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ABOUT THE MODULE 6 APPENDICES

This appendix material contains tools that can be used to:

- Learn more about a client population actively involved in high-risk activities in an urban area
- Recruit, follow-up, and retain hard-to-reach clients for HIV counseling and testing
- Operate a street outreach program for sexually active and medically underserved African American urban population

Sample materials in the appendices include:

- Fact sheets about STDs
- Fact sheets about the medications used for the treatment of STDs
- Health education handouts: stories about typical clients and changes in their high-risk behavior
- Community-based health education tools to explain the epidemiology of STDs
- Baseline and follow-up surveys that provide information about pre- and post-testing change behavior
- Community workshop agenda

Each of the appendices is briefly described below.

Appendix A. Consent Form

The Consent Form is signed by the intervention participants after their eligibility is determined using the Appendix E questionnaire. It describes the study components and procedures for the intervention and comparison groups, the incentives, and the risks.

Appendix B. Locator Script and Client Locator Form

The Locator Script is used by the outreach worker to explain to the participant why contact information is being collected using the locator form.

The Client Locator Form is administered during initial visit to:

- Collect information that can be used to find a client (e.g., name, phone, address, places where client hangs out) and provides emergency contact (family or relative, social/case worker, medical provider) information.
- Provide for follow-up status, especially if client has been incarcerated.

Appendix C. Baseline Survey—Health Behaviors

The baseline interview is used for both the intervention group and the comparison group. Questions measure the client's HIV and STD risk perceptions, decisional balance scales for condom use, self-efficacy for condom use, sexual and drug use practices, and future intentions to change these behaviors.

- Administered during the initial contact with eligible participants.
- Takes approximately 60–75 minutes to administer.

Appendix D. Follow-up Survey—Preventive Intentions

This survey provides the format for the follow-up interview administered when client returns for test results.

- Repeats the risk perception, decisional balance scales, self-efficacy, and future behavioral intention questions from the baseline survey. Answers can be compared to baseline survey to determine knowledge and behavior change.
- Takes approximately 10–15 minutes to administer.

Appendix E. Eligibility Screener

This form is a sample client eligibility screening questionnaire to be administered by CBO staff. It includes eligibility criteria and interview questions.

Appendix F. Follow-up Reminder Flyer

This sample flyer is posted in the intervention neighborhood.

- Prompts clients to remember location of survey and incentives to participate.
- Lists location, dates and times that the health van will return to the neighborhood for to provide test results and follow-up.

Appendix G. Intervention Protocol

This form provides the intervention protocol to be used by outreach workers.

- Outreach staff can use this script to walk through the intervention step by step with the client.
- Explains requirements and reasons for each step, and reminds the outreach worker which forms need to be completed and/or signed.

Appendix H. Medical History Form

This form is used to collect client general health, sexual/reproductive health, and sexual and drug use behavior history.

- Provides space for clinician to record results from the physical examination and laboratory testing—diagnosis, treatment, and referrals.
- Can be used in conjunction with intentions reported in the baseline survey (Appendix C) to determine any increase in HIV preventive behaviors.

Appendix I. Medication Fact Sheets

Information—written in easy-to-understand layperson’s language—that educates the client on instructions for use and potential side effects of drugs prescribed to treat STDs.

Appendix J. STD Fact Sheets

Information, written in easy-to-understand layperson’s language, that educates the client on symptoms and treatment protocols for STDs.

Appendix K. Clinic Referral Sheet

Provides client with the names, locations, and phone numbers of local hospitals, clinics, and other health care providers that they can contact for follow-up medical care.

Appendix L. Hot Zone Maps

These maps show the locations of reported HIV and STD cases in Alameda county by city and in the city of Oakland by zip code. The maps were compiled using data from the California Department of Health Services and shown to clients by counselors during intervention interviews. The maps provide a vivid illustration of the neighborhoods in which engaging in risky behavior will put the client at greatest risk of contracting HIV or other STDs.

Appendix M. Clinician Protocol

This form provides a step-by-step examination protocol to be used by the intervention clinician. It reminds the clinician what symptoms to check for and what diagnosis, treatment, and risk reduction information needs to be communicated to the client.

Appendix N. Sample Role Model Stories

These brief role model stories are told from the viewpoint of individuals who have engaged in past risky behaviors but have taken some action to become safer.

Appendix O. Workshop Information Sheet

Sample protocol provides guidelines for conducting a risk reduction and prevention education “safer sex” workshop.

Use of Materials

All the resources presented in the appendices for Module 6 are derived from materials developed and used as part of the project listed below. These materials may be freely used for HIV/AIDS prevention intervention evaluation programs. Publications that use any of the forms, surveys, and so forth, or that are based on any of the materials included in these appendices, should provide a citation of the original project and principal investigators:

Reducing HIV in African Americans: A Comprehensive Approach

UARP grants CR00-CPEP-124 and CR00-SF-125

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