

Aggregate Outreach Intervention Report Form

Please complete one form for each outreach event.

Name of Contracting Agency:

Reporting period begin date:

Reporting period end date:

Program Model Name:

Intervention Name:

Outreach Intervention Record

Date of Event: ____/____/____ Duration of event: _____ minutes	Proportion (number) by gender: ____ Male ____ Female ____ Transgender ____ Unknown	Outreach Activities (identify by number from Outreach Activity list or attach list and circle activities):
Location where intervention took place (from intervention workplan):	Proportion (number) by ethnicity: ____ Hispanic or Latino ____ Not Hispanic or Latino ____ Unknown	Number of Materials Distributed: ____ Male Condoms ____ Female Condoms ____ Bleach/safer injection kits ____ HIV Education Materials ____ STD Education Materials ____ Hepatitis Education Materials ____ Safer sex kits ____ Referral lists ____ Role Model Stories ____ Other (specify):
Total number of client contacts =	Proportion (number) by Race: ____ American Indian or Alaska Native ____ Asian ____ Black or African American ____ Native Hawaiian or Other Pacific Islander ____ White ____ Unknown	Comments:
Client primary risk (Indicate the proportion/number of the total number of client contacts whose primary risk was one or more of the following): ____ MSM ____ IDU ____ MSM/IDU ____ Sex with Transgender ____ Heterosexual Contact ____ Other/Risk Not Identified	Proportion (number) by Age: ____ Under 13 years ____ Age 13-18 years ____ Age 19-24 years ____ Age 25-34 years ____ Age 35-44 years ____ Age 45 years and older	