

COMPREHENSIVE RISK COUNSELING SERVICES

CRCS Assessment Location	PEMS Variable Name	Location in PEMS	PEMS question related to variable
Demographics	PEMS Client Unique Key	G102	Unique client identifier assigned by PEMS
Demographics	Year of birth	G112	What is the year of birth of the client?
Demographics	Calculated age	G113	What is the client's age?
Demographics	Ethnicity	G114	Is the client Hispanic/Latino?
Demographics	Ethnicity expanded	G115	If the client identifies as Latino or Hispanic, what is his/her nationality?
Demographics	Race	G116	What is the race of the client?
Demographics	State/Territory of residence	G120	What state does the client reside in?
Demographics	English speaking	G121	Is the client's primary language English?
Demographics	Primary language	G122	If the client's primary language is not English, what is it?
Demographics	Assigned sex at birth	G123	What was the gender of the client at birth?
Demographics	Current gender	G124	What is the current gender of the client?
Demographics	Relationship status	G126	What is the marital status of client?
Demographics	Level of education	G127	What is the highest grade the client has completed?
Demographics	Data collected	G200	What is the date this information is collected from client?
Risk Assessment	Incarcerated	G201	Has client been incarcerated in past 90 days?
Risk Assessment	Sex worker	G202	In the past 90 days, has the client derived some or part of income or compensation from engaging in sexual intercourse?
Living Arrangement	Housing status	G203	In the past 90 days, what type of living arrangements have the client resided in?
Demographics	Previous HIV test	G204	Has the client had an HIV test before today?
Demographics	Self-reported HIV status	G205	What did the client say the result of their last HIV test was (if known)?
Demographics	Date of Last HIV-Negative Test	G206	What was the date of the client's last HIV-negative test?
Demographics	Date of last HIV-positive test	G207	What was the date of the client's last HIV-positive test?
Medical - HIV related	In HIV medical care/treatment	G208	If the client is HIV positive, is (s)he currently receiving medical care?
Medical	Pregnant	G209	Is the client currently pregnant?
Medical	In prenatal care	G210	If the client is pregnant, is she receiving prenatal care?
Risk Assessment	Client risk factors	G211	In the past 90 days, which of the following risk factors had the client engaged in: IDU, sex with a transgender, male, or female?

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Risk Assessment	Additional client risk factors	G212	Has the client engaged in the following behaviors in the past 90 days: exchanged sex for drugs or money, had sex while under the influence of drugs or alcohol, had sex with someone who is an IDU or HIV-positive, or unknown HIV status, or with a person who exchanges sex for drugs or money or who is known to be an MSM, or an anonymous sex partner or a hemophiliac (check all that apply)?
Medical	Recent STD (not HIV)	G213	Has the client been diagnosed with Syphilis, Gonorrhea, or Chlamydia in the past 90 days?
Risk Assessment	Injection Drugs / Substances	G214	What type of drugs/substances has the client injected in the past 90 days?
Risk Assessment	Internet sex partners	G215	Has the client met and had sex with someone (s)he has met on the internet?
Demographics	Confirmed HIV test result	G301	What does the client's HIV documentation show of his/her serostatus? Documentation must be official.
Demographics	HIV test date	G302	What is the date of the confirmatory HIV test?
Demographics	Confirmed documentation source	G303	Who sent the results of the confirmed HIV test?
Demographics	Confirmation date	G304	What is the date your agency received the confirmed HIV test result (not the date the test was conducted)?
Session Activities	Intended number of sessions	H02	What is the total number of sessions the client is expected to complete for CRCS? If unknown, enter 999.
Session Activities	Session number	H05	If multiple sessions have or will occur, which session number is this one?
Session Activities	Session date - month	H06	Month of current session
Session Activities	Session date day	H07	Day of month of current session
Session Activities	Session Date -year	H08	Year of current session
Session Activities	Worked ID	H09	What is the ID number of the worker conducting the session with the client?
Session Activities	Site Name	H10	What is the name of the site where the session was conducted?
Session Activities	Duration of Session	H11	How long did the session last?

