

**FIRST CONTACT, Client Data Collection Form**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ Area: \_\_\_\_\_ Case No: \_\_\_\_\_  
 Outreach Worker 1 ID: \_\_\_\_\_ Amount of time with client: \_\_\_\_\_  
 Outreach Worker 2 ID: \_\_\_\_\_

Code of client: \_\_\_\_\_  
 (Note: Client code should be defined: IDU: Injection drug user; CSW: Commercial Sex worker; DU: Drug User; MSM: Men having sex with men. (Any combination as well ie: CSW+IDU: Both injection drug users and commercial sex workers;)

<p>1. Sex: Male: _____ Female: _____                  2. Age _____                  3. Occupation (Circle)                  1. Unemployed                  2. Self Employed                  3. Business Employed                  4. Student/Pupil                  Other (Specify) _____                  4. Highest Education Completed (Circle)                  1. No school                  2. Completed primary                  3. Completed secondary                  4. Completed University                  How many years of school _____                  5. Marital status and children(Circle)                  1. Single                  2. Married                  3. Divorce/Separate                  other (Specify) _____                  4. Number of Children _____                  6. Sexual Orientation                  1. Heterosexual (Straight)                  2. Homosexual (Gay)                  3. Bisexual (Both Gay and Straight)                  7. How did the client learn about the program services? (Circle)                  1. Don't know                  2. Booklet/leaflet                  3. Relatives/Friends                  4. Sex Partner                  5. Rehab                  6. VCT or other Health workers                  7. Fellow user                  8. Current outreach worker                  9. Other outreach worker (Name _____)                  Other (Specify) _____                  8. Risk Behavior                  A. Drug Users                  - Substance used: Heroin, Bahng, Cocaine, other _____                  - Mode of use: Inject, smoke, chase, other _____                  - How long using: Years _____ Months _____                  - (IDU) Last time injected _____                  - (DU) Last time used Drug _____                  In the past 7 days:                  - (IDU) Number of times of injected: _____                  - (IDU) Number times of sharing syringe and needle: _____                  - (IDU) Number of times sharing equip to mix drug _____                  - (DU) Number of times of used drug: _____                  - Times having vaginal sex/anal sex: _____                  - Times using condoms: _____                  - Number of sexual partners within the last 30 days _____                  - Number of sexual partners within the last 6 months _____                  B. Sex worker                  - How long: Years _____ Months _____                  - Last time engaged in sex work _____                  - MSM: No _____ Yes _____                  - Average Number of sex clients per week _____                  - Times having vaginal or anal sex per week _____                  - Times having oral sex per week _____                  - Times using condoms per week _____                  9. Risk Behavior Continued                  Applies to All: IDU, DU, CSW                  C. Diagnosed STD: Yes _____ No _____                  D. Diagnosed HIV: Yes _____ No _____                  Other Risks Specify _____</p>	<p>10. Religious Belief                  1. Muslim                  2. Christian                  3. Other                  11. Provided services (Circle)                  1. HIV/AIDS Education                  2. VCT Education                  3. Demo and practice of correct using and cleaning syringe and needle                  4. Demo and practice of correct condom use                  5. Risk reduction counseling                  6. Other (Specify) _____                  12. Supplies                  1. No supplies given.                  2. Leaflet (number given): _____                  3. Booklet: (number given): _____                  4. Condom: (number given): _____                  5. Bleach: (number given): _____                  6. Other (Specify) _____                  13. Types of services used in past (Circle)                  1. None                  2. Locations to access condoms                  3. VCT testing                  4. HIV counseling                  5. HIV treatment                  6. Drop in Center                  7. Local outpatient addictions treatment                  8. Hospital/TB center                  9. Hospital/STD center                  10. Family planning program                  11. Youth counseling center                  12. FHI                  13. Rehab center                  14. Other health services (Specify): _____                  15. Other (Specify) _____                  16. Comments: _____                  14. Referral services (Circle)                  1. None                  2. Locations to access condoms                  3. VCT testing  <input type="checkbox"/> Gave Clt referral form, Clt to go to VCT  <input type="checkbox"/> Brought Clt to VCT and was tested  <input type="checkbox"/> Brought Clt to VCT and was not tested  <input type="checkbox"/> Brought Clt to VCT, not know if tested                  4. HIV counseling                  5. HIV treatment                  6. Drop in Center                  7. Local outpatient addictions treatment                  8. Hospital/TB center                  9. Hospital/STD center                  10. Family planning program                  11. Youth counseling center                  12. FHI                  13. Rehab center                  14. Other health services (Specify): _____                  15. Other (Specify) _____                  16. Comments: _____</p>
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**Summary of risk reduction plan for first client contact**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ Area: \_\_\_\_\_ Case No: \_\_\_\_\_  
 Outreach Worker 1 ID: \_\_\_\_\_  
 Outreach Worker 2 ID: \_\_\_\_\_

