

**Cooperative Agreement for AIDS  
Community-Based  
Outreach/Intervention Research  
Program, 1992-1998: [United  
States]**

*United States Department of Health and  
Human Services. National Institutes of  
Health. National Institute on Drug Abuse*

Process Data Questionnaire



## **Terms of Use**

The terms of use for this study can be found at:

<http://datafiles.samhsa.gov/terms-use-nid3422>



## Questionnaire on Site-Specific Implementation of the Cooperative Agreement Standard Intervention

Attached is a 9-part questionnaire that will ask you about your site's Standard Intervention. We would like a candid report on how your site actually implements each of the intervention components—*NOT simply a recitation of what the manual says to do.*

Probably the best approach is to have different staff members complete the sections of the questionnaire that concern activities to which they are routinely assigned. For example, the section on recruitment design would be completed by an outreach worker, the section on testing by a phlebotomist or other health specialist, and so on. A recommended approach to assigning the sections is shown below.

The investigator should review staff responses to be sure that certain items (such as incentives) are not inadvertently counted twice when more than one process is conducted during a single office visit.

QUESTIONNAIRE SECTION:	RECOMMENDED TO BE COMPLETED BY:
I. Outreach/Recruitment (pp. 1 – 3)	Outreach worker or supervisor
II. Intake (pp. 4 – 6)	Interviewer or other intake staffer
III. SI Session I (pp. 7 – 10)	Counselor or other
IV. HIV Antibody Testing (pp. 11 – 14)	Phlebotomist or other
V. SI Session II (pp. 15 – 20)	Counselor or other
VI. SI Session III (pp. 21 – 22)	Counselor or other
VII. Eligibility and Assignment (pp. 23 – 24)	Investigator
VIII. Other Intervention Projects (pp. 25 – 26)	Investigator
IX. Other Client Contacts (p. 27)	Interviewer or other intake staffer

**Standard Intervention Questionnaire****I. OUTREACH/RECRUITMENT OF STUDY PARTICIPANTS****A. Personnel involved in street recruitment (not walk-ins)**

For questions 1–4, **CIRCLE YES OR NO** to indicate whether anyone in each staff position has been involved in street recruitment.

- |                                    |     |    |            |
|------------------------------------|-----|----|------------|
| 1. Receptionists/clerks            | Yes | No | <b>SI1</b> |
| 2. Outreach workers                | Yes | No | <b>SI2</b> |
| 3. Interviewers                    | Yes | No | <b>SI3</b> |
| 4. HIV interventionists/counselors | Yes | No | <b>SI4</b> |
| 5. Other (specify)                 | Yes | No | <b>SI5</b> |

For questions 6–8, indicate the gender and racial/ethnic distributions of site personnel usually involved in street outreach by filling in the numbers of employees in the spaces provided. For question 8, indicate the average staff turnover rate (annualized), expressed as a percentage of the total number of employees involved in these activities. N/A stands for Don't Know or Refused.

- |   |                |              |               |              |
|---|----------------|--------------|---------------|--------------|
| 6. Gender distribution of outreach workers                | Males _____    | <b>SI6_1</b> | Females _____ | <b>SI6_2</b> |
| 7. Racial/ethnic distribution of outreach workers         | White _____    | <b>SI7_1</b> | Black _____   | <b>SI7_2</b> |
|   | Hispanic _____ | <b>SI7_3</b> | Other _____   | <b>SI7_4</b> |
|   | N/A _____      | <b>SI7_5</b> |               |              |
| 8. Average turnover rate of outreach workers (annualized) | _____ %        | <b>SI8</b>   |               |              |

**B. Duration of outreach/recruitment activities**

For questions 9–10, indicate the average number of street contacts (or other non-office contacts) made with a client before he/she is recruited and begins to participate in the program and the range (lowest to greatest) of number of contacts with any individual client. For questions 11–12, indicate the average amount of time, in minutes, spent per outreach contact (not overall) and the range of shortest to longest amount of time spent on individual contacts. For question 13, indicate the average percentage of clients who are walk-ins (i.e., those who were not contacted by outreach workers).

- |  |   |             |
|--|---|-------------|
| 9. Number of outreach contacts before recruitment  | Average: _____ contacts                       | <b>SI9</b>  |
| 10. Range of lowest to greatest number of contacts | Range: <b>SI10_1</b> to <b>SI10B_2</b> times  |             |
| 11. Amount of time spent per outreach contact      | Average: <b>SI11</b> minutes                  |             |
| 12. Range of shortest to longest contacts          | Range: <b>SI12_1</b> to <b>SI12_2</b> minutes |             |
| 13. Average percentage of clients who are walk-ins | _____ %                                       | <b>SI13</b> |

**Standard Intervention Questionnaire—I. Outreach/Recruitment****C. Content of outreach/recruitment contacts**

For questions 14–24, **CIRCLE ALWAYS, SOMETIMES, or NEVER** to indicate whether each item is included as part of outreach/recruitment contacts; some questions relate to whether certain topics are included in discussions with potential clients, while others relate to whether certain materials are distributed. For question 22, indicate the average amount of reimbursement, if any, given to contacts. For questions 23 and 24, indicate any other types of literature or materials distributed, either routinely or upon request, in the spaces provided.

14. Description of the study	Always	Sometimes	Never	<b>SI14</b>
15. Offer of HIV antibody test	Always	Sometimes	Never	<b>SI15</b>
16. Distribution of HIV-related literature	Always	Sometimes	Never	<b>SI16</b>
17. Distribution of condoms	Always	Sometimes	Never	<b>SI17</b>
18. Demonstration of condom use	Always	Sometimes	Never	<b>SI18</b>
19. Distribution of bleach	Always	Sometimes	Never	<b>SI19</b>
20. Demonstration of needle disinfection	Always	Sometimes	Never	<b>SI20</b>
21. Distribution of rinse water	Always	Sometimes	Never	<b>SI21</b>
22. Monetary reimbursement (If ALWAYS or SOMETIMES, indicate amount)	Always	Sometimes	Never	<b>SI22_1</b> Amount:\$ <b>SI22_2</b>
23. Other types of literature or materials distributed routinely (Specify)	Yes	No	_____	<b>SI23</b>
24. Other types of literature or materials distributed upon request (Specify)	Yes	No	_____	<b>SI24</b>

**D. Outreach eligibility (Who is approached by outreach workers?)****Who is avoided?)**

Questions 25 and 26 relate to potential clients who are *approached* by outreach workers. **CIRCLE YES OR NO** to indicate whether your site uses special recruitment criteria and whether your site's recruitment criteria or methods have changed over time. **Use a separate sheet** to describe any changes in your recruitment criteria or methods, including dates on which changes were made and reasons for the changes (please mark the sheet "Question 26" at the top).

25. Special recruitment criteria used (Specify)	Yes	No	_____	<b>SI25</b>
26. Recruitment criteria/methods have changed over time	Yes	No	(Describe on a separate sheet)	<b>SI26</b>





**Standard Intervention Questionnaire****II. INTAKE: SCREENING AND BASELINE DATA COLLECTION****A. Personnel involved in intake**

For questions 34–39, **CIRCLE YES OR NO** to indicate whether anyone in each staff position has been involved in intake activities. For question 40, indicate whether you match intake staff to clients; for question 41, indicate your average turnover rate among staff involved in intake.

34. Receptionists/clerks	Yes	No	<b>SI34</b>
35. Outreach workers	Yes	No	<b>SI35</b>
36. Interviewers	Yes	No	<b>SI36</b>
37. HIV interventionists/counselors	Yes	No	<b>SI37</b>
38. Assessment Center Coordinator	Yes	No	<b>SI38</b>
39. Other (specify)	Yes	No	<b>SI39</b>
40. Do you match staff to client for intake? (If YES, on what basis?)	Yes	No	<b>SI40</b>
40a. Language	Yes	No	<b>SI40A</b>
40b. Gender	Yes	No	<b>SI40B</b>
40c. Race/ethnicity	Yes	No	<b>SI40C</b>
40d. Other (Specify)	Yes	No	_____ <b>SI40D</b>
41. Average turnover rate of intake personnel (annualized)	.....	_____ %	<b>SI41</b>

**B. Content of intake/screening activities**

For questions 42–47, **CIRCLE YES OR NO** to indicate whether each item is included as part of intake activities. For question 48, indicate the average time spent in the intake/screening process.

42. Explain research purposes/procedures	Yes	No	<b>SI42</b>
43. Confirm eligibility	Yes	No	<b>SI43</b>
43a. Check track marks (of IDUs)	Yes	No	<b>SI43A</b>
43b. Urine testing	Yes	No	<b>SI43B</b>
43c. 18 years of age or older	Yes	No	<b>SI43C</b>
43d. Not in a drug treatment program in last 30 days	Yes	No	<b>SI43D</b>



SI

**Standard Intervention Questionnaire—II. Intake**

52. Reimbursement for other instruments (Specify amount) Yes No **SI52\_1** Amount: \$ **SI52\_2**
53. When is reimbursement given? (Specify) (Circle NA if reimbursement is not given) NA \_\_\_\_\_
54. Other incentives provided for participation in intake/screening/ data collection activities (e.g., food or clothing banks) (Specify) Yes No \_\_\_\_\_ **SI54**  
\_\_\_\_\_  
\_\_\_\_\_
55. Do you match staff to client for administration of RBA? (If YES, on what basis?) Yes No **SI55**
- 55a. Language Yes No **SI55A**
- 55b. Gender Yes No **SI55B**
- 55c. Race/ethnicity Yes No **SI55C**
- 55d. Other (Specify) Yes No \_\_\_\_\_ **SI55D**

**Standard Intervention Questionnaire**

**III. STANDARD INTERVENTION, SESSION I**

**A. Personnel involved in Session I**

For questions 56–61, **CIRCLE YES OR NO** to indicate whether anyone in each staff position has been involved in Session I. For question 62, indicate whether you match intervention staff to clients; for question 63, indicate your average turnover rate among staff involved in Session I.

56. Receptionists/clerks	Yes	No	<b>SI56</b>
57. Outreach workers	Yes	No	<b>SI57</b>
58. Interviewers	Yes	No	<b>SI58</b>
59. HIV interventionists/counselors	Yes	No	<b>SI59</b>
60. Assessment Center Coordinator	Yes	No	<b>SI60</b>
61. Other (specify)	Yes	No	<b>SI61</b>
62. Do you match staff to client for intake? (If YES, on what basis?)	Yes	No	<b>SI62</b>
62a. Language	Yes	No	<b>SI62A</b>
62b. Gender	Yes	No	<b>SI62B</b>
62c. Race/ethnicity	Yes	No	<b>SI62C</b>
62d. Other (Specify)	Yes	No	_____ <b>SI62D</b>
63. Average turnover rate of intervention staff (annualized)	.....	_____ %	<b>SI63</b>

**B. Timing of Session I**

For questions 64–65, **CIRCLE YES OR NO** to indicate whether Session I is offered on the same day as the RBA or after the RBA. If the answer to question 65 is YES (after the RBA), answer question 65a by indicating how long after the RBA.

64. Session I offered on the same day as the RBA	Yes	No	<b>SI64</b>
65. Session I offered after the date of the RBA	Yes	No	<b>SI65</b>
65a. If YES, average number of days after the RBA	.....	Average: <b>SI65A</b> days	

**Standard Intervention Questionnaire—III. Session I**

**C. Format of Session I**

For questions 66–67, **CIRCLE YES OR NO** to indicate whether individual and group counseling sessions are offered as part of Session I. For question 68, indicate the total amount of time usually spent in Session I, including any additional time spent providing information on tuberculosis and/or hepatitis.

- |   |       |   |             |
|---|-------|---|-------------|
| 66. Individual counseling session   | Yes   | No  | <b>SI66</b> |
| 67. Couples counseling session  | Yes   | No  | <b>SI67</b> |
| 68. Total amount of time spent in Session I (including additional material—see also question 78a) | ..... | Average: <b>SI68</b> minutes                  |             |
|   |       | Range: <b>SI68_1</b> to <b>SI68_2</b> minutes |             |

**D. Content of Session I**

For questions 69–88, **CIRCLE YES OR NO** to indicate whether each item is included as part of Session I; some questions relate to whether certain activities take place, while others relate to whether certain materials are distributed. For question 69a, circle only “A” or “B.” For question 78, circle “A” and/or “B” and/or “C” as appropriate. Use the space provided for amounts of time, amounts of incentives, or other specific information as requested.

- |   |         |  |               |
|---|---------|--|---------------|
| 69. Review of A cue cards (If YES, answer 69a)          | Yes     | No   | <b>SI69</b>   |
| 69a. How do you use the cards? (Circle only one answer) | A ..... | Use cue cards as loose guidelines, adapting to each client | <b>SI69A</b>  |
|   | B ..... | Closely follow the language of cue cards                   |               |
| 70. Audio/video screening                               | Yes     | No   | <b>SI70</b>   |
| 71. Demonstration of needle cleaning                    | Yes     | No   | <b>SI71</b>   |
| 72. Client rehearsal of needle cleaning                 | Yes     | No   | <b>SI72_1</b> |
| 72a. If YES, average no. of times                       | .....   | _____  | <b>SI72_2</b> |
| 73. Distribution of bleach                              | Yes     | No   | <b>SI73</b>   |
| 74. Distribution of rinse water                         | Yes     | No   | <b>SI74</b>   |
| 75. Demonstration of condom use                         | Yes     | No   | <b>SI75</b>   |
| 76. Client rehearsal of condom use                      | Yes     | No   | <b>SI76_1</b> |
| 76a. If YES, average no. of times                       | .....   | _____  | <b>SI76_2</b> |
| 77. Distribution of condoms                             | Yes     | No   | <b>SI77</b>   |

SI

**Standard Intervention Questionnaire—III. Session I**

78. Have you added additional information/counseling on new bleach use guidelines from CDC/NIDA/CSAT; TB; and/or hepatitis?  
**(Circle all that apply)**
- A .....New bleach use guidelines **SI78A**  
 B .....Tuberculosis (TB) **SI78B**  
 C .....Hepatitis **SI78C**

78a. If YES, amount of time added to Session I (see also question 68)

Average: **SI78A\_1** minutes

Range: **SI78A\_2** to **SI78A\_3** minutes

79. Distribution of HIV-related literature Yes No **SI79**
80. Other types of literature or materials distributed routinely (Specify) Yes No \_\_\_\_\_ **SI80**  
 \_\_\_\_\_
81. Other types of literature or materials distributed upon request (Specify) Yes No \_\_\_\_\_ **SI81**  
 \_\_\_\_\_
82. Changes/alterations in Standard Intervention (e.g., additional or altered information) (Specify) Yes No \_\_\_\_\_ **SI82**  
 \_\_\_\_\_  
 \_\_\_\_\_
83. Discussion of HIV antibody test Yes No **SI83**
84. Other activities or materials (Specify) Yes No \_\_\_\_\_ **SI84**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
85. Monetary reimbursement (If YES, indicate amount) Yes No **SI85\_1** Amount: \$ **SI85\_2**
86. When is reimbursement for participation given? (Specify) ..... \_\_\_\_\_ **SI86**  
 \_\_\_\_\_  
**(Circle NA if reimbursement is not given)** NA
87. Other incentives for attendance (e.g., food or clothing bank) (Specify) Yes No \_\_\_\_\_ **SI87**  
 \_\_\_\_\_

SI

**Standard Intervention Questionnaire—III. Session I**

88. Do you adapt/modify the intervention for gender/ethnic/cultural groups?  
(If YES, briefly describe)

Yes	No		<b>SI88</b>

**Standard Intervention Questionnaire**

**IV. HIV ANTIBODY TESTING**

**A. Personnel involved in blood drawing (excluding transportation staff)**

For questions 89–93, **CIRCLE YES OR NO** to indicate whether anyone in each staff position has been involved in HIV antibody testing. For question 94, indicate whether you match testing staff to clients; for question 95, indicate your average turnover rate among staff involved in testing.

