

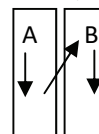
EVALUATIONWEB® 2017 CLIENT SESSION-LEVEL DATA COLLECTION TEMPLATE FOR HEALTH DEPARTMENT-FUNDED AGENCIES

General Instructions for Completing the EvaluationWeb Client Session-Level Data Collection Template for Health Department-Funded Agencies

This data collection template is provided to assist community-based organizations and health departments that collect National HIV Prevention Program Monitoring and Evaluation (NHME) Risk Reduction Activities (RRA) data. These organizations receive indirect funding from a local jurisdiction health department. This template is designed for jurisdictions in which the health department has decided to collect optional session-level data. The template is not mandated for use in the field, and it may be customized so that agencies may make any changes to the template that best fit their needs. For an editable Microsoft Publisher version of this template, contact the NHME Service Center at 1-855-374-7310 or NHMEservice@cdc.gov.

- Sections A, B and C - Sections A and B are required for all clients. Complete Section C if the client completed a behavioral risk profile.
- Sections D and E - Complete Section D each time the client enrolls in an intervention. Section E has space for four sessions per intervention if necessary.
- Section F - Section F is optional for referrals outside of a specific session.

This template is designed to assist you with direct data entry into EvaluationWeb: it follows the EvaluationWeb direct data entry screens beginning from upper part of column A to bottom, then to upper part of column B to bottom.



Detailed Instructions for Completing the EvaluationWeb Client Session-Level Data Collection Template for Health Department-Funded Agencies (Session-Level Data)

The fields on this form reflect (1) data requirements as described in the most current NHME Data Variable Set (DVS) and (2) additional optional variables that a local jurisdiction may choose to require.

- Write the CBO name and the Client ID number on the data entry page.
- There are three response formats you will use to record data: (1) text boxes, (2) check boxes, and (3) fill-in ovals. Text boxes are used to write in information (words, codes, and dates). Check boxes are used to select all options that apply. Fill-in ovals are used to select only one response.

For Assistance with Data Reporting and Submissions

- To add new sites or for general technical assistance with EvaluationWeb, contact the Luther Consulting Help Desk at: help@lutherconsulting.com or 1-866-517-6570 option 1
- For questions about NHME data elements, contact the NHME Service Center at: NHMEservice@cdc.gov or 1-855-374-7310

This data collection template is consistent with the OMB-approved information collection request #0920-0696 (expiration date: 02/28/2019).

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Choose status of collection of behavioral risk profile G200_1	<input type="radio"/> Client Completed a Behavioral Risk Profile <small>(If the client completed a behavioral risk profile, complete Section C.)</small> <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																																																																																																																											
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center;">Self-Reported HIV Test Result G205</td> </tr> <tr> <td><input type="radio"/> Positive</td> <td><input type="radio"/> Don't Know</td> <td colspan="2"></td> </tr> <tr> <td><input type="radio"/> Negative</td> <td><input type="radio"/> Declined to Answer</td> <td colspan="2"></td> </tr> <tr> <td><input type="radio"/> Preliminary Positive</td> <td><input type="radio"/> Not Asked</td> <td colspan="2"></td> </tr> <tr> <td><input type="radio"/> Indeterminate</td> <td></td> <td colspan="2"></td> </tr> </table>								Self-Reported HIV Test Result G205				<input type="radio"/> Positive	<input type="radio"/> Don't Know			<input type="radio"/> Negative	<input type="radio"/> Declined to Answer			<input type="radio"/> Preliminary Positive	<input type="radio"/> Not Asked			<input type="radio"/> Indeterminate																																																																																																			
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EVALUATIONWEB® 2017 CLIENT SESSION-LEVEL DATA COLLECTION TEMPLATE FOR HEALTH DEPARTMENT-FUNDED AGENCIES

Client ID **G103**

SECTION D. ENROLLMENT IN HIV PREVENTION INTERVENTIONS
Instructions: Please update Section D each time the client enrolls in or completes an intervention.
 Key: N = No, Y = Yes, DK = Don't Know, DA = Declined to Answer, NA = Not Asked

Intervention Name **H01a** (write in)

Program Evidence Base **H01b**
 (write in; specify **H01c** if other)

Date of Enrollment **H07** M M D D Y Y Y Y

Program Announcement **X137**
 (write in; specify **X137-1** if Other)

Site Location (write in)

Site ID **S01**

Site Type **S04** F .

Number of Planned Sessions **H02** Number of Completed Sessions **H05**

OPTIONAL INFORMATION

Client Intervention Status Enrolled Not Enrolled

SECTION E. SESSION INFORMATION (OPTIONAL)
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, enter the code from page 6. For 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? ON OY

6 Session Activities 1 . 3 .
 2 . 4 .

7 Referral Codes for This Session 1 2 3 4

SECTION E. SESSION INFORMATION (OPTIONAL) - 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, enter the code from page 6. For referrals, use the codes from Section F.