Code of client: \_\_\_\_\_  
 (Note: Client code should be defined: IDU: Injection drug user; CSW: Commercial Sex worker; DU: Drug User; MSM: Men having sex with men. (Any combination as well ie: CSW+IDU: Both injection drug users and commercial sex workers;)

**Types of plan: (Circle all that apply)**

- Client will try to shift from injection to smoking**
  - Client will talk to peers
  - Client will talk to others or attend drop in center
  - Client will try to reduce number of drug injections
  - Clients will not be going to shooting venues
  - Clients will change kind of drug to use
 Comments: \_\_\_\_\_
- The client will practice safe injection**
  - Client will not share syringes and needles
  - Client will not share solution with others
  - Client will use clean syringe and needle every time he injects
  - Client will shoot alone
  - Client will participate syringes and needles program
  - Client will always clean syringe and needle in case of using
  - Client will buy disposable syringes and needles for every shot
 Comments: \_\_\_\_\_
- The client will adopt safe sex behaviors**
  - Client will abstain from sex
  - Client will get to know partner better before having sex
  - Client will remain faithful to only one partner
  - Client will talk to sex partner about using condoms
  - Client will always use condom every time having sex
  - Client will always buy condom every time having sex
  - Client will break up with high-risk partner (CSW, drug injectors)
  - Client decrease/eliminate alcohol/drug use when having sex
  - Client will avoid places where he/she uses alcohol/drugs
 Comments: \_\_\_\_\_
- The client will go to VCT site and have an HIV test**
  - Client will talk to peers to find status-known peers
  - Client will make an appointment
  - Client will talk to partners
  - Client will ask partner to get tested  
(Identify if: \_\_\_\_\_ Drug partner \_\_\_\_\_ Sex partner \_\_\_\_\_ Both Drug & Sex)
  - Client will have oral sex
 Comments: \_\_\_\_\_

**REPEATED CONTACTS, Client Data Collection Form**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ Area: \_\_\_\_\_ Client No: \_\_\_\_\_  
Outreach Worker 1 ID: \_\_\_\_\_ Amount of time with client: \_\_\_\_\_  
Outreach Worker 2 ID: \_\_\_\_\_

Code of client: \_\_\_\_\_

(Note: Client code should be defined: IDU: Injection drug user; CSW: Commercial Sex worker; DU: Drug User; MSM: Men having sex with men. (Any combination as well ie : CSW+IDU: Both injection drug users and commercial sex workers;)

Sex: M \_\_\_ F \_\_\_

**I. Risk Behavior**

**A. Drug Users**

- Substance used: Heroin, Bahng, Cocaine, other \_\_\_\_\_
- Mode of use: Inject, smoke, chase, other \_\_\_\_\_
- How long using: Years \_\_\_\_\_ Months \_\_\_\_\_
- (IDU) Last time injected \_\_\_\_\_
- (DU) Last time used Drug \_\_\_\_\_

**In the past 7 days:**

- (IDU) Number of times of injected: \_\_\_\_\_
- (IDU) Number times of sharing syringe and needle: \_\_\_\_\_
- (IDU) Number of times sharing equip to mix drug \_\_\_\_\_
- (DU) Number of times of used drug: \_\_\_\_\_
- Times having vaginal sex/anal sex: \_\_\_\_\_
- Times using condoms: \_\_\_\_\_
- Number of sexual partners within the last 30 days \_\_\_\_\_
- Number of sexual partners within the last 6 months \_\_\_\_\_

**B. Sex worker**

- How long: Years \_\_\_\_\_ Months \_\_\_\_\_
- Last time engaged in sex work \_\_\_\_\_
- MSM: No \_\_\_ Yes \_\_\_
- Average Number of sex clients per week \_\_\_\_\_
- Times having vaginal or anal sex per week \_\_\_\_\_
- Times having oral sex per week \_\_\_\_\_
- Times using condoms per week \_\_\_\_\_

Applies to All: IDU, DU, CSW Applies to All: IDU, DU, CSW

D. Diagnosed STD: Yes \_\_\_ No \_\_\_

E. Diagnosed HIV: Yes \_\_\_ No \_\_\_

Other Risks Specify \_\_\_\_\_

**2. Provided services (Circle)**

1. HIV/AIDS Education
2. VCT Education
3. Demo and practice of correct using and cleaning syringe and needle
4. Demo and practice of correct condom use
5. Risk reduction counseling
6. Other (Specify) \_\_\_\_\_

