Adolescent SPNS Contact Form
National Evaluation by The Measurement Group

SPNS SITE | **PROVIDER** | **STAFF CODE** | **SERVICE DATE** (/ /) | **HOUR** ○ am ○ pm | **LENGTH MINUTES**

CLIENT CODE (see instructions for your site)

GENDER ○ Male ○ Female

CLIENT BIRTHDATE /AGE Month/Age | Day | Year

REASON FOR CONTACT FORM (all that apply)

- ○ Outreach
- ○ Casual
- ○ Formal Enrollment
- ○ Phone Call
- ○ Program Discharge
- ○ Change

RACIAL/ETHNIC IDENTITY (more than one if multi-racial)

- ○ African Am/Black (not Hisp)
- ○ Asian Am/Pacific/Filipino
- ○ Caucasian/White (not Hisp)
- ○ Hispanic/Latino
- ○ Native Am/Am Indian/Inuit
- ○ Don't Know

SELF-IDENTIFIED SEXUAL ORIENTATION (one only)

- ○ Gay/Lesbian
- ○ Undecided
- ○ Bisexual
- ○ Refused
- ○ Heterosexual

CONTACT LOCATION (one only)

- ○ Street
- ○ Telephone
- ○ CBO
- ○ Home
- ○ Shelter/Drop-In
- ○ Job
- ○ Clinic
- ○ Restaurant
- ○ Hospital
- ○ Bar/Club

Other

- ○ **Homeless**
- ○ **Pregnant**
- ○ **Runaway**
- ○ **Hemophiliac**
- ○ **CJS Involved**
- ○ **In JHS/HS**
- ○ **MHS Involved**
- ○ **In College**
- ○ **Transgender**
- ○ **Partner Issues**

○ **First Intervention Also Given**
Intervention Form for Today also Completed

TOPICS DISCUSSED (as many as apply)

- ○ HIV Risk Factors
- ○ "Safer" Sex
- ○ HIV Testing
- ○ HIV Services
- ○ Medical Services
- ○ Public Assistance
- ○ Alternate Therapies
- ○ Family Planning
- ○ Substance Abuse
- ○ Emotional Problems
- ○ "Hassles"
- ○ Assertiveness
- ○ Housing/Jobs
- ○ **Enrollment**
- ○ Self Identity
- ○ Youth Empowerment
- ○ Living with HIV
- ○ Health Status
- ○ Dating/Sex
- ○ Risk Reduction Barriers

Other

ITEMS PROVIDED AT THE CONTACT (all that apply)

- ○ Brochures
- ○ Other Educational Materials
- ○ Referral Lists/Directories
- ○ Wallet Cards
- ○ Immunizations
- ○ Medications
- ○ Condoms
- ○ Bleach
- ○ Dental Dams
- ○ Bus Tokens/Transport
- ○ Food/Vouchers

Other

BEHAVIORS

C = CURRENT, happened in last 30 days
E = EVER, happened but not in last 30 days
N = NO, has never happened
R = REFUSED or Don't Know

GRADE COMPLETED

- Sex with Males
- Unprotected Sex with
- Sex with Females
- Unprotected Sex with
- Sex with IDU
- Survival Sex
- Sex with HIV+
- STD
- Substance Abuse
- Injection Drug Use
- Needle Sharing
- HIV Test

REFERRALS MADE TO THESE SERVICES

I = Inside our Agency O = Outside our Agency B = Both

- HIV Testing
- STD Clinic
- Medical Services
- Social Services
- Food/Drop -In Center
- Shelter /Housing
- Educational/ Voc . Training
- Self-Help Group(s)
- Case Manager
- Mental Health
- Substance Abuse
- Family Planning

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