

## **INSTRUCTIONS FOR COMPLETING FIELD PROCESS MONITORING FORM**

**\*\*\*For OUTREACH, INDIVIDUAL-LEVEL INTERVENTIONS, AND GROUP-LEVEL INTERVENTIONS ONLY\*\*\***

**Place information in each box for each HIV-prevention client contacted**

**HEADER: AGENCY/STAFF ID**

**COLUMN 1: DATE**

**COLUMN 2: SEX** Place one of the following codes in boxes:

M = male      F = female      T = Transgender      U = Undetermined

**COLUMN 3: AGE** Enter actual or estimated age

**COLUMN 4: RACE** Place one of the following codes in boxes:

AIAN = American Indian/Alaska Native      WH = White  
AS = Asian      MTO = More Than One Race  
BL = Black/African American      RNT = Race Not Targeted/Other  
NH = Native Hawaiian/Pacific Islander

**COLUMN 5: HISPANIC** Place one of the following codes in boxes:

H = Hispanic      ENT = Ethnicity Not Targeted  
NH = Not Hispanic

**COLUMN 6: PRIMARY POPULATION** Place one of the following codes in boxes:

MSM = men who have sex with men      MR = mother w/high risk  
MSMI = men who have sex with men/IDU      GP = general public  
IDU = Intravenous drug use  
H = heterosexual

**COLUMN 7: SUB-POPULATION (OPTIONAL)** Place one of the following codes in boxes:

A/NIDU = Alcohol/Non-IDU abuse      FMSM = Female Partner of MSMs  
HL = Homeless      FIDU = Female Partner of IDUs  
SW = Sex worker      O = Other (please specify)  
PD = Prisoner/Detained

**COLUMN 8: SECONDARY POPULATION** If client has a secondary risk, place one of the codes in boxes:

Same as column 6 definitions

**COLUMN 9: # OF CONTACT** Report the number of times you have seen this client by placing one

of the following codes in boxes:  
1 = first time      2 = second time      3 = more than 2 times

**COLUMN 10, 11, 12:** Enter the number of clients you reached in the boxes that describe the intervention with the client. The following definitions apply:

Outreach: Educational Interventions (without a risk-reduction skills component) conducted face-to-face in places where clients congregate.

ILI (Individual-Level Intervention): Health education and risk reduction counseling with risk-reduction skills component (participation of contact), 1 person

GLI (Group-Level Intervention): Health education and risk reduction counseling with risk-reduction skills (participation of contacts), 2 or more people. **If GLIs are checked, also report the number of groups represented on each page of the Field Process Monitoring Form.**

**COLUMN 13: CONDOMS** Enter # distributed to each contact

**COLUMN 14: SAFE SEX KITS** Enter # distributed to each contact

**COLUMN 15: PROMOTIONAL ITEMS** Enter # distributed to each contact

**COLUMN 16: BLEACH KITS/SAFER INJECTION KITS** Enter # distributed to each contact

**COLUMN 17: BROCHURES/INFO/OTHER (SPECIFY)** Enter # distributed to each contact

**COLUMN 18: REFERRALS** Reporting of referrals is optional, but if reported, enter the total number of referrals made and/or the following codes may be used:

STD = STD Clinic

CTRPN = HIV Counseling, Testing, Referral, and Partner Notification

TB= Tuberculosis

DA= Drug and Alcohol Assessment/Treatment

FP = Family Planning

MH = Mental Health

HIVEA = HIV Early Intervention

MS = Medical Services

DS = Dental Services

GOV = Government Entitlement Program

JS=Job Skills Acquisition

CSS=Counseling/Social Services

FA = Financial Assistance

FC = Food/Clothing

HS = Housing/Shelter

CM = Case Management

O=Other

**COLUMN 19: SETTING** Indicate the type of setting in which the intervention takes place (each LHD may have their own coding system for setting type; please submit your list of codes with your quarterly reports)

**COLUMN 20:** This column is left blank and can be used by the individual health departments at their discretion.