

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

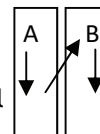
General instructions for completing the EvaluationWeb Client-Level Data Collection Template for Health Department-Funded Agencies

This data collection template is provided to assist community-based organizations and health departments that are collecting 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. This template is not mandated for use in the field and may be customized so that an agency may make any changes to the template to best fit their needs. Contact the NHME Service Center to receive a Microsoft Publisher version of this template that can be edited (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.
- Section D - Complete Section D each time the client enrolls in an intervention.

This template is designed for direct data entry into EvaluationWeb. The template follows the EvaluationWeb direct data entry screens beginning from top upper left column A to bottom left, then to upper right column B to bottom right.

Detailed instructions for completing the EvaluationWeb Client-Level Data Collection Template for Health Department-Funded Agencies



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

- Write in the CBO name and the client ID number on the data entry page
- There are three different response formats that 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 HELP DESK at Luther Consulting (help@lutherconsulting.com or 1-866-517-6570 option #1).
- For questions about NHME data elements, contact the NHME Service Center (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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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Jurisdiction Name A02 <small>(write in)</small></td> <td style="width: 75%;"></td> </tr> <tr> <td>Agency Name A01</td> <td></td> </tr> <tr> <td>Agency ID A01a</td> <td></td> </tr> <tr> <td>CBO Agency ID A28</td> <td></td> </tr> <tr> <td>Client ID G103</td> <td></td> </tr> <tr> <td colspan="2" style="background-color: #e1eef6;"> 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> </td> </tr> <tr> <td>Date Demographics Collected G101</td> <td style="text-align: center;">M M D D Y Y Y Y</td> </tr> <tr> <td>Year of Birth G112 (enter 1800 if unknown)</td> <td style="text-align: center;">Y Y Y Y</td> </tr> <tr> <td colspan="2"> 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 </td> </tr> <tr> <td colspan="2"> 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"/> Not Asked <input type="checkbox"/> Black or African American <input type="checkbox"/> Declined to Answer </td> </tr> <tr> <td rowspan="2" style="background-color: #e1eef6;">RESIDENCE</td> <td>State/Territory G120 (enter FIPS code)</td> </tr> <tr> <td>County G132 (enter FIPS code)</td> </tr> <tr> <td colspan="2" style="background-color: #e1eef6;"> Assigned Sex at Birth G123 <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Not Asked <input type="radio"/> Declined to Answer </td> </tr> <tr> <td colspan="2" style="background-color: #e1eef6;"> 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 </td> </tr> </table>	Jurisdiction Name A02 <small>(write in)</small>		Agency Name A01		Agency ID A01a		CBO Agency ID A28		Client ID G103		SECTION A. 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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> </td> </tr> <tr> <td colspan="4" style="background-color: #e1eef6;"> For clients completing a risk profile, did the client report the following behaviors in the past 12 months? </td> </tr> <tr> <td></td> <td style="text-align: center;">No</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">Don't Know</td> </tr> <tr> <td style="background-color: #e1eef6;">Vaginal or anal sex with a male G216a</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="background-color: #e1eef6;"> With a male without using a condom G217a</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="background-color: #e1eef6;"> With a male who is IDU G218a</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="background-color: #e1eef6;"> With a male who is HIV+ G219a</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="background-color: #e1eef6;">Vaginal or anal sex with a female G216b</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="background-color: #e1eef6;"> With a female without using a condom G217b</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="background-color: #e1eef6;"> With a female who is IDU G218b</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="background-color: #e1eef6;"> With a female who is HIV+ G219b</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="background-color: #e1eef6;">Vaginal or anal sex with a transgender person G216c</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="background-color: #e1eef6;"> With a transgender person without using a condom G217c</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="background-color: #e1eef6;"> With a transgender person who is IDU G218c</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="background-color: #e1eef6;"> With a transgender person who is HIV+ G219c</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="background-color: #e1eef6;"> Has the client used injection drugs? 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Client ID	G103										
SECTION D. ENROLLMENT IN HIV PREVENTION INTERVENTIONS											
<small>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</small>											
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			.			
CODES AND NAMES FOR PROGRAM EVIDENCE BASE H01b (SPECIFY STUDY/SPECIAL STUDY OR OTHER IN H01c)											
<ul style="list-style-type: none"> 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) 											