

**VIRGINIA PREVENTION EVALUATION SYSTEM**  
**❖ Aggregate Report Form (Health Communication/Public Information) ❖**  
**Table HC - PEMS-Compliant Version 2.0**

HC01. Intervention Code & Name:

Please complete this form for each session of an HC/PI intervention.

**HC02.** Delivery Method for this session: (Choose all that apply)

- In person
- Internet
- Printed Materials – magazines, newspapers
- Printed Materials – pamphlets, brochures
- Printed Materials – posters, billboards
- Radio
- Telephone
- Television
- Video
- Other, specify \_\_\_\_\_

**HC05.** Event start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (if continuous, put begin date for reporting period)  
Mon/ Day/ Year

**HC06.** Event end date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (if continuous, put end date for reporting period)  
Mon/ Day/ Year

**HC06a.** Date of report: \_\_\_\_/\_\_\_\_/\_\_\_\_

Totals:

- \_\_\_\_\_ HC07. Number of airings (if delivery method is radio or television)
- \_\_\_\_\_ HC08. Total number of people exposed to the message
- \_\_\_\_\_ HC09. Number of printed materials distributed
- \_\_\_\_\_ HC10. Number of web hits (if delivery method is internet)
- \_\_\_\_\_ HC11. Number of attendees (if delivery method is in person)
- \_\_\_\_\_ HC12. Number of callers (if delivery method is telephone)
- \_\_\_\_\_ HC13. Number of callers referred (if delivery method is telephone)
- \_\_\_\_\_ HC14. Number of male condoms distributed
- \_\_\_\_\_ HC15. Number of female condoms distributed
- \_\_\_\_\_ HC16. Number of lubricants distributed
- \_\_\_\_\_ HC17. Number of bleach or safer injection kits distributed
- \_\_\_\_\_ HC18. Number of referral lists distributed
- \_\_\_\_\_ HC19. Number of safe sex kits distributed
- \_\_\_\_\_ HC20. Number of other items distributed

**VIRGINIA PREVENTION EVALUATION SYSTEM**  
**❖ Aggregate Report Form (Health Communication/Public Information) ❖**  
**Table HC - PEMS-Compliant Version 2.0**

HC01. Intervention Code & Name:

<b>HC03. Activities or components of the intervention that occurred today (check all that apply)</b>	
<input type="checkbox"/> Referral  <b>Information</b> <input type="checkbox"/> HIV/AIDS transmission <input type="checkbox"/> Abstinence/postpone sexual activity <input type="checkbox"/> Other sexually transmitted diseases <input type="checkbox"/> Viral hepatitis <input type="checkbox"/> Availability of HIV/STD counseling and testing <input type="checkbox"/> Availability of partner notification and referral services <input type="checkbox"/> Living with HIV/AIDS <input type="checkbox"/> Availability of social services <input type="checkbox"/> Availability of medical services <input type="checkbox"/> Sexual risk reduction <input type="checkbox"/> IDU risk reduction <input type="checkbox"/> IDU risk free behavior <input type="checkbox"/> Condom/barrier use <input type="checkbox"/> Negotiation/Communication <input type="checkbox"/> Decision making <input type="checkbox"/> Disclosure of HIV status <input type="checkbox"/> Providing prevention services <input type="checkbox"/> HIV testing <input type="checkbox"/> Partner notification <input type="checkbox"/> HIV medication therapy adherence <input type="checkbox"/> Alcohol and drug use prevention <input type="checkbox"/> Sexual Health <input type="checkbox"/> Other  <b>Demonstration</b> <input type="checkbox"/> Condom/barrier use <input type="checkbox"/> IDU risk reduction <input type="checkbox"/> Negotiation and communication <input type="checkbox"/> Decision making <input type="checkbox"/> Disclosure of HIV status <input type="checkbox"/> Providing prevention services <input type="checkbox"/> Partner notification <input type="checkbox"/> Other  <b>Practice</b> <input type="checkbox"/> Condom/barrier use <input type="checkbox"/> IDU risk reduction <input type="checkbox"/> Negotiation/Communication <input type="checkbox"/> Decision making <input type="checkbox"/> Disclosure of HIV status <input type="checkbox"/> Providing prevention services <input type="checkbox"/> Partner notification <input type="checkbox"/> Other	<b>Discussion</b> <input type="checkbox"/> Sexual risk reduction <input type="checkbox"/> IDU risk reduction <input type="checkbox"/> HIV Testing <input type="checkbox"/> Other sexually transmitted diseases <input type="checkbox"/> Disclosure of HIV status <input type="checkbox"/> Partner notification <input type="checkbox"/> HIV medication therapy adherence <input type="checkbox"/> Abstinence/postpone sexual activity <input type="checkbox"/> IDU risk free behavior <input type="checkbox"/> HIV/AIDS transmission <input type="checkbox"/> Viral hepatitis <input type="checkbox"/> Living with HIV/AIDS <input type="checkbox"/> Availability of HIV/STD counseling and testing <input type="checkbox"/> Availability of partner notification and referral services <input type="checkbox"/> Availability of social services <input type="checkbox"/> Availability of medical services <input type="checkbox"/> Condom/barrier use <input type="checkbox"/> Negotiation/Communication <input type="checkbox"/> Decision making <input type="checkbox"/> Providing prevention services <input type="checkbox"/> Alcohol and drug use prevention <input type="checkbox"/> Sexual Health <input type="checkbox"/> Other  <b>Other testing</b> <input type="checkbox"/> Pregnancy <input type="checkbox"/> STD <input type="checkbox"/> Viral hepatitis  <b>Distribution</b> <input type="checkbox"/> Male condoms <input type="checkbox"/> Female condoms <input type="checkbox"/> Safe sex kits <input type="checkbox"/> Safer injection/bleach kits <input type="checkbox"/> Lubricants <input type="checkbox"/> Education materials <input type="checkbox"/> Referral lists <input type="checkbox"/> Role model stories <input type="checkbox"/> Other  <b>Other</b> <input type="checkbox"/> Post-intervention follow up <input type="checkbox"/> Post-intervention booster session <input type="checkbox"/> Other (specify) _____