89. Outreach workers	Yes	No	<b>SI89</b>
90. Interviewers	Yes	No	<b>SI90</b>
91. Phlebotomists	Yes	No	<b>SI91</b>
92. HIV interventionists/counselors	Yes	No	<b>SI92</b>
93. Other (specify)	Yes	No	<b>SI93</b>
94. Do you match HIV testing staff to client? (If YES, on what basis?)	Yes	No	<b>SI94</b>
94a. Language	Yes	No	<b>SI94A</b>
94b. Gender	Yes	No	<b>SI94B</b>
94c. Race/ethnicity	Yes	No	<b>SI94C</b>
94d. Other (Specify)	Yes	No	_____ <b>SI94D</b>
95. Average turnover rate (annualized)	.....	_____ %	<b>SI95</b>

**B. Format of HIV antibody testing**

For question 96, **CIRCLE YES OR NO** to indicate whether HIV antibody testing is offered to all clients; specify clients to whom testing is offered/not offered in 96a-b, if appropriate. For question 97, indicate whether testing is required for study participation. For question 98, indicate the average percentage of clients who are tested. For 99, indicate the type(s) of testing (e.g., ELISA or Western blot). Question 100 concerns confirmation of seropositivity of clients who refuse testing because they say they are HIV positive.

96. Is testing offered to all clients?	Yes	No	<b>SI96</b>
96a. If NO, to whom is testing offered?	.....	_____	_____
96b. If NO, to whom is testing <b>not</b> offered?	.....	_____	_____
97. Is testing required for study participation?	Yes	No	<b>SI97</b>



SI

**Standard Intervention Questionnaire—IV. HIV Antibody Testing**

98. Average percent tested ..... \_\_\_\_\_ % **SI98**
99. What type of testing is offered ..... **SI99**  
(e.g., ELISA, Western blot?) \_\_\_\_\_
100. If clients refuse because they are HIV+, do you confirm with results from alternative testing facilities? Yes No **SI100**
- 100a. If YES, do you obtain confirming documentation? Yes No **SI100A**
- 100b. Do you report confirmation to NOVA on HTR form? Yes No **SI100B**

**C. Location of test facilities**

For questions 101–104, **CIRCLE YES OR NO** to indicate whether HIV antibody testing is offered on-site, in a clinic, in a mobile van, or through referrals (circle all that apply).

101. On-site office location Yes No **SI101**
102. Clinic (If YES, identify: if clinic is off-site, answer questions 102a-c) Yes No \_\_\_\_\_ **SI102**  
\_\_\_\_\_
- 102a. Who transports clients? ..... \_\_\_\_\_
- 102b. How far is the trip? ..... \_\_\_\_\_ miles **SI102B**
- 102c. How long does the trip take? ..... \_\_\_\_\_ minutes **SI102C**
103. Mobile van Yes No **SI103**
104. Is testing referred out instead of being provided or arranged? Yes No **SI104**

**Standard Intervention Questionnaire—IV. HIV Antibody Testing**

**D. Timing of HIV Antibody Testing**

For questions 105–107, **CIRCLE YES OR NO** to indicate whether testing occurs at intake or at another time.

105. Testing at intake	Yes	No	<b>SI105</b>
105a. Before RBA	Yes	No	<b>SI105A</b>
105b. Before Session I	Yes	No	<b>SI105B</b>
105c. Variable	Yes	No	<b>SI105C</b>
106. Testing at Session I (if different from time of intake)	Yes	No	<b>SI106</b>
107. Testing at another time (Specify)	Yes	No	_____ <b>SI107</b>

**E. Content at blood draw**

For questions 108–110, **CIRCLE YES OR NO** to provide information on testing-related informed consent and initiatives.

108. Separate administration of informed consent	Yes	No	<b>SI108</b>
109. Incentives for testing or research assessment	Yes	No	<b>SI109</b>
109a. If YES, specify amount	.....	Amount: \$	<b>SI109A</b>
109b. When are incentives given? (Specify)	.....	_____	
110. Additional counseling or education	Yes	No	<b>SI110</b>

**F. Reporting of HIV antibody testing**

For questions 111–112, **CIRCLE YES OR NO** to provide information on the reporting of data on HIV-positive clients.

111. Are names of HIV+ clients reported to state and/or local authorities?	Yes	No	<b>SI111</b>
111a. If YES, is this reporting required?	Yes	No	<b>SI111A</b>
112. Are aggregated data on HIV+ clients reported to state and/or local authorities?	Yes	No	<b>SI112</b>

**Standard Intervention Questionnaire—IV. HIV Antibody Testing**

**G. HIV antibody testing method(s)**

For questions 113–115, **CIRCLE YES OR NO** to indicate which methods of HIV antibody testing are used.

113. Venous (If YES, indicate average % tested)	Yes	No	_____	<i>SI113_1</i> <i>SI113_2</i>
114. Fingersticks (If YES, indicate average % tested)	Yes	No	_____	<i>SI114_1</i> <i>SI114_2</i>
115. Other (Specify and indicate average % tested)	Yes	No	_____ _____	<i>SI115_1</i> <i>SI115_2</i>

**Standard Intervention Questionnaire****V. STANDARD INTERVENTION, SESSION II****A. Personnel involved in Session II**

For questions 116–119, **CIRCLE YES OR NO** to indicate whether anyone in each staff position has been involved in Session II. For question 120, indicate whether you match intervention staff to clients; for question 121, indicate your average turnover rate among staff involved in Session II.

116. Outreach workers	Yes	No	<b>SI116</b>
117. Interviewers	Yes	No	<b>SI117</b>
118. HIV interventionists/counselors	Yes	No	<b>SI118</b>
119. Other (specify)	Yes	No	<b>SI119</b>
120. Do you match intervention staff to client (If YES, on what basis?)	Yes	No	<b>SI120</b>
120a. Language	Yes	No	<b>SI120A</b>
120b. Gender	Yes	No	<b>SI120B</b>
120c. Race/ethnicity	Yes	No	<b>SI120C</b>
120d. Other (Specify)	Yes	No	_____ <b>SI120D</b>
121. Average turnover rate of intervention staff (annualized)	.....	_____ %	<b>SI121</b>

**B. Staff involvement in locating subjects for Session II**

For questions 122–126, **CIRCLE YES OR NO** to indicate whether anyone in each staff position has been actively involved in locating or contacting clients in order to bring them in for participation in Session II. (For example, outreach workers may look for clients on the street, or clerical staff may make phone calls to clients or their “significant others.”)

122. Outreach workers	Yes	No	<b>SI122</b>
123. Interviewers	Yes	No	<b>SI123</b>
124. HIV interventionists/counselors	Yes	No	<b>SI124</b>
125. Clerical staff	Yes	No	<b>SI125</b>
126. Other (Specify)	Yes	No	_____ <b>SI126</b>

**Standard Intervention Questionnaire—V. Session II**

**C. Timing of Session II**

For questions 127–128, **CIRCLE YES OR NO** to indicate whether Session II usually takes place “within 42 days of Session I” or “more than 42 days after Session I.” For question 129, indicate the average number of days between Sessions I and II.

- |   |       |            |  |
|---|-------|------------|--|
| 127. Within 42 days of Session I                      | Yes   | No         | <b>SI127</b>                                 |
| 128. More than 42 days after Session I                | Yes   | No         | <b>SI128</b>                                 |
| 129. Average number of days between Sessions I and II | ..... | _____ days | <b>SI129_1</b>                               |
|   |       |            | Range: <b>SI129_2</b> to <b>SI129_3</b> days |

**D. Track assignment of Session II when HIV antibody tests are indeterminate or clients refuse testing**

For questions 130–131, **CIRCLE A, B, OR OTHER** to provide information on track assignment of clients with indeterminate HIV antibody tests and clients who refuse to be tested.

- |   |       |  |              |
|---|-------|--|--------------|
| 130. When HIV antibody tests are indeterminate, clients are assigned to Session II Track: (If OTHER, specify) | A     |  | <b>SI130</b> |
|   | B     |  |              |
|   | Other |  | _____        |
| 131. Clients who refuse HIV antibody testing are assigned to Session II Track: (If OTHER, specify)            | A     |  | <b>SI131</b> |
|   | B     |  |              |
|   | Other |  | _____        |

**E. Format of Session II, Track A**

For questions 132–133, **CIRCLE YES OR NO** to indicate the types of counseling included as part of Session II Track A. For question 134, indicate the total amount of time usually spent in Session II Track A, including any additional time spent providing information on tuberculosis and/or hepatitis.

- |  |       |    |   |
|--|-------|----|---|
| 132. Individual counseling session   | Yes   | No | <b>SI132</b>                                    |
| 133. Couples or group counseling session                                       | Yes   | No | <b>SI133</b>                                    |
| 134. Total amount of time spent in Session II Track A (see also question 147a) | ..... |    | Average: <b>SI134_1</b> minutes                 |
|  |       |    | Range: <b>SI134_2</b> to <b>SI134_3</b> minutes |

**Standard Intervention Questionnaire—V. Session II****F. Content of Session II Track A**

For questions 135–153, **CIRCLE YES OR NO** to indicate whether each item is included as part of Session II Track A; some questions relate to whether certain activities take place, while others relate to whether certain materials are distributed. For questions 137a, 138a, and 139a, circle only “A” or “B”. For questions 140, 141, 144, and 145, circle “Yes,” “No,” or “Optional.” Use the space provided for amounts of time, amounts of incentives, or other specific information as requested. For question 147, circle “A” and/or “B” and/or “C” as appropriate.

135. Provide HIV antibody test results, if available	Yes	No	<b>SI135</b>
136. Review of A cue cards (all)	Yes	No	<b>SI136</b>
137. Review of A cue cards (A.2-A.7)	Yes	No	<b>SI137</b>
137a. How do you use the cards? <b>(Circle only one answer)</b>	A .....Use cue cards as loose guidelines, adapting to each client		<b>SI137A</b>
	B .....Closely follow the language of cue cards		
138. Review of B cue cards	Yes	No	<b>SI138</b>
138a. How do you use the cards? <b>(Circle only one answer)</b>	A .....Use cue cards as loose guidelines, adapting to each client		<b>SI138A</b>
	B .....Closely follow the language of cue cards		
139. Review of C cue cards	Yes	No	<b>SI139</b>
139a. How do you use the cards? <b>(Circle only one answer)</b>	A .....Use cue cards as loose guidelines, adapting to each client		<b>SI139A</b>
	B .....Closely follow the language of cue cards		
140. Demonstration of needle cleaning	Yes	No	Optional <b>SI140</b>
141. Client rehearsal of needle cleaning	Yes	No	Optional <b>SI141</b>
141a. If YES, average number of times	_____		<b>SI141A</b>
142. Distribution of bleach	Yes	No	<b>SI142</b>
143. Distribution of rinse water	Yes	No	<b>SI143</b>
144. Demonstration of condom use	Yes	No	Optional <b>SI144</b>
145. Client rehearsal of condom use	Yes	No	Optional <b>SI145</b>
145a. If YES, average number of times	_____		<b>SI145A</b>
146. Distribution of condoms	Yes	No	<b>SI146</b>

SI

**Standard Intervention Questionnaire—V. Session II**

147. Have you added additional information/counseling on new bleach use guidelines from CDC/NIDA/CSAT; TB; and/or hepatitis?  
**(Circle all that apply)**
- A .....New bleach use guidelines **SI147A**  
 B .....Tuberculosis (TB) **SI147B**  
 C .....Hepatitis **SI147C**
- 147a. If YES, amount of time added to Session II (see also question 134) ..... Average: **SI147A\_1** minutes  
 Range: **SI147A\_2** to **SI147A\_3** minutes
148. Distribution of HIV-related literature Yes No **SI148**
149. Other types of literature or materials distributed routinely (Specify) Yes No \_\_\_\_\_ **SI149**  
 \_\_\_\_\_
150. Other types of literature or materials distributed upon request (Specify) Yes No \_\_\_\_\_ **SI150**  
 \_\_\_\_\_
151. Monetary reimbursement (If YES, indicate amount) Yes No **SI151\_1** Amount: \$ \_\_\_\_\_ **SI151\_2**
152. When is reimbursement for participation given? (Specify) ..... \_\_\_\_\_ **SI152**  
**(Circle NA if reimbursement is not given)** NA \_\_\_\_\_
153. Other incentives for attendance (e.g., food or clothing bank) (Specify) Yes No \_\_\_\_\_ **SI153**  
 \_\_\_\_\_

**G. Format of Session II, Track B**

For questions 154–155, **CIRCLE YES OR NO** to indicate the types of counseling included as part of Session II Track B. For question 156, indicate the **total** amount of time usually spent in Session II Track B, including any additional time spent providing information on tuberculosis and/or hepatitis.

154. Individual counseling session Yes No **SI154**
155. Couples or group counseling session Yes No **SI155**
156. Total amount of time spent in Session II Track B (See also question 170a) ..... Average: **SI156\_1** minutes  
 Range: **SI156\_2** to **SI156\_3** minutes

**Standard Intervention Questionnaire—V. Session II**

**H. Content of Session II Track B**

For questions 157–178, **CIRCLE YES OR NO** to indicate whether each item is included as part of Session II Track B; some questions relate to whether certain activities take place, while others relate to whether certain materials are distributed. For questions 160a, 161a, and 162a, circle only “A” or “B”. For questions 163, 164, 167, and 168, circle “Yes,” “No,” or “Optional.” For question 170, circle “A” and/or “B” and/or “C” as appropriate. Use the space provided for amounts of time, amounts of incentives, or other specific information as requested.