**3. Supplies**

1. No supplies given.
2. Leaflet (number given): \_\_\_\_\_
3. Booklet: (number given): \_\_\_\_\_
4. Condom: (number given): \_\_\_\_\_
5. Bleach: (number given): \_\_\_\_\_
6. Other (Specify) \_\_\_\_\_

**4. Types of services used in past (Circle)**

1. None
2. Locations to access condoms
3. VCT testing
4. HIV counseling
5. HIV treatment
6. Drop in Center
7. Local outpatient addictions treatment
8. Hospital/TB center
9. Hospital/STD center
10. Family planning program
11. Youth counseling center
12. FHI
13. Rehab center
14. Other health services (Specify): \_\_\_\_\_
15. Other (Specify) \_\_\_\_\_
16. Comments: \_\_\_\_\_

**5. Referral services (Circle)**

1. None
2. Locations to access condoms
3. VCT testing
  - Gave Clt referral form, Clt to go to VCT
  - Brought Clt to VCT and was tested
  - Brought Clt to VCT and was not tested
  - Brought Clt to VCT, not know if tested
4. HIV counseling
5. HIV treatment
6. Drop in Center
7. Local outpatient addictions treatment
8. Hospital/TB center
9. Hospital/STD center
10. Family planning program
11. Youth counseling center
12. FHI
13. Rehab center
14. Other health services (Specify): \_\_\_\_\_
15. Other (Specify) \_\_\_\_\_
16. Comments: \_\_\_\_\_

**Summary of risk reduction plan for repeated client contact**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ Area: \_\_\_\_\_ Case No: \_\_\_\_\_

Outreach Worker 1 ID: \_\_\_\_\_

Outreach Worker 2 ID: \_\_\_\_\_

Code of client: \_\_\_\_\_

(Note: Client code should be defined: IDU: Injection drug user; CSW: Commercial Sex worker; DU: Drug User; MSM: Men having sex with men. (Any combination as well ie : CSW+IDU: Both injection drug users and commercial sex workers;)

**Types of plan: (Circle all that apply plus circle if “did” or “will” engage in behavior)**

**1. Client will try to shift from injection to smoking**

- A. Client “did”, “did not” or “will” talk to peers
- B. Client “did”, “did not” or “will” talk to others or attend drop in center
- C. Client “did”, “did not” or “will” try to reduce number of drug injections
- D. Client “did”, “did not” or “will” not be going to shooting venues
- E. Client “did”, “did not” or “will” change kind of drug to use

Comments: \_\_\_\_\_

**2. The client will practice safe injection**

- A. Client “did”, “did not” or “will” not share syringes and needles
- B. Client “did”, “did not” or “will” not share solution with others
- C. Client “did”, “did not” or “will” use clean syringe and needle every time he injects
- D. Client “did”, “did not” or “will” shoot alone
- E. Client “did”, “did not” or “will” participate syringes and needles program
- F. Client “did”, “did not” or “will” always clean syringe and needle in case of using
- G. Client “did”, “did not” or “will” buy disposable syringes and needles for every shot

Comments: \_\_\_\_\_

**3. The client will adopt safe sex behaviors**

- A. Client “did”, “did not” or “will” abstain from sex
- B. Client “did”, “did not” or “will” get to know partner better before having sex
- C. Client “did”, “did not” or “will” remain faithful to only one partner
- D. Client “did”, “did not” or “will” talk to sex partner about using condoms
- E. Client “did”, “did not” or “will” always use condom every time having sex
- F. Client “did”, “did not” or “will” always buy condom every time having sex
- G. Client “did”, “did not” or “will” break up with high-risk partner (CSW, IDU’s)
- H. Client “did”, “did not” or “will” decrease/eliminate alcohol/drug use when having sex

I. Client “did”, “did not” or “will” avoid places where he/she uses alcohol/drugs

Comments: \_\_\_\_\_

**4. The client will go to VCT site and have an HIV**

- A. Client “did”, “did not” or “will” talk to peers to find status-known peers
- B. Client “did”, “did not” or “will” make an appointment
- C. Client “did”, “did not” or “will” talk to partners
- D. Client “did”, “did not” or “will” ask partner to get tested

(Identify if: Drug partner \_\_\_ Sex partner \_\_\_ Both Drug & Sex \_\_\_\_\_)

E. Client “did”, “did not” or “will” have oral sex

Comments: \_\_\_\_\_