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? ON OY

6 Session Activities 1 . 3 .
 2 . 4 .

7 Referral Codes for This Session 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? ON OY

6 Session Activities 1 . 3 .
 2 . 4 .

7 Referral Codes for This Session 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? ON OY

6 Session Activities 1 . 3 .
 2 . 4 .

7 Referral Codes for This Session 1 2 3 4

EVALUATIONWEB® 2017 CLIENT SESSION-LEVEL DATA COLLECTION TEMPLATE FOR HEALTH DEPARTMENT-FUNDED AGENCIES

Client ID G103

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

EVALUATIONWEB® 2017 CLIENT SESSION-LEVEL DATA COLLECTION TEMPLATE FOR HEALTH DEPARTMENT-FUNDED AGENCIES

CODES FOR SESSION ACTIVITIES (OPTIONAL)

03.00 HIV testing 04.00 Referral 05.00 Personalized risk assessment 06.00 Elicit partners 07.00 Notification of exposure 08.01 Information - HIV/AIDS transmission 08.02 Information - Abstinence/postpone sexual activity 08.03 Information - Other sexually transmitted diseases 08.04 Information - Viral hepatitis 08.05 Information - Availability of HIV/STD counseling and testing 08.06 Information - Availability of partner notification and referral services 08.07 Information - Living with HIV/AIDS 08.08 Information - Availability of social services 08.09 Information - Availability of medical services 08.10 Information - Sexual risk reduction 08.11 Information - IDU risk reduction 08.12 Information - IDU risk-free behavior 08.13 Information - Condom/barrier use 08.14 Information - Negotiation/communication 08.15 Information - Decision making 08.16 Information - Disclosure of HIV status	08.17 Information - Providing prevention services 08.18 Information - HIV Testing 08.19 Information - Partner notification 08.20 Information - HIV medication therapy adherence 08.21 Information - Alcohol and drug use prevention 08.22 Information - Sexual health 08.23 Information - TB Testing 08.88 Information - Other 09.01 Demonstration - Condom/barrier use 09.02 Demonstration - IDU risk reduction 09.03 Demonstration - Negotiation/communication 09.04 Demonstration - Decision making 09.05 Demonstration - Disclosure of HIV status 09.06 Demonstration - Providing prevention services 09.07 Demonstration - Partner notification 09.88 Demonstration - Other 10.01 Practice - Condom/barrier use 10.02 Practice - IDU risk reduction 10.03 Practice - Negotiation/communication 10.04 Practice - Providing prevention services 10.05 Practice - Disclosure of HIV status	10.06 Practice - Providing prevention services 10.07 Practice - Partner notification 10.88 Practice - Other Participant 11.01 Discussion - Sexual risk reduction 11.02 Discussion - IDU risk reduction 11.03 Discussion - HIV testing 11.04 Discussion - Other sexually transmitted diseases 11.05 Discussion - Disclosure of HIV status 11.06 Discussion - Partner notification 11.07 Discussion - HIV medication therapy adherence 11.08 Discussion - Abstinence/postpone sexual activity 11.09 Discussion - IDU risk-free behavior 11.10 Discussion - HIV/AIDS transmission 11.11 Discussion - Viral hepatitis 11.12 Discussion - Living with HIV/AIDS 11.13 Discussion - Availability of HIV/STD counseling and testing 11.14 Discussion - Availability of partner notification and referral services 11.15 Discussion - Availability of social services 11.16 Discussion - Availability of medical services 11.17 Discussion - Condom/barrier use 11.18 Discussion - Negotiation/communication	11.19 Discussion - Decision making 11.20 Discussion - Providing prevention services 11.21 Discussion - Alcohol and drug use prevention 11.22 Discussion - Sexual health 11.23 Discussion - TB testing 11.24 Discussion - Stage-based encounter 11.88 Discussion - Other 12.01 Other Testing - Pregnancy 12.02 Other Testing - STD 12.03 Other Testing - Viral hepatitis 12.04 Other Testing - TB 13.01 Distribution - Male condoms 13.02 Distribution - Female condoms 13.03 Distribution - Safe sex kits 13.04 Distribution - Safer injection/bleach kits 13.05 Distribution - Lubricants 13.06 Distribution - Education materials 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 session 15.00 HIV testing history survey 16.00 Risk reduction counseling 17.00 Personalized cognitive counseling 88 Other
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CODES AND NAMES FOR PROGRAM EVIDENCE BASE H01b (SPECIFY STUDY/SPECIAL STUDY OR OTHER IN H01c)

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