

Acknowledgments

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It is hoped that this guide will prove useful to those implementing *Safety Counts* across the Nation. It is our goal to keep this guide and its information as current as possible. To achieve this, we welcome your comments. Please contact Dr. Gilliam via electronic mail at aisha.gilliam@cdc.hhs.gov with any comments or concerns

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Introduction

Purpose

The *Safety Counts* Evaluation Field Guide was developed to provide community-based organizations implementing *Safety Counts* with systematic methods to conduct evaluation processes and activities that will inform, guide, and assess their *Safety Counts* activities and their effectiveness. The evaluation field guide recommends staff responsibilities; indicates how an agency should track intervention activities and collect and manage data; states how data could be analyzed; and suggests plans for the dissemination of the data to *Safety Counts* stakeholders. This field guide is designed as a supplement to the Evaluation Capacity Building Guide developed for the Capacity Building Branch (CBB), Division of HIV/AIDS Prevention (DHAP), National Center for HIV, Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC), under a contract with Macro International (CDC, 2008a).

This manual is one of several documents disseminated by DHAP to provide information and guidance on HIV prevention program evaluation, data collection, data utilization, and use the variables included in CDC's National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS). Related documents include:

- ***Evaluation Capacity Building Guide***. This guide provides an overview of monitoring and evaluating evidence-based interventions, with particular focus on process monitoring and evaluate activities, tools, and templates (CDC, 2008a).
- ***National Monitoring and Evaluation Guidance for HIV Prevention Programs (NMEG)***. This manual provides a framework and specific guidance on using NHM&E DS variables to monitor and evaluate HIV prevention programs (CDC, 2008b).
- ***Program Evaluation and Monitoring (PEMS) User Manual***. This how-to manual describes the functionality within the application and provides step-by-step instructions for each module within the Web-based software tool. Screenshots, example extracts of data, and reports are used to illustrate key features included in the PEMS software. You can download this manual at the PEMS Web site (<http://team.cdc.gov>) under Trainings/PEMS User Manual (CDC, 2008c).
- ***National HIV Prevention Program Monitoring and Evaluation Data Set***. The complete list and description of all M&E variables required for reporting to CDC and optional for local M&E and specific to certain interventions (CDC, 2008d)

Disclaimer: The reporting requirements for the National HIV Prevention Program Monitoring and Evaluation Data Set presented in this document are current as of September 2008. Please refer to the PEMS Web site (<https://team.cdc.gov>) for the most current reporting requirements.

These documents provide a foundation for monitoring and evaluating HIV prevention programs and reporting required data using PEMS software. Health departments and organizations directly funded by CDC can request monitoring and evaluation technical assistance through the Capacity Building Branch's Web-based system, Capacity Request Information System (CRIS). For more information about and access to CRIS, visit

<http://www.cdc.gov/hiv/cba>. Additional information or technical assistance for the National HIV Prevention Program Monitoring and Evaluation Plan and the PEMS software may be accessed through the Program Evaluation Branch's National HIV Prevention Program Monitoring and Evaluation Service Center, which you can reach by calling 1-888-PEMS-311 (1-888-736-7311) or e-mailing pemsservice@cdc.gov; visiting the PEMS Web site (<https://team.cdc.gov>); or contacting the DHAP Help Desk (1-877-659-7725 or dhapsupport@cdc.gov).

Modifying Materials

The evaluation questions and data collection forms contained in this document are very general in nature. They reflect the reporting requirements of CDC¹ and the basic monitoring and evaluation requirements of *Safety Counts*. Your agency may have additional reporting requirements or you may have information needs within your organization that are not reflected in the evaluation questions or data collection forms. The data collection forms and questions can be modified to reflect the needs of your organization. The *Evaluation Capacity Building Guide* provides additional information on developing an agency-specific evaluation plan (CDC, 2008a).

Organization of this Document

Section 1 of the document contains an overview of CDC's reporting requirements for *Safety Counts*. Section 2 contains the evaluation objectives, followed by evaluation questions. A brief narrative that describes the relevance of the question follows each question. The table below each question provides a list of data that would answer the question, methods that can be used to obtain the data and recommendations on how to analyze the data so that you can use the information to enhance your implementation of *Safety Counts* and plan future implementation. Section 3 has data collection tables that summarize the data collection activities (arranged by *Safety Counts* primary activities), recommend data collection schedules, provide a brief description of agency resources needed, and suggest ways to use the data. Section 4 includes all the required and optional *Safety Counts* instruments. Each evaluation instrument is arranged by *Safety Counts* activity. The appendices consist of the *Safety Counts* behavioral risk analysis (Appendix A), conceptual framework (Appendix B), *Safety Counts* logic model (Appendix C), and a list of the NHM&E DS variables (not all of which are required for this intervention) (Appendix D).²

The development of the *Safety Counts* evaluation plan was guided by the development of a behavioral risk analysis, conceptual framework, and logic models. The risk analysis explores possible circumstances that may place members of the target population at risk for acquiring or transmitting HIV and factors that may contribute to that risk. The conceptual framework links the types of intervention activities to the risk and protective

¹ NHM&E DS variables for program planning, HIV testing, and agency data variables were finalized for January 1, 2008, reporting per the Dear Colleague Letter. The evaluation instruments in this guide are templates designed to capture data for evaluating *Safety Counts* in its entirety. They are also designed to capture most program planning and client services NHM&E DS variables. Agencies should check with their CDC Project Officer or other contract monitors specific reporting requirements for *Safety Counts*.

² The variable requirements in Appendix D are for the January 1 and July 1, 2008 data collection periods, excluding variable requirements for HIV Testing and Partner Counseling and Referral Services (PCRS). Since this document only provides a summary of the requirements, please refer to the NHM&E DS (CDC, 2008d) for a more detailed description of definitions and value choices.

factors identified in the behavioral risk analysis. The logic models describe the relationship between risk behaviors, the activities of the intervention, and the intended outcomes. These appendices are based on program materials and consultations with members of the Science Application Team, Capacity Building Branch, DHAP, and Centers for Disease Control and Prevention.

Theoretical Basis and Core Elements

Safety Counts is group-level intervention with an individual component that was designed to reduce unprotected sex and/or needle and equipment sharing among drug users who are not in treatment. The objectives of *Safety Counts* are to—

- introduce methods of reducing HIV and viral hepatitis risk to drug-using clients,
- help clients receive counseling and testing for HIV and hepatitis,
- motivate and help clients to choose and commit to specific behavioral goals to reduce their risk of transmitting HIV and hepatitis,
- help clients define concrete steps to achieve their personal risk reduction goals,
- provide social support and problem solving in individual and group settings to help clients achieve their risk reduction goals.

The intervention is based on the following theories: transtheoretical model of change, social cognitive theory, health belief model, and theory of reasoned action.

Safety Counts draws on Prochaska's transtheoretical model of change, which presents behavior change as a process that moves through five specific stages. In the first stage, precontemplation, an individual has no intention to change a behavior. In the contemplation stage, the person is considering changing his or her behavior. Next, during the preparation stage, the person intends to change and has taken steps to change or engage in that behavior (e.g., enrolled in a smoking cessation course). When the individual has changed the behavior for less than 6 months, he or she is in the action stage, and finally, when the behavior has occurred for more than 6 months, the person is in the maintenance stage (Prochaska, Redding, & Evers, 2002). The *Safety Counts* intervention helps participants assess their readiness to change a behavior during the group and individual sessions. The participants then set personal behavior goals to move them to the next behavior change stage.

The *Safety Counts* curriculum is also influenced by the constructs of the social cognitive theory (Bandura, 1994), the health belief model (Janz, Champion, & Strecher, 2002), and the theory of reasoned action (Fishbein & Ajzen, 1975). According to the social cognitive theory, individuals are more likely to adopt a behavior if given the opportunity to learn about it, which can be accomplished through modeling, practice, and performance feedback. According to this theory, behavior change is dependent on the following: (1) obtaining correct information to increase awareness of risks, (2) acquiring social and self-management skills to implement the behavior, (3) improving skills and developing self-efficacy, and (4) anticipating and receiving supportive reinforcements for performing the behavior. The theory considers the interaction between behaviors, environments, attitudes, and beliefs in relation to engaging in a particular behavior (Bandura, 1994; Kalichman, 1998, 2005). *Safety Counts* enhances participants' skills through risk reduction stories that show local peers successfully developing and using risk reduction skills such as needle cleaning and condom use negotiation. The stories also enhance

participants' self-efficacy for engaging in risk reduction behaviors by showing how their peers overcome barriers to behavior change, which ultimately led to favorable and effective outcomes. Participants also identify a person to provide social support for risk reduction and receive further support through follow-up visits.

The health belief model states that individuals will change their behavior if the following conditions are met. First, they must believe they are at risk of contracting the disease themselves (perceived susceptibility). Second, they must perceive that acquiring the disease or illness will lead to severe consequences (perceived severity). Finally, they must believe that engaging in or changing a particular behavior will not only effectively reduce their risk of contracting the disease, but also that the benefits will outweigh the cost for performing the behavior (Janz et al., 2002). The information and activities presented in the *Safety Counts* sessions help participants perceive the severity of HIV. They also allow participants to more accurately assess and understand their risk for HIV and viral hepatitis. The personal risk reduction success stories, as well as the group support from participating in *Safety Counts*, help demonstrate the attainability and benefits of risk reduction behaviors.

The theory of reasoned action states that the most important and direct factor in behavior change is an individual's *intention* to change a particular behavior. Behavioral intention is determined by one's *attitude* toward performing the behavior and whether the individual believes that most people would approve or disapprove of engaging in a behavior (*subjective norms*) (Fishbein & Ajzen, 1975). Again, through risk reduction stories and social support, *Safety Counts* improves participants' attitudes toward a behavior by showing that the behavior will lead to beneficial and effective outcomes and that peers endorse the behavior change.

Safety Counts has been demonstrated to be effective in helping drug-using individuals reduce their risk of becoming infected with or transmitting HIV and viral hepatitis. It is one of the interventions disseminated by CDC. There are five core elements of *Safety Counts* (Table 1). "Core elements are those parts of an intervention that must be done and cannot be changed. They come from the behavioral theory upon which the intervention or strategy is based; they are thought to be responsible for the intervention's effectiveness. Core elements are essential and cannot be ignored, added to, or changed" (CDC, 2006).

Table 1: The Core Elements of Safety Counts

Two (or more) Group Sessions

Group sessions utilize a cognitive-behavioral approach to empower and assist clients in developing personal risk reduction goals and plans, establishing first steps, considering possible barriers and solutions, and identifying sources of social support. Referrals to Counseling and Testing (C & T) and other medical/social services are also assessed and made as needed.

One (or more) Individual Behavioral Counseling Session

The individual counseling session helps clients refine their risk reduction goals and steps, overcome barriers in reaching their risk reduction goal, and establish and utilize social support networks to facilitate their risk reduction efforts. Referrals to C&T and other medical/social services are also assessed and made as needed.

Two (or more) Group Socials

Socials are an opportunity for clients and their families and friends to share a meal, socialize, participate in a planned HIV-related risk reduction activity, and receive and/or provide peer support and validation for risk reduction efforts. Referrals to C&T and other medical/social services are also assessed and made as needed.

Two (or more) Follow-Up Contacts

The follow-up contacts serve to reinforce clients' progress toward achieving risk reduction goals and encourage maintenance of reduced-risk behavior. During the follow-up contact, the client's progress in achieving his/her risk-reduction goal is reviewed, barriers encountered are discussed, and next steps toward achieving the goal are identified. Referrals to C&T and other medical/social services are also assessed and made as needed.

HIV/Viral Hepatitis Counseling and Testing:

Voluntary HIV/viral hepatitis C&T is integrated into all of the *Safety Counts* sessions. The importance of HIV/viral hepatitis testing is discussed and on-site testing or active referrals are provided for interested clients.

Section I: Reporting HIV Prevention Program Information to CDC

CDC has undertaken significant efforts to ensure that the HIV prevention programs it funds are effective in preventing the spread of HIV (Thomas, Smith, & Wright-DeAgüero, 2006). One strategy employed by CDC to strengthen HIV prevention is improving organizational capacity to monitor and evaluate prevention programs (CDC, 2007a). The National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS) is a major component of this strategy.

The NHM&E DS is the complete set of CDC's HIV prevention monitoring and evaluation (M&E) variables, including required variables for reporting to CDC and optional variables specific to an intervention or for local M&E. Implementation of NHM&E DS makes it possible for CDC to answer critical national questions about the following:

- demographic and risk behavior of clients being served by its grantees
- resources used to provide these services
- effectiveness of these services in preventing HIV infection and transmission

All HIV prevention grantees funded by CDC are required to collect and report data using the NHM&E DS. CDC has provided various M&E resources to assist grantees in this effort, including the following:

- **National Monitoring and Evaluating Guidance for HIV Prevention Programs (NMEG)**—describes how to use the NHM&E DS to improve program, inform programmatic decisions, and answer local M&E questions (CDC, 2008b).
- **Program Evaluation and Monitoring System (PEMS) software**—an optional, secure, browser-based software that allows for data management and reporting. PEMS includes all required and optional NHM&E DS variables (CDC, 2008c).

Disclaimer: The reporting requirements for the National HIV Prevention Program Monitoring and Evaluation Data Set presented in this document are current as of September 2008. Please refer to the PEMS Web site (<https://team.cdc.gov>) for the most current reporting requirements.

The NHM&E DS is organized into a series of data tables with specific variables. Variables from these tables are captured in the PEMS software in different modules according to categories, (e.g., information about your agency, your HIV prevention programs, and the clients you serve). You should be familiar with following key elements in the NHM&E DS:

- Variables required for reporting to CDC and optional variables needed for the Safety Counts intervention or for local M&E
- Variable name

- Variable number
- Definition of each variable

This evaluation field guide is designed to help your agency monitor and evaluate your day-to-day implementation of *Safety Counts*. Collecting and analyzing *Safety Counts* data will help you improve your implementation of *Safety Counts* and provide you with information to guide future planning. This section details only those tables and associated NHM&E DS modules you will use to collect and report information specific to *Safety Counts*. Though the data you collect will include NHM&E DS variables, you will collect and use more data than actually submitted to CDC. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS) for the complete list and description of all M&E variables required for reporting to CDC and optional variables for local M&E.

NHM&E Program Planning Data

Program planning data provide information about what you intend to do. Your program plan describes—

- the population you will serve with *Safety Counts*,
- the name you will use for *Safety Counts* within your agency,
- the interventions within *Safety Counts* you will deliver,
- the funds available to support delivery of the intervention(s),
- staff who will deliver the intervention(s),
- how the interventions will be delivered,
- how many times the interventions will be delivered.

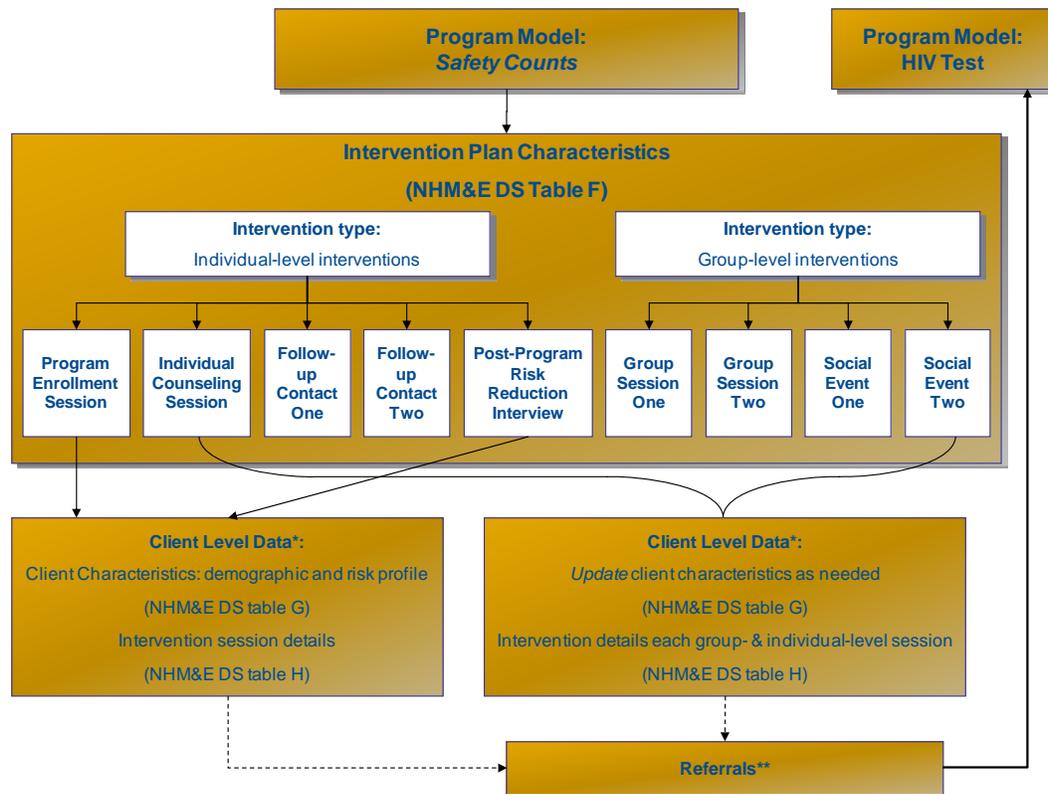
Carefully describing your program is a process that will help your agency determine how to best implement and monitor *Safety Counts*. A clearly described and well-thought-out program plan will allow you to use your process monitoring data to conduct process evaluations. Please refer to CDC's *Evaluation Capacity Building Guide* for additional information on conducting process evaluations and using that information to plan and improve your implementation of *Safety Counts* (CDC, 2008a).

RECOMMENDED ACTIVITY

Review your client intake and session record forms to ensure that you are gathering all the required NHM&E DS variables and the optional variables specific to *Safety Counts*.

The figure below illustrates how *Safety Counts* is organized in NHM&E:

Figure 1: Organization of *Safety Counts* in NHM&E.



* Behavioral data should be collected at least twice during the *Safety Counts* intervention—ideally during the first and last sessions (i.e. at Program Enrollment and during the Post-Program Risk Reduction Interview). Because *Safety Counts* clients can move through the intervention differently, however, when data are collected may vary. As represented above, behavioral data would be collected at Program Enrollment and during the Post-Program Risk Reduction Interview.

** In NHM&E DS, HIV counseling, testing, and referral (CTR) cannot be captured under *Safety Counts*. Agencies should describe all of the non-CTR components under the *Safety Counts* program model and then include a referral (NHM&E DS Table X-7) from *Safety Counts* to the CTR intervention using an internal agency referral. Clients' CTR data can then be entered in NHM&E DS Table X-1: HIV Test.

