

Sample Session Activities and Content Template

Name _____ ^{®H06}**Date** ___/___/20___ ^{®H09}**Worker ID** _____ **Client ID** _____

^{®H23}**A. Contact with Client**

<u>Type of contact</u>	^{®H10} <u>Place of contact</u>	^{®H11} <u>Duration of meeting with client</u>
<input type="checkbox"/> 1.00 In person/	<input type="checkbox"/> Site Name _____	_____ Minutes
<input type="checkbox"/> 2.00 Internet	<input type="checkbox"/> Site zip code _____	
<input type="checkbox"/> 3.00 Printed material		
<input type="checkbox"/> 3.02 (Brochures/pamphlets)		
<input type="checkbox"/> 4.00 Radio		
<input type="checkbox"/> 5.00 Telephone		
<input type="checkbox"/> 6.00 Television		
<input type="checkbox"/> 7.00 Video		
<input type="checkbox"/> 88 Other (specify) _____		

^{®H05}Session visit number for CRCS _____

^{®H21}Was client given an incentive for this visit? Yes No

^{®H22}In what manner was CRCS delivered? *CRCS is an individual level intervention although clients can be referred to additional activities such as support groups.*

Check all of the services provided to the client during the session – H Table in PEMS

^{®H20}**B. Other Services provided**

- 03.00 HIV testing
- 04.00 Referral
- 05.00 Personalized risk assessment
- 06.00 Elicit partners

^{®H20}**C. Information: Verbal or Printed Materials**

- | | |
|---|---|
| <input type="checkbox"/> 08.01 HIV/AIDS transmission | <input type="checkbox"/> 08.14 Negotiation/Communication |
| <input type="checkbox"/> 08.02 Abstinence/postpone sexual activity | <input type="checkbox"/> 08.15 Decision making |
| <input type="checkbox"/> 08.03 Other STDs | <input type="checkbox"/> 08.16 Disclosure of HIV status |
| <input type="checkbox"/> 08.04 Viral Hepatitis | <input type="checkbox"/> 08.17 Providing prevention services |
| <input type="checkbox"/> 08.05 Availability of HIV/STD C & T | <input type="checkbox"/> 08.18 HIV testing |
| <input type="checkbox"/> 08.06 Availability of partner notification and referral services | <input type="checkbox"/> 08.19 Partner notification |
| <input type="checkbox"/> 08.07 Living with HIV/AIDS | <input type="checkbox"/> 08.20 HIV medication therapy adherence |
| <input type="checkbox"/> 08.08 Availability of social services | <input type="checkbox"/> 08.21 Alcohol and drug use prevention |
| <input type="checkbox"/> 08.09 Availability of medical services | <input type="checkbox"/> 08.22 Sexual Health |
| <input type="checkbox"/> 08.10 Sexual risk reduction | <input type="checkbox"/> 08.66 Other (specify) _____ |
| <input type="checkbox"/> 08.11 IDU risk reduction | <input type="checkbox"/> 08.66 Other (specify) _____ |
| <input type="checkbox"/> 08.12 IDU risk free behavior | <input type="checkbox"/> 08.66 Other (specify) _____ |
| <input type="checkbox"/> 08.13 Condom/barrier use | |

COMPREHENSIVE RISK COUNSELING & SERVICES

® H20 D. Demonstrations

- 09.01 Condom/barrier use
- 09.02 IDU risk reduction
- 09.03 Negotiation/Communication
- 09.04 Decision making
- 09.05 Disclosure of HIV status
- 09.06 Providing prevention services
- 09.07 Partner Notification
- 09.66 Other (specify) _____

® H20 F. Discussion with client

- 11.01 Sexual risk reduction
- 11.02 IDU risk

- 11.03 HIV testing
- 11.04 Other STDs
- 11.05 Disclosure of HIV status
- 11.06 Partner notification
- 11.07 HIV med therapy adherence
- 11.08 Abstinence/postpone sexual activity
- 11.09 IDU risk free behavior
- 11.10 HIV/AIDS transmission
- 11.11 Viral hepatitis
- 11.12 Living with HIV/AIDS

® H20 G. Additional Testing

- 12.01 Other testing – Pregnant
- 12.02 Other testing - STD
- 12.03 Other testing – Viral Hepatitis

® H20 H. Distribution

- 13.01 Male condoms
- 13.02 Female condoms
- 13.03 Safe sex kits
- 13.04 Safer injection/bleach kits
- 13.05 Lubricants
- 13.06 Education materials
- 13.07 Referral lists
- 13.08 Role model stories
- 13.66 Other (specify) _____

® H20 E. Practice

- 10.01 Condom/barrier use
- 10.02 IDU risk reduction
- 10.03 Negotiation/Communication
- 10.04 Decision Making
- 10.05 Disclosure of HIV Status
- 10.06 Providing prevention services
- 10.07 Partner Notification
- 10.66 Other (specify) _____

- 11.13 Availability of HIV/STD C&T
- 11.14 Availability of partner notification and referral services
- 11.15 Availability of social services
- 11.16 Availability of medical services
- 11.17 Condom/barrier use
- 11.18 Negotiation/Communication
- 11.19 Decision making
- 11.20 Providing prevention services
- 11.21 Alcohol and drug use prevention
- 11.22 Sexual Health
- 11.66 Other (specify) _____
- 11.66 Other (specify) _____

® H20 I. Post-Intervention Services

- 14.01 Post-Intervention Follow-up
- 14.02 Post-Intervention booster session
- 88. Other (specify) _____

® H20 J. History Survey

- 15.00 HIV testing history survey
- 88 Other (specify) _____