK Native <input type="radio"/> Native HI/Pac. Islander <input type="radio"/> Don't Know <input type="radio"/> Asian <input type="radio"/> White <input type="radio"/> Not Asked <input type="radio"/> Black or African American <input type="radio"/> Decline to answer																				
RESIDENCE		State G120						0	6							With a female without using a condom G217b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		County G132						0	3	7							With a female who is IDU G218b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assigned Sex at Birth G123																				
<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Not Asked <input type="radio"/> Declined to Answer																				
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"/> Not Asked <input type="radio"/> Transgender—Unspecified																				
SECTION B. CLIENT RISK																				
Instructions: Please complete Section B once for each client.																				
Date Risk Profile Collected G200	M	M	D	D	Y	Y	Y	Y							Additional Risk Factors G212 (select all that apply)					
Choose status of collection of behavioral risk profile G200_1																				
<input type="radio"/> Client Completed a Behavioral Risk Profile (If the client completed a behavioral risk profile, complete Section C.) <input type="radio"/> Client Was Not Asked about Behavioral Risk Factors <input type="radio"/> Client Was Asked, but No Behavioral Risks Were Identified <input type="radio"/> Client Declined to Discuss Behavioral Risk Factors																				
Previous HIV Test? G204																				
<input type="radio"/> No <input type="radio"/> Yes → Self-Reported HIV Test Result G205																				
<input type="radio"/> Don't Know <input type="radio"/> Don't Know <input type="radio"/> Declined to Answer <input type="radio"/> Declined to Answer <input type="radio"/> Not Asked <input type="radio"/> Not Asked																				
														<input type="checkbox"/> 01 Exchange vaginal/anal sex for drugs/money/or something they needed						
														<input type="checkbox"/> 02 Vaginal/anal sex while intoxicated and/or high on drugs						
														<input type="checkbox"/> 05 Vaginal/anal sex with person of unknown HIV status						
														<input type="checkbox"/> 06 Vaginal/anal sex with person who exchanges sex for drugs/money						
														<input type="checkbox"/> 08 Vaginal/anal sex with anonymous partner						
														<input type="checkbox"/> 12 Diagnosed with a sexually transmitted disease (STD)						
														<input type="checkbox"/> 13 Sex with multiple partners						
														<input type="checkbox"/> 14 Oral sex						
														<input type="checkbox"/> 15 Unprotected vaginal/anal sex with a person who is an IDU						
														<input type="checkbox"/> 16 Unprotected vaginal/anal sex with a person who is HIV positive						
														<input type="checkbox"/> 17 Unprotected vaginal/anal sex in exchange for drugs/money/ or something they needed						
														<input type="checkbox"/> 18 Unprotected vaginal/anal sex with person who exchanges sex for drugs/money						
														<input type="checkbox"/> 19 Unprotected sex with multiple partners						

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SECTION D. ENROLLMENT IN HIV PREVENTION INTERVENTIONS													
<i>Instructions:</i> Please update Section D with each type of intervention (IDG, IDI, CRCS)													
Intervention Name H01a (Example IDG open, IDG closed)													
Date of Enrollment H07						M	M	D	D	Y	Y	Y	Y
Site Location (write in)													
Site ID S01													
Site Type S04						F	.						
Number of Planned Sessions H02				Number of Completed Sessions H05									
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 and referrals, use the codes from Section F.													
SESSION #1													
Session Date H06						M	M	D	D	Y	Y	Y	Y
2 Length of Session				3 Session Number									
4 Worker Name													
5 Incentive Provided?						<input type="radio"/> No			<input type="radio"/> Yes				
6 Session Activities (see codes from Section F)				1		.		3		.			
				2		.		4		.			
7 Referral Codes (see codes from Section F)				1	2		3		4				
SESSION #2													
Session Date H06						M	M	D	D	Y	Y	Y	Y
2 Length of Session				3 Session Number									
4 Worker Name													
5 Incentive Provided?						<input type="radio"/> No			<input type="radio"/> Yes				
6 Session Activities (see codes from Section F)				1		.		3		.			
				2		.		4		.			
7 Referral Codes (see codes from Section F)				1	2		3		4				
SESSION #3													
Session Date H06						M	M	D	D	Y	Y	Y	Y
2 Length of Session				3 Session Number									
4 Worker Name													
5 Incentive Provided?						<input type="radio"/> No			<input type="radio"/> Yes				
6 Session Activities (see codes from Section F)				1		.		3		.			
				2		.		4		.			
7 Referral Codes (see codes from Section F)				1	2		3		4				
SESSION #4													
Session Date H06						M	M	D	D	Y	Y	Y	Y
2 Length of Session				3 Session Number									
4 Worker Name													
5 Incentive Provided?						<input type="radio"/> No			<input type="radio"/> Yes				
6 Session Activities (see codes from Section F)				1		.		3		.			
				2		.		4		.			
7 Referral Codes (see codes from Section F)				1	2		3		4				
SESSION #5													
Session Date H06						M	M	D	D	Y	Y	Y	Y
2 Length of Session				3 Session Number									
4 Worker Name													
5 Incentive Provided?						<input type="radio"/> No			<input type="radio"/> Yes				
6 Session Activities (see codes from Section F)				1		.		3		.			
				2		.		4		.			
7 Referral Codes (see codes from Section F)				1	2		3		4				

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SECTION E. SESSION INFORMATION (CONTINUED)

Instructions: 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 and referrals, use the codes from Section F.

SESSION #6

Session Date H06 M M D D Y Y Y Y

2 Length of Session 3 Session Number

4 Worker Name

5 Incentive Provided? No Yes

6 Session Activities (see codes from Section F)

1									
2									

7 Referral Codes (see codes from Section F)

1	2	3	4
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SESSION #7

Session Date H06 M M D D Y Y Y Y

2 Length of Session 3 Session Number

4 Worker Name

5 Incentive Provided? No Yes

6 Session Activities (see codes from Section F)

1									
2									

7 Referral Codes (see codes from Section F)

1	2	3	4
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SESSION #8 (30-day follow up)

Session Date H06 M M D D Y Y Y Y

2 Length of Session 3 Session Number

4 Worker Name

5 Incentive Provided? No Yes

6 Session Activities (see codes from Section F)

1									
2									

7 Referral Codes (see codes from Section F)

1	2	3	4
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SESSION #9 (60-day follow up)

Session Date H06 M M D D Y Y Y Y

2 Length of Session 3 Session Number

4 Worker Name

5 Incentive Provided? No Yes

6 Session Activities (see codes from Section F)

1									
2									

7 Referral Codes (see codes from Section F)

1	2	3	4
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SESSION #10 (90-day follow up)

Session Date H06 M M D D Y Y Y Y

2 Length of Session 3 Session Number

4 Worker Name

5 Incentive Provided? No Yes

6 Session Activities (see codes from Section F)

1									
2									

7 Referral Codes (see codes from Section F)

1	2	3	4
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SECTION F. CODES FOR SESSION ACTIVITIES

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	10.01 Practice - Condom/barrier use	11.14 Discussion - Availability of partner notification and	13.06 Distribution - Education materials
	10.02 Practice - IDU risk		13.07 Distribution - Referral lists
			13.08 Distribution - Role model stories
			13.09 Distribution - Dental dams
			13.88 Distribution - Other
			14.01 Post-intervention follow-up
			14.02 Post-intervention booster

CODES FOR REFERRALS

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