The following table (Table 2) provides guidance on selecting NHM&E DS variables you can use to describe your intervention as you develop your program plan. The table depicts program information variables that are applicable to and required for *Safety Counts*. For instance, Program Model Name (NHM&E DS number E101) is labeled “Agency Determined” because the name of your Program Model can be *Safety Counts* or any other name determined by your agency. The Evidence Base (NHM&E DS number E102) variable, however, specifies a particular variable code (“1.08”) because, regardless of what you have named your program, it is based on *Safety Counts*, one of CDC’s Effective Behavioral Interventions.

Note that the variables presented in the table include only those specific to monitoring *Safety Counts* additional, agency-specific variables are required. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set

(CDC, 2008d) or the for the complete list and description of all M&E variables required for reporting to CDC and optional variables for local M&E or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).

Variable	NHM&E DS Number	Variable Code	Guidance
Program Model Name	E101	Agency Determined	The name of the Program Model can be <i>Safety Counts</i> or any other name determined by the agency. See the <i>National Monitoring and Evaluation Guidance for HIV Prevention Programs</i> (CDC, 2008b) for additional information if you are implementing more than one version of <i>Safety Counts</i> within the same program.
Evidence Base	E102	1.08	<i>Safety Counts</i> (variable code: 1.08)*
Target Population	E105	Agency Determined	<i>Safety Counts</i> was designed for injection and noninjection, drug-using individuals who are not currently enrolled in a drug treatment program. If you are targeting a different population with <i>Safety Counts</i> , select the appropriate variable code.

* Organizations funded directly by CDC to implement *Safety Counts* are required to adhere to the core elements of the intervention. Other organizations may alter or not follow the core elements at the discretion of their funding agency; however, the program can no longer be called *Safety Counts*. If you intend to drop or change a core element of *Safety Counts* to meet the needs of your priority populations, use the fields provided in E104 to describe the changes to the core elements.

Intervention plan characteristics provide information about what you plan to do in your implementation of the interventions of *Safety Counts*. It describes the activities you intend to implement, the planned number of cycles and sessions, the duration of the cycles, how the intervention(s) within *Safety Counts* will be implemented, whether client services data will be reported at the aggregate or individual client level. The table below lists NHM&E DS intervention plan variables with the NHM&E DS number, the variable value code, and guidance to help you understand how to apply these variables when implementing *Safety Counts*. Because *Safety Counts* is a multilevel intervention (i.e., individual and group levels), describe your plan for each intervention type separately.

Note that the variables presented in Tables 3-4 include only those specific to monitoring *Safety Counts*. Additional, agency-specific variables are required. The complete list and description of all M&E variables required for reporting to CDC and optional variables for local M&E or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements can be found in Appendix D. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for further information and updates.

Table 3: Program Information – Intervention Details Group-Level Intervention [Group Sessions 1 and 2, and 2 Social Events]			
Variable	NHM&E DS Number	Variable Code	Guidance
Intervention Type	F01	06	<i>Safety Counts'</i> group-level intervention component is a health education/risk reduction intervention (variable code: 06 HE/RR).
Total Number of Clients	F05	Agency Determined	<p>The total number of clients will equal the planned number of cycles (F07) multiplied by the number of individuals expected to be served in each intervention cycle.</p> <p>At minimum, two group sessions and two social events are required. It is recommended that the group sessions should have at least 3 but no more than 12 clients. Because “clients are encouraged to invite friends and family members,” be sure to enter only the number of clients at the social event into NHM&E DS, not the total number of attendees (including friends and family).</p>
Planned Number of Cycles	F07	Agency Determined	<p>One cycle is the complete delivery of an intervention to the intended audience. For the group-level components of <i>Safety Counts</i>, one cycle is the completion of group sessions one and two, and at least two social events (i.e., four group sessions).</p> <p>Calculate the number of times you intend to implement a full cycle of <i>Safety Counts</i> (a minimum of nine sessions per cycle—four group and five individual level) within the reporting period. For this variable, the number entered here should be the same as the number entered in F07 for Individual Level Intervention.</p>

**Table 3: Program Information – Intervention Details
Group-Level Intervention [Group Sessions 1 and 2, and 2 Social Events]
(continued)**

Variable	NHME DS Number	Variable Code	Guidance	
Number of Sessions	F08	Agency Determined	At minimum, there are four group-level sessions for <i>Safety Counts</i> (two group sessions and two social events). Enter the total number of group-level sessions you intend to deliver as part of one <i>Safety Counts</i> cycle.	
Unit of Delivery	F09	Agency Determined	<i>Safety Counts</i> group sessions are delivered to groups of 3–12 individuals. Social events will either be small group (variable code: 03) or large group (variable code: 04), depending on agency implementation and number of clients served.	
Activity*	F10	Group Session One		
		4.00 5.00 8.01 8.04	Review local HIV/AIDS statistics (with an emphasis on drug users)	<ul style="list-style-type: none"> • 8.66 Information - Other
		8.05 8.13 8.66 11.10 11.11 11.66 13.03 13.04 13.06 13.07	Present and discuss HIV and viral hepatitis information, including transmission risk and use of condoms for prevention	<ul style="list-style-type: none"> • 8.01 Information – HIV/AIDS transmission • 8.04 Information – Viral hepatitis • 8.13 Information – Condom/barrier use
			Present information on HIV and hepatitis testing	<ul style="list-style-type: none"> • 8.05 Information- Availability of HIV/STD counseling and testing

* Please refer to the *National Monitoring and Evaluation Guidance for HIV Prevention Programs* (CDC, 2008b), for a detailed activity matrix related to variable F10.

**Table 3: Program Information – Intervention Details
Group-Level Intervention [Group Sessions 1 and 2, and 2 Social Events]
(continued)**

Variable	NHMG/E DS Number	Variable Code	Guidance	
			Clients complete worksheet (“Am I At Risk?”) to determine their level of risk for HIV and/or viral hepatitis infection, followed by presentation and discussion of HIV and viral hepatitis transmission risk and modes of transmission	<ul style="list-style-type: none"> • 5.00 Personalized Risk Assessment • 8.01 Information – HIV/AIDS transmission • 8.04 Information – Viral hepatitis
			Information presented on stages of change constructs from the transtheoretical model, including how the theory relates to risk reduction strategies for HIV and viral hepatitis; presentation followed by group discussion	<ul style="list-style-type: none"> • 8.66 Information – Other • 11.10 Discussion – HIV/AIDS transmission • 11.11 Discussion – Viral hepatitis
			Presentation and discussion of risk reduction success stories	<ul style="list-style-type: none"> • 8.66 Information – Other * • 11.66 Discussion – Other *
			Participants discuss importance of social support	<ul style="list-style-type: none"> • 11.66 Discussion – Other
			Clients complete worksheet (“Where Do I Stand in Reducing My Risks for HIV and Viral Hepatitis?”) to determine <i>stage of change</i> for behavior modification	<ul style="list-style-type: none"> • 5.00 Personalized Risk Assessment

* Because the information presented and the subsequent discussion will vary by specific risk reduction success story, this activity is coded “other.” It is feasible that specific topics be coded by agency (e.g., stories that focus on consistent condom use may appropriately be coded “Information – condom/barrier use”).

**Table 3: Program Information – Intervention Details
Group-Level Intervention [Group Sessions 1 and 2, and 2 Social Events]
(continued)**

Variable	NHMG/E DS Number	Variable Code	Guidance	
			Offer internal HIV testing services OR make available referrals to outside agencies for HIV and viral hepatitis testing	<ul style="list-style-type: none"> • 08.05 Information-Availability of HIV/STD counseling and testing • 04.00 Referral
			Distribute brochures on HIV and viral hepatitis testing	<ul style="list-style-type: none"> • 13.06 Distribution-Educational materials*
			Offer needle hygiene kits, safer sex kits, and referral information	<ul style="list-style-type: none"> • 13.03 Distribution-Safer sex kits • 13.04 Distribution-Safer injection/bleach kits • 13.07 Distribution – Referral lists
Group Session Two				
		4.00 8.05 8.66 11.66 13.03 13.04 13.06 13.07 89	Present information on HIV and hepatitis testing	<ul style="list-style-type: none"> • 8.05 Information-Availability of HIV/STD counseling and testing
			Clients identify a behavior change goal	<ul style="list-style-type: none"> • 89 Other (specify)
			Clients identify the first step they will take toward accomplishing their goal	<ul style="list-style-type: none"> • 89 Other (specify)

* Note: It is unclear but implied in the *Safety Counts* Program Manual (CDC, 2007b) that brochures do not exclusively list HIV testing sites—i.e., referral list—but provide general information about HIV and viral hepatitis testing. Hence, they are coded as “educational materials.”

**Table 3: Program Information – Intervention Details
Group-Level Intervention [Group Sessions 1 and 2, and 2 Social Events]
(continued)**

Variable	NHM&E DS Number	Variable Code	Guidance	
			Participants discuss and specify the barriers they may encounter in taking those first steps and assist each other in developing strategies to overcome those barriers	<ul style="list-style-type: none"> • 11.66 Discussion-Other
			Risk reduction success stories are presented reflecting successful behavior change (drug and sexual) to reduce risk for HIV and viral hepatitis; discuss goal setting, first steps, and social support as they are portrayed in each of the risk reduction success stories	<ul style="list-style-type: none"> • 8.66 Information – Other * • 11.66 Discussion – Other *
			Discuss and develop plans to recruit friends and family members to provide social support for their risk reduction efforts	<ul style="list-style-type: none"> • 11.66 Discussion - Other
			Offer internal HIV testing services OR make available referrals to outside agencies for C&T for HIV and viral hepatitis	<ul style="list-style-type: none"> • 04.00 Referral • 08.05 Information-Availability of HIV/STD counseling and testing
			Distribute brochures on HIV and hepatitis testing	<ul style="list-style-type: none"> • 13.06 Distribution-Educational materials*

* Because the information presented and the subsequent discussion will vary by specific risk reduction success story, this activity is coded “other.” It is feasible that specific topics be coded by agency (e.g., stories that focus on consistent condom use may appropriately be coded “Information – condom/barrier use”).

**Table 3: Program Information – Intervention Details
Group-Level Intervention [Group Sessions 1 and 2, and 2 Social Events]
(continued)**

Variable	NHMG&E DS Number	Variable Code	Guidance	
			Offer needle hygiene kits, safer sex kits, and referral information	<ul style="list-style-type: none"> • 13.03 Distribution-Safer sex kits • 13.04 Distribution-Safer injection/bleach kits • 13.07 Distribution – Referral lists*
		Social Events		
		13.03 13.04 13.06	Provide needle hygiene and safer sex kits	<ul style="list-style-type: none"> • 13.03 Distribution-Safer sex kits • 13.04 Distribution-Safer injection/bleach kits
			Risk reduction group activity	<ul style="list-style-type: none"> • (Agency determined)
			Distribute educational materials	<ul style="list-style-type: none"> • 13.06 Distribution-educational materials
Delivery Method	F11	1.00	The intervention is delivered in person (variable code: 1.00).	
Level of Data Collection	F14	01	<i>Safety Counts</i> group-level intervention requires the collection of individual client-level data (variable code: 01).	

* Note: It is implied in the *Safety Counts* Program Manual (CDC, 2007b) that brochures do not exclusively list HIV testing sites – i.e., referral list – but provide more general information about HIV and viral hepatitis testing. Hence, they are coded as “educational materials.”

Table 4: Program Information – Intervention Details
Individual-Level Intervention
[Program Enrollment Session, One Individual Counseling Session, Two Follow-up Contacts, Post-Program Interview Session]

Variable	NHM&E DS Number	Variable Code	Guidance
Intervention Type	F01	06 HE/RR	<i>Safety Counts'</i> individual-level intervention component is a health education/risk reduction intervention (variable code: 06 HE/RR).
Total Number of Clients	F05	Agency Determined	The total number of clients will equal the planned number of cycles (F07) multiplied by the number of individuals expected to be served in each intervention cycle.
Planned Number of Cycles	F07	Agency Determined	One cycle is the complete delivery of an intervention to the intended audience. For the individual-level components of <i>Safety Counts</i> , one cycle is the completion of the program enrollment session, one individual counseling session, two follow-up contacts, and one post-program risk reduction interview session (i.e., five sessions). Calculate the number of times you intend to implement a full cycle of <i>Safety Counts</i> (a minimum of nine sessions per cycle—four group- and five individual-level) within the reporting period. For this variable, the number entered here should be the same as the number entered in F07 for Group-Level Intervention.
Number of Sessions	F08	Agency Determined	Enter the total number of individual-level sessions you intend to deliver. At minimum, five individual-level sessions (program enrollment, individual counseling session, two follow-up contacts, post-program risk reduction interview session) are required.
Unit of Delivery	F09	01	<i>Safety Counts</i> program enrollment, individual counseling session, two follow-up contacts, and post-program risk reduction interview sessions are delivered to the individual (variable code: 01).

**Table 4: Program Information – Intervention Details
Individual-Level Intervention
[Program Enrollment Session, One Individual Counseling Session, Two
Follow-up Contacts, Post-Program Interview Session] (continued)**

Variable	NHM&E DS Number	Variable Code	Guidance	
Activity*	F10	Program Enrollment		
		4.00 5.00 8.18 13.03 13.04	Administer program enrollment form, which includes information about substance use and sex-risk activities	<ul style="list-style-type: none"> 5.00 Personalized Risk Assessment
			Administer personal risk reduction interview, which includes information about intentions and actions regarding risk behaviors	<ul style="list-style-type: none"> 5.00 Personalized Risk Assessment
			Assess needs and make referrals	<ul style="list-style-type: none"> 4.00 Referral
			Emphasize importance of knowing HIV status	<ul style="list-style-type: none"> 8.18 – Information - HIV testing
			Offer safer sex and needle hygiene kits	<ul style="list-style-type: none"> 13.04 Distribution-Safer injection/bleach kits 13.03 Distribution-Safer sex kits
		Individual Counseling Session		
		4.00 11.66	Review and refine personal risk reduction goal	<ul style="list-style-type: none"> 11.66 Discussion – Other **
			Review and refine first step toward risk reduction goal	<ul style="list-style-type: none"> 11.66 Discussion – Other
			Ensure social support in risk reduction goal efforts	<ul style="list-style-type: none"> 11.66 Discussion – Other
			Assess referral needs and make referrals	<ul style="list-style-type: none"> 4.00 Referral

* Please refer to the *National Monitoring and Evaluation Guidance for HIV Prevention Programs* (CDC, 2008b), for a detailed activity matrix related to variable F10.

** Because individual counseling sessions are client focused and client driven, “other” is coded. It is, however, feasible that specific topics be coded depending on a client’s risk reduction goal. For instance, if a goal focuses on consistent condom use, “Discussion – condom/barrier use” may be an appropriate code.

Table 4: Program Information – Intervention Details			
Individual-Level Intervention			
[Program Enrollment Session, One Individual Counseling Session, Two Follow-up Contacts, Post-Program Interview Session] (continued)			
Variable	NHM&E DS Number	Variable Code	Guidance
		Follow-up Contacts	
		8.18 13.03 13.04 13.07 11.66	<ul style="list-style-type: none"> Verify and validate client’s personal risk reduction goal and progress 14.01 Post-intervention follow-up
			<ul style="list-style-type: none"> Assist client in planning the next step, including identifying and overcoming barriers to achieving the next step 14.01 Post-intervention follow-up
			<ul style="list-style-type: none"> Check in with client regarding his/her social support 11.66 Discussion – Other
			<ul style="list-style-type: none"> Remind client of importance of HIV testing 8.18 – Information - HIV Testing
			<ul style="list-style-type: none"> Offer needle hygiene kits, safer sex kits, and referral information 13.04 Distribution-Safer injection/bleach kits 13.03 Distribution-Safer sex kits 13.07 Distribution –Referral lists
		Post-Program Risk Reduction Interview	
		14.01	<ul style="list-style-type: none"> Administer personal risk reduction interview, which includes information about intentions and actions regarding risk behaviors 14.01 Post-intervention follow-up
Delivery Method	F11	1.00	The intervention is delivered in person (variable code: 1.00).
Level of Data Collection	F14	01	Safety Counts’ individual-level interventions require the collection of individual client-level data (variable code: 01).

Please note that in NHM&E DS, HIV counseling, testing, and referral (CTR) cannot be captured under *Safety Counts*. Agencies should describe all of the non-CTR components under the *Safety Counts* program model and then include a referral (NHM&E DS Table X-7) from *Safety Counts* to the CTR intervention using an internal agency referral. Clients' CTR data can then be entered in NHM&E DS Table X-1, HIV Test.



NHM&E Client Services Data

Client services data provide information about the clients who are receiving services and information about each service session or encounter in which the client participates. Client services data describe the demographic and risk characteristics of individuals who participated in *Safety Counts*, the sessions that clients participated in, and the activities implemented during each session. The client services data for *Safety Counts* involve the collection of client level data for NHM&E DS tables H, G1, and G2.

Client-Level Data

Specific information is gathered about each client (e.g., “The client was a 19-year-old Hispanic male”).

Client services data provide your agency with process monitoring data. These data allow you to monitor whom you are serving and what you are doing. You compare information from your implementation of *Safety Counts* to what you included in your plan. This will help ensure that your activities and your participants are consistent with your plan.



Section 2: *Safety Counts* Objectives and Evaluation Questions

This section includes objectives and related evaluation questions. The objectives and evaluation questions are organized by stage of monitoring and evaluation—process and outcome. Below each question is a brief rationale for why the question is important. Following the rationale is a table that describes the types of data needed, potential data sources, and how data may be analyzed to answer the question.

These questions will help your agency collect data that can be used for program planning and improvement. Your agency may choose to ask additional questions. As your agency and stakeholders develop and prioritize questions, it may be beneficial to define the importance of the question and use the table to identify data sources. This will help your agency determine the feasibility of answering questions.

***Safety Counts* Program Objectives**

The objectives that will be addressed as part of the *Safety Counts* evaluation are as follows:

Process Objectives

- Implement *Safety Counts* with drug-using clients not currently enrolled in a substance abuse treatment program
- Implement *Safety Counts* with fidelity to the intervention plan
- Implement *Safety Counts* with fidelity to the core elements

Outcome Objectives

- Increase drug-using clients' knowledge of HIV and viral hepatitis risk reduction methods
- Increase the frequency of new or clean needle use among injection drug users
- Decrease the frequency of needle sharing among injection drug users
- Increase clients' intentions to enter and try a substance abuse treatment program
- Increase in the frequency of condom use

Process Monitoring and Evaluation Questions

The following are potential process monitoring and evaluation questions that stakeholders may ask about your agency's implementation of Safety Counts. Process monitoring information allows you to get a picture of the activities implemented, populations served, services provided, or resources used. That information can be used to inform program improvement and to conduct process evaluation. Process monitoring information often answers questions such as "What are the characteristics of the population served?" "What intervention activities were implemented?" and "What resources were used to deliver those activities?"

Process evaluation involves an analysis of process data that facilitates comparison between what was planned and what actually occurred during implementation. Process evaluation allows you to determine if your process objectives can be met and provides information that guides planning and improvement. Process evaluation questions address issues such as "Was the intervention implemented as planned?" "Did the intervention reach the intended audience?" and "What barriers were experienced by clients and staff during the course of the intervention?"

