

**Outreach (Includes Opinion Leader Models)  
– Process Monitoring –  
Jurisdiction Aggregate Form**

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

Complete a <i>separate</i> form for each primary population served by this type of intervention			
<p>[1] Jurisdiction ID: _____</p> <p>[2] Number of outreach interventions this form describes: _____</p>	<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></p> <p><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></p> <p><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)</p> <p><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>

<b>[5] Enter the number of outreach interventions for this risk population provided by the following types of agencies (total should equal number in [2] above):</b>			
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																													
<i>Black or African American</i>																													
<i>Native Hawaiian or Other Pacific Islander</i>																													
<i>White</i>																													
<i>More Than One Race</i>																													
<i>Race Not Targeted/Other</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.

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[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.

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

[8] Staffing and Expenditures	
Number of staff days used in providing outreach in the jurisdiction:	_____
Number of volunteers providing outreach in the jurisdiction:	_____
HIV prevention funds that were expended in carrying out all aspects of outreach:	_____

[9] Intervention Episodes:	
Total # Outreach Contacts	_____
<b>Number of HIV Prevention Materials/Items Distributed:</b> Complete all that apply; enter number in space.	
Condoms	_____
Safer Sex Kits	_____
Promotional Items	_____
Bleach Kits/Safer Injection Kits	_____
Brochures/Informational Materials, Etc.	_____
Other _____	_____



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

**Outreach—Process Monitoring  
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[10] Intervention Characteristics and Objectives

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

<b>Number of Referrals: (Complete all that apply ; enter # in space).</b>			
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			

**Evaluation System:**

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

<b>Evaluator:</b> [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**

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

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