

Adolescent SPNS Intervention Form

National Evaluation by The Measurement Group

SPNS SITE <input type="text"/>	PROVIDER <input type="text"/>	STAFF CODE <input type="text"/>	SERVICE DATE <input type="text"/> / <input type="text"/> / <input type="text"/>	HOUR <input type="text"/> <input type="radio"/> am <input type="text"/> <input type="radio"/> pm	LENGTH MINUTES <input type="text"/>
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CLIENT CODE <input type="text"/> <small>see instructions for your site</small>	GENDER <input type="radio"/> Male <input type="radio"/> Female	CLIENT BIRTHDATE /AGE <input type="text"/> / <input type="text"/> / <input type="text"/> <small>Month/Age Day Year</small>
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SERVICE LOCATION (one only)

Street Telephone
 CBO Home
 Shelter/Drop-In Job
 Clinic Restaurant
 Hospital
Other

TOPICS DISCUSSED (as many as apply)

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

TYPE OF SESSION (all that apply)

Medical -- physical exam
 Medical -- lab (not HIV)
 Medical -- emergency
 Medical -- appt Medical -- walk-in
 Family Planning
 Sub Abuse/Ment Health Screen

ITEMS PROVIDED AT THE CONTACT (all that apply)

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

HIV Risk Assessment HIV Test
 HIV Pre-Test Counseling
 HIV Post-Test Counseling

SERVICES PROVIDED BY (all that apply)

Physician Social Worker Counselor Teacher
 Nurse Psychologist Peer Counselor
 Psychiatrist Other MH Worker **Other**
 Health Educator Pub Health Worker
 Case Manager Outreach Worker

HIV Prevention Other Prevention
 Individual Counseling/Therapy
 Group Counseling/Therapy
 Family/Couple Counsel/Therapy
 Crisis Intervention
 "Alternate" Therapy

Practical Support
 12-Step Group Peer Support Grp
 HIV Support Group

REFERRALS MADE TO THESE SERVICES

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

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

Info & Referral
 Recreation

#1 Other Services #2

Was the session primarily about....

Prevention Yes No
Treatment Yes No

Was the session primarily CASE MANAGEMENT? Yes No