1. Which of the core elements were implemented?

The core elements are those pieces of an intervention that cannot be changed or modified. It is important to know if all of the core elements of *Safety Counts* were implemented. In conjunction with process evaluation, you can assess the extent to which *Safety Counts* facilitators implemented the core elements with fidelity. This information will provide some context for the outcomes of your program.

Data	Data Source	Analysis
<ul style="list-style-type: none"> • Number of group sessions conducted • Number of individual counseling sessions conducted • Number of social events hosted • Number of follow-up contacts • Number of referrals made for HIV/viral hepatitis testing 	<ul style="list-style-type: none"> • Sign-in sheets (per session) • Activity logs (per session) • Client participation records • Program Monitoring Summary form 	<ul style="list-style-type: none"> • Compare the number of activities conducted to the core elements as described in the <i>Safety Counts Program manual</i>

2. What was the risk profile of the individuals served?

Safety Counts was intended for active drug users³ not currently enrolled in drug-treatment programs, but who are at high risk of becoming infected with or transmitting HIV.

Data	Data Source	Analysis
<ul style="list-style-type: none">Behavioral risk data of members of the target populationBehavioral risk data of program activity recipients (e.g., group session participants, clients receiving individual counseling)	<ul style="list-style-type: none">State/community epidemiological dataLocal CBOs' HIV prevention dataActivity logsInformation collected during program enrollment (e.g., Program Enrollment Form, Risk Reduction Interview)Post-program risk reduction interviewKey informant interviewsFocus groupsSpot interviewsObservation	<ul style="list-style-type: none">Calculate the breakdown of participants by behavioral risk. For example, what proportion was injection drug use (IDU) only, what proportion was both MSM and IDU?

³ Active drug users include those who are injecting (within the last 90 days) substances such as heroin or speedball, as well as those who are taking drugs they are not injecting, such as methamphetamine or crack cocaine. *Safety Counts* is *not* appropriate, however, for individuals whose only substance use is alcohol or those in methadone drug treatment programs whose only substance use is prescribed methadone.

3. What were the demographic characteristics of the individuals served?

Safety Counts was designed to reduce drug use, increase condom use, and increase self-reported entry into drug treatment programs among active drug users. A demographic profile of the participants served by the program demonstrates that the population for which the intervention is intended is being reached. The information also provides information that can be used to inform the development of other prevention activities.

Data	Data Source	Analysis
Demographic characteristics, such as: <ul style="list-style-type: none"> • Age • Race • Ethnicity • Gender • Education level • Employment status • Sexual orientation 	<ul style="list-style-type: none"> • Information collected during program enrollment (e.g., Program Enrollment Form, Risk Reduction Interview) • Post-program risk reduction interview • Activity logs • Attendance sheets • Observation • Facilitator/staff notes 	<ul style="list-style-type: none"> • Calculate the breakdown of participants by demographic characteristics (e.g., what proportion was male versus female?).

4. Which of the core elements were implemented with fidelity?

The core elements are those pieces of an intervention that cannot be changed or modified. It is important to know if all of the core elements of *Safety Counts* were implemented with fidelity. This information will provide some context for the outcomes of your program (i.e., how the core elements are applied can affect the anticipated outcomes of this intervention).

Data	Data Source	Analysis
<ul style="list-style-type: none"> • Group sessions content and activities • Individual counseling session content and activities • Social event content and activities • Follow-up contacts content and activities • Integration of HIV/viral hepatitis counseling and testing and/or referrals into each session 	<ul style="list-style-type: none"> • Activity logs • Referral tracking • Facilitator/staff notes 	<ul style="list-style-type: none"> • Compare the descriptions of the core elements conducted with the descriptions of the core elements in the <i>Safety Counts Program</i> manual



5. How and why was the program activities modified?

Agencies may modify program activities based on agency resources, priorities, and in consideration of current activities as long as the core elements are maintained. For example, intervention activities may be tailored or modified to accommodate characteristics of the target population. These data will help you plan for future iterations of *Safety Counts* and identify additional information needed regarding your target population.

Data	Data Source	Analysis
<ul style="list-style-type: none"> • Characteristics of the target population • Group session content and activities • Individual counseling session content and activities • Social event content and activities • Follow-up contacts content and activities • Number and type of HIV/viral hepatitis counseling and testing referrals made 	<ul style="list-style-type: none"> • Key informant interviews • Focus groups • Spot interviews • Activity logs • Facilitator/staff notes • Staff meeting minutes/notes 	<ul style="list-style-type: none"> • Identify activities not conducted as written in the <i>Safety Counts</i> project manual or activities modified (e.g., content, delivery method, etc.) and rationale for changes

6. What proportion of the individuals completing *Safety Counts* were members of the target population?

An agency needs to determine the number of people in its target population and the proportion of that population that is being served by *Safety Counts*. This information can be used to guide planning.

Data	Data Source	Analysis
<ul style="list-style-type: none"> • Demographic and risk characteristics of individuals in target population • Demographic and risk characteristics of individuals completing <i>Safety Counts</i> 	<ul style="list-style-type: none"> • Information collected during program enrollment (e.g., Program Enrollment Form, Risk Reduction Interview) • Post-program risk reduction interview • Observation • Facilitator/staff notes • Census data • Activity logs • Attendance sheets 	<ul style="list-style-type: none"> • Divide the number of individuals completing <i>Safety Counts</i> that match the demographic and risk profile of the target population defined in your program plan by the total number of individuals completing your program.

7. What were the barriers to and facilitators of implementation?

Identifying the barriers (what made it difficult) to implementing *Safety Counts* can help and enhance or improve strategies used to implement the intervention. It is also important to identify facilitators (what made it easy) to implementing *Safety Counts* to recognize successful implementation activities and approaches. Program staff, administrators, and clients may all provide insight into the barriers and facilitators of implementation.

Data	Data Source	Analysis
<ul style="list-style-type: none">• Challenges/facilitators identified during formative evaluation• Challenges/facilitators identified by <i>Safety Counts</i> staff (e.g., group facilitator, behavioral counselor)• Challenges/facilitators mentioned by <i>Safety Counts</i> participants	<ul style="list-style-type: none">• Key informant interviews• Focus groups• Spot interviews• Observation• Activity logs• Facilitator/staff notes• Staff meeting minutes/notes	<ul style="list-style-type: none">• Examine the challenges/facilitators identified for trends or common themes so modifications can be made, if necessary

Outcome Monitoring Questions

Outcome monitoring involves reviewing and assessing changes that occurred after exposure to the intervention, such as changes in the knowledge, attitudes, behaviors, or service access of individuals who participated in the intervention; or changes in community norms or structural factors. Answers to outcome monitoring questions allow you to determine if your outcome objectives were met. Outcomes include changes in knowledge, attitudes, skills, or behaviors. Outcome monitoring answers the question, “Did the expected outcomes occur?”

1. What proportion of participants reported an increase in intent to use clean needles and other injection paraphernalia (cooker, cotton, and rinse water)?

An increase in the use of clean or new needles is one of the anticipated long-term outcomes of *Safety Counts*. A related, but an immediate outcome is an increase in the intent to use clean needles. Information about the extent to which participants’ intentions changed will help you plan future iterations of your program.

Data	Data Source	Analysis
<ul style="list-style-type: none"> Participants’ self-report of intent to use clean needles 	<ul style="list-style-type: none"> Program Enrollment Form Risk Reduction Interview Follow-up Contact Forms Client Participation Record 	<ul style="list-style-type: none"> Divide the number of individuals completing <i>Safety Counts</i> who reported an increase in intent to use clean needles after participating in the program by the total number of individuals completing <i>Safety Counts</i>

2. What proportion of participants reported an increase in intent to use condoms with their sex partners?

An increase in the use of condoms is one of the anticipated long-term outcomes of *Safety Counts*. A related, but an immediate outcome is an increase in the intent to use condoms. Information about the extent to which participants’ intentions changed will help you plan future iterations of your program.

Data	Data Source	Analysis
<ul style="list-style-type: none"> Participants’ self-report of intent to use condoms with sex partners 	<ul style="list-style-type: none"> Program Enrollment Form Risk Reduction Interview Follow-up Contact Forms Client Participation Record 	<ul style="list-style-type: none"> Divide the number of individuals completing <i>Safety Counts</i> who reported an increase in intent to use condoms after participating in the program by the total number of individuals completing <i>Safety Counts</i>

3. What proportion of participants reported an increase in intent to get tested for HIV or viral hepatitis?

An increase in the intent to receive counseling and testing for HIV or viral hepatitis is one of the anticipated outcomes of *Safety Counts*. Information about the extent to which participants' intentions changed will help you plan future iterations of your program.

Data	Data Source	Analysis
<ul style="list-style-type: none"> Participants' self-report of intent to access HIV and/or viral hepatitis testing services 	<ul style="list-style-type: none"> Program Enrollment Form Risk Reduction Interview Follow-up Contact Forms Client Participation Record 	<ul style="list-style-type: none"> Divide the number of individuals completing <i>Safety Counts</i> who reported an increase in intent to get tested for HIV or viral hepatitis after participating in the program by the total number of individuals completing <i>Safety Counts</i>

4. What proportion of participants reported an increase in use of clean needles and other injection drug paraphernalia (e.g., cookers, cottons, rinse water)?

An increase in the use of clean needles and needle-cleaning materials is one of the anticipated outcomes of *Safety Counts*. Information about the extent to which participants' use of clean needles and other injection drug paraphernalia changed will help you plan future iterations of your program.

Data	Data Source	Analysis
<ul style="list-style-type: none"> Participants' self-report of use of clean needles and other injection drug paraphernalia 	<ul style="list-style-type: none"> Program Enrollment Form Risk Reduction Interview Follow-up Contact Forms Client Participation Record 	<ul style="list-style-type: none"> Divide the number of individuals completing <i>Safety Counts</i> who reported an increase in use of clean needles and other injection drug paraphernalia after participating in the program by the total number of individuals completing <i>Safety Counts</i>

5. What proportion of participants reported an increase in condom use with their sex partners?

An increase in condom use is one of the anticipated outcomes of *Safety Counts*. Information about the extent to which participants' condom use changed will help you plan future iterations of your program.

Data	Data Source	Analysis
<ul style="list-style-type: none"> Participants' self-report of condom use with sex partners 	<ul style="list-style-type: none"> Program Enrollment Form Risk Reduction Interview Follow-up Contact Forms Client Participation Record 	<ul style="list-style-type: none"> Divide the number of individuals completing <i>Safety Counts</i> who reported an increase in condom use after participating in the program by the total number of individuals completing <i>Safety Counts</i>

6. What proportion of participants reported entering a drug treatment program?

Entering a drug treatment program is one of the anticipated intermediate outcomes of *Safety Counts*. Information about participants entering drug treatment will help you plan future iterations of your program

Data	Data Source	Analysis
<ul style="list-style-type: none"> Participants' self-report of entry into a drug treatment program 	<ul style="list-style-type: none"> Program Enrollment Form Risk Reduction Interview Follow-up Contact Forms Client Participation Record 	<ul style="list-style-type: none"> Divide the number of individuals completing <i>Safety Counts</i> who entered a drug treatment program after participating in the program by the total number of individuals completing <i>Safety Counts</i>

7. What proportion of participants reported a decrease in injection and/or no injection drug use?

A decrease in drug use is one of the anticipated outcomes of *Safety Counts*. Information about the extent to which participants' drug use changed will help you plan future iterations of your program.

Data	Data Source	Analysis
<ul style="list-style-type: none"> Participants' self-report of drug use 	<ul style="list-style-type: none"> Program Enrollment Form Risk Reduction Interview Follow-up Contact Forms Client Participation Record 	<ul style="list-style-type: none"> Divide the number of individuals completing <i>Safety Counts</i> who reported a decrease in drug use after participating in the program by the total number of individuals completing <i>Safety Counts</i>

8. What proportion of participants reported being tested for HIV or viral hepatitis?

An increase in HIV and viral hepatitis testing among participants is one of the anticipated outcomes of *Safety Counts*. Information about the extent to which participants sought testing will help you plan future iterations of your program.

Data	Data Source/Methods	Analysis
<ul style="list-style-type: none"> Participants' self-report of accessing HIV and/or viral hepatitis testing services 	<ul style="list-style-type: none"> Program Enrollment Form Risk Reduction Interview Follow-up Contact Forms Client Participation Record 	<ul style="list-style-type: none"> Divide the number of individuals completing <i>Safety Counts</i> who reported receiving an HIV or viral hepatitis test after participating in the program by the total number of individuals completing <i>Safety Counts</i>

Section 3: Data Collection Activities and Schedule

This section describes the data collection processes and instruments for *Safety Counts*. The table (Table 5) indicates when each instrument should be administered, who administers the instruments, and who should complete the instrument. Subsequent tables (6-13) provide more detail regarding data collection activities and schedules for each component of *Safety Counts*.

Table 5: Data Collection Schedule			
Instrument	When to Use	Administered by	Completed by
Program Enrollment Form	During the Program Enrollment Session after the client has agreed to participate in the <i>Safety Counts</i> program	<ul style="list-style-type: none"> Facilitator/ intake staff 	<ul style="list-style-type: none"> Facilitator/ intake staff
Risk Reduction Interview	<p>During the Program Enrollment Session after the client is deemed eligible and has agreed to participate in the <i>Safety Counts</i> program</p> <p>During the Post-Program Risk Reduction interview after the client has participated in all other sessions (i.e., four individual sessions and four group sessions) or 4 months after client's enrollment</p>	<ul style="list-style-type: none"> Facilitator/ intake staff 	<ul style="list-style-type: none"> Facilitator/ intake staff
Client Participation Record	Updated after each session for each client	<ul style="list-style-type: none"> Facilitator Counselor 	<ul style="list-style-type: none"> Facilitator Counselor
Group Session Sign-In Sheet	Clients should write their name on sign-in sheets as they arrive at each group session	<ul style="list-style-type: none"> Facilitator 	<ul style="list-style-type: none"> Participant
Group Session One Activity Log	During, or immediately after, each group session	<ul style="list-style-type: none"> Facilitator 	<ul style="list-style-type: none"> Facilitator

Table 5: Data Collection Schedule			
Instrument	When to Use	Administered by	Completed by
Group Session Two Activity Log	During, or immediately after, each group session	<ul style="list-style-type: none"> Facilitator 	<ul style="list-style-type: none"> Facilitator
Individual Counseling Session Interview Guide	During the individual counseling session	<ul style="list-style-type: none"> Facilitator 	<ul style="list-style-type: none"> Facilitator
Social Event Sign-In Sheet	Clients should write their name on sign-in sheets as they arrive at each social event	<ul style="list-style-type: none"> Facilitator 	<ul style="list-style-type: none"> Participant
Social Event Activity Log	During, or immediately after, each social event	<ul style="list-style-type: none"> Facilitator 	<ul style="list-style-type: none"> Facilitator
Follow-up Contact Form	During, or immediately after, each follow-up contact	<ul style="list-style-type: none"> Counselor Agency Staff 	<ul style="list-style-type: none"> Counselor Agency Staff
Referral Tracking Form*	After each referral made that intends to be tracked	<ul style="list-style-type: none"> Facilitator Counselor Agency Staff 	<ul style="list-style-type: none"> Facilitator Counselor Agency Staff
Program Monitoring Summary	Monthly, quarterly, and at the end of each intervention cycle	<ul style="list-style-type: none"> Project Manager Facilitator Counselor 	<ul style="list-style-type: none"> Project Manager Facilitator Counselor

* The Referral Tracking Form is optional. However, the form should be completed for each individual who receives a referral by your agency that will be tracked over time. The referral form should be used to document the provider's efforts and the results of these efforts to follow-up on each formal referral made to a client.

Data Collection Activities

The tables below (Tables 6-13) are arranged by *Safety Counts* activity. Each table indicates when data should be collected, resources needed to collect data, and data provided by the instruments located later in this field guide. The tables also describe how the data can be analyzed, the evaluation questions the data will answer, and ways to use the data to plan, implement, and improve your implementation of *Safety Counts*.



Table 6: Program Enrollment Data Collection Activities	
Data Collection Methods	<ul style="list-style-type: none">• Interviews/Self-report• Observation
Instruments	<ul style="list-style-type: none">• Program Enrollment Form• Risk Reduction Interview• Facilitator Notes• Participant Client Record
When to Collect the Data	<ul style="list-style-type: none">• The Program Enrollment Form and Risk Reduction Interview should be administered during the program enrollment session• The Program Enrollment Form should be administered to all potential clients as a screening tool.• The Risk Reduction Interview should be administered after a client is deemed eligible and has agreed to participate in the <i>Safety Counts</i> program• Facilitator notes should be taken during, or recorded immediately after, the program enrollment session• The Client Participation Record should be updated after each session for each client
Resources Needed	<ul style="list-style-type: none">• Staff time to facilitate program enrollment session• Sufficient number of forms• Room to conduct interview and maintain clients' privacy• Incentives (optional)• Staff time to compile and analyze data• Database for managing data

Table 7: Group Sessions Data Collection Activities	
Data Collection Methods	<ul style="list-style-type: none"> • Self-report • Observation
Instruments	<ul style="list-style-type: none"> • Sign-in Sheets (i.e., attendance sheets) • Group Session One/Two Activity Logs • Facilitator notes • Participant Client Record
When to Collect the Data	<ul style="list-style-type: none"> • Clients should write their name on sign-in sheets as they arrive at each group session • Activity logs should be completed during, or immediately after, each group session • Facilitator notes should be taken during, or recorded immediately after, each group session • The Client Participation Record should be updated after each group session for each client
Resources Needed	<ul style="list-style-type: none"> • Staff time to facilitate group sessions • Physical space for group session • Sufficient number of forms • Incentives (optional) • Staff time to compile and analyze data • Database for managing data

Table 8: Individual Counseling Session(s) Data Collection Activities

Data Collection Methods	<ul style="list-style-type: none">• Interview/Self-report• Observation
Instruments	<ul style="list-style-type: none">• Individual Counseling Session Interview Guide• Facilitator notes• Client Participant Record
When to Collect the Data	<ul style="list-style-type: none">• The Interview Guide should be administered during the individual counseling sessions• Facilitator notes should be taken during, or recorded immediately after, each individual counseling session• The Client Participation Record should be updated after each individual counseling session for each client
Resources Needed	<ul style="list-style-type: none">• Staff time to conduct Individual Counseling Session• Sufficient number of forms• Room to conduct interview and maintain clients' privacy• Incentives (optional)• Staff time to compile and analyze data• Database for managing data