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Risk Assessment	Recruitment source	H13	How did the client become aware of and/or enter into the intervention?
Risk Assessment	Recruitment source -	H18	What type of service was the agency providing when the client was referred to the intervention?
Session Activities	Activities	H20	What specific actions or components of the intervention in which the client participated or in which they received during the session.
Session Activities	Incentive provided	H21	Was the client provided an incentive for the session with the prevention counselor?
Session Activities	Unit of delivery	H22	How was the CRCS session conducted? They are usually conducted in "Individual sessions".
Session Activities	Delivery method	H23	What are the mediums or channels through which the intervention is delivered? CRCS is usually delivered "In person".
Referral	Referral date	X702	What date was the referral made?
Referral	Referral service plan	X703	Which service was the client referred to?
Referral	Internal Referral Site	X703a	If the referral was internal, what is your site ID identifier in PEMS?
Referral	Network Agency Name	X704	What is the name of the external agency to which the client is being referred?
Referral	Referral follow-up	X705	What method will be used verify that the client accessed the referral?
Referral	Referral out-come	X706	What is the current status of the referral based on activities to verify that the service was accessed?
Referral	Referral Close date	X710	What is the date when the outcome of the referral was confirmed or lost?
Referral	Reason referral was not accessed	X7221	What is the client's explanation for why referral was not completed?
Referral	Other referral facilitation activities	X7222	What other activities were performed by the worker to assist the client in accessing the referral?

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Risk Assessment	Behavioral recall period	I01	The agency will decide which of the following time periods the client will be asked to recall his or behavior: 15 days, 30 days or 90 days. For the initial assesment, agencies are required to conduct a 15 or 30 day assessment and a 90 day assessment. Agencies are required to conduct the assessment again before the client is discharged from the intervention.
Risk Assessment	Client risk factors	I02	In the past ___ days, which of the following risk factors had the client engaged in: IDU, sex with a transgender, male, or female?
Risk Assessment	Number of sex partners	I03	In the past ___ days, what is the total number of sex partners with whom the client has had anal or vaginal sex?
Risk Assessment	Number of sex partners with serodiscordant or HIV status unknown	I04	In the past ___ days, what is the total number of sex partners whose HIV status were serodiscordant or unknown to the client?
Risk Assessment	Number of HIV status unknown sex partners that were anonymous	I05	In the past ___ days, what is the total number of sex partners whose HIV serostatus the client did not know and whose identity was also unknown to the client?
Risk Assessment	Total number of sex events	I06	In the past ___ days, what is the totoal number of times the client had anal or vaginal sex (protected and unprotected) ?
Risk Assessment	Number of sex events with serodiscordant or HIV status unnown partners	I07	In the past ___ days, what is the total number of times the client had anal or vaginal sex (protected and unprotected) with serodiscordant or HIV status unknown partner(s)?
Risk Assessment	Number of unprotected sex events	I08	In the past ___ days, what is the total number of times the client had unprotected anal or vaginal sex with serodiscordant or HIV status unknown partner(s)?
Risk Assessment	Number of unprotected sex events with a serodiscordant or HIV status unknown partner (Total)	I09	In the past ___ days, what is the total number of times the client had unprtected anal or vagianal sex with a serodiscordant partner or a partner whose HIV serostatus was unknown?
Risk Assessment	Number of unprotected sex events with a serodiscordant or HIV status unknown partners (Male)	I10	In the past ___ days, what is the number of times the client had unprotected anal or vaginal sex with a serodiscordant or unknown HIV status male partner(s) ?

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Risk Assessment	Number of unprotected sex events with a serodiscordant or HIV status unknown partners (Female)	I11	In the past ___ days, what is the number of times the client had unprotected anal or vaginal sex with a serodiscordant or unknown HIV status female partner(s) ?
Risk Assessment	Number of unprotected sex events with a serodiscordant or HIV status unknown partners (Transgender))	I12	In the past ___ days, what is the number of times the client had unprotected anal or vaginal sex with a serodiscordant or unknown HIV status transgender partner(s) ?
Risk Assessment	Number of unprotected sex events with injection drug user	I13	In the past ___ days, what is the number of times the client had unprotected sex with a partner who is an injection drug user?
Risk Assessment	Number of unprotected sex events with partner who exchanged sex for drugs or money	I14	In the past ___ days, what is the number of times the client had unprotected sex with a partner who is known to exchange sex for money or drugs?
Risk Assessment	Number of unprotected sex events while intoxicated and/or high on non-injection drugs	I15	In the past ___ days, what is the number of times the client had unprotected sex while intoxicated and/or high on drugs?
Risk Assessment	What drugs?	I16	If a client reports engaging in protected sex while intoxicated and/or high in the past ___ days, which of the non-injection drugs were used before or during sex?
Risk Assessment	Number of needle sharing events	I17	What is the number of times the client has shared needles/syringes in past ___ days?
Risk Assessment	Number of injection drug events with a serodiscordant or HIV status unknown partner	I18	What is the number of times the client has shared needles/syringes with a serodiscordant partner or partner whose HIV status is unknown in past ___ days?