

Field Report

HIV Early Intervention Services (EIS)

Part I: Activity Log

(Revised 12/20/2011)

Center Name _____ City/Town _____

Submitted by _____ Phone _____

Cell Phone _____

Check Quarter: First July 1 – September 30 Year _____ *Due October 15*

Second October 1 – December 31 Year _____ *Due January 15*

Third January 1 – March 31 Year _____ *Due April 15*

Fourth April 1 – June 30 Year _____ *Due July 15*

Number of consumers who agreed to the traditional OraSure test	
Of those who took the OraSure test, how many received Post Test Counseling?	
No. of HIV positive test results from OraSure testing (<i>do not count rapid confirmatory tests</i>)	
Number of consumers who agreed to the Rapid HIV Test (OraQuick or Clearview)	
Of those who took the rapid test, how many received Post Test Counseling?	
How many had a preliminary positive result?	
No. of preliminary positive results that were confirmed (count here - not under OraSure)	
Number of consumers who agreed to a Blood Drawn HIV Test	
Of those who took blood drawn test, how many received Post Test Counseling?	
Number of HIV positive test results from blood drawn testing	
Total number of consumers that you have newly diagnosed HIV-positive this quarter.*	
Number of self-identified HIV-positive consumers you worked with this quarter.*	
Total number of HIV-positive consumers served this quarter.	
Number of new positives that you referred to services	
Number of self-identified HIV-positive consumers that you linked to services	
Number of HIV Test Report Forms (aka bubble sheets) sent to Judi Duffy	

Send report to Katherine Bever by fax 404-704-0699 or email katherine@imaginehope.com

QUESTIONS?

Call Imagine Hope President Marie Sutton at 404-874-4040 or Winona Holloway at 404.923.8991.

*** Fill out the confidential form *HIV-positive Consumer Served Today* (one time only) for each HIV-positive consumer that you serve.**

For a copy, email winona@imaginehope.com.

Part II: Narrative

The numbers you provided on page one do not tell the whole story.

The one thing you *must* report every quarter is your interaction with HIV+ consumers.

Below are some topics that may give you ideas about how to describe your program:

If you're testing less than 40% of the consumers entering your facility, talk about why.

If you're testing *over* 40% of the consumers who enter your facility, talk about how.

If you're post-test counseling less than 100% of those who test, please explain.

Describe any difficulties or successes this quarter – please be detailed, give examples.

If you are not identifying HIV-positive consumers, what plans do you have to reach those at higher risk?

In what ways does the staff at your organization support your efforts?

What kind of HIV training do you provide to staff members?

Describe the network you have established for referral of consumers who test positive.

Talk about how you collaborate - and with whom - to leverage your HIV prevention efforts.

Discuss changes, if any, you made this quarter and why.

NOTE: Be sure to follow up on those changes in your next report.

Email report to Katherine@imaginehope.com or fax to 404-704-0699.