Table 9: Social Events Data Collection Activities

Data Collection Methods	<ul style="list-style-type: none">• Self-report• Observation
Instruments	<ul style="list-style-type: none">• Social Event Sign-In Sheet• Social Event Activity Log• Facilitator notes• Client Participation Record
When to Collect the Data	<ul style="list-style-type: none">• Clients should write their name on sign-in sheets as they arrive at each social event• Social Event Activity logs should be completed during, or immediately after, each social event• Facilitator notes should be taken during, or recorded immediately after, each social event• The Client Participation Record should be updated after each social event for each client
Resources Needed	<ul style="list-style-type: none">• Staff time to facilitate social events• Physical space for social event• Food/meal for <i>Safety Counts</i> participants and their guests• Sufficient number of forms• Incentives (optional)• Staff time to compile and analyze data• Database for managing data



Table 10: Follow-up Contacts Data Collection Activities	
Data Collection Methods	<ul style="list-style-type: none"> • Interview/Self-report • Observation
Instruments	<ul style="list-style-type: none"> • Follow-up Contact Form • Facilitator notes • Client Participation Record
When to Collect the Data	<ul style="list-style-type: none"> • The Follow-up Contact Form should be completed during, or immediately after, each follow-up contact • Facilitator notes should be taken during, or recorded immediately after, each follow-up contact • The Client Participation Record should be updated after each session upon completion of each follow-up contact for each client
Resources Needed	<ul style="list-style-type: none"> • Staff time to conduct follow-up contacts • Sufficient number of forms • Incentives (optional) • Staff time to compile and analyze the data • Database for managing data

Table 11: Post-Program Risk Reduction Interview Data Collection Activities	
Data Collection Methods	<ul style="list-style-type: none"> • Interviews/Self-report
Instruments	<ul style="list-style-type: none"> • Risk Reduction Interview • Participant Client Record
When to Collect the Data	<ul style="list-style-type: none"> • The Risk Reduction Interview should be administered after the client has participated in all other sessions (i.e., four individual sessions and four group sessions) or 4 months after the client's initial enrollment • The Client Participation Record should be updated after the interview
Resources Needed	<ul style="list-style-type: none"> • Staff time to conduct interview • Sufficient number of forms • Room or private location to conduct interview and maintain clients' privacy • Incentives (optional) • Staff time to compile and analyze data • Database for managing data



Table 12: Referral Tracking Data Collection Activities	
Data Collection Methods	<ul style="list-style-type: none">• Self-report• Observation
Instruments	<ul style="list-style-type: none">• Referral Tracking Form
When to Collect the Data	<ul style="list-style-type: none">• The Referral Tracking Form should be completed for each referral made that staff intend to follow up on
Resources Needed	<ul style="list-style-type: none">• Staff time• Sufficient number of forms• Incentives (optional)• Staff time to compile and analyze the data• Database for managing data

Table 13: Process Monitoring	
Data Collection Methods	<ul style="list-style-type: none">• Self-report• Observation
Instruments	<ul style="list-style-type: none">• Program Monitoring Summary
When to Collect the Data	<ul style="list-style-type: none">• The Program Monitoring Summary should be completed at the end of each month, quarterly, and at the close of each intervention cycle
Resources Needed	<ul style="list-style-type: none">• Staff time• Sufficient number of forms• Staff time to compile and analyze the data• Database for managing data

Section 4: Data Collection Protocols

This section includes the framework for each of the data collection activities previously described. The data collection and reporting requirements of CDC are incorporated in the data collection forms. This field guide includes forms from the *Safety Counts* Implementation Manual (CDC, 2007b) that have been modified to include NHM&E DS variables. These forms can be modified to meet your agency's specific information needs. There is no requirement to use the data collection forms included in this evaluation plan.* However, it is important to make sure that any modifications to the instruments maintain the basic integrity of the original forms in order to fulfill reporting requirements of your funding agency. In other words, do not remove questions that provide information you will need to report to your funding agency or use in implementing your intervention. You may however rephrase the question so that your participants understand what you want to know.

The instruments and data collection forms in this section are organized sequentially by program stage. Each form includes instructions and recommendations for administering and/or completing the form. Additionally, certain forms include items that collect NHM&E DS variables that will be submitted to CDC.⁴ Following the instructions for these forms is a table listing the NHM&E DS variables and the item on the form that corresponds to that variable.

* Note: Some forms are required per the *Safety Counts* Program Manual (CDC, 2007b).

⁴ NHM&E DS program planning, HIV testing, and agency data variables were finalized for January 1, 2008 reporting per the Dear Colleague Letter. The evaluation instruments in this guide are templates designed to capture data for evaluating *Safety Counts* in its entirety. They are also designed to capture most program planning and client services NHM&E DS variables. Agencies should check with their CDC Project Officer or other contract monitors specific reporting requirements for *Safety Counts*.

Program Enrollment Instruments

- Program Enrollment Form
- Risk Reduction Interview
- Client Participation Record



Program Enrollment Form

When to use it: During the Program Enrollment Session after the client has agreed to participate in the *Safety Counts* program.

Administered by: Facilitator/intake staff

Completed by: Facilitator/intake staff

Instructions:

The Program Enrollment Form should be part of the enrollment process to determine prospective clients' eligibility for, and interest in, the *Safety Counts* program. That form is set up as a structured interview and should be conducted individually with each client. The Program Enrollment Form cannot be used in a group setting, and it is unsuitable for self-administration by clients. The one-on-one interview ensures privacy and confidentiality.

When administering the form, the service provider or facilitator should explain to the client the reasons for wanting such personal information and how it will be used to provide services. For example, *"This information will be used by program staff to understand what is working and how our program can be improved. Some of the information will be shared with our funding agency to help them understand what we are doing."*

All respondents should be instructed to answer the questions as honestly and thoroughly as possible. It is important that the respondent be reminded that all answers will remain confidential to the extent allowed by law. Your agency may require clients to sign a Health Insurance Portability Accountability Act (HIPAA) waiver or consent form prior to participating in *Safety Counts*.

Staff administering this interview should ask the respondent to listen to each question and the corresponding answer choices before responding. You may not need to read the response categories for all items (e.g., Were you born as a male or female? What language do you speak most often?). Additionally, you do not need to read the response options for "Don't know," "Did not ask," and "Refused to answer."

It is important to remember that if the client states he or she is currently enrolled in an inpatient/outpatient drug treatment program (not including support groups such as AA or NA) (item #15), the client is not currently eligible for *Safety Counts*. Carefully let the individual know that at this time, this program may not be right for him or her. If the client is eligible for *Safety Counts*, you continue the session with the Risk Reduction Interview.

The NHM&E DS variables listed in the table below are collected on the Program Enrollment Form. Note that the variables presented in the table include only those required variables captured on this instrument. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for the complete list and description of all M&E variables required for reporting to CDC, optional variables for local M&E, or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).

CDC's National HIV Prevention Program Monitoring and Evaluation Data Set Variables		
NHM&E DS Table	NHM&E DS Number	Variable Name (Item # on Form)
Client Characteristics – Demographic (NHM&E DS Table G1)	01	Date collected (Today's date)
	02	PEMS Client Unique Key (<i>system generated</i>)
	12	Date of Birth Year (1)
	13	Age (<i>system calculated</i>)
	14	Ethnicity (7)
	16	Race (8)
	18	More than one race (8)
	20	State/territory of residence (2)
	23	Assigned Sex at Birth (5)
24	Current Gender (6)	
Client Intervention Characteristics (NHM&E DS Table H)	06	Session Date
	09	Worker ID
	11	Duration of Session
	13	Recruitment Source (3)
	18	Recruitment Source - Service/Intervention Type <i>if agency referral</i> (3)
	21	Incentive Provided

3. How did you hear about the *Safety Counts* program?

- Another agency (specify: _____)
- Billboard
- Flyer
- Sexual partner
- Family member or friend
- Outreach worker
- Other (specify: _____)

4. Are you currently in a drug treatment program?

- Yes (specify program: _____)

If YES, end interview as client is not eligible to participate in Safety Counts at this time.

- No (*If no, continue with enrollment form*)
- Did Not Ask
- Refused to Answer

5. Were you born as a male or female?

- Male
- Female
- Did Not Ask
- Refused to Answer

6. How do you view yourself now (i.e., what is your current gender)?

- Male
- Female
- Transgender – Male to Female
- Transgender – Female to Male
- Don't Know
- Did Not Ask
- Refused to Answer

7. What best describes your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino
- Did Not Ask
- Refused to Answer

8. What best describes your race? (*check all that apply*)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Did Not Ask
- Refused to Answer

9. Which of the following nonprescription drugs have you used in the past 90 days?

- | | |
|---|---|
| <input type="checkbox"/> Amyl/Butyl nitrate (poppers, rush) | <input type="checkbox"/> Methamphetamines (meth, speed, crystal, crank) |
| <input type="checkbox"/> Heroin alone | <input type="checkbox"/> Amphetamine (diet pills) |
| <input type="checkbox"/> Cocaine alone | <input type="checkbox"/> Rohypnol (rufies) |
| <input type="checkbox"/> Crack | <input type="checkbox"/> Methadone |
| <input type="checkbox"/> Benzodiazepine (benzos) | <input type="checkbox"/> 2CB (bromo, nexus) |
| <input type="checkbox"/> Codeine | <input type="checkbox"/> Seconal |
| <input type="checkbox"/> Valium | <input type="checkbox"/> Speedball |
| <input type="checkbox"/> Ativan | <input type="checkbox"/> Steroids |
| <input type="checkbox"/> Xanax | <input type="checkbox"/> Valium |
| <input type="checkbox"/> Prozac | <input type="checkbox"/> Silicone |
| <input type="checkbox"/> MDMA (ecstasy or X) | <input type="checkbox"/> Depramine (depo) |
| <input type="checkbox"/> LSD | <input type="checkbox"/> Botox |
| <input type="checkbox"/> PCP | <input type="checkbox"/> Darvon |
| <input type="checkbox"/> GHB (G) | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Ketamine (K or special K) | <input type="checkbox"/> Glue, nail polish |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Viagra |
| <input type="checkbox"/> Oxycontin | <input type="checkbox"/> Other (specify: _____) |
| <input type="checkbox"/> Percocet | <input type="checkbox"/> Other (specify: _____) |
| <input type="checkbox"/> Percodan | <input type="checkbox"/> Other (specify: _____) |
| <input type="checkbox"/> Phenobarbital | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Vicodin | <input type="checkbox"/> Did Not Ask |
| <input type="checkbox"/> Demerol | <input type="checkbox"/> Refused to Answer |
| <input type="checkbox"/> Poppers (amyl nitrite) | |

10. Which drugs did you inject in the past 90 days? (Circle as appropriate in the above list)

(END INTERVIEW IF INELIGIBLE OR CONTINUE WITH PERSONAL RISK REDUCTION INTERVIEW IF ELIGIBLE FOR AND INTERESTED IN ENROLLING IN SAFETY COUNT

Risk Reduction Interview

When to use it: During the Program Enrollment Session after client has agreed to participate in the *Safety Counts* program

This instrument may also be used to monitor outcomes during the Post-Program Risk Reduction Interview. Administer the interview at the end of the 4 months (i.e., after the client has participated in group sessions one and two, at least one individual counseling session, two social events, and two follow-up contacts).

Administered by: Facilitator/intake staff

Completed by: Facilitator/intake staff

Instructions:

The Risk Reduction Interview is used to assess attitudes and behaviors before and after participation in *Safety Counts*. Seven sexual risk reduction behaviors, six drug-related risk reduction behaviors, and two counseling and testing behaviors are included in the interview. These behaviors are consistent with the individualized risk reduction goals set by participants during the group sessions or during the individual counseling session.

Before using this form. Before administering the Risk Reduction Interview, your agency will need to make a few decisions. This form is set up as a structured interview and should be conducted on an individual basis with each client. The Risk Reduction Interview cannot be used in a group setting, and it is unsuitable for self-administration by clients. This form should not be administered during the delivery of *Safety Counts* intervention activities, including social events and follow-up contacts. It should be administered by itself, preferably on a different day from any intervention activities. The one-on-one interview ensures privacy and confidentiality. The one-on-one interview format enables the interviewer to assess the internal consistency of the client's responses and provide corrective guidance as needed.

If, for some reason, your agency plans to have clients complete a written form, please revise the document to exclude nonresponse categories such as "Did not ask" and "Refused to answer."

Second, this template includes items for the NHM&E DS variables related to clients' demographic, risk profile, and risk behavior characteristics. It is very important for your agency to identify which items answer your evaluation questions and which data elements are required by your funding agency. Your agency may choose not to ask questions that do not meet your information needs or reporting requirements—be careful not to delete questions that provide data required by your funding agency.

You may also choose to add additional instructions or probes to help your staff administer this form. Additionally, if you know certain information is already included in your client's file (i.e., through the Program Enrollment Form), and you have access to the file, it may be helpful to check existing intake forms or other documents for answers to some of the questions. That will reduce the time needed to complete the form.

Risk Reduction Interview

This instrument should be administered to each participant at the time of enrollment in *Safety Counts* (i.e., at program enrollment session) or at a separate session *before* the first group session. Ideally, the instrument should be administered immediately following completion of or in combination with the Program Enrollment Form.

Post-Program Risk Reduction Interview

The Risk Reduction Interview is the primary outcome monitoring instrument provided for *Safety Counts*. It is recommended that it be administered again 4 months following enrollment, after participants have completed all program sessions and activities (i.e., the two group sessions and one individual counseling session, plus a minimum of two social events and two follow-up contacts). Individuals who, by the end of 4 months, have not completed the expected number of sessions and activities should also be administered the Risk Reduction Interview.

The two completed interviews can be scored (see table below) and compared to assess whether the client has moved from one stage to a higher stage during the individual's time in *Safety Counts*. While individuals who participate in *Safety Counts* tend to show positive changes in more than one area of risk, the greatest changes usually occur in the area of their personal risk reduction goal.

Scoring. Each of the 15 risk reduction behaviors in part B is scored separately. To do this, find the total number of points earned in each block (behavior) by adding together the numerical scores for the statements in that block. Ignore any statements that do not have check marks. Count 2 points for each statement checked "Yes," 1 point for each "Somewhat," and 0 points for each "No." There is a maximum possible score of 18 points for each risk reduction behavior.

Scores may be interpreted in relation to the five stages of change as shown in the following table. The score ranges are suggestive rather than exact, but they do provide a general indication of the position of individuals on the widely used stages-of-change continuum. Current risk reduction status in each of the 15 areas assessed is expressed numerically on a scale from 0 to 18. Lower numbers indicate earlier stages of behavioral adoption and higher numbers reflect later stages. The later stages, especially action and maintenance, reflect greater success in adopting a specific risk reduction behavior.

Score	Stage Description	Stage Name
0	Not Considering It	Precontemplation
1-8	Planning to Do It	Contemplation
9-14	Taking Steps	Preparation
15-17	Doing It	Action
18	Staying With It	Maintenance

Note: The maintenance stage as measured by this instrument is most accurately described as a "maintenance intention" stage because, strictly speaking, to be in maintenance a person must have actually been performing the risk reduction behavior for at least 6 months, not just have the intention to do so.

**Sample Responses and Scoring Example for One Behavior
(X's indicate client's response obtained during the personal risk
reduction interview)**

8. Not sharing needles <input type="checkbox"/> N/A	Yes (2)	Somewhat (1)	No (0)
Score _____			
a) I believe doing this can keep me from getting or giving HIV or hepatitis	X		
b) Doing this has more positives than negatives in my mind	X		
c) I believe that I am ready to do this	X		
d) I am confident in my ability to do this	X		
e) I have planned how to go about doing this		X	
f) I have tried doing this in the last 30 days	X		
g) I have been able to do this in the last 30 days	X		
h) I have had 100% success doing this in the last 30 days		X	
i) I feel certain I will be able to continue doing this in the next 6 months.			X

The score for this risk reduction behavior is calculated by multiplying the number of responses in each column by the number of points for that column.

6 “Yes” responses	x	2 points each	=	12 points
2 “Somewhat” responses	x	1 point each	=	2 points
1 “No” response	x	0 points each	=	0 points
				14 points

Response Consistency Check. The client's response show a satisfactory degree of consistency in that there are no reversals in the pattern of yes-no responses going from statement “a,” “I believe doing this can keep me from getting or giving HIV or hepatitis,” to statement “i,” “I feel certain I will be able to continue doing this in the next six months.” In other words, there are no instances where a “No” response on an earlier statement is followed by a “Yes” response on a later statement. The “Somewhat” response instead of a “Yes,” which is checked for statement “e,” “I have planned how to go about doing this,” is considered a minor deviation from the ideal pattern.

Stage of Change. Using the scoring table at the end of the personal risk reduction interview, a score of 14 points places the client at the high end of Stage 3, “Taking Steps” (Preparation).

The NHM&E DS variables listed in the table below are collected on the Risk Reduction Interview Form. Note that the variables presented in the table include only those required variables captured on this instrument. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for the complete list and description of all M&E variables required for reporting to CDC, optional variables for local M&E, or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).

CDC's National HIV Prevention Program Monitoring and Evaluation Data Set Variables		
NHM&E DS Table	NHM&E DS Number	Variable Name (Item # on Form)
Client Characteristics– Risk Profile (NHM&E DS Table G2)	00	Date Collected (Today's date)
	04	Previous HIV test (5)
	05	HIV status (6)
	06	Date of last HIV-negative test (8)
	08	Medical Care (if HIV+) (7)
	09	Pregnant (1)
	10	In prenatal care (if pregnant) (1a)
	11	Client Risk Factors (10)
	12	Additional Risk Factors (10)
	13	Resent STD (Not HIV) (9)
Client Intervention Characteristics (NHM&E DS Table I)	06	Session Date-
	09	Worker ID
	02	Client Risk Factors (12)
	03	Number of sex partners (13)
	06	Total number of sex events (14)
	08	Number of unprotected sex events (15)
	15	Number of unprotected sex events while intoxicated and/or high on non-injection drugs (15a)
	16	What drugs? (15b)
	17	Number of needle-sharing events (16, 16a)
	18	Number of injection drug events with a serodiscordant or HIV status unknown partner (16b)

Personal Risk Reduction Interview

Interviewer Read Aloud: Congratulations, you are eligible to participate in our program. As part of our process, we conduct a risk and risk reduction interview. These questions are designed to help us more accurately assess your risk levels. We will also use this information to improve our program.

I would like to ask you some more questions about you and what you have or have not done in the past. Please listen carefully to each question and answer the following questions as truthfully as possible; there is no right or wrong answer. Some sections require you to provide dates. Others require you to select an answer from a set of responses. Remember that all answers will remain confidential to the extent allowed by law.