- |   |   |                       |
|---|---|-----------------------|
| 157. Confirmation of self-reported HIV antibody test results, if applicable | Yes    No   | <b>SI157</b>          |
| 158. Provide test results, if applicable                                    | Yes    No   | <b>SI158</b>          |
| 159. Allow time for client response   | Yes    No   | <b>SI159</b>          |
| 160. Review of A cue cards  | Yes    No   | <b>SI160</b>          |
| 160a. How do you use the cards? <b>(Circle only one answer)</b>             | A .....Use cue cards as loose guidelines, adapting to each client | <b>SI160A</b>         |
|   | B .....Closely follow the language of cue cards                   |                       |
| 161. Review of B cue cards  | Yes    No   | <b>SI161</b>          |
| 161a. How do you use the cards? <b>(Circle only one answer)</b>             | A .....Use cue cards as loose guidelines, adapting to each client | <b>SI161A</b>         |
|   | B .....Closely follow the language of cue cards                   |                       |
| 162. Review of C cue cards  | Yes    No   | <b>SI162</b>          |
| 162a. How do you use the cards? <b>(Circle only one answer)</b>             | A .....Use cue cards as loose guidelines, adapting to each client | <b>SI162A</b>         |
|   | B .....Closely follow the language of cue cards                   |                       |
| 163. Demonstration of needle cleaning                                       | Yes    No    Optional   | <b>SI163</b>          |
| 164. Client rehearsal of needle cleaning                                    | Yes    No    Optional   | <b>SI164</b>          |
| 164a. If YES, average number of times                                       | .....   | _____ <b>SI164A</b>   |
| 165. Distribution of bleach   | Yes    No   | <b>SI165</b>          |
| 166. Distribution of rinse water  | Yes    No   | <b>SI166</b>          |
| 167. Demonstration of condom use  | Yes    No   | Optional <b>SI167</b> |
| 168. Client rehearsal of condom use   | Yes    No   | Optional <b>SI168</b> |
| 168a. If YES, average number of times                                       | .....   | _____ <b>SI168A</b>   |
| 169. Distribution of condoms  | Yes    No   | <b>SI169</b>          |



SI

**Standard Intervention Questionnaire—V. Session II**

170. Have you added additional information/counseling on new bleach use guidelines from CDC/NIDA/CSAT; TB; and/or hepatitis?  
**(Circle all that apply)**
- A .....New bleach use guidelines **SI170A**  
 B .....Tuberculosis (TB) **SI170B**  
 C .....Hepatitis **SI170C**
- 170a. If YES, amount of time added to Session II (see question 156) ..... Average: **SI170A\_1** minutes  
 Range: **SI170A\_2** to **SI170A\_3** minutes
171. Distribution of HIV-related literature Yes No **SI171**
172. Other types of literature or materials distributed routinely (Specify) Yes No \_\_\_\_\_ **SI172**  
 \_\_\_\_\_
173. Other types of literature or materials distributed upon request (Specify) Yes No \_\_\_\_\_ **SI173**  
 \_\_\_\_\_
174. Monetary reimbursement (If yes, indicate amount) Yes No **SI174\_1** Amount: \$ \_\_\_\_\_ **SI174\_2**
175. When is reimbursement for participation given? (Specify) .....  
**(Circle NA if reimbursement is not given)** NA \_\_\_\_\_  
 \_\_\_\_\_
176. Other incentives for attendance (e.g., food or clothing bank) (Specify) Yes No \_\_\_\_\_ **SI176**  
 \_\_\_\_\_
177. Do you ever channel a client with special needs into the enhanced intervention? Yes No **SI177**
- 177a. If YES, approximately what percentage are rechanneled? ..... \_\_\_\_\_ % **SI177A**
178. Do you ever withdraw a client with special needs from the intervention study? Yes No **SI178**
- 178a. If YES, approximately what percentage are withdrawn? ..... \_\_\_\_\_ % **SI178A**

**Standard Intervention Questionnaire**

**STANDARD INTERVENTION SESSION III**

**A. Requirement or offer of third intervention session**

For questions 179–182, **CIRCLE YES OR NO** to indicate whether you mandate third sessions or offer optional third sessions for seronegative/sero-unaware (Track A) clients and for seropositive (Track B) clients.

**If you answer NO to all four of these questions (179 through 182), you may disregard the rest of Section VI.**

- |   |       |         |               |
|---|-------|---------|---------------|
| 179. Do you <b>mandate</b> a third session for seronegative/sero-unaware clients (Track A)?         | Yes   | No      | <b>SI179</b>  |
| 180. Do you offer an <b>optional</b> third session for seronegative/sero-unaware clients (Track A)? | Yes   | No      | <b>SI180</b>  |
| 180a. If YES, approximately what percentage return for session III?                                 | ..... | _____ % | <b>SI180A</b> |
| 181. Do you <b>mandate</b> a third session for seropositive clients (Track B)?                      | Yes   | No      | <b>SI181</b>  |
| 182. Do you offer an <b>optional</b> third session for seropositive clients (Track B)?              | Yes   | No      | <b>SI182</b>  |
| 182a. If YES, approximately what percentage return for session III?                                 | ..... | _____ % | <b>SI182A</b> |

**B. Personnel involved in Session III**

For questions 183–186, **CIRCLE YES OR NO** to indicate whether anyone in each staff position has been involved in Session III.

- |                                      |     |    |              |
|--------------------------------------|-----|----|--------------|
| 183. Outreach workers                | Yes | No | <b>SI183</b> |
| 184. Interviewers                    | Yes | No | <b>SI184</b> |
| 185. HIV interventionists/counselors | Yes | No | <b>SI185</b> |
| 186. Other (specify)                 | Yes | No | <b>SI186</b> |

**Standard Intervention Questionnaire—VI. Session III**

**C. Timing of Session III**

For questions 187–188, **CIRCLE YES OR NO** to indicate whether Session III usually takes place “within 60 days of Session II” or “more than 60 days after Session II.” For question 189, indicate the average number of days between Sessions II and III.

- |   |       |            |              |
|---|-------|------------|--------------|
| 187. Within 60 days of Session II                       | Yes   | No         | <b>SI187</b> |
| 188. More than 60 days after Session II                 | Yes   | No         | <b>SI188</b> |
| 189. Average number of days between Sessions II and III | ..... | _____ days | <b>SI189</b> |

**D. Format of Session III**

For questions 190–191, **CIRCLE YES OR NO** to indicate the types of counseling included as part of Session III. For question 192, indicate the total amount of time spent in Session III.

- |  |       |   |              |
|--|-------|---|--------------|
| 190. Individual counseling session       | Yes   | No  | <b>SI190</b> |
| 191. Couples or group counseling session | Yes   | No  | <b>SI191</b> |
| 192. Amount of time spent in Session III | ..... | Average: <b>SI192_1</b> minutes                 |              |
|  |       | Range: <b>SI192_2</b> to <b>SI192_3</b> minutes |              |

**E. Content of Session III**

For question 193, **CIRCLE YES OR NO** to indicate whether you include any special areas/materials as part of Session III.

- |  |     |    |                                      |
|--|-----|----|--------------------------------------|
| 193. Are there any specific areas/materials always offered in Session III? (If YES, specify) | Yes | No | _____ <b>SI193</b><br>_____<br>_____ |
|--|-----|----|--------------------------------------|

**F. Referrals made in Session III**

For questions 194–196, **CIRCLE YES OR NO** to provide information on referrals that you make in Session III.

- |   |     |    |              |
|---|-----|----|--------------|
| 194. Do you make active referrals in Session III?       | Yes | No | <b>SI194</b> |
| 195. Do you make passive referrals in Session III?      | Yes | No | <b>SI195</b> |
| 196. Do you follow up on referrals made in Session III? | Yes | No | <b>SI196</b> |

**Standard Intervention Questionnaire****VII. ELIGIBILITY AND ASSIGNMENT OF CLIENTS TO STANDARD OR ENHANCED INTERVENTIONS****A. Acceptance of clients**

For questions 197–199, <b>CIRCLE YES OR NO</b> to provide information on acceptance of clients.				
---	--	--	--	--

- |   |     |    |              |              |
|---|-----|----|--------------|--------------|
| 197. Are all eligible clients according to the national eligibility criteria) accepted into your program? (If NO, specify exemptions) | Yes | No | _____        | <b>SI197</b> |
|   |     |    | _____        |              |
|   |     |    | _____        |              |
| 198. Do you have any special eligibility/acceptance criteria (e.g., must accept HIV antibody testing)? (If YES, specify)              | Yes | No | _____        | <b>SI198</b> |
|   |     |    | _____        |              |
|   |     |    | _____        |              |
| 199. Do you keep any records of characteristics of individuals who refuse to participate in the study protocol?                       | Yes | No | <b>SI199</b> |              |

**B. Timing of assignment**

Questions 200–204 relate to the timing of assignment to standard or enhanced interventions. <b>CIRCLE ALL THAT APPLY.</b> If your project has changed its protocol, so that more than one answer applies, indicate the range of dates (month/year) when the different protocols have been in effect.				
--	--	--	--	--

- |   |     |    |                |  |
|---|-----|----|----------------|--|
| 200. Prior to recruitment                   | Yes | No | <b>SI200_1</b> | From (dates): <b>SI200_2</b> to <b>SI200_3</b> |
| 200a. Assignment basis (e.g., neighborhood) | Yes | No | _____          | <b>SI200A</b>                                  |
| 201. Prior to Session I                     | Yes | No | <b>SI201_1</b> | From (dates): _____ to <b>SI201_3</b>          |
| 202. After Session I                        | Yes | No | <b>SI202_1</b> | From (dates): _____ to _____                   |
| 203. Prior to Session II                    | Yes | No | <b>SI203_1</b> | From (dates): _____ to _____                   |
| 204. After Session II                       | Yes | No | <b>SI204_1</b> | From (dates): _____ to <b>SI204_3</b>          |





**Standard Intervention Questionnaire—VIII. Other Prevention Projects**

**C. Geographic areas affected by other interventions**

For question 214, use as many of the spaces provided as necessary to identify/describe specific geographic areas affected by “competing interventions.” In the space provided in the right-hand column, indicate your estimate of the percentage of clients affected in the area. For questions 215–216, **CIRCLE YES OR NO**; if the answer for question 215 is YES, explain in the space provided.

214. What specific geographic areas are affected by “competing interventions”?

	subjects affected _____ %
	subjects affected _____ %
	subjects affected _____ %
	subjects affected _____ %
	subjects affected _____ %

215. Can CA clients in these areas be systematically identified in the database? (If YES, specify how they can be identified)	Yes	No		<b>SI215</b>

216. Do you use Geographic Information Systems to identify target areas? (If YES, specify funding agency)	Yes	No		<b>SI216</b>

SI  
**Standard Intervention Questionnaire**

**IX. OTHER CLIENT CONTACTS**

For questions 217–218, **CIRCLE YES OR NO** and provide additional information in the space provided as requested.

217. Do you have other scheduled/ planned activities for Standard Intervention clients between Session II or Session III and administration of the RBFA? (If YES, please describe)      Yes      No      \_\_\_\_\_ **SI217**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

217a. If YES, average duration of these activities      .....      Average: **SI217A\_1** minutes  
 Range: **SI217A\_2** to **SI217A\_3** minutes

217b. If YES, percent who return for these activities      .....      \_\_\_\_\_ %      **SI217B**

218. Do your outreach workers have any contact with Standard Intervention clients between Session II or Session III and administration of the RBFA? (If YES, please describe)      Yes      No      **SI218**

218a. If YES, is it planned?      Yes      No      **SI218A**

218b. If YES, is it documented?      Yes      No      **SI218B**

218c. If YES, how often does it occur?      .....      **SI218C** times \_\_\_\_\_ don't know

218d. If YES, average duration of these contacts      .....      Average: **SI218D\_1** minutes  
 Range: **SI218D\_2** to **SI218D\_3** minutes



## Questionnaire on Site-Specific Implementation of the Cooperative Agreement Standard Intervention (1996 Supplement)

Attached is a **supplement** to the 9-part questionnaire about your site's Standard Intervention that you completed in 1994. As then, we would like a candid report on how your site actually implements each of the intervention components—*NOT simply a recitation of what the manual says to do.*

The targeted time window of this supplement is the most recent year of full program operation. Typically, this will mean that answers from ongoing projects will reference the last 12 months, while completed projects will reference the last active year of the project.

**Please indicate in the space below the reference period you will use.**

$\frac{\quad}{\quad} / \frac{\quad}{\quad}$ 
 through
 
 $\frac{\quad}{\quad} / \frac{\quad}{\quad}$ 
  
 Month/Year

For the 1994 form, it was suggested that the best approach might be to have different staff members complete the sections of the questionnaire that concern activities to which they are routinely assigned. For example, the section on recruitment design would be completed by an outreach worker, the section on testing by a phlebotomist or other health specialist, and so on. The then-recommended approach to assigning the sections is shown below.

We recognize that some of these individuals may no longer be accessible, particularly in those sites whose intervention period has ended. Consequently, the suggestions in the table should be taken as only that. Each site's investigator should determine for themselves how to best answer each question.

QUESTIONNAIRE SECTION:	RECOMMENDED TO BE COMPLETED BY:
I. Outreach/Recruitment	Outreach worker or supervisor
II. Intake	Interviewer or other intake staffer
III. SI Session I	Counselor or other
IV. HIV Antibody Testing	Phlebotomist or other
V. SI Session II	Counselor or other
VI. SI Session III	Counselor or other
VII. Eligibility and Assignment	Investigator
VIII. Other Intervention Projects	Investigator
IX. Other Client Contacts	Interviewer or other intake staffer

**[NOTE:** There are no questions in this supplement for Sections IV, VI, VII, and IX.]

**SIS**

**I. OUTREACH/RECRUITMENT OF STUDY PARTICIPANTS**

The original questionnaire covered the personnel conducting outreach and recruitment, and the duration and content of standard outreach/recruitment activities. Questions S1 and S2 pertain to additional efforts to recruit participants.

S1. Beyond the outreach/recruitment activities, has your project supported other “marketing” activities to recruit intervention participants (circle one)?

