

LEO HEALTH COMMUNICATION/PUBLIC INFORMATION FORM

HEALTH EDUCATION INTERVENTIONS

Date of Intervention: (mm/dd/yy) **Provider's ID #:**

LHJ/Agency #: **Agency Name:** _____

Location #:

Target (mark all that apply "x"):

- | | | | |
|--------------------------------------|---|---|---|
| <input type="checkbox"/> Men | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Hispanic/Latino(a) | <input type="checkbox"/> Substance User |
| <input type="checkbox"/> Women | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> White | <input type="checkbox"/> Youth |
| <input type="checkbox"/> TGs: M to F | <input type="checkbox"/> Asian | <input type="checkbox"/> MSM | <input type="checkbox"/> Sex Worker |
| <input type="checkbox"/> TGs: F to M | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> IDU | <input type="checkbox"/> HIV-Positive |

Program Objective (mark all that apply "x"):

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Safer Sex | <input type="checkbox"/> AIDS Awareness |
| <input type="checkbox"/> Testing | <input type="checkbox"/> Other, Specify: _____ |

Event Type (mark one "x"):

- | | |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Health Fair | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Presentation | <input type="checkbox"/> Rally |

Items Distributed (enter #):

Male Condoms: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Safer Sex Kits: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Other: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Female Condoms: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Bleach or Safer Injection Kits: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
Lubricant: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Referral Lists: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	

Behavioral Risk Population (estimate behavioral risk):

Estimated Total # of People: _____

Males Who Have Sex With Males/Females <i>(MSM, MSM/F):</i>		IDU Males Who Have Sex With Males/Females <i>(MSM-IDU, MSM/F-IDU):</i>		Non-IDU Substance Using Males Who Have Sex With Males/Females <i>(Substance Using MSM; MSM/F):</i>	
Males Who Have Sex With Females Only <i>(MSF):</i>		IDU Males Who Have Sex With Females Only <i>(MSF-IDU):</i>		Non-IDU Substance Using Males Who Have Sex With Females Only <i>(Substance Using MSF):</i>	
Females <i>(FSM, FSM/F, FSF):</i>		IDU Females <i>(FSM-IDU, FSM/F-IDU, FSF-IDU):</i>		Non-IDU Substance Using Females <i>(Substance Using FSM; FSM/F, FSF):</i>	
Transgender Persons <i>(TSM, TSM/F, TSF):</i>		IDU Transgender Persons <i>(M to F-IDU, F to M-IDU):</i>		Non-IDU Substance Using Transgender Persons <i>(Substance Using M to F; F to M):</i>	

Total Participants Living With HIV/AIDS:

Data Entry Initials:

LEO Form #:

HEALTH COMMUNICATION/PUBLIC INFORMATION HEALTH EDUCATION INTERVENTION SHEET
 (Please Write Numbers of Contacts Legibly in Appropriate Boxes)

Estimate age, gender, & race/ethnicity of outreach clients. (TG=Transgender UNK=Unknown)	18 Years Old Or Less				19 - 24 Years Old				25 - 34 Years Old				35 - 44 Years Old				45 Years Old Or More			
	Male	Female	TG	UNK	Male	Female	TG	UNK	Male	Female	TG	UNK	Male	Female	TG	UNK	Male	Female	TG	UNK
Black/ African American																				
American Indian/ Alaska Native																				
Asian																				
Native Hawaiian/ Pacific Islander																				
Hispanic/ Latino(a)																				
White																				
Other/ Unknown Race/ Ethnicity																				