A. Personal Risk Information

1. Are you currently pregnant? *(only if female; if male, skip to question 2)*

- Yes
- No *(skip to question 2)*
- Don't Know *(skip to question 2)*
- Did Not Ask *(skip to question 2)*
- Refused to Answer *(skip to question 2)*

1a. Are you receiving prenatal care? *(ask only if pregnant)*

- Yes
- No
- Did Not Ask
- Refused to Answer

2. Have you ever had a hepatitis test?

- Yes (specify type)
 - Hepatitis A (Date of last test: _____)
 - Hepatitis B (Date of last test: _____)
 - Hepatitis C (Date of last test: _____)
 - Don't Know
- No
- Don't Know
- Did Not Ask
- Refused to Answer

3. Have you ever received a hepatitis A vaccine?

- Yes (Date of vaccine: _____)
- No
- Don't Know
- Did Not Ask
- Refused to Answer

To be completed by agency staff:
Today's Date (mm/dd/yyyy): ____/____/____
Staff ID: _____
Client name (optional): _____
Client ID Code: _____

4. Have you ever received a hepatitis B vaccine?

- Yes (Date of vaccine: _____)
- No
- Don't Know
- Did Not Ask
- Refused to Answer

5. Have you ever had an HIV test?

- Yes
- No (*skip to question 9*)
- Don't Know (*skip to question 9*)
- Did Not Ask (*skip to question 9*)
- Refused to Answer (*skip to question 9*)

6. What is your HIV status?

- HIV Positive (HIV+)
- HIV Negative (HIV-) (*skip to question 8*)
- Don't Know (*skip to question 9*)
- Did Not Ask (*skip to question 9*)
- Refused to Answer (*skip to question 9*)

7. Are you currently receiving medical care or treatment for HIV?

- Yes
- No
- Did Not Ask
- Refused to Answer

Note: Skip to question 9 if HIV+

8. When did you last test negative for HIV? ____ / ____ / (month/year)

- Don't Know
- Did Not Ask
- Refused to Answer

9. In the past 12 months, have you been diagnosed with syphilis, gonorrhea, or Chlamydia?

- Yes (specify type)
 - Syphilis: Self report Laboratory confirmed
 - Chlamydia: Self report Laboratory confirmed
 - Gonorrhea: Self report Laboratory confirmed
- No
- Did Not Ask
- Refused to Answer

10. Please indicate if you have engaged in the following behaviors in the past 12 months:

	Yes	No	Did Not Ask	Refused to Answer
Injection drug use (including skin popping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Share injection drug equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral sex with female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral sex with male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exchanged sex for drugs, money, or something you need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex while intoxicated and/or high on drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with an injection drug user	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with someone who is HIV positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with someone of unknown HIV status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with a person who exchanges sex for drug/money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with a man who has sex with men (MSM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with an anonymous partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with a parson who has hemophilia or a transfusion/transplant recipient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex without using a condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Personal Risk Reduction Interview

Instructions to Interviewer: This instrument is intended to be administered individually to each client using an interview format. Read each question or statement to the client exactly as it is written. Do not change the wording of the items. Record the client's responses by checking the appropriate box following each question or statement. Some of the 15 risk reduction behaviors may be skipped, as determined by the client's response to the four general risk questions that are administered first.

For each one of the risk reduction behaviors listed, read the behavior aloud to the client (e.g., "using condoms for vaginal sex"), then read each of the statements below it and mark "Yes," "Somewhat," or "No" for each statement according to the client's response. Do not let the client fill out the form himself or herself. Be sure that the client responds to all of the statements in each block that is administered. As each block of statements is administered, check for obvious inconsistencies between the client's responses (e.g., saying "No" to "I have tried doing this in the last 90 days" and "Yes" to "I have had 100% success doing this in the last 30 days"), and bring these to the attention of the client. Resolve response inconsistencies as they are encountered.

Interviewer Read Aloud: Now we're going to find out where you stand in reducing your personal risks of getting or giving HIV and viral hepatitis. It will take about 15 minutes to complete. I am going to describe some different ways of reducing HIV and hepatitis risk, and then for each way, I am going to read aloud a list of statements that go along with it. I want you to tell me how much you agree or disagree with each statement by saying "Yes," "Somewhat," or "No" as I read it you. I'll help you with the first few—you'll see it's really easy once we get going. Before we get started, I need to ask you a few quick questions to get a general idea of your risk situation.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Have you had vaginal sex in the last 90 days? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you had anal sex in the last 90 days? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you had any kind of sex with another person in the last 90 days? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you used injection drugs in the last 90 days? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Good, here is the first way of reducing HIV or hepatitis risk. (*Read the first applicable risk reduction behavior aloud.*)

Now tell how much you agree or disagree with the following statement: (*Read the first opinion statement aloud.*) Say "Yes" if you agree with the statement and believe it is true for you, "No" if you disagree with the statement and believe it is not true for you, and "Somewhat" if your opinion is somewhere in between. So, for the statement I have read, would you say "Yes," "No," or "Somewhat" so far as [*risk reduction behavior*] is concerned for you?

Now, here is the next statement. Tell me "Yes," "No," or "Somewhat" depending on how you believe it applies to you. (*Read the second opinion statement aloud. Follow the same procedure for the remaining seven statements.*)

Here is another risk reduction behavior. (Read the second applicable risk reduction behavior aloud.) **After I read it, I'm going to read the same statements again and ask you to tell me "Yes," "No," or "Somewhat" for each one.** (Follow the same procedure for the remaining risk reduction behaviors.)

1. Using condoms for vaginal sex (Skip if no vaginal sex last 90 days: Q1=No) Score ____	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.			
Doing this has more positives than negatives in my mind.			
I believe that I am ready to do this.			
I am confident in my ability to do this.			
I have planned how to go about doing this.			
I have tried doing this in the last 30 days.			
I have been able to do this in the last 30 days.			
I have had 100% success doing this in the last 30 days.			
I feel certain I will be able to continue doing this for the next 6 months.			

2. Using condoms for anal sex (Skip if no anal sex last 90 days: Q2=No) Score ____	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.			
Doing this has more positives than negatives in my mind.			
I believe that I am ready to do this.			
I am confident in my ability to do this.			
I have planned how to go about doing this.			
I have tried doing this in the last 30 days.			
I have been able to do this in the last 30 days.			
I have had 100% success doing this in the last 30 days.			
I feel certain I will be able to continue doing this for the next 6 months.			

3. Not having vaginal or anal sex (Skip if no vaginal or anal sex last 90 days: Q1 & Q2=No) Score ____	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.			
Doing this has more positives than negatives in my mind.			
I believe that I am ready to do this.			
I am confident in my ability to do this.			
I have planned how to go about doing this.			
I have tried doing this in the last 30 days.			
I have been able to do this in the last 30 days.			
I have had 100% success doing this in the last 30 days.			
I feel certain I will be able to continue doing this for the next 6 months.			

4. Having fewer sex partners <i>(Skip if no sex partners last 90 days: Q3=No) Score ____</i>	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.			
Doing this has more positives than negatives in my mind.			
I believe that I am ready to do this.			
I am confident in my ability to do this.			
I have planned how to go about doing this.			
I have tried doing this in the last 30 days.			
I have been able to do this in the last 30 days.			
I have had 100% success doing this in the last 30 days.			
I feel certain I will be able to continue doing this for the next 6 months.			

5. Having fewer sex partners I don't use a condom with <i>(Skip if no sex partners last 90 days: Q3=No) Score ____</i>	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.			
Doing this has more positives than negatives in my mind.			
I believe that I am ready to do this.			
I am confident in my ability to do this.			
I have planned how to go about doing this.			
I have tried doing this in the last 30 days.			
I have been able to do this in the last 30 days.			
I have had 100% success doing this in the last 30 days.			
I feel certain I will be able to continue doing this for the next 6 months.			

6. Having sex with only one partner <i>(Skip if no sex partners last 90 days: Q3=No) Score ____</i>	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.			
Doing this has more positives than negatives in my mind.			
I believe that I am ready to do this.			
I am confident in my ability to do this.			
I have planned how to go about doing this.			
I have tried doing this in the last 30 days.			
I have been able to do this in the last 30 days.			
I have had 100% success doing this in the last 30 days.			
I feel certain I will be able to continue doing this for the next 6 months.			

7. Having protected sex when drunk or high (Skip if no sex partners last 90 days: Q3=No) Score ____	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.			
Doing this has more positives than negatives in my mind.			
I believe that I am ready to do this.			
I am confident in my ability to do this.			
I have planned how to go about doing this.			
I have tried doing this in the last 30 days.			
I have been able to do this in the last 30 days.			
I have had 100% success doing this in the last 30 days.			
I feel certain I will be able to continue doing this for the next 6 months.			

8. Not sharing needles (Skip if no injection drug use last 90 days: Q4=No) Score ____	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.			
Doing this has more positives than negatives in my mind.			
I believe that I am ready to do this.			
I am confident in my ability to do this.			
I have planned how to go about doing this.			
I have tried doing this in the last 30 days.			
I have been able to do this in the last 30 days.			
I have had 100% success doing this in the last 30 days.			
I feel certain I will be able to continue doing this for the next 6 months.			

9. Not sharing injection equipment (water, cotton, cookers) (Skip if no injection drug use last 90 days: Q4=No) Score ____	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.			
Doing this has more positives than negatives in my mind.			
I believe that I am ready to do this.			
I am confident in my ability to do this.			
I have planned how to go about doing this.			
I have tried doing this in the last 30 days.			
I have been able to do this in the last 30 days.			
I have had 100% success doing this in the last 30 days.			
I feel certain I will be able to continue doing this for the next 6 months.			

10. Using a new needle for every drug injection <i>(Skip if no injection drug use last 90 days: Q4=No) Score ____</i>	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.			
Doing this has more positives than negatives in my mind.			
I believe that I am ready to do this.			
I am confident in my ability to do this.			
I have planned how to go about doing this.			
I have tried doing this in the last 30 days.			
I have been able to do this in the last 30 days.			
I have had 100% success doing this in the last 30 days.			
I feel certain I will be able to continue doing this for the next 6 months.			

11. Bleaching my needle before every use if a new needle is not available <i>(Skip if no injection drug use last 90 days: Q4=No) Score ____</i>	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.			
Doing this has more positives than negatives in my mind.			
I believe that I am ready to do this.			
I am confident in my ability to do this.			
I have planned how to go about doing this.			
I have tried doing this in the last 30 days.			
I have been able to do this in the last 30 days.			
I have had 100% success doing this in the last 30 days.			
I feel certain I will be able to continue doing this for the next 6 months.			

12. Decreasing or managing my drug use <i>(Ask of everyone) Score ____</i>	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.			
Doing this has more positives than negatives in my mind.			
I believe that I am ready to do this.			
I am confident in my ability to do this.			
I have planned how to go about doing this.			
I have tried doing this in the last 30 days.			
I have been able to do this in the last 30 days.			
I have had 100% success doing this in the last 30 days.			
I feel certain I will be able to continue doing this for the next 6 months.			

13. Getting into drug treatment <i>(Ask of everyone)</i>	Score _____	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.				
Doing this has more positives than negatives in my mind.				
I believe that I am ready to do this.				
I am confident in my ability to do this.				
I have planned how to go about doing this.				
I have tried doing this in the last 30 days.				
I have been able to do this in the last 30 days.				
I have had 100% success doing this in the last 30 days.				
I feel certain I will be able to continue doing this for the next 6 months.				

14. Using HIV counseling and testing services every 3 months <i>(Ask of everyone)</i>	Score _____	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.				
Doing this has more positives than negatives in my mind.				
I believe that I am ready to do this.				
I am confident in my ability to do this.				
I have planned how to go about doing this.				
I have tried doing this in the last 30 days.				
I have been able to do this in the last 30 days.				
I have had 100% success doing this in the last 30 days.				
I feel certain I will be able to continue doing this for the next 6 months.				

15. Using viral hepatitis counseling and testing services every 3 months <i>(Ask of everyone)</i>	Score _____	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.				
Doing this has more positives than negatives in my mind.				
I believe that I am ready to do this.				
I am confident in my ability to do this.				
I have planned how to go about doing this.				
I have tried doing this in the last 30 days.				
I have been able to do this in the last 30 days.				
I have had 100% success doing this in the last 30 days.				
I feel certain I will be able to continue doing this for the next 6 months.				

Interviewer Read Aloud: I realize that there were a lot of personal questions. Thank you for answering them honestly. Is there anything else you would like to say or do you have any questions that you would like to ask me?

Thank you again for taking the time to complete this interview.

Safety Counts Client Participation Record

When to use it:	Updated after each session for each client
Administered by:	Facilitator; Counselor
Completed by:	Facilitator; Counselor
Instructions:	After each <i>Safety Counts</i> session, including the program enrollment session and follow-up contacts, the facilitator or counselor should update the Client Participation Record.

Client Participation Record

Client Name: _____ Client I.D.: _____

Enrollment Date: ____ / ____ / ____ Recruitment Source(s): _____
Mo Year

PROGRAM ENROLLMENT: Date ____ / ____ / ____ (month/day/year)

HIV testing referral: _____ Other referral(s) : _____

GROUP SESSION ONE: Date ____ / ____ / ____ (month/day/year)

HIV testing referral: _____ Other referral(s) : _____

GROUP SESSION TWO: Date ____ / ____ / ____ (month/day/year)

HIV testing referral: _____ Other referral(s) : _____

INDIVIDUAL COUNSELING SESSION: Date ____ / ____ / ____ (month/day/year)

HIV testing referral: _____ Other referral(s) : _____

SOCIAL EVENT ONE: Date ____ / ____ / ____ (month/day/year)

HIV testing referral: _____ Other referral(s) : _____

SOCIAL EVENT TWO: Date ____ / ____ / ____ (month/day/year)

HIV testing referral: _____ Other referral(s) : _____

FOLLOW-UP CONTACT ONE: Date ____ / ____ / ____ (month/day/year)

HIV testing referral: _____ Other referral(s) : _____

FOLLOW-UP CONTACT TWO: Date ____ / ____ / ____ (month/day/year)

HIV testing referral: _____ Other referral(s) : _____

POST-PROGRAM RISK REDUCTION INTERVIEW: Date ____ / ____ / ____ (month/day/year)

HIV testing referral: _____ Other referral(s) : _____

Personal Goal Information:

General Goal:

- | | |
|--|---|
| <input type="checkbox"/> Use condoms for vaginal sex | <input type="checkbox"/> Don't share injection equipment (water, cotton, cookers) |
| <input type="checkbox"/> Use condoms for anal sex | <input type="checkbox"/> Use a new needle for every drug injection |
| <input type="checkbox"/> Practice alternatives to vaginal/anal sex | <input type="checkbox"/> Always bleach needles if new needles are not available |
| <input type="checkbox"/> Have fewer sex partners | <input type="checkbox"/> Decrease/manage drug use |
| <input type="checkbox"/> Have fewer sex partners I don't use a condom with | <input type="checkbox"/> Get into drug treatment |
| <input type="checkbox"/> Have sex with only one partner | <input type="checkbox"/> Use HIV counseling/testing services every 3 months |
| <input type="checkbox"/> Have protected sex when drunk or high | <input type="checkbox"/> Use hepatitis counseling/testing services every 3 months |
| <input type="checkbox"/> Don't share needles | |

Group Session Instruments

- Group Session Sign-In Sheet
- Group Session One Activity Log
- Group Session Two Activity Log



Group Session Sign-In Sheet

When to use it:	Clients should write their name on the Sign-In Sheet as they arrive at each Group Session
Administered by:	Facilitator
Completed by:	Participant
Instructions:	At the beginning of each group session or as clients arrive ask them to sign-in by providing their name or client ID. Alternatively, one of the facilitators may record the clients in attendance. This sheet may be used for both group sessions one and two.



Group Session Sign-In Sheet

Today's Date: ____ / ____ / ____
Month Day Year

Group Session One Two (*select one*)

Session Facilitator: _____

Location: _____

Instructions: Please write your name or your ID below so that we know who attended this *Safety Counts* Group Session.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____

Group Session Activity Log

When to use it: During, or immediately after each group session

Administered by: Facilitator

Completed by: Facilitator

Instructions: **Do not distribute this instrument to the participants.**

This Activity Log is for use by the intervention facilitator. This evaluation instrument asks for feedback on the ways you implemented each component or activity within the intervention session.

There is a section for each activity conducted during the session. The *Safety Counts* evaluation includes an “activity grid,” which provides an opportunity for you to give feedback on each activity within the session. For each program activity, indicate whether you taught the activity as suggested, taught the activity with changes, or did not teach the activity. Modify this form to reflect any changes to your agency’s *Safety Counts* implementation plan.

Complete the form right after the session is over so that your experiences are fresh in your mind. Provide as much feedback as possible. The more feedback you provide, the more helpful this evaluation tool will be in future implementations of the intervention. Please explain any changes made to each activity in the session in the “session activities” sections as well as any recommendations you have. Comments and suggestions concerning the program content, structure, and clarity of the materials are particularly helpful and should be shared with your program supervisor.

The NHM&E DS variables listed in the table below are collected on the Activity Logs of both Group Sessions (One and Two). Using the Group Session Sign-In Sheet and the Program Enrollment Forms, you can match participants’ attendance with activities and characteristics of the group session they attended. These data may be entered into NHM&E DS Table H.

Note that the variables presented in the table include only those required variables captured on this instrument. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for the complete list and description of all M&E variables required for reporting to CDC, optional variables for local M&E, or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D)

CDC's National HIV Prevention Program Monitoring and Evaluation Data Set Variables		
NHM&E DS Table	NHM&E DS Number	Variable Name
Client Intervention Characteristics (NHM&E DS Table H)	01	Intervention Name/ID
	02	Intended Number of Sessions
	04a	Form ID
	05	Session Number
	06	Session Date
	09	Worker ID
Client Intervention Characteristics (NHM&E DS Table H)	10	Site ID
	11	Duration of Session
	20	Activities (I, II, III)
	21	Incentive Provided

Group Session One Activity Log

Today's Date: ____ / ____ / ____ Month Day Year	
Session #: _____	
Location: _____	
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: _____	
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 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 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 type="checkbox"/> Implemented with changes <input type="checkbox"/> Did not do this activity	Remarks:

4. Learning from Risk Reduction Success Stories	
<input 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 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 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		
<input type="checkbox"/> Safer Sex Kits		
<input type="checkbox"/> Other - specify: _____		

III. REFERRALS

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

- | | |
|--|---|
| <input 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 (<i>specify:</i> _____) |

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

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

Group Session Two Activity Log

Today's Date: ____ / ____ / ____
Month Day Year

Session #: _____

Location: _____

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: _____

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

2.	Developing Risk Reduction Goals	
	<input type="checkbox"/> Implemented as suggested <input type="checkbox"/> Implemented with changes <input type="checkbox"/> Did not do this activity	Remarks:

3. Identifying First Steps Toward Goals	
<input type="checkbox"/> Implemented as suggested <input type="checkbox"/> Implemented with changes <input type="checkbox"/> Did not do this activity	Remarks:

4. Overcoming Barriers to Behavior Change	
<input type="checkbox"/> Implemented as suggested <input type="checkbox"/> Implemented with changes <input type="checkbox"/> Did not do this activity	Remarks:

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

6. Finding Social Support	
<input 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		
<input type="checkbox"/> Safer Sex Kits		
<input type="checkbox"/> Other - specify: _____		

III. REFERRALS

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

- HIV Counseling and Testing
- HIV Medical Care
- STD Screening and Treatment
- Prevention Case Management
- Reproductive Health Services
- Substance Abuse Services
- General Medical Care
- 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"/> 19-24 <input type="checkbox"/> 35-44 <input type="checkbox"/> 13-18 <input type="checkbox"/> 25-34 <input type="checkbox"/> 45 and older <input type="checkbox"/> Unknown
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Transgender (MTF) <input type="checkbox"/> Male <input type="checkbox"/> Transgender (FTM)
Ethnicity	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Unknown
Race	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> More than one race <input type="checkbox"/> Black/African American <input type="checkbox"/> Race not identified <input type="checkbox"/> Native Hawaiian/Pacific Islander
Client Primary Risk	<input type="checkbox"/> HIV Infected <input type="checkbox"/> Sex involving transgender <input type="checkbox"/> MSM <input type="checkbox"/> Non-injection drug use <input type="checkbox"/> MSM/IDU <input type="checkbox"/> Commercial sex/sex for money <input type="checkbox"/> IDU <input type="checkbox"/> Other <input type="checkbox"/> Heterosexual at risk (i.e., has unprotected sex) <input type="checkbox"/> Multiple partners
HIV Status	<input type="checkbox"/> HIV positive <input type="checkbox"/> Don't know <input type="checkbox"/> HIV negative

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

Individual Counseling Session Instruments

- Individual Counseling Session Interview Guide



Individual Counseling Session Interview Guide

When to use it: During the Individual Counseling Session

Administered by: Facilitator

Completed by: Facilitator

Instructions:

The Individual Counseling Session Interview Guide is used to help you organize information about those activities and any others that may take place during the individualized sessions. You will collect information from clients about steps taken toward their personal risk reduction goals. These data can be used to help clients overcome challenges and to refine their goals. You should document identified service needs and any referrals provided on this form.