Yes                      No                      **SIS1**

S2. If yes, check all venues that apply:

- a) Health fairs                      \_\_\_\_\_ **SIS2A**
- b) Jails                                      \_\_\_\_\_ **SIS2B**
- c) Clinics                                      \_\_\_\_\_ **SIS2C**
- d) Other **SIS2D**                      e) Specify \_\_\_\_\_ **SIS2E**

Questions S3-S7 relate to the **quantities** of different materials distributed as part of outreach/recruitment contacts. For each listed items, indicate the **estimated annual volume** distributed over the past year during **outreach and recruitment only**. We have also included the most commonly used volume units; if you wish to use a different unit, please write it in. [**NOTE:** If this phase of your standard intervention has ended, use the last active year.]

- S3. Male condoms (# of condoms)                      \_\_\_\_\_ **SIS3**
- S4. Female condoms (# of condoms)                      \_\_\_\_\_ **SIS4**
- S5. Bleach (# of bottles)                      \_\_\_\_\_ **SIS5**
- S6. Rinse water (# of bottles)                      \_\_\_\_\_ **SIS6**
- S7. Alcohol swab (# of swabs)                      \_\_\_\_\_ **SIS7**

In questions S8-S11, indicate with a “√” whether each of these distributed items is provided **routinely** versus **occasionally or only on request**. (Again, restrict response to the outreach and recruitment phase..)

	Routinely	Occasionally or only on request	N/A (not distributed)	
S8. Male condoms	_____	_____	_____	<b>SIS8</b>
S9. Female condoms	_____	_____	_____	<b>SIS9</b>
S9. Bleach	_____	_____	_____	<b>SIS9A</b>
S10. Rinse water	_____	_____	_____	<b>SIS10</b>
S11. Alcohol swab	_____	_____	_____	<b>SIS11</b>

**II. INTAKE: SCREENING AND BASELINE DATA COLLECTION**

**CIRCLE YES OR NO** to the following supplemental questions on intake.

S12. As part of intake activities, do you determine whether the client comes from within the study catchment area (circle yes or no)?

Yes                      No                      **SIS12**

S12a. If YES, is that an eligibility requirement?                      Yes                      No                      **SIS12A**

**SIS**

**III. STANDARD INTERVENTION, SESSION I**

For questions S13-S15, **CIRCLE YES OR NO** to indicate whether individual, couples, and group counseling sessions are offered as part of Session I.

- |      |                               |     |    |              |
|------|-------------------------------|-----|----|--------------|
| S13. | Individual counseling session | Yes | No | <b>SIS13</b> |
| S14. | Couples counseling session    | Yes | No | <b>SIS14</b> |
| S15. | Group counseling session      | Yes | No | <b>SIS15</b> |

The original questionnaire had a series of questions on activities and materials used in Session I, but did not include questions on female condom use. For Questions S16-S19, circle the response that best describes your site's **use of female condoms in Session I**.

- |       |  |                  |                         |    |               |
|-------|--|------------------|-------------------------|----|---------------|
| S16.  | Demonstration of female condom use           | Yes, all clients | Yes, women clients only | No | <b>SIS16</b>  |
| S17.  | Client rehearsal of female condom use        | Yes, all clients | Yes, women clients only | No | <b>SIS17</b>  |
| S17a. | If YES, average no. of times _____           |                  |                         |    | <b>SIS17A</b> |
| S18.  | Distribution of female condoms               | Yes, all clients | Yes, women clients only | No | <b>SIS18</b>  |
| S19.  | Distribution of literature on female condoms | Yes, all clients | Yes, women clients only | No | <b>SIS19</b>  |

Questions S20-S27a relate to the **quantities** of different materials distributed as part of Session I. For each listed items, indicate the **estimated annual volume** distributed over the past year during **Session I only**. We have also included the most commonly used volume units; if you wish to use a different unit, please write it in. **[NOTE: If this phase of your standard intervention has ended, use the last active year.]**

- |       |   |       |               |
|-------|---|-------|---------------|
| S20.  | Male condoms (# of condoms)             | _____ | <b>SIS20</b>  |
| S21.  | Female condoms (# of condoms)           | _____ | <b>SIS21</b>  |
| S22.  | Bleach (# of bottles)                   | _____ | <b>SIS22</b>  |
| S23.  | Rinse water (# of bottles)              | _____ | <b>SIS23</b>  |
| S24.  | Alcohol swab (# of swabs)               | _____ | <b>SIS24</b>  |
| S25.  | Cookers (# of cookers)                  | _____ | <b>SIS25</b>  |
| S26.  | HIV-related literature (# of pamphlets) | _____ | <b>SIS26</b>  |
| S27.  | Literature or materials <b>other</b>    | _____ | <b>SIS27</b>  |
|       | <b>than</b> HIV-related                 |       |               |
| S27a. | (specify) _____                         |       | <b>SIS27A</b> |

**SIS**

In questions S28-S35, indicate with a “√” whether each of these distributed items is provided **routinely** versus **occasionally or only on request**. (Again, restrict response to Session I.).

	Routinely	Occasionally or only on request	N/A (not distributed)	
S28. Male condoms	_____	_____	_____	<b>SIS28</b>
S29. Female condoms	_____	_____	_____	<b>SIS29</b>
S30. Bleach	_____	_____	_____	<b>SIS30</b>
S31. Rinse water	_____	_____	_____	<b>SIS31</b>
S32. Alcohol swab	_____	_____	_____	<b>SIS32</b>
S33. Cookers	_____	_____	_____	<b>SIS33</b>
S34. HIV-related literature	_____	_____	_____	<b>SIS34</b>
S35. Literature or materials <b>other than</b> HIV-related	_____	_____	_____	<b>SIS35</b>
S35a. (specify) _____				<b>SIS35A</b>

Questions S36-S38 concern changes that you may have made in Standard Intervention Session 1

- S36. Have you added additional information/counseling on
- |               |     |    |               |
|---------------|-----|----|---------------|
| a) STDs?      | Yes | No | <b>SIS36A</b> |
| b) TB?        | Yes | No | <b>SIS36B</b> |
| c) Hepatitis? | Yes | No | <b>SIS36C</b> |
- S37. If YES to 36a, b, or c, amount of time added to Session I
- |  |               |
|--|---------------|
| a) Average: _____minutes                         | <b>SIS37A</b> |
| b) Range: <b>SIS37B</b> to <b>SIS37C</b> minutes |               |
- S38. Other changes/alterations in Standard Intervention Session I (e.g., additional or altered information)
- |     |    |              |
|-----|----|--------------|
| Yes | No | <b>SIS38</b> |
|-----|----|--------------|
- S38a. If YES, Specify \_\_\_\_\_ **SIS38A**

**V. Standard Intervention Questionnaire, Session II**

**A. Track A**

For questions S39-S41, **CIRCLE YES OR NO** to indicate whether individual, couples, and group counseling sessions are offered as part of Session II, Track A..

- |                                    |     |    |              |
|------------------------------------|-----|----|--------------|
| S39. Individual counseling session | Yes | No | <b>SIS39</b> |
| S40. Couples counseling session    | Yes | No | <b>SIS40</b> |
| S41. Group counseling session      | Yes | No | <b>SIS41</b> |

**SIS**

The original questionnaire had a series of questions on activities and materials used in Session II, Track A, but did not include questions on female condom use. For Questions S42-S45, circle the response that best describes your site's **use of female condoms in Session II, Track A.**

- |      |  |                  |                         |    |               |
|------|--|------------------|-------------------------|----|---------------|
| S42. | Demonstration of female condom use           | Yes, all clients | Yes, women clients only | No | <b>SIS42</b>  |
| S43. | Client rehearsal of female condom use        | Yes, all clients | Yes, women clients only | No | <b>SIS43</b>  |
|      | S43a. If YES, average no. of times _____     |                  |                         |    | <b>SIS43A</b> |
| S44. | Distribution of female condoms               | Yes, all clients | Yes, women clients only | No | <b>SIS44</b>  |
| S45. | Distribution of literature on female condoms | Yes, all clients | Yes, women clients only | No | <b>SIS45</b>  |

Questions S46-S53 relate to the **quantities** of different materials distributed as part of Session II, Track A.. For each listed items, indicate the **estimated annual volume** distributed over the past year during **Session II, Track A only**. We have also included the most commonly used volume units; if you wish to use a different unit, please write it in. **[NOTE: If this phase of your standard intervention has ended, use the last active year.]**

- |      |   |       |               |
|------|---|-------|---------------|
| S46. | Male condoms (# of condoms)                           | _____ | <b>SIS46</b>  |
| S47. | Female condoms (# of condoms)                         | _____ | <b>SIS47</b>  |
| S48. | Bleach (# of bottles)                                 | _____ | <b>SIS48</b>  |
| S49. | Rinse water (# of bottles)                            | _____ | <b>SIS49</b>  |
| S50. | Alcohol swab(# of swabs)                              | _____ | <b>SIS50</b>  |
| S51. | Cookers # of cookers)                                 | _____ | <b>SIS51</b>  |
| S52. | HIV-related literature (# of pamphlets)               | _____ | <b>SIS52</b>  |
| S53. | Literature or materials <b>other than HIV-related</b> | _____ | <b>SIS53</b>  |
|      | S53a. (specify) _____                                 |       | <b>SIS53A</b> |

In questions S54-S61, indicate with a "√" whether each of these distributed items is provided **routinely** versus **occasionally or only on request**. (Again, restrict response to Session II, Track A.).

- |      | Routinely             | Occasionally or only on request | N/A (not distributed) |               |
|------|-----------------------|---------------------------------|-----------------------|---------------|
| S54. | _____                 | _____                           | _____                 | <b>SIS54</b>  |
| S55. | _____                 | _____                           | _____                 | <b>SIS55</b>  |
| S56. | _____                 | _____                           | _____                 | <b>SIS56</b>  |
| S57. | _____                 | _____                           | _____                 | <b>SIS57</b>  |
| S58. | _____                 | _____                           | _____                 | <b>SIS58</b>  |
| S59. | _____                 | _____                           | _____                 | <b>SIS59</b>  |
| S60. | _____                 | _____                           | _____                 | <b>SIS60</b>  |
| S61. | _____                 | _____                           | _____                 | <b>SIS61</b>  |
|      | S61a. (specify) _____ |                                 |                       | <b>SIS61A</b> |

**SIS**

Questions S62-S64 concern changes that you may have made in Standard Intervention Session II, Track A.

- S62. Have you added additional information/counseling on
- |    |            |     |    |               |
|----|------------|-----|----|---------------|
| a) | STDs?      | Yes | No | <b>SIS62A</b> |
| b) | TB?        | Yes | No | <b>SIS62B</b> |
| c) | Hepatitis? | Yes | No | <b>SIS62C</b> |
- S63. If YES to 62a, b, or c, amount of time added to Session I, Track A
- |    |   |
|----|---|
| a) | Average: <b>SIS63A</b> minutes                |
| b) | Range: <b>SIS63B</b> to <b>SIS63C</b> minutes |
- S64. Other changes/alterations in Standard Intervention Session II, Track A (additional or altered information)
- |  |     |    |              |
|--|-----|----|--------------|
|  | Yes | No | <b>SIS64</b> |
|--|-----|----|--------------|
- S64a. If YES, Specify \_\_\_\_\_ **SIS64A**

**B. Track B**

For questions S65-S67, **CIRCLE YES OR NO** to indicate whether individual, couples, and group counseling sessions are offered as part of Session II, Track B.

- |      |                               |     |    |              |
|------|-------------------------------|-----|----|--------------|
| S65. | Individual counseling session | Yes | No | <b>SIS65</b> |
| S66. | Couples counseling session    | Yes | No | <b>SIS66</b> |
| S67. | Group counseling session      | Yes | No | <b>SIS67</b> |

The original questionnaire had a series of questions on activities and materials used in Session II, Track B, but did not include questions on female condom use. For Questions S68-S71, circle the response that best describes your site's **use of female condoms in Session II, Track B.**

- |       |  |                  |                         |    |               |
|-------|--|------------------|-------------------------|----|---------------|
| S68.  | Demonstration of female condom use           | Yes, all clients | Yes, women clients only | No | <b>SIS68</b>  |
| S69.  | Client rehearsal of female condom use        | Yes, all clients | Yes, women clients only | No | <b>SIS69</b>  |
| S69a. | If YES, average no. of times _____           |                  |                         |    | <b>SIS69A</b> |
| S70.  | Distribution of female condoms               | Yes, all clients | Yes, women clients only | No | <b>SIS70</b>  |
| S71.  | Distribution of literature on female Condoms | Yes, all clients | Yes, women clients only | No | <b>SIS71</b>  |

**SIS**

Questions S72-S79 relate to the **quantities** of different materials distributed as part of Session II, Track B. For each listed items, indicate the **estimated annual volume** distributed over the past year during **Session II, Track B only**. We have also included the most commonly used volume units; if you wish to use a different unit, please write it in. **NOTE:** If this phase of your standard intervention has ended, use the last active year.

- |      |   |       |               |
|------|---|-------|---------------|
| S72. | Male condoms (# of condoms)             | _____ | <b>SIS72</b>  |
| S73. | Female condoms (# of condoms)           | _____ | <b>SIS73</b>  |
| S74. | Bleach (# of bottles)                   | _____ | <b>SIS74</b>  |
| S75. | Rinse water (# of bottles)              | _____ | <b>SIS75</b>  |
| S76. | Alcohol swab(# of swabs)                | _____ | <b>SIS76</b>  |
| S77. | Cookers # of cookers)                   | _____ | <b>SIS77</b>  |
| S78. | HIV-related literature (# of pamphlets) | _____ | <b>SIS78</b>  |
| S79. | Literature or materials <b>other</b>    | _____ | <b>SIS79</b>  |
|      | <b>than HIV-related</b>                 |       |               |
|      | S79a. (specify)                         | _____ | <b>SIS79A</b> |

In questions S80-S87, indicate with a “√” whether each of these distributed items is provided **routinely** versus **occasionally or only on request**. (Again, restrict response to Session II, Track B.).

- |      | Routinely                     | Occasionally<br>or only on<br>request | N/A (not distributed) |               |
|------|-------------------------------|---------------------------------------|-----------------------|---------------|
| S80. | Male condoms                  | _____                                 | _____                 | <b>SIS80</b>  |
| S81. | Female condoms                | _____                                 | _____                 | <b>SIS81</b>  |
| S82. | Bleach                        | _____                                 | _____                 | <b>SIS82</b>  |
| S83. | Rinse water                   | _____                                 | _____                 | <b>SIS83</b>  |
| S84. | Alcohol swab                  | _____                                 | _____                 | <b>SIS84</b>  |
| S85. | Cookers                       | _____                                 | _____                 | <b>SIS85</b>  |
| S86. | HIV-related literature        | _____                                 | _____                 | <b>SIS86</b>  |
| S87. | Literature or materials       | _____                                 | _____                 | <b>SIS87</b>  |
|      | <b>other than HIV-related</b> |                                       |                       |               |
|      | S87a. (specify)               | _____                                 | _____                 | <b>SIS87A</b> |

Questions S88-S90 concern changes that you may have made in Standard Intervention Session II, Track B.

