

LEO HEALTH COMMUNICATION/PUBLIC INFORMATION EDUCATION (HC/PI-ED) FORM

HEALTH EDUCATION INTERVENTIONS

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

LHJ/Agency #: Agency Name: _____

Intervention Name: _____ Location #:

Target (mark all that apply "x"):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> (1) Men | <input type="checkbox"/> (1) Black/African American | <input type="checkbox"/> (1) Hispanic/Latino(a) | <input type="checkbox"/> (1) Substance User |
| <input type="checkbox"/> (1) Women | <input type="checkbox"/> (1) American Indian/Alaska Native | <input type="checkbox"/> (1) White | <input type="checkbox"/> (1) Youth |
| <input type="checkbox"/> (1) TGs: M to F | <input type="checkbox"/> (1) Asian | <input type="checkbox"/> (1) MSM | <input type="checkbox"/> (1) Sex Worker |
| <input type="checkbox"/> (1) TGs: F to M | <input type="checkbox"/> (1) Native Hawaiian/Pacific Islander | <input type="checkbox"/> (1) IDU | <input type="checkbox"/> (1) HIV-positive |

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

- | | |
|--|--|
| <input type="checkbox"/> (1) Safer Sex | <input type="checkbox"/> (1) AIDS Awareness |
| <input type="checkbox"/> (1) Testing | <input type="checkbox"/> (1) Other, Specify: _____ |

Event Type (mark one "x"):

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> (1) Health Fair | <input type="checkbox"/> (3) Workshop |
| <input type="checkbox"/> (2) Presentation | <input type="checkbox"/> (4) Rally |

Items Distributed (enter #):

Male Condoms: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Safer Sex Kits: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Other: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Female Condoms: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Bleach or Safer Injection Kits: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Lubricant: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Referral Lists: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Behavioral Risk Population (estimate behavioral risk):

Estimated Total # of People: _____

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

Total Participants Living With HIV/AIDS:

Data Entry Initials:

Encounter ID #:

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																								