The NHM&E DS variables listed in the table below are collected on the Individual Counseling Session Interview Guide. Note that the variables presented in the table include only those required variables captured on this instrument. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for the complete list and description of all M&E variables required for reporting to CDC, optional variables for local M&E, or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D)

CDC's National HIV Prevention Program Monitoring and Evaluation Data Set Variables		
NHM&E DS Table	NHM&E DS Number	Variable Name
Client Intervention Characteristics (NHM&E DS Table H)	01	Intervention Name/ID
	02	Intended Number of Sessions
	04a	Form ID
	05	Session Number
	06	Session Date
	09	Worker ID
	10	Site ID
	11	Duration of Session
	12	Unit of Duration
	20	Activities (1-4)
	21	Incentive Provided

➤ **Refined first step** (if applicable):

➤ **Second step identified** (only if first step has been completed):

III. ENSURE SOCIAL SUPPORT

➤ **Social support person(s) or resources identified:**

IV. ASSESS REFERRAL NEEDS AND MAKE REFERRALS

Indicate referrals* made, including specific details as possible (e.g., name of referral agency, location of services, specific contact person at referral agency, etc.).

HIV Counseling and Testing: _____

HIV Medical Care: _____

STD Screening and Treatment: _____

Reproductive Health Services: _____

Prevention Case Management: _____

Substance Abuse Services: _____

General Medical Care: _____

Other: _____

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

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

Social Event Instruments

- Sign-In Sheet
- Social Event Activity Log



Social Event Sign-In Sheet

When to use it: Clients should write their name on the sign-in sheet as they arrive at each social event

Administered by: Facilitator

Completed by: Participant

Instructions: At the beginning of each social event or as clients arrive, ask them to sign in by providing their name or client ID. Alternatively, one of the facilitators may record the clients in attendance.



Social Event Sign-In Sheet

Today's Date: ____ / ____ / ____
Month Day Year

Event Number: ____

Location: _____

Please write your name or your ID below so that we know of who attended this event.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

Social Event Activity Log

When to use it: During, or immediately after, each social event

Administered by: Facilitator

Completed by: Facilitator

Instructions: **Do not distribute this instrument to the participants.**

This Activity Log is for use by the intervention facilitator for social events. This evaluation instrument asks for feedback on the ways you implemented each component or activity within the intervention session.

There is a section for each activity conducted during the session. This log provides an opportunity for you to give feedback on each activity of the social event. Modify this form to reflect any changes to your agency's *Safety Counts* implementation plan. Complete the form right after the event is over so that your experiences are fresh in your mind.

Provide as much feedback as possible. The more feedback you provide, the more helpful this evaluation tool will be in future implementations of the intervention. Please explain any changes made to each activity in the "event activities" sections as well as any recommendations you have. Comments and suggestions concerning the program content, structure, and clarity of the materials are particularly helpful and should be shared with your program supervisor.

The NHM&E DS variables listed in the table below are collected on the Social Event Activity Log. Using the Social Event Sign-In Sheet, you can match participants' attendance with activities and characteristics of the group session they attended. These data may be entered into NHM&E DS Table H.

Note that the variables presented in the table include only those required variables captured on this instrument. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for the complete list and description of all M&E variables required for reporting to CDC, optional variables for local M&E, or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).

CDC's National HIV Prevention Program Monitoring and Evaluation Data Set Variables		
NHM&E DS Table	NHM&E DS Number	Variable Name
Client Intervention Characteristics (NHM&E DS Table H)	01	Intervention Name/ID
	02	Intended Number of Sessions
	04a	Form ID
	05	Session Number
	06	Session Date
	09	Worker ID
	10	Site ID
	11	Duration of Session
	12	Unit of Duration
	20	Activities (I, II, III)
	21	Incentive Provided

➤ **Other Activities:**

* Activities should be different for each social event and should not be repeated for a period of several months. Both a program-related entertainment and risk reduction activity should be conducted at each social event. Other activities may be implemented at staff discretion.

II. MATERIALS DISTRIBUTION

Please indicate the type and number of materials distributed during this social event.

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		
<input type="checkbox"/> Safer Sex Kits		
<input type="checkbox"/> Other - specify: _____		

III. REFERRALS

Please indicate the total number of referrals* made to each of the following services:

- ___ HIV Counseling and Testing
- ___ HIV Medical Care
- ___ STD Screening and Treatment
- ___ Prevention Case Management
- ___ Reproductive Health Services
- ___ Substance Abuse Services
- ___ General Medical Care
- ___ Other (specify: _____)

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

Follow-up Contact Instrument

- Follow-up Contact Form



Follow-up Contact Form

When to use it: During, or immediately after, each follow-up contact

Administered by: Facilitator

Completed by: Facilitator

Instructions: Do not ask the client to complete this form.

You may use this form to guide you through the follow-up process and to document the status of clients' progress toward their risk reduction goals and any barriers and facilitators they may have encountered. Strategies discussed should also be documented on this form.

The NHM&E DS variables listed in the table below are collected on the Follow-up Contact Forms. Note that the variables presented in the table include only those required variables captured on this instrument. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for the complete list and description of all M&E variables required for reporting to CDC, optional variables for local M&E, or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).

CDC's National HIV Prevention Program Monitoring and Evaluation Data Set Variables		
NHM&E DS Table	NHM&E DS Number	Variable Name
Client Intervention Characteristics (NHM&E DS Table H)	01	Intervention Name/ID
	02	Intended Number of Sessions
	04a	Form ID
	05	Session Number
	06	Session Date
	09	Worker ID
	10	Site ID
	11	Duration of Session
	12	Unit of Duration
	20	Activities (I-VI)
	21	Incentive Provided

Follow-up Contact Form

Client ID: _____ Client Name (optional): _____

FOLLOW-UP CONTACT ONE

Date: ____ / ____ / ____
Month Day Year

Session Number: _____

Staff Name: _____

Staff ID: _____

Location: _____

Site ID: _____

Type: Face-to-Face Telephone Other (specify : _____)

Duration: Start Time: ____: ____ AM/PM (circle one) End Time: ____: ____ AM/PM (circle one)

Incentive Provided: Yes (specify: _____)
 No

I. VERIFY AND VALIDATE CLIENT’S GOAL AND PROGRESS

➤ Client achieved **first step** in risk reduction goal? Yes No Somewhat
(Specify details below as appropriate)

II. PLAN THE NEXT STEP

➤ Next Steps (or revised first step):

III. HELP CLIENT IDENTIFY AND OVERCOME BARRIERS

➤ Barriers and Possible Solutions:

IV. SOCIAL SUPPORT CHECK-IN

➤ Social support person(s) or resources identified:

V. OFFER RISK REDUCTION AND EDUCATION MATERIALS

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		
<input type="checkbox"/> Safer Sex Kits		
<input type="checkbox"/> Other - specify: _____		

VI. ASSESS AND MAKE REFERRALS

Indicate referrals* made, including specific details as possible (e.g., name of referral agency, location of services, specific contact person at referral agency, etc.).

- HIV Counseling and Testing: _____
- HIV Medical Care: _____
- STD Screening and Treatment: _____
- Reproductive Health Services: _____
- Prevention Case Management: _____
- Substance Abuse Services: _____
- General Medical Care: _____
- Other: _____

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

Additional Notes (e.g., challenges, facilitating factors, other influencing events or issues, etc.)

Follow-up Contact Form

Client ID: _____ Client Name (optional): _____

FOLLOW-UP CONTACT TWO

Date: ____ / ____ / ____ Session Number: _____
Month Day Year

Staff Name: _____ Staff ID: _____

Location: _____ Site ID: _____

Type: Face-to-Face Telephone Other (specify : _____)

Duration: Start Time: __ : __ AM/PM (circle one) End Time: __ : __ AM/PM (circle one)

Incentive Provided: Yes (specify: _____) No

I. VERIFY AND VALIDATE CLIENT’S GOAL AND PROGRESS

➤ Client achieved **first step** in risk reduction goal? Yes No Somewhat
(Specify details below as appropriate)

II. PLAN THE NEXT STEP

➤ Next Steps (or revised first step):

III. HELP CLIENT IDENTIFY AND OVERCOME BARRIERS

➤ Barriers and Possible Solutions:

IV. SOCIAL SUPPORT CHECK-IN

➤ Social Support Identified:

V. OFFER RISK REDUCTION AND EDUCATION MATERIALS

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		
<input type="checkbox"/> Safer Sex Kits		
<input type="checkbox"/> Other - specify: _____		

VI. ASSESS AND MAKE REFERRALS

Indicate referrals made, including specific details as possible (e.g., name of referral agency, location of services, specific contact person at referral agency, etc.).

- HIV Counseling and Testing: _____
- HIV Medical Care: _____
- STD Screening and Treatment: _____
- Reproductive Health Services: _____
- Prevention Case Management: _____
- Substance Abuse Services: _____
- General Medical Care: _____
- Other: _____

Additional Notes (e.g., challenges, facilitating factors, other influencing events or issues, etc.)

Post-Program Risk Reduction Interview Instrument

- Please see Risk Reduction Interview (Part B) (page 42)

Referral Tracking Instrument

- Referral Tracking Form



Referral Tracking Form

When to use it: After each referral made that intends to be tracked

Administered by: Facilitator; Counselor; Agency Staff

Completed by: Facilitator; Counselor; Agency Staff

Instructions:

Complete this form for any formal referral given to a client by agency staff. A formal referral is one for which the staff giving the referral plans to follow-up with the client and/or referred agency to make sure the client accessed or intends to access the services.

The NHM&E DS variables listed in the table below can be used to follow up on any referral made. These variables are collected on the Referral Tracking Form. To input client demographics into the PEMS software, you will need to link the Client's ID Number to demographic and/or risk profile data already collected on his or her Program Enrollment Form.

Note that the variables presented in the table include only those required variables captured on this instrument. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for the complete list and description of all M&E variables required for reporting to CDC, optional variables for local M&E, or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).

CDC's National HIV Prevention Program Monitoring and Evaluation Data Set Variables		
NHM&E DS Table	NHM&E DS Number	Variable Name
Referral (NHM&E DS Table X-7)	01	Referral code (1)
	02	Referral date (2)
	03	Referral service type (3)
	05	Referral follow-up (4)
	06	Referral outcome (5)
	10	Referral close date (6)

Referral Tracking Form

Instructions: The following Referral Tracking Form is optional but should be completed for each individual who receives a referral that will be tracked over time.

Referral forms should be used to document the provider's efforts and the results of these efforts to follow up on each referral made for a client. Codes and explanations on how to use and complete this form are on the following page.

1. Referral Code:	_____		
2. Referral Date:	____/____/____ mm dd yyyy		
3. Referral Service Type:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> HIV testing <input type="checkbox"/> HIV confirmatory test <input type="checkbox"/> HIV prevention counseling <input type="checkbox"/> STD screening/treatment <input type="checkbox"/> Viral hepatitis screening and treatment <input type="checkbox"/> TB testing <input type="checkbox"/> Syringe exchange services <input type="checkbox"/> Substance abuse services <input type="checkbox"/> IDU risk reduction services <input type="checkbox"/> Other support services (specify): _____ <input type="checkbox"/> Other </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Reproductive health services <input type="checkbox"/> Prenatal care <input type="checkbox"/> HIV medical care, evaluation, or treatment <input type="checkbox"/> General medical care <input type="checkbox"/> Partner services <input type="checkbox"/> CRCS <input type="checkbox"/> Other HIV prevention services <input type="checkbox"/> Mental health services <input type="checkbox"/> Case management <input type="checkbox"/> Other prevention services (specify): _____ </td> </tr> </table>	<input type="checkbox"/> HIV testing <input type="checkbox"/> HIV confirmatory test <input type="checkbox"/> HIV prevention counseling <input type="checkbox"/> STD screening/treatment <input type="checkbox"/> Viral hepatitis screening and treatment <input type="checkbox"/> TB testing <input type="checkbox"/> Syringe exchange services <input type="checkbox"/> Substance abuse services <input type="checkbox"/> IDU risk reduction services <input type="checkbox"/> Other support services (specify): _____ <input type="checkbox"/> Other	<input type="checkbox"/> Reproductive health services <input type="checkbox"/> Prenatal care <input type="checkbox"/> HIV medical care, evaluation, or treatment <input type="checkbox"/> General medical care <input type="checkbox"/> Partner services <input type="checkbox"/> CRCS <input type="checkbox"/> Other HIV prevention services <input type="checkbox"/> Mental health services <input type="checkbox"/> Case management <input type="checkbox"/> Other prevention services (specify): _____
<input type="checkbox"/> HIV testing <input type="checkbox"/> HIV confirmatory test <input type="checkbox"/> HIV prevention counseling <input type="checkbox"/> STD screening/treatment <input type="checkbox"/> Viral hepatitis screening and treatment <input type="checkbox"/> TB testing <input type="checkbox"/> Syringe exchange services <input type="checkbox"/> Substance abuse services <input type="checkbox"/> IDU risk reduction services <input type="checkbox"/> Other support services (specify): _____ <input type="checkbox"/> Other	<input type="checkbox"/> Reproductive health services <input type="checkbox"/> Prenatal care <input type="checkbox"/> HIV medical care, evaluation, or treatment <input type="checkbox"/> General medical care <input type="checkbox"/> Partner services <input type="checkbox"/> CRCS <input type="checkbox"/> Other HIV prevention services <input type="checkbox"/> Mental health services <input type="checkbox"/> Case management <input type="checkbox"/> Other prevention services (specify): _____		
4. Referral Follow-up Method: (Choose only one)	<input type="checkbox"/> None <input type="checkbox"/> Active Referral <input type="checkbox"/> Passive Referral – Agency Verification <input type="checkbox"/> Passive Referral – Client Verification		
5. Referral Outcome: (Choose only one)	<input type="checkbox"/> Pending <input type="checkbox"/> Confirmed – Accessed service <input type="checkbox"/> Confirmed – Did not access service <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> No follow-up		
6. Referral Close Date:	____/____/____ mm dd yyyy		
7. Referral Notes:			

CODES and EXPLANATIONS		
1	Referral Code	Create and enter a unique code that your agency will use to track the client's referral to another agency.
2	Referral Date	The date the referral was made.
3	Referral Service Type	Indicate the type of service the client is being referred to.
4	Referral Follow-up Method	<p>Indicate the method by which the referral will be verified.</p> <p>Options include:</p> <p>Active referral: Direct linkage (access) to a service provider</p> <p>Passive Referral – Agency Verification: Confirmation that the client accessed services by the receiving agency</p> <p>Passive Referral – Client Verification: Confirmation by the client that he/she accessed services</p> <p>None: No plan to verify the completion of this referral</p>
5	Referral Outcome	<p>Indicate the current status of the referral at the time of follow-up.</p> <p>Options include:</p> <p>Pending: The status of the referral can't be confirmed or denied</p> <p>Confirmed – Accessed Service</p> <p>Confirmed – Did not access service</p> <p>Lost to follow-up: The provider has been unable to verify the status of the referral within 60 days of the referral date.</p> <p>No follow-up: Referral was not tracked to confirm if client accessed referred services.</p>
6	Referral Close Date	A date indicating when the referral is confirmed or lost to follow-up.
7	Referral Notes	<i>(Optional)</i> Additional notes about the referral.

Program Monitoring Instrument

- Program Monitoring Summary Form



Safety Counts Program Monitoring Summary

When to use it:	Monthly, quarterly, and at the end of each intervention cycle
Administered by:	Project Manager; Facilitator; Counselor
Completed by:	Project Manager; Facilitator; Counselor
Instructions:	Identify a standard interval—e.g., monthly or quarterly—for completing this form.

For each item, review the data collected on the other monitoring and evaluation forms (Program Enrollment Form, Risk Reduction Interview, Client Participation Record, group sessions and social events sign-in sheets and activity logs, Individual Counseling Session Interview Guide, Follow-up Contact Form, and Referral Tracking Form). Enter the total number of each item on the line provided.

Program Monitoring Summary

Number of Clients Enrolled

- Total number of clients enrolled during the period. _____
- Number of clients with sex-related personal goals. _____
- Number of clients with drug-related personal goals. _____

Number of Clients Completing Program. _____

Number of Clients Attending Intervention Sessions

- Program Enrollment Session. _____
- Group Session One _____
- Group Session Two. _____
- Individual Counseling Session. _____
- One Social Event. _____
- Two Social Events. _____
- Three or More Social Events. _____
- One Follow-up Contact. _____
- Two Follow-up Contacts. _____
- 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. _____
- All Required Sessions⁵. _____

Number of Intervention Sessions Conducted

- Program Enrollment Session. _____
- Group Session One. _____
- Group Session Two. _____
- Individual Counseling Session. _____
- Social Events. _____
- Two or More Social Events. _____
- Follow-up Contacts. _____
- Post-Program Risk Reduction Interview _____

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. _____

⁵ Group Sessions One and Two, Individual Counseling Session, 2+ Social Events, 2+ Follow-up Contacts, and Post-Program Risk Reduction Interview Session.