- S88. Have you added additional information/counseling on
- |    |            |     |    |               |
|----|------------|-----|----|---------------|
| a) | STDs?      | Yes | No | <b>SIS88A</b> |
| b) | TB?        | Yes | No | <b>SIS88B</b> |
| c) | Hepatitis? | Yes | No | <b>SIS88C</b> |
- S89. If YES to 88a, b, or c, amount of time added to Session II, Track A
- |    |   |
|----|---|
| a) | Average: <b>SIS89A</b> minutes                |
| b) | Range: <b>SIS89B</b> to <b>SIS89C</b> minutes |
- S90. Other changes/alterations in Standard Intervention Session II, Track A (e.g., additional or altered information)
- |     |    |              |
|-----|----|--------------|
| Yes | No | <b>SIS90</b> |
|-----|----|--------------|
- S90a. If YES, Specify
- \_\_\_\_\_ **SIS90A**

**SIS**

This section addresses other projects operating in your community during the same time period as the CA project. Questions S91-S133 specifically address other HIV outreach and prevention projects serving IDUs and crack users.

S91. During the past year, were other HIV outreach and prevention projects active in your geographic area that served this target population? **NOTE:** If this phase of your standard intervention has ended, use the last active year. **SIS91**

If YES, please list up to three. (specify project names and funding agencies, if known)

- a) Project 1: \_\_\_\_\_ **SIS91A**
- b) Project 2: \_\_\_\_\_ **SIS91B**
- c) Project 3: \_\_\_\_\_ **SIS91C**

**If NO, skip to Question Subsection D.**

**A. Project 1**

For questions S92-S94, **CIRCLE YES OR NO** to indicate whether individual, couples, and group counseling sessions are offered as part of the project you identified as Project 1.

S92.	Individual counseling session	Yes	No	DK/Unsure	<b>SIS92</b>
S93.	Couples counseling session	Yes	No	DK/Unsure	<b>SIS93</b>
S94.	Group counseling session	Yes	No	DK/Unsure	<b>SIS94</b>

In questions S95-S102, indicate with a "√" whether each of specific items are or were provided **routinely** versus **occasionally or only on request**, or **never** (Again, restrict response to Project 1.).

	Routinely	Occasionally or only on request	Never	DK/Unsure	
S95.	Male condoms	_____	_____	_____	<b>SIS95</b>
S96.	Female condoms	_____	_____	_____	<b>SIS96</b>
S97.	Bleach	_____	_____	_____	<b>SIS97</b>
S98.	Rinse water	_____	_____	_____	<b>SIS98</b>
S99.	Alcohol swab	_____	_____	_____	<b>SIS99</b>
S100.	Cookers	_____	_____	_____	<b>SIS100</b>
S101.	HIV-related literature	_____	_____	_____	<b>SIS101</b>
S102.	Literature or materials	_____	_____	_____	<b>SIS102</b>
	<b>other than HIV-related</b>				
S102a.	(specify)	_____	_____	_____	<b>SIS102A</b>



**SIS**

Question S103 concerns the use of additional counseling in Project 1.

S103. Does Project 1 offer additional counseling on					
a) STDs?	Yes	No	DK/Unsure	<b>SIS103A</b>	
b) TB?	Yes	No	DK/Unsure	<b>SIS103B</b>	
c) Hepatitis?	Yes	No	DK/Unsure	<b>SIS103C</b>	

Questions S104-S105 concern similarities and differences between your CA project and Project 1.

S104. What are the main ways in which this intervention was similar to the CA Standard intervention?  
 \_\_\_\_\_ **SIS104**  
 \_\_\_\_\_  
 \_\_\_\_\_

S105. What are the main ways in which it differed?  
 \_\_\_\_\_ **SIS105**  
 \_\_\_\_\_  
 \_\_\_\_\_

**If no Project 2, skip to Subsection D.**

**A. Project 2**

For questions S106-S108, **CIRCLE YES OR NO** to indicate whether individual, couples, and group counseling sessions are offered as part of the project you identified as Project 2...

S106. Individual counseling session	Yes	No	DK/Unsure	<b>SIS106</b>
S107. Couples counseling session	Yes	No	DK/Unsure	<b>SIS107</b>
S108. Group counseling session	Yes	No	DK/Unsure	<b>SIS108</b>

In questions S109-S116a, indicate with a "√" whether each of specific items are or were provided **routinely** versus **occasionally or only on request**. (Again, restrict response to Project 2.).

	Routinely	Occasionally or only on request	Never	DK/Unsure	
S109. Male condoms	_____	_____	_____	_____	<b>SIS109</b>
S110. Female condoms	_____	_____	_____	_____	<b>SIS110</b>
S111. Bleach	_____	_____	_____	_____	<b>SIS111</b>
S112. Rinse water	_____	_____	_____	_____	<b>SIS112</b>
S113. Alcohol swab	_____	_____	_____	_____	<b>SIS113</b>
S114. Cookers	_____	_____	_____	_____	<b>SIS114</b>
S115. HIV-related literature	_____	_____	_____	_____	<b>SIS115</b>
S116. Literature or materials	_____	_____	_____	_____	<b>SIS116</b>
<b>other than HIV-related</b>					
S116a. (specify)	_____	_____	_____	_____	<b>SIS116A</b>

**SIS**

Question S117 concerns the use of additional counseling in Project 2.

S117. Does Project 2 offer additional counseling on					
a) STDs?	Yes	No	DK/Unsure	<b>SIS117A</b>	
b) TB?	Yes	No	DK/Unsure	<b>SIS117B</b>	
c) Hepatitis?	Yes	No	DK/Unsure	<b>SIS117C</b>	

Questions S118-S119 concern similarities and differences between your CA project and Project 2.

S118. What are the main ways in which this intervention was similar to the CA Standard intervention? **SIS118**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

S119. What are the main ways in which it differed? **SIS119**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If no Project 3, skip to Subsection D.**

**A. Project 3**

For questions S106-108, **CIRCLE YES OR NO** to indicate whether individual, couples, and group counseling sessions are or were offered as part of the project you identified as Project 3...

S120. Individual counseling session	Yes	No	DK/Unsure	<b>SIS120</b>
S121. Couples counseling session	Yes	No	DK/Unsure	<b>SIS121</b>
S122. Group counseling session	Yes	No	DK/Unsure	<b>SIS122</b>

In questions S123-S130a, indicate with a "√" whether each of specific items are or were provided **routinely** versus **occasionally or only on request.**, or **never** (Again, restrict response to Project 3.).

	Routinely	Occasionally or only on request	Never	DK/Unsure	
S123. Male condoms	_____	_____	_____	_____	<b>SIS123</b>
S124. Female condoms	_____	_____	_____	_____	<b>SIS124</b>
S125. Bleach	_____	_____	_____	_____	<b>SIS125</b>
S126. Rinse water	_____	_____	_____	_____	<b>SIS126</b>
S127. Alcohol swab	_____	_____	_____	_____	<b>SIS127</b>
S128. Cookers	_____	_____	_____	_____	<b>SIS128</b>
S129. HIV-related literature	_____	_____	_____	_____	<b>SIS129</b>
S130. Literature or materials <b>other than</b> HIV-related	_____	_____	_____	_____	<b>SIS130</b>
S130a. (specify)	_____	_____	_____	_____	<b>SIS130A</b>

**SIS**

Question S131 concerns the use of additional counseling in Project 3.

S131. Does Project 3 offer additional counseling on

a)	STDs?	Yes	No	DK/Unsure	<b>SIS131A</b>
b)	TB?	Yes	No	DK/Unsure	<b>SIS131B</b>
c)	Hepatitis?	Yes	No	DK/Unsure	<b>SIS131C</b>

Questions S132-S133 concern similarities and differences between your CA project and Project 2.

S132 What are the main ways in which this intervention was similar to the CA Standard intervention?  
\_\_\_\_\_ **SIS132**

\_\_\_\_\_  
\_\_\_\_\_

S133. What are the main ways in which it differed?  
\_\_\_\_\_ **SIS133**

\_\_\_\_\_  
\_\_\_\_\_

**SIS**

**D. Related Programs**

Questions S134-S142 specifically address other types of programs that served this target population in the same geographic area over the last year (e.g., needle exchange, drug treatment). Indicate with a “√” the extent CA clients were exposed or made use of these programs.

	Very small	Small	Moderate	Large	Very large	
S134.To what extent did CA clients make use of needle exchange programs?	___	___	___	___	___	<b>SIS134</b>
S135.To what extent did CA clients make use of the services of STD clinics?	___	___	___	___	___	<b>SIS135</b>
S136.To what extent did CA clients make use of the services of methadone treatment services?	___	___	___	___	___	<b>SIS136</b>
S137.To what extent did CA clients make use of drug treatment services beyond methadone maintenance?	___	___	___	___	___	<b>SIS137</b>
S138.To what extent did CA clients make use of medical services for HIV+ patients?	___	___	___	___	___	<b>SIS138</b>
S139.To what extent did CA clients make use of HIV case managers?	___	___	___	___	___	<b>SIS139</b>
S140.To what extent did CA clients make use of other types of case management programs?	___	___	___	___	___	<b>SIS140</b>
S141.To what extent did CA clients make use of homeless programs (e.g., shelters, residential)?	___	___	___	___	___	<b>SIS141</b>
S142. Other S142a. (specify)	___	___	___	___	___	<b>SIS142</b>
						<b>SIS142A</b>

## **Questionnaire on Cooperative Agreement Enhanced Interventions**

Attachment 1 (gray) is a questionnaire that will ask about your site's Enhanced Intervention. It is a revised version of the formerly entitled Survey of Efficacy Evaluation Designs, which was distributed to all sites on February 24, 1994, and which 13 sites completed. This revised questionnaire on the Enhanced Interventions is designed to collect information needed to permit the use of a statistical approach to clustering sites for analysis purposes. Please complete a separate survey for each unique Enhanced Intervention conducted at your site.

Attachment 2 (salmon) is a matrix reflecting data collected with the Survey of Efficacy Evaluation Designs. Thank you to those sites who took the time to complete the survey.

Questionnaire on Cooperative Agreement Enhanced Interventions

Site Name:       EINUM      

1. How many PLANNED/EXPECTED intervention sessions/encounters does your site's Enhanced Intervention have (This is IN ADDITION to the 2 Standard sessions)? \_\_\_\_\_ **EI1**

2. What percentage of your Enhanced Intervention sessions/encounters occur in each of the following settings (They should total 100%)?

- Project office \_\_\_\_\_ % **EI2\_1**
- Community center \_\_\_\_\_ % **EI2\_2**
- Client's home \_\_\_\_\_ % **EI2\_3**
- Street \_\_\_\_\_ % **EI2\_4**
- Van \_\_\_\_\_ % **EI2\_5**
- Other (specify): \_\_\_\_\_ % **EI2\_6**

3. Format of Intervention Sessions

3a. Indicate the number of intervention sessions/encounters in each of the formats (These should equal number of sessions in Question #1).

- Individual (subject only, do not include sessions with family members or other nonclients) \_\_\_\_\_ **EI3A\_1**
- Couples (sessions with any significant other) \_\_\_\_\_ **EI3A\_2**
- Purposive group (participants selected by social relationship or network membership) \_\_\_\_\_ **EI3A\_3**
- Chance group (group composition by project procedures, subjects may or may not know each other) \_\_\_\_\_ **EI3A\_4**

**Questionnaire on Cooperative Agreement Enhanced Interventions**

3b. Which of the following best describes your Enhanced Intervention (Check one): **EI3B**

- Structured (pre-established content, fixed content and sequence) \_\_\_\_\_
- Semi-structured (overlying structure, specific goals/objectives with flexible sequence) \_\_\_\_\_
- Flexible \_\_\_\_\_

4. Expected or planned duration of ENHANCED INTERVENTION SESSIONS. Indicate the time spent in face-to-face Enhanced Intervention Session only—**exclude Standard sessions**—in minutes.

4a. Total expected time by type of format

- Group sessions/encounter \_\_\_\_\_ minutes **EI4A\_1**
- Individual sessions/encounter \_\_\_\_\_ minutes **EI4A\_2**

4b. Total expected time by type of interventionist

- Outreach \_\_\_\_\_ minutes **EI4B\_3**
- Interventionist (project-trained and employed by the project) \_\_\_\_\_ minutes **EI4B\_4**
- Peer support volunteer \_\_\_\_\_ minutes **EI4B\_5**
- Other (specify): \_\_\_\_\_ minutes **EI4B\_6**

5. What is the expected interval from first to last **EI5\_1** days OR **EI5\_2** weeks session?

6. How soon after the Standard Intervention is the Enhanced Intervention completed (Check one)? **EI6**

- Completed at the same time \_\_\_\_\_
- Completed within 7 days after \_\_\_\_\_
- Completed 8 to 14 days after \_\_\_\_\_
- Completed 15 days or more after \_\_\_\_\_

Questionnaire on Cooperative Agreement Enhanced Interventions

7. Rate the importance of the following TARGETED BEHAVIORS in your Enhanced Intervention
0=not important
1 = slightly important
2 = somewhat important
3 = very to extremely important

7a. DRUG USE

- Frequency of Drug Use
Direct Sharing
Indirect Sharing
Bleaching
Sharing Cookers
Sharing Rinse Water
Drug Treatment
Use of new (sterile) needles
Reducing number of injection drugs
Reducing number of drug sharing partners
Avoiding drug use with people who are not known very well
Other (specify):

7b. SEXUAL BEHAVIORS

- Number of sex partners
Frequency of sex
Unprotected vaginal sex (condom use)
Unprotected oral sex (condom use)
Unprotected anal sex (condom use)
Non-penetrative sex
Reducing the number of sex partners
Avoiding sex with people who are not well known
Avoiding sex with people whose HIV status is unknown
Other (specify):



**Questionnaire on Cooperative Agreement Enhanced Interventions**

8. Rate the importance of the following activities in your Enhanced Intervention

**0=not important**                      **1=slightly important**                      **2=somewhat important**  
**3=very to extremely important**

8a. General within Session Activities

- Demonstrations of skills by interventionist (condom use, needle cleaning) \_\_\_\_\_ **EI8A\_1**
- Rehearsal of behavior skills by client (condom use, needle cleaning) \_\_\_\_\_ **EI8A\_2**
- Role play (negotiation skill, problem solving) \_\_\_\_\_ **EI8A\_3**
- Assessment of HIV risks \_\_\_\_\_ **EI8A\_4**
- Needs assessment of social service and/or medical needs \_\_\_\_\_ **EI8A\_5**
- Goal setting \_\_\_\_\_ **EI8A\_6**
- Audio-visual aids (video tapes, film) \_\_\_\_\_ **EI8A\_7**
- Informal social activities \_\_\_\_\_ **EI8A\_8**
- Distribution of clothing, food, and personal hygiene kits \_\_\_\_\_ **EI8A\_9**
- Community contact for reinforcement/support \_\_\_\_\_ **EI8A\_10**
- Providing supplies (condoms/bleach/needles) \_\_\_\_\_ **EI8A\_11**
- Didactic presentation of information \_\_\_\_\_ **EI8A\_12**
- Prevention discussion between client(s) and interventionist \_\_\_\_\_ **EI8A\_13**
- Other (specify): \_\_\_\_\_ **EI8A\_14**
- \_\_\_\_\_
- \_\_\_\_\_

8b. Facilitating Utilization of Community Services

- Drug treatment \_\_\_\_\_ **EI8B\_1**
- Health care/medical care \_\_\_\_\_ **EI8B\_2**
- Other (e.g. vocational training, food stamps, housing) \_\_\_\_\_ **EI8B\_3**
- Other (specify): \_\_\_\_\_ **EI8B\_4**
- \_\_\_\_\_
- \_\_\_\_\_

9. Do you contact clients between sessions (on the street, by phone, by mail) to remind them about future sessions/appointments (Circle one)?

