

Group Session One Activity Log

Today's Date: <u>8</u> / <u>11</u> / <u>09</u> <small>Month Day Year</small>	Cycle One
Session #: <u>1</u>	
Location: <u>ABC House</u>	
Site ID #: _____	
Start Time: ___ : ___ AM/PM (<i>circle one</i>) End Time: ___ : ___ AM/PM (<i>circle one</i>)	
Number of Staff Facilitating Event: _____ [AT LEAST TWO]	
Staff Names and ID Numbers:	
Name _____	ID# _____
Name _____	ID# _____
Name _____	ID# _____
Total Number of Clients: <u>8</u>	
Incentive (s) provided (if any): _____ _____	

I. ACTIVITIES

The primary activities of this session are listed below. For each activity, check the box indicating whether the activity was implemented as suggested, with changes, or not at all. Note any modifications made or reasons for eliminating activities.

1.	Introduction	
	<input checked="" type="checkbox"/> Implemented as suggested <input type="checkbox"/> Implemented with changes <input type="checkbox"/> Did not do this activity	Remarks:
2.	Am I at Risk?	
	<input checked="" type="checkbox"/> Implemented as suggested <input type="checkbox"/> Implemented with changes <input type="checkbox"/> Did not do this activity	Remarks:

3. Stages of Change—How We Change Our Behavior	
<input checked="" type="checkbox"/> Implemented as suggested <input type="checkbox"/> Implemented with changes <input type="checkbox"/> Did not do this activity	Remarks:

4. Learning from Risk Reduction Success Stories	
<input checked="" type="checkbox"/> Implemented as suggested <input type="checkbox"/> Implemented with changes <input type="checkbox"/> Did not do this activity	Remarks:

5. The Importance of Social Support	
<input checked="" type="checkbox"/> Implemented as suggested <input type="checkbox"/> Implemented with changes <input type="checkbox"/> Did not do this activity	Remarks:

6. Where Do I Stand in Reducing My Risk?	
<input checked="" type="checkbox"/> Implemented as suggested <input type="checkbox"/> Implemented with changes <input type="checkbox"/> Did not do this activity	Remarks:

II. MATERIALS DISTRIBUTION

Please indicate the type and number of materials distributed during this group session.

Material	How Many?	Remarks
<input type="checkbox"/> Safe Injection Kit		
<input type="checkbox"/> Male Condoms		
<input type="checkbox"/> Female Condoms		
<input type="checkbox"/> Dental Dams		
<input type="checkbox"/> Lubricants		
<input type="checkbox"/> Educational Materials		
<input type="checkbox"/> Referral Lists	8	
<input type="checkbox"/> Safer Sex Kits	30	
<input type="checkbox"/> Other - specify: _____		

III. REFERRALS

Please indicate how many referrals* were made to each of the following during this group session:

- | | |
|--|---|
| <input checked="" type="checkbox"/> HIV Counseling and Testing | <input type="checkbox"/> Reproductive Health Services |
| <input type="checkbox"/> HIV Medical Care | <input type="checkbox"/> Substance Abuse Services |
| <input type="checkbox"/> STD Screening and Treatment | <input type="checkbox"/> General Medical Care |
| <input type="checkbox"/> Prevention Case Management | <input type="checkbox"/> Other (specify: _____) |

* For each referral made to a client, also complete the *Safety Counts* Referral Tracking Form.

IV. CLIENT INFORMATION

Record the demographic characteristics of clients in attendance for this group session.

Age	<input type="checkbox"/> 12 or younger <input type="checkbox"/> 13-18	<input checked="" type="checkbox"/> 19-24 <input checked="" type="checkbox"/> 25-34	<input checked="" type="checkbox"/> 35-44 <input type="checkbox"/> 45 and older	<input type="checkbox"/> Unknown
Gender	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	<input type="checkbox"/> Transgender (MTF) <input type="checkbox"/> Transgender (FTM)		
Ethnicity	<input type="checkbox"/> Hispanic/Latino	<input checked="" type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Unknown	
Race	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> More than one race <input type="checkbox"/> Race not identified		
Client Primary Risk	<input type="checkbox"/> HIV Infected <input type="checkbox"/> MSM <input type="checkbox"/> MSM/IDU <input checked="" type="checkbox"/> IDU <input type="checkbox"/> Heterosexual at risk (i.e., has unprotected sex) <input type="checkbox"/> Multiple partners	<input type="checkbox"/> Sex involving transgender <input checked="" type="checkbox"/> Noninjection drug use <input type="checkbox"/> Commercial sex/sex for money <input type="checkbox"/> Other		
HIV Status	<input type="checkbox"/> HIV positive <input type="checkbox"/> HIV negative	<input checked="" type="checkbox"/> Don't know		

V. ADDITIONAL NOTES (e.g., challenges, facilitating factors, other influencing events or issues, etc.)

Group Session One Activity Log

Today's Date: <u>1</u> / <u>16</u> / <u>10</u> <small style="margin-left: 40px;">Month Day Year</small>	Cycle 2
Session #: <u>1</u>	
Location: <u>ABC House</u>	
Site ID #: _____	
Start Time: __ : __ AM/PM (circle one) End Time: __ : __ AM/PM (circle one)	
Number of Staff Facilitating Event: _____ [AT LEAST TWO]	
Staff Names and ID Numbers:	
Name _____	ID# _____
Name _____	ID# _____
Name _____	ID# _____
Total Number of Clients: <u>12</u>	
Incentive (s) provided (if any): _____ _____	

I. ACTIVITIES

The primary activities of this session are listed below. For each activity, check the box indicating whether the activity was implemented as suggested, with changes, or not at all. Note any modifications made or reasons for eliminating activities.

