

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

**Individual-Level Intervention (HE/RR)  
– 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 individual-level interventions (ILIs) 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. [See instructions for distinguishing between primary and secondary risk populations.]</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 Partner of MSMs  <input type="checkbox"/> Female Partner 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>
--	---	--	---

[5] Number of ILIs for this risk population provided by the following types of agencies (total should equal number in [2] above):

CBO-Minority Board _____	State Health Department _____	Academic Institution _____	Other Social Service Agency _____
CBO-Non-Minority Board _____	Local Health Department _____	Research Center _____	Other (please specify) _____
Faith Community _____	Other Government _____	Individual _____	
Community Planning Group _____	Other Collaborative Group _____		
			<b>Total</b> _____

[6a] Clients served § (M=male; F=female; T=transgender; U=unknown)	<14 years				14-19 years				20-29 years				30-39 years				40-49 years				50+ years				Not targeted by age				TOTAL
	M	F	T	U	M	F	T	U	M	F	T	U	M	F	T	U	M	F	T	U	M	F	T	U	M	F	T	U	
American Indian or Alaska Native																													
Asian																													
Black or African American																													
Native Hawaiian or Other Pacific Islander																													
White																													
More Than One Race																													
Race Not Targeted/Other																													
<b>TOTAL</b>																													

§ The minimum data required for this report are the totals contained in the double-lined boxes at the far right end of the table above. Completing the other cells is optional but encouraged.

## Individual-Level Intervention—Process Monitoring Jurisdiction Aggregate P. 2

[6b] Clients served (continued)	<14 years				14-19 years				20-29 years				30-39 years				40-49 years				50+ years				Not targeted by age				TOTAL
	M	F	T	U	M	F	T	U	M	F	T	U	M	F	T	U	M	F	T	U	M	F	T	U	M	F	T	U	
<i>Hispanic or Latino</i>																													
<i>Not Hispanic or Latino</i>																													
<i>Ethnicity Not Targeted</i>																													
<b>TOTAL</b>																													

§ The minimum data required for this report are the totals contained in the double-lined boxes at the far right end of the table above. Completing the other cells is optional but encouraged.

<b>[7] Enter the number of clients receiving ILIs in each of the following settings:</b>			
AIDS Service Org./CBO _____	Community Setting _____	Clinic/Health Care Facility _____	
HIV Counseling & Testing _____	STD Clinic _____	Drug Treatment Facility _____	
Correction/Detention _____	School/Educational _____	Other Social Service Agency _____	
Other _____			

**[8] In the table below, enter the number of people in the jurisdiction who received**

- Only 1 session of an ILI
- Only 2 sessions, and
- 3 or more sessions

Intervention Episodes:			
Total # ILI sessions			
Number of clients	Only 1	2	3+

<b>[9] Staffing and Expenditures</b>	
Number of staff days used in providing ILIs in the jurisdiction:	_____
Number of volunteers providing ILIs in the jurisdiction:	_____
HIV prevention funds that were expended in carrying out all aspects of ILIs:	_____

**THE FOLLOWING INFORMATION IS OPTIONAL FOR PROCESS MONITORING**

**Individual-Level Intervention—Process Monitoring  
Jurisdiction Aggregate P. 3**

[10] 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			

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