Yes      No                      **EI9**

EI

**Questionnaire on Cooperative Agreement Enhanced Interventions**

10. Do you provide incentives for attendance at any of your Enhanced Intervention sessions (circle one)? (This includes monetary reimbursements for data collection at the time of Enhanced session.)

None    Some    All

**EI10**

11. Rate the relative importance or emphasis of the following session topics (i.e., what do you talk about or discuss)?

**0=not important**                      **2=somewhat important**  
**1=slightly important**                      **3=very to extremely important**

- |   |       |                |
|---|-------|----------------|
| Drug abuse (e.g. exclude treatment, reduction, safer ways to use, etc.)     | _____ | <b>EI11_1</b>  |
| Drug treatment  | _____ | <b>EI11_2</b>  |
| HIV/AIDS (disease, prevention measures, etc.)                               | _____ | <b>EI11_3</b>  |
| STDs  | _____ | <b>EI11_4</b>  |
| Sexuality (e.g., contraception)   | _____ | <b>EI11_5</b>  |
| Tuberculosis  | _____ | <b>EI11_6</b>  |
| Other communicable diseases (syphilis, etc.) (specify) _____                | _____ | <b>EI11_7</b>  |
| Social services (e.g. homelessness, housing, alternatives, economic issues) | _____ | <b>EI11_8</b>  |
| Medical care  | _____ | <b>EI11_9</b>  |
| Death and dying   | _____ | <b>EI11_10</b> |
| Mental health issues  | _____ | <b>EI11_11</b> |
| Family/partner issues   | _____ | <b>EI11_12</b> |
| Wellness issues   | _____ | <b>EI11_13</b> |
| Cultural/ethnic issues  | _____ | <b>EI11_14</b> |
| Other (specify): _____  | _____ | <b>EI11_15</b> |
| _____   |       |                |
| _____   |       |                |

12. **Because some site may have started their efficacy study later than the monitoring study, may have changed their intervention, or may have had significant cross-over dates or numbers of subjects, we are requesting that you provide all required conditional statements so that the subjects of your site may be appropriately classified into intervention groups.**

- |                                  |       |               |
|----------------------------------|-------|---------------|
| Date for start of EFFICACY STUDY | _____ | <b>EI12_1</b> |
| Change in intervention (date)    | _____ | <b>EI12_2</b> |
| Change in intervention (date)    | _____ | <b>EI12_3</b> |

EI

**Questionnaire on Cooperative Agreement Enhanced Interventions**

Please list PRESID (OR OTHER CODE) for any subjects who should be excluded from the efficacy study but were coded as STD or EI on either the CE3 or CP2:

**Please give a narrative description of the process for assignment of subjects with Enhanced or Standard Intervention. Please include a four-variable file, with key, showing 1) PRESID, 2) Efficacy Study Condition (Standard vs. Enhanced vs. blank), 3) Enhanced Intervention version (1, 2, etc.), and 4) Geographic or Network Identifier (zip code, census tract, neighborhood, network number, etc.)**

13. Provide ALL criteria used to exclude subjects from the intervention group (include criteria used before recruitment [homeless, too young], and during or after delivery of the Standard sessions [e.g., non-completion of session 2, time window, etc.]

14. Unit(s) of recruitment for your site AND its variable label if in National Database (check all that apply). If not, would you be willing to provide a PRESID and VARIABLE LABEL file for inclusion in the Database?

Geographic area	_____	<b>EI14_1</b>
Network	_____	<b>EI14_2</b>
Individual	_____	<b>EI14_3</b>
Neighborhood	_____	<b>EI14_4</b>
Other (specify):	_____	<b>EI14_5</b>
	_____	
	_____	

# SURVEY OF NIDA COOPERATIVE AGREEMENT ENHANCED INTERVENTION TYPES

Developed By:

Dr. Marcia Andersen & Dr. Virginia McCoy  
3/22/93

SITE \_\_\_\_\_ P.I. *API* \_\_\_\_\_ DATE *AMODATE ADYDATE AYRDATE*

## 1. TYPE OF INTERVENTION (check all that apply)

- Counseling \_\_\_\_\_ *AINTCOU*
- Educational \_\_\_\_\_ *AINTEDU*
- Both (Counseling and Educational) \_\_\_\_\_ *AINTBOTH*
- Other *AINTOTH* (Specify: \_\_\_\_\_ *AINTSP*)

### A. Use of Audio Visuals for Enhanced Intervention *AINTAV*

- (a) Video Tape \_\_\_\_\_ *AAVVIDEO*
- (b) Handouts \_\_\_\_\_ *AAVHAND*
- (c) Other \_\_\_\_\_ *AAVOTHER* (Specify: \_\_\_\_\_ *AAVSP*)

## 2. CONTENT OF INTERVENTION

### A. HIV RISK REDUCTION (in-depth information beyond the information in standard care)

DRUGS \_\_\_\_\_ *AINTEGRUG*      SEX \_\_\_\_\_ *AINTSEX*

- 1) Barriers to Risk Reduction      Yes\_\_\_ No\_\_\_ *ABARRIER*
- 2) Supports to Risk Reduction      Yes\_\_\_ No\_\_\_ *ASUPPORT*
- 3) Cues (triggers)      Yes\_\_\_ No\_\_\_ *ACUES*
- 4) Sets Goals for Behavior Change      Yes\_\_\_ No\_\_\_ *ASETGOAL*
- 5) Intervention Personalized to Clients' Specific Risk      Yes\_\_\_ No\_\_\_ *AINTPER*

**B. OTHER ISSUES RELATED TO ACHIEVING RISK REDUCTION**

(Scale of Importance: 1 = Very; 2 = Somewhat; 3 = Not Very)

- ATB** Address TB Education & Issues
- AANATOMY** Anatomy
- AAPCLIEN** Attend Appointments With Clients to Community Agencies
- ASELFHLP** Attending Self-Help Program With Client
- ACOMMIT** Commitment
- ACOMPRTN** Communication With Partners
- ACOMP MED** Compliance With Medication Schedules
- ALIFPAIN** Current Life Plan
- ABLDTRST** Deliberately Take Measures to Build Trust With Client in the Beginning of the Intervention Process
- ADISCRIM** Discrimination
- ADOMVIOL** Domestic Violence
- AFACACC** Facilitation of Access to Social/Community/Medical Services
- AFAMISS** Family/Parenting Issues
- AFOODPRP** Food Preparation
- AHLTHTX** Health Care Treatment
- AHLHTOP** Health Topics
- AHOMELES** Homelessness
- APOSAT** Increase Positive Attitude Toward Behavior Change
- ALIFPATT** Life Patterns Not Related to HIV Risk or Drugs
- AMORDEMO** More Demonstration Than the Standard Care Intervention
- ANEGSKIL** Negotiation Skill Training
- APEERSUP** Peer Support
- AROLE** Perceived Gender Roles
- AREDUBEH** Pledge/Contract to Reduce Risk Behaviors
- APOVERTY** Poverty
- APWRLES** Powerlessness
- APROMSLF** Promoting Self-Help
- ATBTST** Provide TB Skin Test
- ADISCST** Repeated Discussions on the Street
- ARESPECT** Respect
- AROLPLAY** Role Playing
- ASLFEFF** Self-Efficacy
- ASLFENH** Self-Enhancement (Hygiene, etc.)
- ASLFEST** Self-Esteem
- ASKLLTRA** Skill Training
- ASTRMAN** Stress Management
- ASOCIALS** Socials
- APHOTDEM** Take Photograph of Subject Demonstrating Needle Cleaning to Serve as a Reminder to Subject That He/She Has Mastered the Skill
- ATALID** Talent Identification
- ATRUST** Trust
- AETHCUL** Utilize Ethnic Cultural Values and Beliefs to Support Behavior Change
- AWLLBNG** Well-being
- AOTH\_** Other (Specify: \_\_\_\_\_ **AOTHIS1 AOTHIS2 AOTHIS3**)

AMC

**C. ISSUES COVERED**

- HIV Only \_\_\_\_\_ **AHIV**
- Other Issues Only \_\_\_\_\_ **AOTHISS**

(Client Problems, Trust, Etc.)

- Both HIV and Other Issues \_\_\_\_\_ **ABOTH**

If Both, Which comes first: HIV **AHIVFRST** Or Issues **AISSFRST**

**D. THEME OF INTERVENTION (One sentence)**

\_\_\_\_\_ **ACENIDEA**

\_\_\_\_\_

\_\_\_\_\_

**3. NUMBER OF PEOPLE INCLUDED IN INTERVENTION**

**AIND** Individual (subject himself/herself)

**AGRP** Group

Size \_\_\_\_\_ **AINDSZ** **AGRPSZ**

Composition \_\_\_\_\_ **AINDCOMP** **AGRPCOMP**

Other (**AOTH** ) \_\_\_\_\_ **AOTH\_SP**

\_\_\_\_\_

**4. PLACE OF INTERVENTION**

**APROJOFF** Project Office

**ASTREET** Street

**AVAN** Van

**AOTHPLAC** Other (Specify: \_\_\_\_\_ **AOTHSPPL**)

**5. PREFERRED NUMBER OF SESSIONS** \_\_\_\_\_ **APREF** \_

**6. AVERAGE LENGTH OF TIME FOR EACH SESSION** **ASES1** **ASES2** **ASES3** **ASES4** **ASES5**

**ASES6**



11. TYPE OF INTERVENTIONIST

AHEDM Health Educator (Master's)

AHEDB Health Educator (Bachelor's)

AHEDN Health Educator (no degree)

APEERCON Peer Counselor/ORW

ANURSE Nurse

ADRGCN Drug Treatment Counselor

AOTHINT Other (specify: \_\_\_\_\_ AOTHSPIN)

12. USE OF VAN FOR

ATRANSP Transporting Clients

AHIVTEST HIV Testing

AHIVCOUN HIV Counseling/Teaching

AURINTST Urine Testing



## LOCAL DRUG AND HIV PREVENTION SCENE QUESTIONNAIRE

This questionnaire is being distributed to NADR/CA sites to document the local drug and HIV prevention activities that have occurred in your local area while NADR and CA programs were operational. Your collaboration is needed to obtain this important information about your site to better depict the relative effects of various health promotion and disease prevention activities and potential contextual/environmental factors.

There are 10 parts to this questionnaire:

- |  |  |
|--|--|
| Part A—Background Information                      | Part F—Pharmacy Sales                              |
| Part B—Introduction of the Virus                   | Part G—Other Local HIV or Drug Abuse Interventions |
| Part C—Pattern of Local HIV Infection Rates        | Part H—Local IDU Drug Scene                        |
| Part D—Availability of New/Unused Needles/Syringes | Part I—Early HIV Interventions                     |
| Part E—Needle Exchange Program(s)                  | Part J—Change in Recruitment Strategy or Location  |

### Background Information

Name of Person Completing this questionnaire (Print): _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>Last</span> <span>First</span> </div> <div style="display: flex; justify-content: flex-end; margin-right: 20px;">                 City: _____                  State: _____             </div> <div style="display: flex; justify-content: flex-end; margin-right: 20px;">                 Print                  Print             </div>	
<p style="text-align: center;"><b>NADR Activity</b></p> <p>When Were NADR Program Activities Initiated in Your Area *</p> <p>Month: ____ Year: ____</p> <p>When Did NIDA's NADR Funding Stop in Your Area:</p> <p>Month: ____ Year: ____</p> <p>Were NADR Program Activities Continued after NIDA's Funding Stopped?</p> <p>YES: ____ Until: Month ____ Year ____</p> <p>NO: ____</p>	<p style="text-align: center;"><b>CA Activity</b></p> <p>When Were CA Program Activities Initiated in Your Area *</p> <p>Month: ____ Year: ____</p> <p>When Did NIDA CA Funding Terminate in Your Area *</p> <p style="padding-left: 40px;">NIDA CA Funding is Still in Effect: ____ (Yes)</p> <p style="padding-left: 40px;">NIDA's Funding Stopped:</p> <p>Month: ____ Year: ____</p> <p>Were CA Program Activities Continued after NIDA's Funding Stopped?</p> <p>YES: ____ Until: Month ____ Year ____</p> <p>NO: ____</p>

Reference to your AREA throughout this questionnaire refers to the local community(ies) from which IDUs, their sexual partners, and/or crack users were being recruited from for participation in NADR and/or CA.

Introduction of the Virus in the Local IDU Population

Provide an estimate of when HIV was introduced (i.e., observed prevalence rate of at least 1%) among IDUs in your area.

Year \_\_\_\_

I don't know \_\_\_\_

Identify the data source(s) on which your above estimate is based and specify the IDU subpopulation targeted by that/those source(s) (i.e., in or out-of-treatment, other).

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

Indicate your overall degree of confidence in the accuracy of your above estimate (i.e., date HIV was introduced in the local IDU population).

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
Very Low      Low      Moderate      High      Very High

**COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pattern of Local HIV Infection Rates

Provide an estimate of the percentage of the local IDU population infected during each of the two-year time periods listed below. Note that the requested HIV **PREVALENCE** estimates pertain exclusively to your local population of Injection Drug Users (**IDUs**). Moreover, for each estimate, identify the source(s) you relied upon to arrive at your Prevalence estimates (e.g., CDC Surveillance, Counseling and Testing sites, STD Clinic). Then, proceed to specify (in column labeled Accuracy) how confident you are in the accuracy of each HIV prevalence rate by using the following 5-point scale: **1** = Very Low; **2** = Low; **3** = Moderate; **4** = High; **5** = Very High.