Quantity of Materials Distributed

- Safer Sex Kits. _____
- Needle Hygiene Kits. _____
- Brochures. _____
- Incentives. _____
- Other. _____

Appendix A: *Safety Counts* Behavioral Risk Analysis

This appendix provides two behavioral risk analyses for the populations identified in *Safety Counts*—individuals who engage in unprotected sex and individuals who share needles and other drug paraphernalia. A behavioral risk analysis shows the relationships between the personal, interpersonal, societal and environmental factors (also referred to as “determinants of risk”) which facilitate high-risk behaviors. This information is used to understand why members of the target population engage in the identified risk behavior, and where *Safety Counts* intervenes to protect individuals against the determinants of risk. The first two appendices describe the factors that influence HIV risk behaviors in the populations in a table format. The flowchart that follows the tables is another way to show the relationships between the factors that influence HIV risk and the targeted risk behavior. You should modify the risk analysis to illustrate the influencing factors specific to your target population and local environmental conditions. Use information obtained through a needs assessment of your target populations. You may choose to map out the relationships between the determinants of risk in a table format or as a flowchart.

As shown on the following pages, the behavioral risk analyses for both drug and sex behaviors are in a table format with three primary columns:

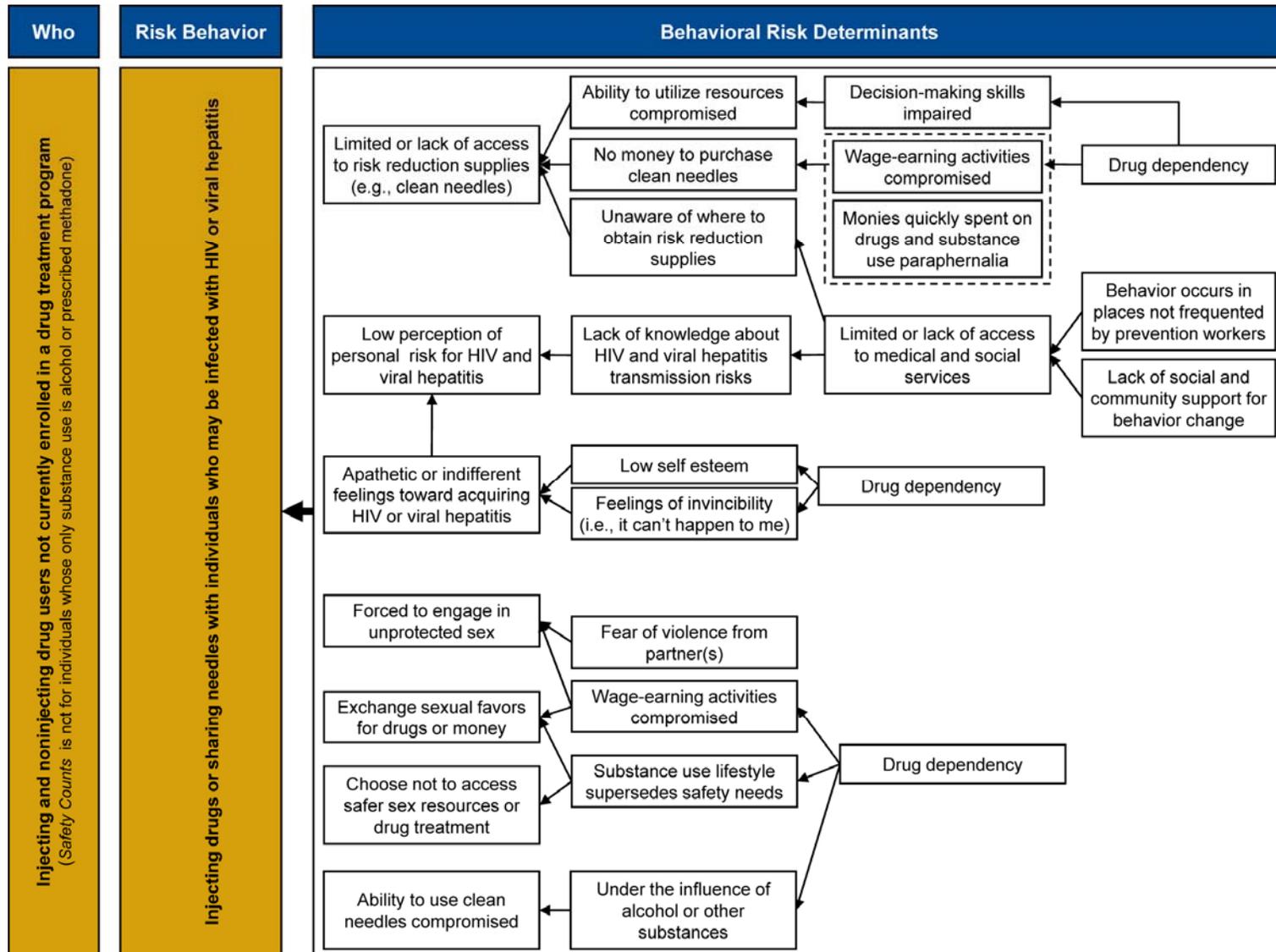
- **Who:** The “who” column describes the target population you intend to serve with *Safety Counts*. In the example, the target population is described generally (i.e., “injection and non- injection drug users not currently enrolled in a drug treatment program”), but you may be more specific depending on your implementation plan and local needs. For instance, you may only be targeting injection drug users or users of specific substances (e.g., heroin, crystal methamphetamine).
- **Risk Behavior:** The “risk behavior” column describes the behaviors that are putting members of the target population at risk for contracting HIV. For instance, individuals may be sharing dirty needles or engaging in risky sexual behavior while under the influence of a substance.
- **Behavioral Risk Determinants:** The “behavioral risk determinants” column describes the reasons why individuals may be engaging in risky behavior. It is important to keep in mind that for every risky behavior there will likely be numerous risk determinants. In other words, for the same behavior, individuals in your target population may have different reasons that they are engaging in that behavior. For instance, for individuals who are sharing dirty needles, the following determinants could explain their behavior: no access to clean needles; unaware of how to clean needles; unaware of the risk of sharing needles; ambivalent about the risks of sharing needles; limited decision-making skills under the influence of drugs; peer or social pressures to not use clean needles, etc. For each of these reasons there are specific determinants as well – for example, those who don’t have access to clean needles (but may use clean needles if they were available or accessible) are sharing needles for a different reason than those who may feel pressured among their drug-using peers to share needles. Asking the question “but why?” for each determinant will help in brainstorming why members of your target population engage in behaviors that place

them at risk for HIV and will inform how best to implement *Safety Counts*. The arrows in the following table help to make the connections among the behavioral determinants.

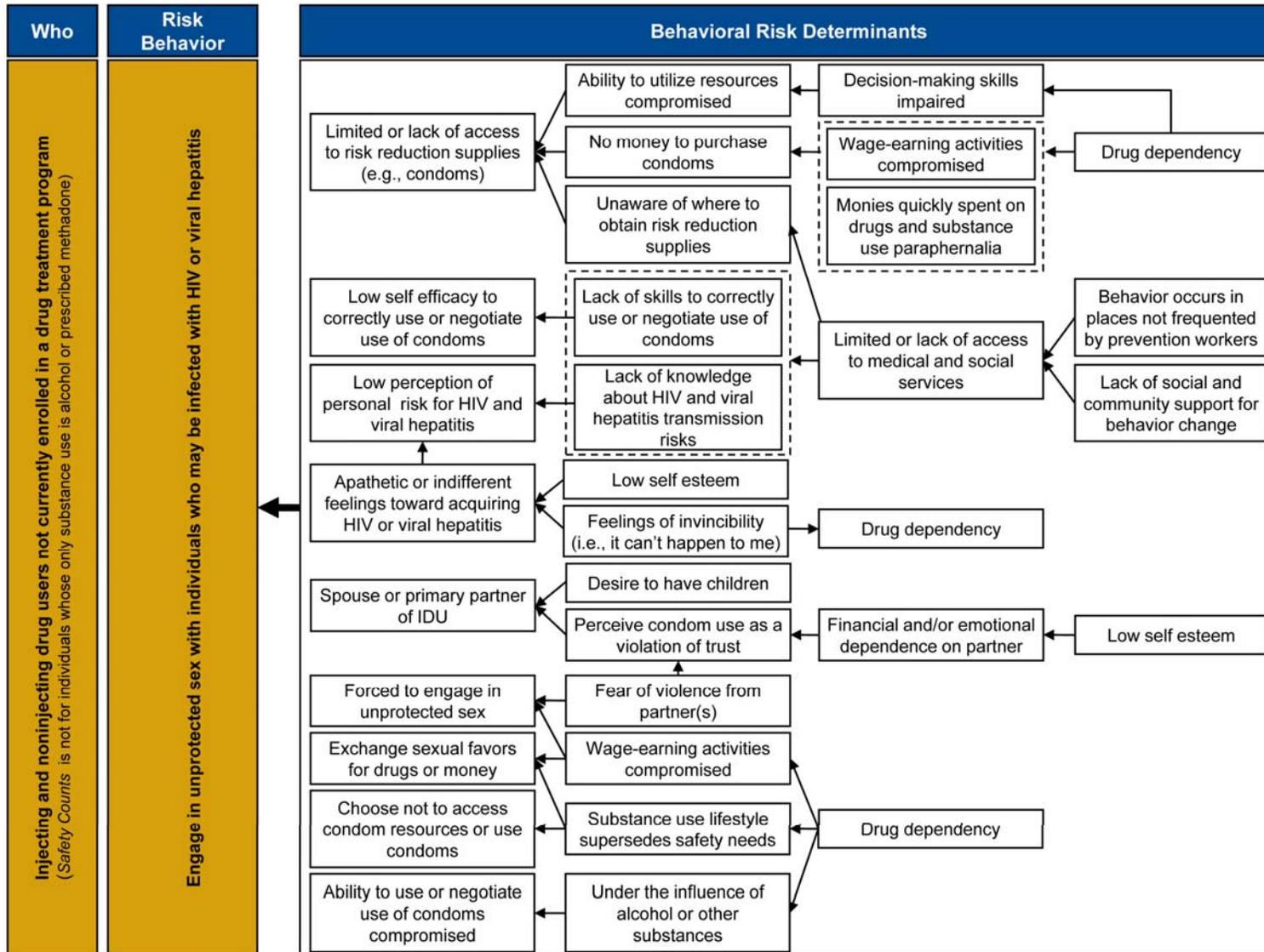
A behavioral risk analysis in a flowchart format follows on page 6. While it does not contain separate columns, the above principles apply. The text box in the center of the diagram describes both the target population and their risk (i.e., “who” and “risk behavior”). The text boxes surrounding it are the “risk determinants” that explain why members of the target population may be engaging in that behavior. The highlighted text shows the behavioral risk determinants *Safety Counts* aims to influence. Note that some of the arrows connect multiple determinants. For instance, individuals may be sharing needles because needle-sharing behaviors are integrated into the culture of substance abuse. Two potential reasons why this behavior is a norm among drug users includes drug-using partners may substitute for family, and the lack of skills to facilitate risk reduction behaviors (i.e., inability or lack of skills to decline engaging in needle sharing).



Safety Counts Behavioral Risk Analysis – Injection Drug Use

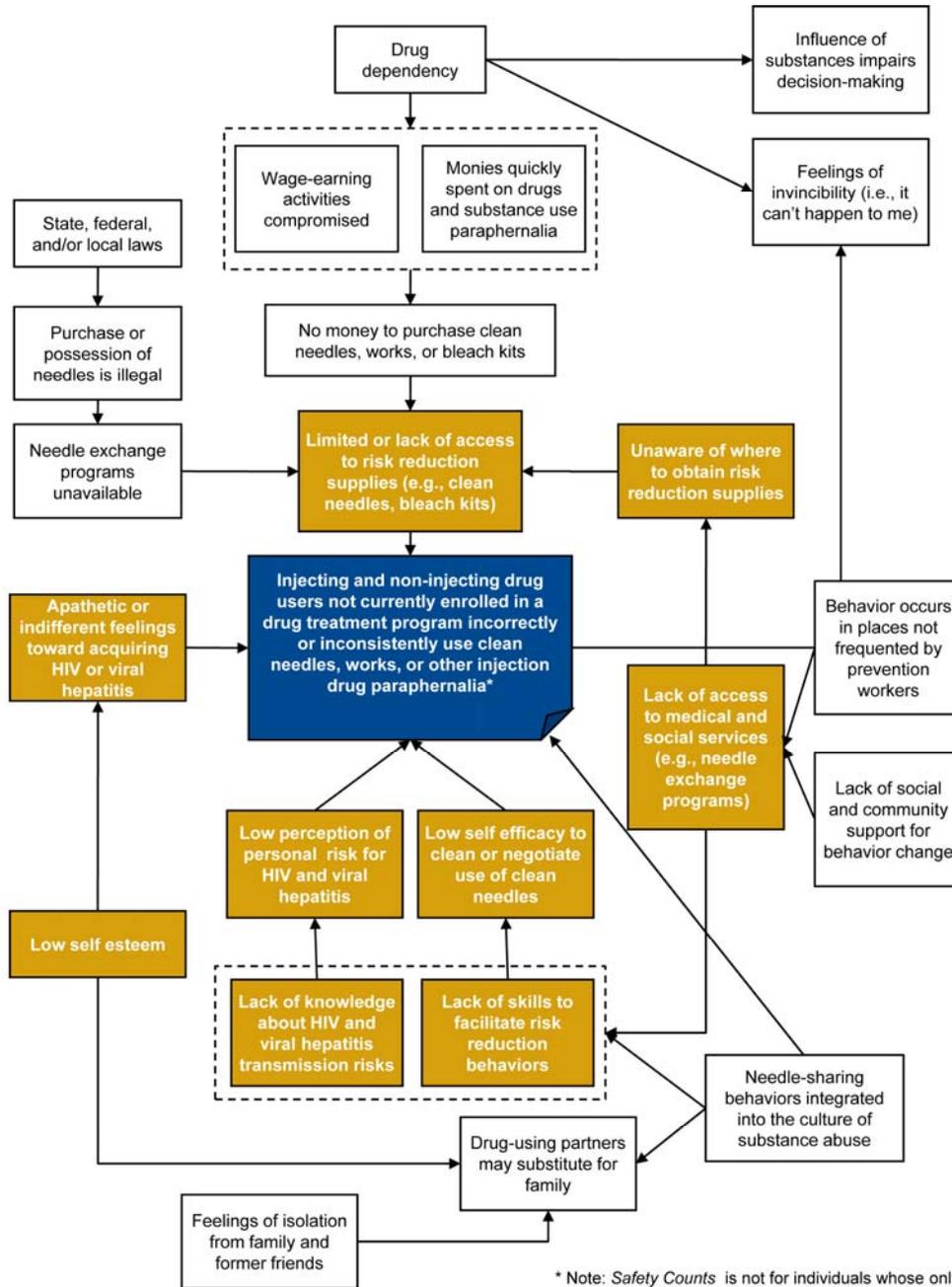


Safety Counts Behavioral Risk Analysis – Unprotected Sex



Example of *Safety Counts* Behavioral Risk Analysis Flowchart

The highlighted boxes within this flowchart show the behavioral determinants that *Safety Counts* has been shown to influence to reduce the level of high-risk behavior among the target population.

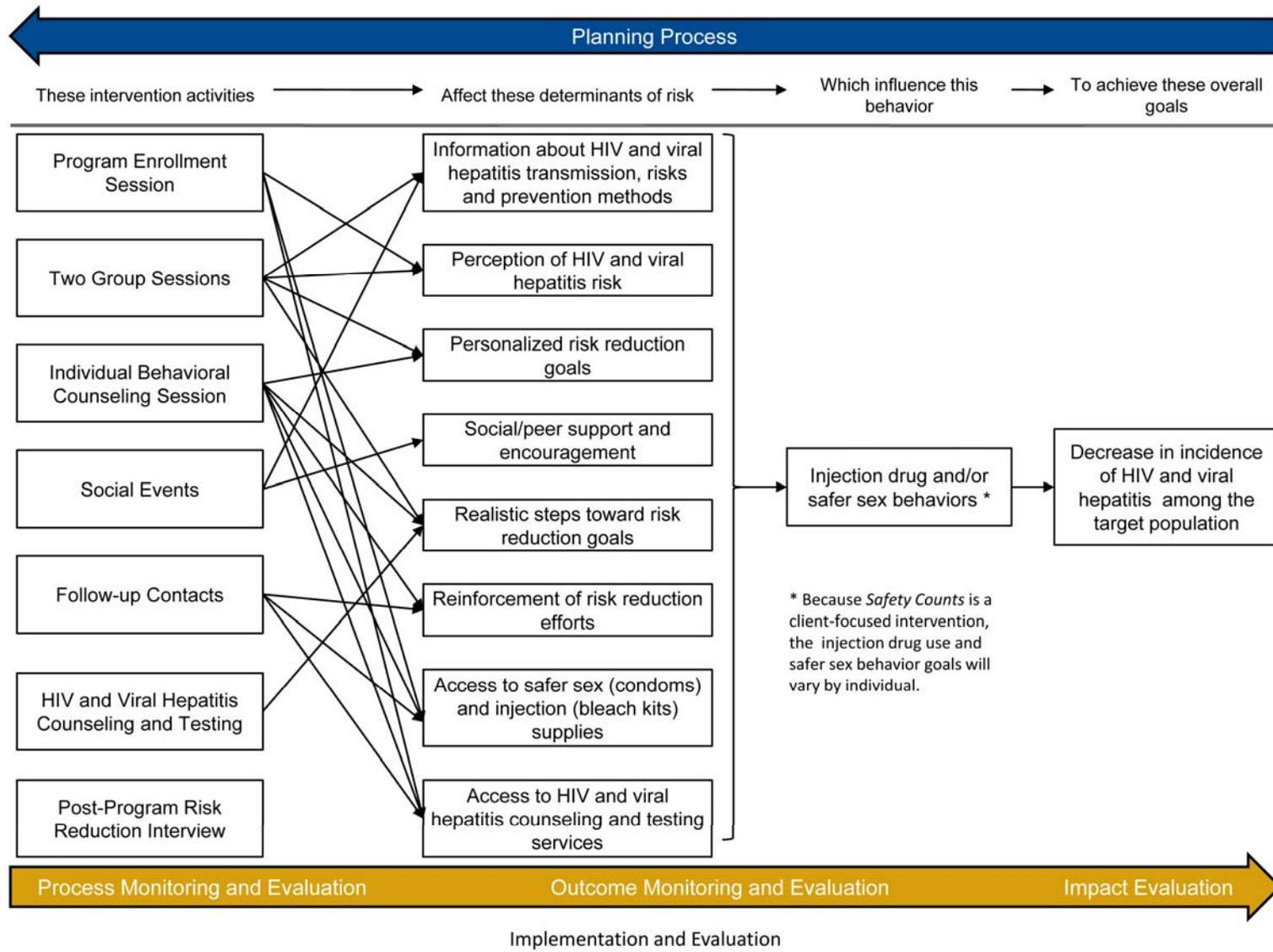


Appendix B: *Safety Counts* Conceptual Framework

This appendix provides a conceptual framework for *Safety Counts*. This framework depicts the influential relationship of intervention activities on determinants of risk to influence behavior change. Use information obtained through a needs assessment of your target population to modify this framework to illustrate the determinants of risk specific to your target population.