1. Introduction	
<input checked="" type="checkbox"/> Implemented as suggested <input type="checkbox"/> Implemented with changes <input type="checkbox"/> Did not do this activity	Remarks:

2. Am I at Risk?	
<input checked="" type="checkbox"/> Implemented as suggested <input type="checkbox"/> Implemented with changes <input type="checkbox"/> Did not do this activity	Remarks:

3. Stages of Change—How We Change Our Behavior	
<input type="checkbox"/> Implemented as suggested <input checked="" type="checkbox"/> Implemented with changes <input type="checkbox"/> Did not do this activity	Remarks: Behavior change example used was quitting smoking and it generated lots of discussion

4. Learning from Risk Reduction Success Stories	
<input type="checkbox"/> Implemented as suggested <input type="checkbox"/> Implemented with changes <input checked="" type="checkbox"/> Did not do this activity	Remarks: Activity 3 took too much time so did not complete this activity

5. The Importance of Social Support	
<input checked="" type="checkbox"/> Implemented as suggested <input type="checkbox"/> Implemented with changes <input type="checkbox"/> Did not do this activity	Remarks:

6. Where Do I Stand in Reducing My Risk?	
<input checked="" type="checkbox"/> Implemented as suggested <input type="checkbox"/> Implemented with changes <input type="checkbox"/> Did not do this activity	Remarks:

II. MATERIALS DISTRIBUTION

Please indicate the type and number of materials distributed during this group session.

Material	How Many?	Remarks
<input type="checkbox"/> Safe Injection Kit		
<input type="checkbox"/> Male Condoms		
<input type="checkbox"/> Female Condoms		
<input type="checkbox"/> Dental Dams		
<input type="checkbox"/> Lubricants		
<input type="checkbox"/> Educational Materials		
<input type="checkbox"/> Referral Lists	12	
<input type="checkbox"/> Safer Sex Kits	20	
<input type="checkbox"/> Other - specify: _____		

III. REFERRALS

Please indicate how many referrals* were made to each of the following during this group session:

- | | |
|---|---|
| <input checked="" type="checkbox"/> 12 HIV Counseling and Testing | <input type="checkbox"/> Reproductive Health Services |
| <input type="checkbox"/> HIV Medical Care | <input type="checkbox"/> Substance Abuse Services |
| <input type="checkbox"/> STD Screening and Treatment | <input type="checkbox"/> General Medical Care |
| <input type="checkbox"/> Prevention Case Management | <input type="checkbox"/> Other (specify: _____) |

* For each referral made to a client, also complete the *Safety Counts* Referral Tracking Form.

IV. CLIENT INFORMATION

Record the demographic characteristics of clients in attendance for this group session.

Age	<input type="checkbox"/> 12 or younger	<input checked="" type="checkbox"/> 3 19-24	<input checked="" type="checkbox"/> 4 35-44	<input type="checkbox"/> 13-18	<input checked="" type="checkbox"/> 5 25-34	<input type="checkbox"/> 45 and older	<input type="checkbox"/> Unknown
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender (MTF)	<input type="checkbox"/> Transgender (FTM)			
Ethnicity	<input type="checkbox"/> Hispanic/Latino	<input checked="" type="checkbox"/> 12 Not Hispanic/Latino	<input type="checkbox"/> Unknown				
Race	<input type="checkbox"/> American Indian/Alaska Native	<input checked="" type="checkbox"/> 12 Black/African American	<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> More than one race	<input type="checkbox"/> Race not identified	<input type="checkbox"/> Native Hawaiian/Pacific Islander
Client Primary Risk	<input type="checkbox"/> HIV Infected	<input type="checkbox"/> MSM	<input type="checkbox"/> MSM/IDU	<input checked="" type="checkbox"/> 1 IDU	<input type="checkbox"/> Heterosexual at risk (i.e., has unprotected sex)	<input type="checkbox"/> Multiple partners	<input type="checkbox"/> Sex involving transgender
HIV Status	<input type="checkbox"/> HIV positive	<input type="checkbox"/> HIV negative	<input checked="" type="checkbox"/> 12 Don't know				

V. ADDITIONAL NOTES (e.g., challenges, facilitating factors, other influencing events or issues, etc.)

Program Monitoring Summary

Number of Clients Enrolled

• Total number of clients enrolled during the period. . . <i>Cycle One and Two.</i>	23
• Number of clients with sex-related personal goals.	12
• Number of clients with drug-related personal goals.	12

Number of Clients Completing Program.

Number of Clients Attending Intervention Sessions

• Program Enrollment Session.	23
• Group Session One	20
• Group Session Two.	17
• Individual Counseling Session.	17
• One Social Event.	20
• Two Social Events.	15
• Three or More Social Events.	16
• One Follow-up Contact.	12
• Two Follow-up Contacts.	12
• Three or More Follow-up Contacts.	_____
• Group Sessions One and Two.	_____
• Group Sessions One and Two and Individual Counseling Session.	_____
• Post-Program Risk Reduction Interview.	8
• All Required Sessions ¹	12

Number of Intervention Sessions Conducted

• Program Enrollment Session.	23
• Group Session One.	2
• Group Session Two.	2
• Individual Counseling Session.	17
• Social Events.	4
• Two or More Social Events.	_____
• Follow-up Contacts.	28
• Post-Program Risk Reduction Interview	8

Number of Referrals Provided/Accessed

• Referrals for HIV testing provided.	_____
• Referrals for HIV testing accessed.	_____
• Referrals for viral hepatitis testing provided.	_____
• Referrals for viral hepatitis testing accessed.	_____

¹ Group Sessions One and Two, Individual Counseling Session, 2+ Social Events, 2+ Follow-up Contacts, and Post-Program Risk Reduction Interview Session.