	HIV Prevalence Estimate	Source(s) of Data	Accuracy	Comment <sup>1</sup>
1987-1988	<i>LD88HIVP</i> %	<i>LD88SRCP</i>	<i>LD88ACCP</i>	
1989-1990	<i>LD90HIVP</i> %	<i>LD90SRCP</i>	<i>LD90ACCP</i>	
1991-1992	<i>LD92HIVP</i> %	<i>LD92SRCP</i>	<i>LD92ACCP</i>	
1993-1994	<i>LD94HIVP</i> %	<i>LD94SRCP</i>	<i>LD94ACCP</i>	
1995-1996	<i>LD96HIVP</i> %	<i>LD96SRCP</i>	<i>LD96ACCP</i>	

<sup>1</sup> Comment: Provide any comments you may have regarding the estimates you provided.

Pattern of Local HIV Infection Rates

Provide an estimate of the percentage of the local IDU population who BECAME infected (i.e., new cases of infection) during each of the two-year time periods listed below. Note that the requested HIV **INCIDENCE** estimates pertain exclusively to your local population of Injection Drug Users (**IDUs**). Moreover, for each estimate, identify the source(s) you relied upon to arrive at your Incidence estimates (e.g., CDC Surveillance, Counseling and Testing sites, STD Clinic). Then, proceed to specify (in column labeled Accuracy) how confident you are in the accuracy of each HIV incidence rate by using the following 5-point scale: **1** = Very Low; **2** = Low; **3** = Moderate; **4** = High; **5** = Very High.

	HIV Incidence Estimate	Source(s) of Data	Accuracy	Comment <sup>1</sup>
1987-1988	<i>LD88HIVI</i> %	<i>LD88SRCI</i>	<i>LD88ACCI</i>	
1989-1990	<i>LD90HIVI</i> %	<i>LD90SRCI</i>	<i>LD90ACCI</i>	
1991-1992	<i>LD92HIVI</i> %	<i>LD92SRCI</i>	<i>LD92ACCI</i>	
1993-1994	<i>LD94HIVI</i> %	<i>LD94SRCI</i>	<i>LD94ACCI</i>	
1995-1996	<i>LD96HIVI</i> %	<i>LD96SRCI</i>	<i>LD96ACCI</i>	

<sup>1</sup> Comment: Provide any comments you may have regarding the estimates you provided.

Availability of New/Unused Needles/Syringes

For each of the time periods (i.e., each 2-year time window) listed below, identify (Yes/No) which source(s) of new/unused needles/syringes were available to IDUs in your local area. In addition, indicate (by using the 6-point scale provided<sup>1</sup>) to what extent IDUs in your area used those sources. Finally, specify how confident you are in the accuracy of your rating by using the 5-point confidence scale<sup>2</sup>.

	Pharmacies			Needle Exchanges			Diabetics			Street Dealers			Shooting Galleries		
	Available (Yes/No)	Used Rating <sup>1</sup>	Accuracy Rating <sup>2</sup>	Available (Yes/No)	Used Rating <sup>1</sup>	Accuracy Rating <sup>2</sup>	Available (Yes/No)	Used Rating <sup>1</sup>	Accuracy Rating <sup>2</sup>	Available (Yes/No)	Used Rating <sup>1</sup>	Accuracy Rating <sup>2</sup>	Available (Yes/No)	Used Rating <sup>1</sup>	Accuracy Rating <sup>2</sup>
1987-88	LD88PHAV	LD88PHUS	LD88PHAC	LD88NEAV	LD88NEUS	LD88NEAC	LD88DBAV	LD88DBUS	LD88DBAC	LD88SDAV	LD88SDUS	LD88SDAC	LD88SGAV	LD88SGUS	LD88SGAC
1989-90	LD90PHAV	LD90PHUS	LD90PHAC	LD90NEAV	LD90NEUS	LD90NEAC	LD90DBAV	LD90DBUS	LD90DBAC	LD90SDAV	LD90SDUS	LD90SDAC	LD90SGAV	LD90SGUS	LD90SGAC
1991-92	LD92PHAV	LD92PHUS	LD92PHAC	LD92NEAV	LD92NEUS	LD92NEAC	LD92DBAV	LD92DBUS	LD92DBAC	LD92SDAV	LD92SDUS	LD92SDAC	LD92SGAV	LD92SGUS	LD92SGAC
1993-94	LD94PHAV	LD94PHUS	LD94PHAC	LD94NEAV	LD94NEUS	LD94NEAC	LD94DBAV	LD94DBUS	LD94DBAC	LD94SDAV	LD94SDUS	LD94SDAC	LD94SGAV	LD94SGUS	LD94SGAC
1995-96	LD96PHAV	LD96PHUS	LD96PHAC	LD96NEAV	LD96NEUS	LD96NEAC	LD96DBAV	LD96DBUS	LD96DBAC	LD96SDAV	LD96SDUS	LD96SDAC	LD96SGAV	LD96SGUS	LD96SGAC

<sup>1</sup> Used Rating: Indicate to what extent IDUs in your area made use of those sources of needles/syringes. Use the following 6-point scale to do so:  
**1** = Very Small Extent; **2** = Small Extent; **3** = Moderate Extent; **4** = Large Extent; **5** = Very Large Extent; **6** = Don't Know

<sup>2</sup> Accuracy Rating: Specify how confident you are in the accuracy of your "Used Rating." Use the following 5-point scale to do so:  
**1** = Very Low; **2** = Low; **3** = Moderate; **4** = High; **5** = Very High

Provide an explanation for any observed changes (for the time periods listed above) in the sources of needles/syringes and/or in the extent to which IDUs made use of those sources (e.g., legislative change, policy change, or any historical event that has contributed to such change):

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Needle Exchange Program(s)

\_\_\_\_\_ There has never been a Needle Exchange Program (NEP) in this local area (proceed to page 7 of this questionnaire).

**Note: If multiple NEPs have been implemented in your area, provide information for the 3 largest programs.**

For each of the time periods (i.e., 2-year time windows) listed below, indicate (Yes/No) whether a NEP was in operation (or opened) or closed in your local area (i.e., are serviced by NADR/CA). In addition, specify whether one-for-one, and/or maximum number of needles exchanged per visit policies were in effect. Finally, provide an estimate of the annual volume of needles exchanged by the program(s).

	NEP Was in Operation or Opened (Yes/No)			NEP Closed (Yes/No)			One-for-One Policy (Yes/No)			Maximum No. of Needles Per Visit (Yes/No)			Annual Volume of Needles Exchanged		
	Program 1	Program 2	Program 3	Program 1	Program 2	Program 3	Program 1	Program 2	Program 3	Program 1	Program 2	Program 3	Program 1	Program 2	Program 3
1987-88	LD88NE01	LD88NE02	LD88NE03	LD88NEC1	LD88NEC2	LD88NEC3	LD88OP1	LD88OP2	LD88OP3	LD88MAX1	LD88MAX2	LD88MAX3	LD88ANN1	LD88ANN2	LD88ANN3
1989-90	LD90NE01	LD90NE02	LD90NE03	LD90NEC1	LD90NEC2	LD90NEC3	LD90OP1	LD90OP2	LD90OP3	LD90MAX1	LD90MAX2	LD90MAX3	LD90ANN1	LD90ANN2	LD90ANN3
1991-92	LD92NE01	LD92NE02	LD92NE03	LD92NEC1	LD92NEC2	LD92NEC3	LD92OP1	LD92OP2	LD92OP3	LD92MAX1	LD92MAX2	LD92MAX3	LD92ANN1	LD92ANN2	LD92ANN3
1993-94	LD94NE01	LD94NE02	LD94NE03	LD94NEC1	LD94NEC2	LD94NEC3	LD94OP1	LD94OP2	LD94OP3	LD94MAX1	LD94MAX2	LD94MAX3	LD94ANN1	LD94ANN2	LD94ANN3
1995-96	LD96NE01	LD96NE02	LD96NE03	LD96NEC1	LD96NEC2	LD96NEC3	LD96OP1	LD96OP2	LD96OP3	LD96MAX1	LD96MAX2	LD96MAX3	LD96ANN1	LD96ANN2	LD96ANN3

Provide an explanation for any observed changes (for the time periods listed above) in activities and/or practices (e.g., legislative change, policy change, or any historical event that has contributed to such change) of the needle exchange program(s):

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Pharmacy Sales

For each of the time periods (i.e., 2-year windows) listed below, indicate (Yes/No) whether State or Local prescription laws were in effect. In addition, specify how many pharmacies in your area (i.e., area serviced by NADR/CA) sold to IDUs without requiring a prescription, how many pharmacies who did sell without requiring a prescription had a minimum purchase policy (i.e., a minimum number of needles/syringes needed to be purchased per sale), and whether (Yes/No) most pharmacies who sold without a prescription had implemented some form of identification requirement.

	Prescription Laws in Effect?						How Many Sold Without Prescription?					Of Those Who Sold, How Many Had a Minimum Purchase Requirement?				Did Most Who Sold (Without Prescription) Require...?								
	State			Local			None	Very Few	Few	Many	Don't Know	None	Few	Many	Don't Know	ID			Sign Log Book			Proof Diabetic		
	Y	N	Don't Know	Y	N	Don't Know										Y	N	D	Y	N	D	Y	N	D
1987-88	<i>LD88LAWS</i>			<i>LD88LAWL</i>			<i>LD88NORX</i>					<i>LD88MINP</i>				<i>LD88ID</i>			<i>LD88SIG</i>			<i>LD88PRDB</i>		
1989-90	<i>LD90LAWS</i>			<i>LD90LAWL</i>			<i>LD90NORX</i>					<i>LD90MINP</i>				<i>LD90ID</i>			<i>LD90SIG</i>			<i>LD90PRDB</i>		
1991-92	<i>LD92LAWS</i>			<i>LD92LAWL</i>			<i>LD92NORX</i>					<i>LD92MINP</i>				<i>LD92ID</i>			<i>LD92SIG</i>			<i>LD92PRDB</i>		
1993-94	<i>LD94LAWS</i>			<i>LD94LAWL</i>			<i>LD94NORX</i>					<i>LD94MINP</i>				<i>LD94ID</i>			<i>LD94SIG</i>			<i>LD94PRDB</i>		
1995-96	<i>LD96LAWS</i>			<i>LD96LAWL</i>			<i>LD96NORX</i>					<i>LD96MINP</i>				<i>LD96ID</i>			<i>LD96SIG</i>			<i>LD96PRDB</i>		

Provide an explanation for any observed changes (for the years listed above) in pharmacy sales of needles/syringes and/or practices (e.g., legislative change, policy change, or any historical event that has contributed to such change):

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Other Local HIV Prevention and Drug Intervention Program(s)

For each of the time periods (i.e., 2-year windows) listed below, indicate (Yes/No) whether the programs listed as column headings were present in your area. Then proceed to indicate the extent to which those programs reached NADR/CA participants (use the “Extent Reached NADR/CA Participants” 7-point rating scale<sup>1</sup>). In doing so, consider programs that were initiated by diverse funding agencies (e.g., CDC, CSAP/CSAT, HRSA, Local Health Departments, Local AIDS Foundations or Community Groups, NIH/NIDA/NIMH/NICHHD, etc.).

	Drug Treatment Programs		HIV Testing and Counseling		Sexually Transmitted Disease Clinics		HIV Outreach Programs		Other Outreach Program Specify:	
	Program(s) was/were Present in Area (Yes/No)	Extent Reached NADR/CA Participants?	Program(s) was/were Present in Area (Yes/No)	Extent Reached NADR/CA Participants?	Program(s) was/were Present in Area (Yes/No)	Extent Reached NADR/CA Participants?	Program(s) was/were Present in Area (Yes/No)	Extent Reached NADR/CA Participants?	Program(s) was/were Present in Area (Yes/No)	Extent Reached NADR/CA Participants?
1987-88	<i>LD88DTPP</i>	<i>LD88DTPR</i>	<i>LD88HTCP</i>	<i>LD88HTCR</i>	<i>LD88STDP</i>	<i>LD88STDR</i>	<i>LD88HOPP</i>	<i>LD88HOPR</i>	<i>LD88OOPP</i>	<i>LD88OOPR</i>
1989-90	<i>LD90DTPP</i>	<i>LD90DTPR</i>	<i>LD90HTCP</i>	<i>LD90HTCR</i>	<i>LD90STDP</i>	<i>LD90STDR</i>	<i>LD90HOPP</i>	<i>LD90HOPR</i>	<i>LD90OOPP</i>	<i>LD90OOPR</i>
1991-92	<i>LD92DTPP</i>	<i>LD92DTPR</i>	<i>LD92HTCP</i>	<i>LD92HTCR</i>	<i>LD92STDP</i>	<i>LD92STDR</i>	<i>LD92HOPP</i>	<i>LD92HOPR</i>	<i>LD92OOPP</i>	<i>LD92OOPR</i>
1993-94	<i>LD94DTPP</i>	<i>LD94DTPR</i>	<i>LD94HTCP</i>	<i>LD94HTCR</i>	<i>LD94STDP</i>	<i>LD94STDR</i>	<i>LD94HOPP</i>	<i>LD94HOPR</i>	<i>LD94OOPP</i>	<i>LD94OOPR</i>
1995-96	<i>LD96DTPP</i>	<i>LD96DTPR</i>	<i>LD96HTCP</i>	<i>LD96HTCR</i>	<i>LD96STDP</i>	<i>LD96STDR</i>	<i>LD96HOPP</i>	<i>LD96HOPR</i>	<i>LD96OOPP</i>	<i>LD96OOPR</i>

<sup>1</sup> Extent Reached NADR/CA Participants: Indicate to what extent the intervention program(s) had reached members of NADR/CA targeted population of IDUs. Use the following 7-point rating scale to do so:

1 = Not at all; 2 = Very Small Extent; 3 = Small Extent; 4 = Moderate Extent; 5 = Large Extent; 6 = Very Large Extent; 7 = Don't Know

Provide an explanation for any observed changes (for the time periods listed above) in the presence or activities of intervention programs and/or in the extent to which these programs were reaching NADR/CA program participants:

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Other Local HIV Prevention and Drug Intervention Program(s)

For each of the time periods (i.e., 2-year windows) listed below, indicate (Yes/No) whether the programs listed as column headings were present in your area. Then proceed to indicate the extent to which those programs reached NADR/CA participants (use the “Extent Reached NADR/CA Participants” 7-point rating scale<sup>1</sup>). In doing so, consider programs that were initiated by diverse funding agencies (e.g., CDC, CSAP/CSAT, HRSA, Local Health Departments, Local AIDS Foundations or Community Groups, NIH/NIDA/NIMH/NICHHD, etc.).

