

**COMPLETE IVORY SHEET ONLY IF PART OR ALL OF THE INTERVENTION INVOLVING HEALTH COMMUNICATION/PUBLIC INFORMATION (HC/PI) – Electronic or Print Mass Media, Educational Presentation, Clearinghouse, Theater, Hotline, or Other Media:**

Date: \_\_\_\_\_

**Health Communications/Public Information  
– Process Monitoring –  
Jurisdiction Aggregate Form**

Complete a *separate* form for *each* primary population served by this type of intervention

[1] Jurisdiction ID: \_\_\_\_\_

[2] Number of health communications/public information (HC/PI) interventions this form describes: \_\_\_\_\_

<p><b>Risk Population</b> Mark the risk population this form describes. If an intervention serves multiple risk populations, choose one primary and one secondary risk population. <i>[See instructions for distinguishing between primary and secondary risk populations.]</i></p>	<p><b>[3a] Primary Population</b>  <input type="radio"/> MSM  <input type="radio"/> MSM/IDU  <input type="radio"/> IDU  <input type="radio"/> Heterosexual  <input type="radio"/> Mother with/at risk for HIV  <input type="radio"/> General Public</p>	<p><b>[3b] Sub- Population (optional)</b>  <input type="checkbox"/> Alcohol/Non-IDU abuse  <input type="checkbox"/> Homeless  <input type="checkbox"/> Sex Workers  <input type="checkbox"/> Prisoner/Detained  <input type="checkbox"/> Female Partners of MSMs  <input type="checkbox"/> Female Partners of IDUs  <input type="checkbox"/> Other (specify)</p>	<p><b>[4] Secondary Population</b> (only if applicable)  <input type="radio"/> MSM  <input type="radio"/> MSM/IDU  <input type="radio"/> IDU  <input type="radio"/> Heterosexual  <input type="radio"/> Mother with/at risk for HIV  <input type="radio"/> General Public</p>
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[5] In the table below, enter the number of HC/PI interventions for this risk population provided by the following types of agencies. The sum should equal the total interventions this form describes.

<p><b>The following are examples of the five categories:</b></p> <p><b>Electronic Media:</b> Television, radio, e-mail, Internet/WWW.</p> <p><b>Print Media:</b> Newspaper, magazines, direct mail, billboards.</p> <p><b>Presentations/Lectures:</b> Informational activities conducted in-group settings; often called “one shot” education interventions.</p> <p><b>Hotline:</b> Telephone services offering up-to-date information and referrals.</p> <p><b>Clearinghouse:</b> Service providing information and materials to the general public as well as high-risk populations.</p>	Type of Agency	Electronic Media Campaign	Print Media Campaign	Presentations/ Lectures	Hotline	Clearinghouse	Other
	State Health Department						
	Local Health Department						
	CBO – Minority Board						
	CBO – Non-Minority Board						
	Faith Community						
	Other Government						
	Academic Institution						
	Research Center						
	Individual						
	Other Agency (Please Specify)						

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**Intervention Episodes:** Complete all that apply; enter # in space.

<p><b>[6] Electronic Media: Broadcast</b></p> <p>If intervention uses broadcast medium, enter the total number of times the pieces were aired: _____</p> <p>Enter the estimated number of people exposed to the message(s): _____</p>	<p><b>[7] Print Media</b></p> <p>If the intervention uses a print medium, enter the number of distinct print materials used for mass distribution: _____</p> <p>Enter the estimated number of people exposed to the print materials: _____</p>
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<p><b>[8] Presentations/Lectures</b></p> <p>If intervention is a presentation or lectures, enter the total number provided: _____</p> <p>Enter the total number of people present at this Presentation or lecture: _____</p>	<p><b>[9] Hotlines</b></p> <p>If the intervention is a hotline, enter the total number of hotline callers: _____</p>
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<p><b>[10] Clearinghouse</b></p> <p>If intervention is a clearinghouse, enter the total number of requests for information: _____</p>	<p><b>[11] Staffing and Expenditures:</b></p> <p>Number of staff days used in providing HC/PI interventions in the jurisdiction: _____</p> <p>Number of volunteers providing HC/PI interventions in the jurisdiction: _____</p> <p>HIV Prevention funds that were expended in carrying out all aspects of HC/PI interventions: _____</p>
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**THE FOLLOWING INFORMATION IS OPTIONAL FOR PROCESS MONITORING**

**Health Communications/Public Information  
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[12] Intervention Characteristics and Objectives

Goal(s)
a)
b)
Outcome and Process Objectives:
a)
b)
c)
d)
e)
f)
g)

Number of Referrals: (Complete all that apply; enter # in space).		
STD Clinics		Government/Entitlement Programs
HIV Counseling & Testing		Job Skills/Acquisition
Tuberculosis Clinics		Counseling/Social Services
Drug/Alcohol Assessment/Treatment		Financial Assistance
Family Planning		Food/Clothing
Mental Health		Housing/Shelter
HIV Early Detection		HIV Partner Notification
Medical Services		Case Management
Dental Services		<i>Intended # of Referrals Followed Through</i>

Number of HIV Prevention Materials/Items Distributed: Complete all that apply; enter number in space.	
Condoms	
Safer Sex Kits	
Promotional Items	
Bleach Kits/Safer Injection Kits	
Brochures/Informational Materials, Etc.	
Other	

Settings /Distribution Channels. (For Presentations/Lectures and Theater Productions Only) Intended Settings for Productions: (check all that apply and enter #)	
Correction/Detention Facility	
Community Setting	
Drug Treatment Facility	
School/Educational	
Other _____	

**Evaluation System:**

Type of Evaluation: [check all that apply]
<input type="checkbox"/> Process Evaluation
<input type="checkbox"/> Outcome Evaluation
<input type="checkbox"/> Impact Evaluation
<input type="checkbox"/> Other _____

Evaluator: [check all that apply]
<input type="checkbox"/> Project Supervisory Staff
<input type="checkbox"/> Project Implementation Staff
<input type="checkbox"/> Outside Evaluator
<input type="checkbox"/> Other _____

**Monitoring and Evaluation**

Monitoring System
<b>Key elements of the monitoring system:</b>
<b>WHO:</b> What type of staff is monitoring the project?
<b>HOW:</b> How and how often is monitoring data be collected?
<b>WHERE:</b> Where is monitoring data be collected?

**CONTINUE WITH OTHER COLORED SHEETS IF PROJECT HAS OTHER TYPES OF INTERVENTIONS INVOLVED.**