Safety Counts Conceptual Framework of Planning and Evaluation

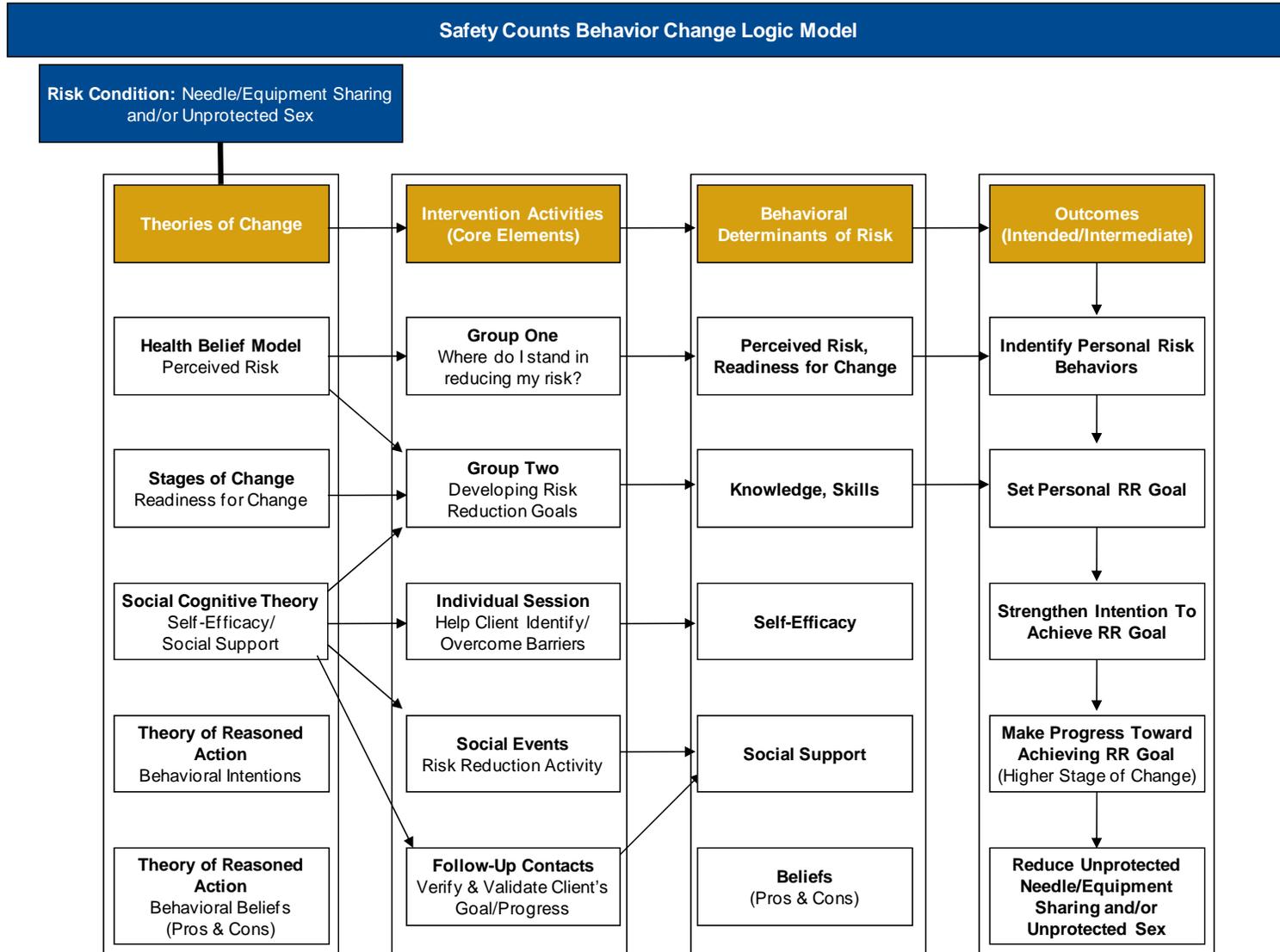


Appendix C: *Safety Counts* Logic Models

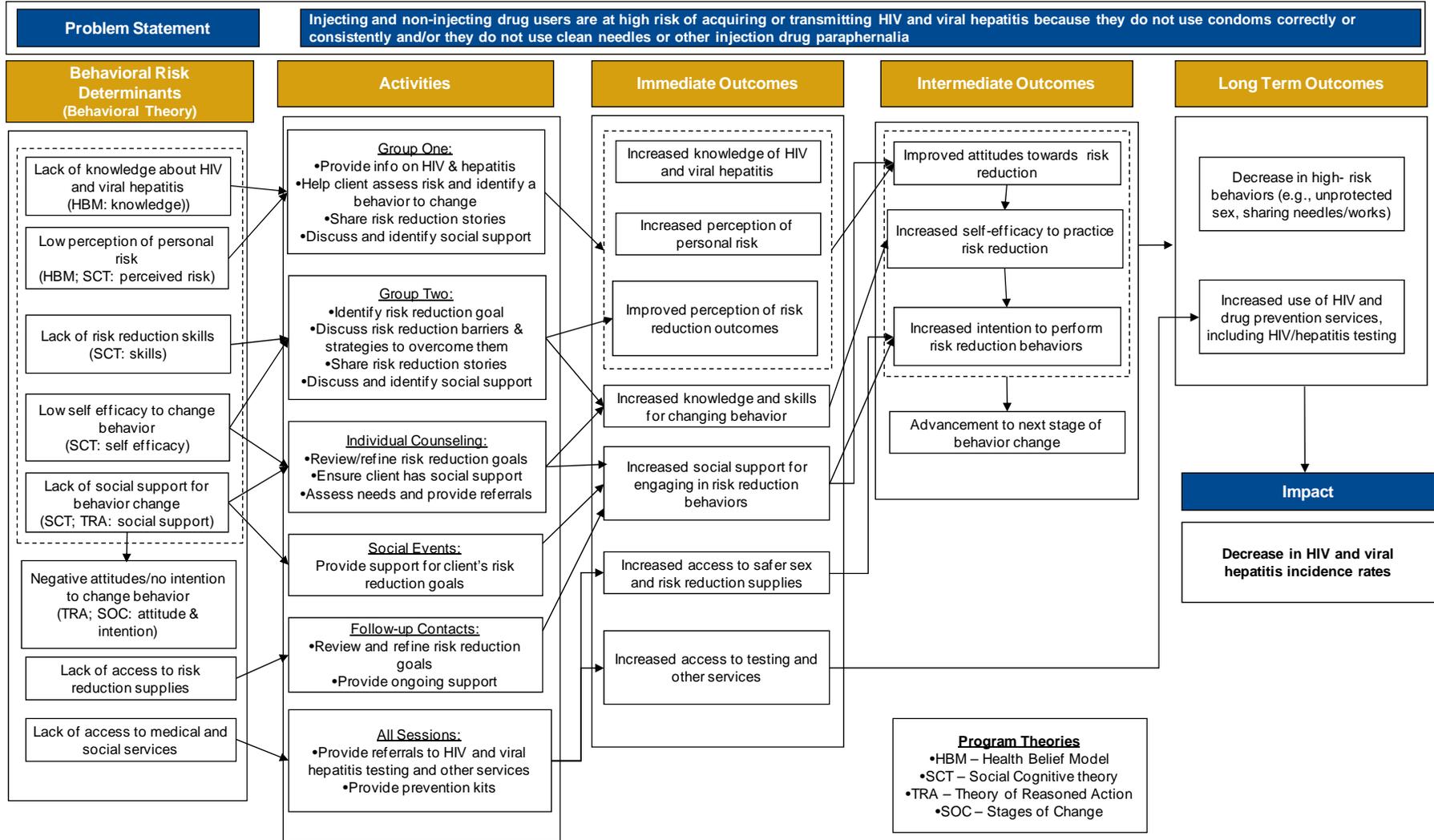
This section provides two logic models for *Safety Counts*. The first logic model is a revised version of the one designed by the original developer of *Safety Counts*. This model shows the relationship between the theoretical constructs, intervention activities, and behavioral determinants of risk and how they lead to certain outcomes. Please refer to the *Safety Counts Implementation Manual* (CDC, 2007b) for the original “Internal Logic Model for *Safety Counts*” by Dr. Fen Rhodes.

The second model provides a more detailed breakdown of the intervention activities, which reflect the intervention’s core elements. Both models depict activities designed to affect the behaviors and attitudes of members of targeted communities, and illustrate the relationship of the intervention activities to the expected outputs as described in the *Safety Counts Implementation Manual*. As with the behavioral risk analysis, it is important that you adapt and tailor this logic model to reflect your agency’s implementation of *Safety Counts*.

Safety Counts Theoretical Logic Model



Safety Counts Theoretical Logic Model (expanded)



Appendix D: 2008 National HIV Prevention Program Monitoring & Evaluation Data Set Variable Requirements

The table below presents a summary of the variable requirements for the data collection periods of January 1 and July 1, 2008, excluding variable requirements for HIV Testing and Partner Counseling and Referral Services (PCRS). HIV Testing variable requirements are currently specified in the HIV Testing Form and Variables Manual and the CDC HIV Testing Variables Data Dictionary (both are available on the PEMS Web site, <https://team.cdc.gov>). Requirements for PCRS will be released later in 2008. Since this document only provides a summary of the requirements, please refer to the NHM&E DS (CDC, 2008d) for a more detailed description of definitions and value choices.

Variable Number	Variable Name	HD & CDC Reported Required
General Agency Information (Table A)		
A01	Agency Name	Required
A01a	PEMS Agency ID	Required
A02	Community Plan Jurisdiction	Required
A03	Employer Identification Number (EIN)	Required
A04	Street Address 1	Required
A05	Street Address 2	Required
A06	City	Required
A08	State	Required
A09	Zip Code	Required
A10	Agency Website	Required
A11	Agency DUNS Number	Required
A12	Agency Type	Required
A13	Faith-based	Required
A14	Race/Ethnicity Minority Focused	Required
A18	Directly Funded Agency	Required
A21	Agency Contact Last Name	Required
A22	Agency Contact First Name	Required



Variable Number	Variable Name	HD & CDC Reported Required
General Agency Information (Table A) (continued)		
A23	Agency Contact Title	Required
A24	Agency Contact Phone	Required
A25	Agency Contact Fax	Required
A26	Agency Contact Email	Required
CDC Program Announcement Award Information (Table B)		
B01	CDC HIV Prevention PA Number	Required
B02	CDC HIV Prevention PA Budget Start Date	Required
B03	CDC HIV Prevention PA Budget End Date	Required
B04	CDC HIV Prevention PA Award Number	Required
B06	Total CDC HIV Prevention Award Amount	Required
B06a	Annual CDC HIV Prevention Award Amount Expended	Required
B07	Amount Allocated for Community Planning	Required
B08	Amount Allocated for Prevention Services	Required
B09	Amount Allocated for Evaluation	Required
B10	Amount Allocated for Capacity Building	Required
Contractor Information (Table C)		
C01	Agency Name	Required
C04	City	Required
C06	State	Required
C07	Zip Code	Required
C13	Employer Identification Number (EIN)	Required
C14	DUNS Number	Required
C15	Agency Type	Required
C16	Agency Activities	Required
C17	Faith-based	Required
C18	Race/Ethnicity Minority Focused	Required
C19	Contract Start Date - Month	Required
C20	Contract Start Date - Year	Required
C21	Contract End Date - Month	Required
C22	Contract End Date - Year	Required
C23	Total Contract Amount Awarded	Required
C25	CDC HIV Prevention Program Announcement Number	Required
C26	CDC HIV Prevention PA Budget Start Date	Required
C27	CDC HIV Prevention PA Budget End Date	Required
Site Information (Table S)		
S01	Site ID	Required
S03	Site Name	Required
S04	Site Type	Required
S08	County	Required
S09	State	Required



Variable Number	Variable Name	HD & CDC Reported Required
Site Information (Table S) (continued)		
S10	Zip Code	Required
S16	Use of Mobile Unit	Required
Program Name - Planning (Table D)		
D01	Program Name	Required
D02	Community Planning Jurisdiction	Required
D03	Community Planning Year	Required
Program Model and Budget - Planning (Table E1)		
E101	Program Model Name	Required
E102	Evidence Base	Required
E103	CDC Recommended Guidelines	Required
E104	Other Basis for Program Model	Required
E105	Target Population	Required
E107	Program Model Start Date	Required
E108	Program Model End Date	Required
E109	Proposed Annual Budget	Required
Intervention Plan Characteristics (Table F)		
F01	Intervention Type	Required
F02	Intervention Name/ID	Required
F03	HIV+ Intervention	Required
F04	Perinatal Intervention	Required
F05	Total Number of Clients	Required
F06	Sub-Total Target Population	Required
F07	Planned Number of Cycles	Required
F08	Number of Sessions	Required
F09	Unit of Delivery	Required
F11	Delivery Method	Required
F14	Level of Data Collection	Required
Client Characteristics (Table G)		
G101	Date Collected	Required
G102	PEMS Client Unique Key	Required
G112	Date of Birth - Year	Required
G113	Calculated Age	Required
G114	Ethnicity	Required
G116	Race	Required
G120	State/Territory of Residence	Required
G123	Assigned Sex at Birth	Required
G124	Current Gender	Required
G200	Date Collected	Required
G204	Previous HIV Test	Required
G205	Self Reported HIV Test Result	Required



Variable Number	Variable Name	HD & CDC Reported Required
Client Characteristics (Table G) (continued)		
G208	In HIV Medical Care/Treatment (only if HIV+)	Required
G209	Pregnant (only if female)	Required
G210	In Prenatal Care (only if pregnant)	Required
G211	Client Risk Factors ***	Required
G212	Additional Client Risk Factors ^^	Required
G213	Recent STD (Not HIV)	Required
<p>***Note: The recall period for client risk factors is 12 months.</p> <p>^^Note: Additional value choices for risk factors added:</p> <ul style="list-style-type: none"> • Sex without using a condom • Sharing drug injection equipment 		
Client Intervention Characteristics (Table H)		
H01	Intervention Name/ID	Required
H01a	Cycle	Required
H05	Session Number	Required
H06	Session Date - Month	Required
H07	Session Date - Day	Required
H08	Session Date - Year	Required
H10	Site Name/ID	Required
H13	Recruitment Source	Required
H18	Recruitment Source - Service/Intervention Type	Required
H21	Incentive Provided	Required
H22	Unit of Delivery	Required
H23	Delivery Method	Required
Referral (Table X7)		
X701	PEMS Referral Code	Required
X702	Referral Date	Required
X703	Referral Service Type	Required
X706	Referral Outcome	Required
X710	Referral Close Date	Required
Aggregate HE/RR and Outreach (Table AG)		
AG00	Intervention Name	Required
AG01	Session Number	Required
AG02	Date of Event/Session	Required
AG03	Duration of Event/Session	Required
AG04	Number of Client Contacts	Required
AG05a	Delivery Method	Required
AG05c	Incentive Provided	Required
AG06	Site Name/ID	Required
AG08a	Client Primary Risk - MSM	Required



Variable Number	Variable Name	HD & CDC Reported Required
Aggregate HE/RR and Outreach (Table AG) (continued)		
AG08b	Client Primary Risk - IDU	Required
AG08c	Client Primary Risk - MSM/IDU	Required
AG08d	Client Primary Risk - Sex Involving Transgender	Required
AG08e	Client Primary Risk - Heterosexual Contact	Required
AG08f	Client Primary Risk - Other/Risk Not Identified	Required
AG09a	Client Gender - Male	Required
AG09b	Client Gender - Female	Required
AG09c	Client Gender - Transgender MTF	Required
AG09d	Client Gender - Transgender FTM	Required
AG10a	Client Ethnicity - Hispanic or Latino	Required
AG10b	Client Ethnicity - Not Hispanic or Latino	Required
AG11a	Client Race - American Indian or Alaska Native	Required
AG11b	Client Race - Asian	Required
AG11c	Client Race - Black or African American	Required
AG11d	Client Race - Native Hawaiian or Other Pacific Islander	Required
AG11e	Client Race - White	Required
AG12a	Client Age - Under 13 years	Required
AG12b	Client Age - 13-18 years	Required
AG12c	Client Age - 19-24 years	Required
AG12d	Client Age - 25-34 years	Required
AG12e	Client Age - 35-44 years	Required
AG12f	Client Age - 45 years and over	Required
AG14a	Materials Distributed - Male Condoms	Required
AG14b	Materials Distributed - Female Condoms	Required
AG14c	Materials Distributed - Bleach or Safer Injection Kits	Required
AG14d	Materials Distributed - Education Materials	Required
AG14e	Materials Distributed - Safe Sex Kits	Required
AG14f	Materials Distributed - Referral list	Required
AG14g	Materials Distributed - Role Model Stories	Required
AG14h	Materials Distributed - Other (specify)	Required
Health Communication / Public Information (Table HC)		
HC01	Intervention Name	Required
HC02	HC/PI Delivery Method	Required
HC05	Event Start Date	Required
HC06	Event End Date	Required
HC07	Total Number of Airings	Required
HC08	Estimated total Exposures	Required
HC09	Number of Materials Distributed	Required
HC10	Total Number of Web Hits	Required
HC11	Total Number of Attendees	Required



Variable Number	Variable Name	HD & CDC Reported Required
Health Communication / Public Information (Table HC) (continued)		
HC12	Number of Callers	Required
HC13	Number of Callers Referred	Required
HC14	Distribution - Male condoms	Required
HC15	Distribution - Female condoms	Required
HC16	Distribution - Lubricants	Required
HC17	Distribution - Bleach or Safer Injection Kits	Required
HC18	Distribution - Referral Lists	Required
HC19	Distribution - Safe sex kits	Required
HC20	Distribution - Other	Required
Community Planning Level (Table CP-A/B/C)		
CP-A01	Name of HIV Prevention CPG	HD only
CP-A02	Community Plan Year	HD only
CP-B01	Priority Population	HD only
CP-B02	Rank	HD only
CP-B03	Age	HD only
CP-B04	Gender	HD only
CP-B05	Ethnicity	HD only
CP-B06	Race	HD only
CP-B07	HIV Status	HD only
CP-B08	Geo Location	HD only
CP-B09	Transmission Risk	HD only
CP-C01	Name of the Prevention Activity/Intervention	HD only
CP-C02	Prevention Activity/Intervention Type	HD only
CP-C04	Evidence Based	HD only
CP-C05	CDC Recommended Guidelines	HD only
CP-C06	Other Basis for Intervention	HD only
CP-C07	Activity	HD only

Appendix E: References

- Bandura, A. (1994). Social cognitive theory and exercise of control over HIV infection. In R. DiClemente & J. Peterson (Eds.), *Preventing AIDS: Theories, methods, and behavioral interventions* (pp. 25–60). New York: Plenum.
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