	HIV Case Management		Other Case Management		Medical Services for HIV Positive Individuals		Homeless Program(s) (e.g., Residential, Shelters)		Other Intervention Program Specify:	
	Program(s) was/were Present in Area (Yes/No)	Extent Reached NADR/CA Participants?	Program(s) was/were Present in Area (Yes/No)	Extent Reached NADR/CA Participants?	Program(s) was/were Present in Area (Yes/No)	Extent Reached NADR/CA Participants?	Program(s) was/were Present in Area (Yes/No)	Extent Reached NADR/CA Participants?	Program(s) was/were Present in Area (Yes/No)	Extent Reached NADR/CA Participants?
1987-88	<i>LD88HCMP</i>	<i>LD88HCMR</i>	<i>LD88OCMP</i>	<i>LD88OCMR</i>	<i>LD88MSP</i>	<i>LD88MSR</i>	<i>LD88HLP</i>	<i>LD88HLR</i>	<i>LD88OIPP</i>	<i>LD88OIPR</i>
1989-90	<i>LD90HCMP</i>	<i>LD90HCMR</i>	<i>LD90OCMP</i>	<i>LD90OCMR</i>	<i>LD90MSP</i>	<i>LD90MSR</i>	<i>LD90HLP</i>	<i>LD90HLR</i>	<i>LD90OIPP</i>	<i>LD90OIPR</i>
1991-92	<i>LD92HCMP</i>	<i>LD92HCMR</i>	<i>LD92OCMP</i>	<i>LD92OCMR</i>	<i>LD92MSP</i>	<i>LD92MSR</i>	<i>LD92HLP</i>	<i>LD92HLR</i>	<i>LD92OIPP</i>	<i>LD92OIPR</i>
1993-94	<i>LD94HCMP</i>	<i>LD94HCMR</i>	<i>LD94OCMP</i>	<i>LD94OCMR</i>	<i>LD94MSP</i>	<i>LD94MSR</i>	<i>LD94HLP</i>	<i>LD94HLR</i>	<i>LD94OIPP</i>	<i>LD94OIPR</i>
1995-96	<i>LD96HCMP</i>	<i>LD96HCMR</i>	<i>LD96OCMP</i>	<i>LD96OCMR</i>	<i>LD96MSP</i>	<i>LD96MSR</i>	<i>LD96HLP</i>	<i>LD96HLR</i>	<i>LD96OIPP</i>	<i>LD96OIPR</i>

<sup>1</sup> Extent Reached NADR/CA Participants: Indicate to what extent the intervention program(s) had reached members of NADR/CA targeted population of IDUs. Use the following 7-point rating scale to do so:

1 = Not at all; 2 = Very Small Extent; 3 = Small Extent; 4 = Moderate Extent; 5 = Large Extent; 6 = Very Large Extent; 7 = Don't Know

Provide an explanation for any observed changes (for the time periods listed above) in the presence or activities of intervention programs and/or in the extent to which these programs were reaching NADR/CA program participants:

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LOCAL IDU DRUG SCENEProvide an estimate of your city's current population size: LDPOPEST

	1987-88	1989-90	1991-92	1993-94	1995-96
Provide an estimate of the size of the IDU population in your city.	<i>LD88IDU</i>	<i>LD90IDU</i>	<i>LD92IDU</i>	<i>LD94IDU</i>	<i>LD96IDU</i>
Specify the data source(s) on which you have based your above estimate.	<i>LD88SRC</i>	<i>LD90SRC</i>	<i>LD92SRC</i>	<i>LD94SRC</i>	<i>LD96SRC</i>
Degree of confidence in the accuracy of your above percentage estimate <sup>1</sup> .	<i>LD88CONF</i>	<i>LD90CONF</i>	<i>LD92CONF</i>	<i>LD94CONF</i>	<i>LD96CONF</i>
To what extent was the local IDU population concentrated in specific geographical areas in your city <sup>2</sup> ?	<i>LD88GEO</i>	<i>LD90GEO</i>	<i>LD92GEO</i>	<i>LD94GEO</i>	<i>LD96GEO</i>
How would you rate the quality of public transportation in your city <sup>3</sup> ?	<i>LD88TRAN</i>	<i>LD90TRAN</i>	<i>LD92TRAN</i>	<i>LD94TRAN</i>	<i>LD96TRAN</i>
To what extent did IDUs from other areas immigrate (move in) into your local IDU area <sup>4</sup> ?	<i>LD88IMM</i>	<i>LD90IMM</i>	<i>LD92IMM</i>	<i>LD94IMM</i>	<i>LD96IMM</i>
To what extent did IDUs from your area emigrate (move out) out of your area <sup>4</sup> ?	<i>LD88EMI</i>	<i>LD90EMI</i>	<i>LD92EMI</i>	<i>LD94EMI</i>	<i>LD96EMI</i>

1) 1 = Very Low; 2 = Low; 3 = Moderate; 4 = High; 5 = Very High; 6 = Don't Know

2) 1 = Small Extent; 2 = Moderate Extent; 3 = Great Extent; 4 = Don't Know

3) 1 = Very Bad; 2 = Bad; 3 = Moderate; 4 = Good; 5 = Very Good; 6 = Don't Know

4) 1 = Very Small Extent; 2 = Small Extent; 3 = Moderate Extent; 4 = Large Extent; 5 = Very Large Extent; 6 = Don't Know

Provide an explanation for any observed changes (for the time periods listed above) in the characteristics of your local IDU population or in the geographical characteristics addressed above:

LOCAL IDU DRUG SCENE

For each of the time periods (i.e., 2-year windows) listed below, indicate whether there have been any changes in the social characteristics of the IDU population in your area. That is, for each subpopulation group listed indicate whether there has been an increase, decrease, or no change in the proportion of IDUs in each group.

	<b>HOMELESS</b>	<b>INCARCERATED</b>	<b>TRANSIENT</b>	<b>INSTITUTIONALIZED</b>
<b>1987-88</b>	<b><i>LD88HL</i></b>	<b><i>LD88JAIL</i></b>	<b><i>LD88TRNS</i></b>	<b><i>LD88INST</i></b>
Increase				
Decrease				
No Change				
Don't Know				
<b>1989-90</b>	<b><i>LD90HL</i></b>	<b><i>LD90JAIL</i></b>	<b><i>LD90TRNS</i></b>	<b><i>LD90INST</i></b>
Increase				
Decrease				
No Change				
Don't Know				
<b>1991-92</b>	<b><i>LD92HL</i></b>	<b><i>LD92JAIL</i></b>	<b><i>LD92TRNS</i></b>	<b><i>LD92INST</i></b>
Increase				
Decrease				
No Change				
Don't Know				
<b>1993-94</b>	<b><i>LD94HL</i></b>	<b><i>LD94JAIL</i></b>	<b><i>LD94TRNS</i></b>	<b><i>LD94INST</i></b>
Increase				
Decrease				
No Change				
Don't Know				
<b>1995-96</b>	<b><i>LD96HL</i></b>	<b><i>LD96JAIL</i></b>	<b><i>LD96TRNS</i></b>	<b><i>LD96INST</i></b>
Increase				
Decrease				
No Change				
Don't Know				

Provide an explanation for any observed changes (for the time periods listed above) in the social characteristics of the IDU population in your area.

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LOCAL IDU DRUG SCENE

For each of the time periods (i.e., 2-year windows) listed below, indicate whether there have been any changes in the demographic characteristics of the IDU population in your area. That is, for each demographic subgroup, specify whether there has been an increase, decrease, or no change in the proportion of IDUs in each of those demographic subgroups.

	SEX		AGE			RACE				OTHER
	Male	Female	<25	26-35	35<	Black	White	Hispanic	Other	
<b>1987-88</b>	<i>LD88MALE</i>	<i>LD88FEM</i>	<i>LD88U25</i>	<i>LD882535</i>	<i>LD88G35</i>	<i>LD88BLA</i>	<i>LD88W HIT</i>	<i>LD88HISP</i>	<i>LD88OTHR</i>	<i>LD88OTH</i>
Increase										
Decrease										
No Change										
Don't Know										
<b>1989-90</b>	<i>LD90MALE</i>	<i>LD90FEM</i>	<i>LD90U25</i>	<i>LD902535</i>	<i>LD90G35</i>	<i>LD90BLA</i>	<i>LD90W HIT</i>	<i>LD90HISP</i>	<i>LD90OTHR</i>	<i>LD90OTH</i>
Increase										
Decrease										
No Change										
Don't Know										
<b>1991-92</b>	<i>LD92MALE</i>	<i>LD92FEM</i>	<i>LD92U25</i>	<i>LD922535</i>	<i>LD92G35</i>	<i>LD92BLA</i>	<i>LD92W HIT</i>	<i>LD92HISP</i>	<i>LD92OTHR</i>	<i>LD92OTH</i>
Increase										
Decrease										
No Change										
Don't Know										
<b>1993-94</b>	<i>LD94MALE</i>	<i>LD94FEM</i>	<i>LD94U25</i>	<i>LD942535</i>	<i>LD94G35</i>	<i>LD94BLA</i>	<i>LD94W HIT</i>	<i>LD94HISP</i>	<i>LD94OTHR</i>	<i>LD94OTH</i>
Increase										
Decrease										
No Change										
Don't Know										
<b>1995-96</b>	<i>LD96MALE</i>	<i>LD96FEM</i>	<i>LD96U25</i>	<i>LD962535</i>	<i>LD96G35</i>	<i>LD96BLA</i>	<i>LD96W HIT</i>	<i>LD96HISP</i>	<i>LD96OTHR</i>	<i>LD96OTH</i>
Increase										
Decrease										
No Change										
Don't Know										

Provide an explanation for any observed changes (for the time periods listed above) in the demographic characteristics of the IDU population in your area.

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LOCAL IDU DRUG SCENE

For each drug type and time period listed below, provide an estimate of the proportion (i.e., %) of IDUs in your area for whom these individual drugs were their primary drug of use.

	1987-88		1989-90		1991-92		1993-94		1995-96	
	Percentage (%)	Don't Know	Percentage (%)	Don't Know	Percentage (%)	Don't Know	Percentage (%)	Don't Know	Percentage (%)	Don't Know
Heroin	<i>LD88HER</i>		<i>LD90HER</i>		<i>LD92HER</i>		<i>LD94HER</i>		<i>LD96HER</i>	
Cocaine	<i>LD88COC</i>		<i>LD90COC</i>		<i>LD92COC</i>		<i>LD94COC</i>		<i>LD96COC</i>	
Speedball	<i>LD88SPED</i>		<i>LD90SPED</i>		<i>LD92SPED</i>		<i>LD94SPED</i>		<i>LD96SPED</i>	
Meth/Amphetamines	<i>LD88METH</i>		<i>LD90METH</i>		<i>LD92METH</i>		<i>LD94METH</i>		<i>LD96METH</i>	
Other:	<i>LD88OTDR</i>		<i>LD90OTDR</i>		<i>LD92OTDR</i>		<i>LD94OTDR</i>		<i>LD96OTDR</i>	
Specify the data source(s) on which you have based your above estimate.	<i>LD88SRC1</i>		<i>LD90SRC1</i>		<i>LD92SRC1</i>		<i>LD94SRC1</i>		<i>LD96SRC1</i>	
Overall degree of confidence in the accuracy of your above percentage estimates <sup>1</sup> .	<i>LD88CON1</i>		<i>LD90CON1</i>		<i>LD92CON1</i>		<i>LD94CON1</i>		<i>LD96CON1</i>	

1) 1 = Very Low; 2 = Low; 3 = Moderate; 4 = High; 5 = Very High; 6 = Don't Know

Provide an explanation for any observed changes (for the time periods listed above) in the drug using characteristics of your local IDU population:

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LOCAL IDU DRUG SCENE

For each drug type and time period listed below, indicate whether there have been noticeable changes in the availability and/or prices of drugs in area.

	AVAILABILITY				PRICE			
	Increase	Decrease	No Change	Don't Know	Increase	Decrease	No Change	Don't Know
<b>1987-88</b>								
Heroin	<i>LD88HERA</i>				<i>LD88HERP</i>			
Cocaine	<i>LD88COCA</i>				<i>LD88COCP</i>			
Speedball	<i>LD88SPDA</i>				<i>LD88SPDP</i>			
Meth/Amphetamines	<i>LD88META</i>				<i>LD88METP</i>			
Other:	<i>LD88OTHA</i>				<i>LD88OTHP</i>			
<b>1989-90</b>								
Heroin	<i>LD90HERA</i>				<i>LD90HERP</i>			
Cocaine	<i>LD90COCA</i>				<i>LD90COCP</i>			
Speedball	<i>LD90SPDA</i>				<i>LD90SPDP</i>			
Meth/Amphetamines	<i>LD90META</i>				<i>LD90METP</i>			
Other:	<i>LD90OTHA</i>				<i>LD90OTHP</i>			
<b>1991-92</b>								
Heroin	<i>LD92HERA</i>				<i>LD92HERP</i>			
Cocaine	<i>LD92COCA</i>				<i>LD92COCP</i>			
Speedball	<i>LD92SPDA</i>				<i>LD92SPDP</i>			
Meth/Amphetamines	<i>LD92META</i>				<i>LD92METP</i>			
Other:	<i>LD92OTHA</i>				<i>LD92OTHP</i>			
<b>1993-94</b>								
Heroin	<i>LD94HERA</i>				<i>LD94HERP</i>			
Cocaine	<i>LD94COCA</i>				<i>LD94COCP</i>			
Speedball	<i>LD94SPDA</i>				<i>LD94SPDP</i>			
Meth/Amphetamines	<i>LD94META</i>				<i>LD94METP</i>			
Other:	<i>LD94OTHA</i>				<i>LD94OTHP</i>			
<b>1995-96</b>								
Heroin	<i>LD96HERA</i>				<i>LD96HERP</i>			
Cocaine	<i>LD96COCA</i>				<i>LD96COCP</i>			
Speedball	<i>LD96SPDA</i>				<i>LD96SPDP</i>			
Meth/Amphetamines	<i>LD96META</i>				<i>LD96METP</i>			
Other:	<i>LD96OTHA</i>				<i>LD96OTHP</i>			

Provide an explanation for any observed changes (for the time periods listed above) in the availability and/or price of drugs in your area:

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LOCAL IDU DRUG SCENE

	1987-88	1989-90	1991-92	1993-94	1995-96
Provide an estimate of the proportion (%) of IDUs in your area who regularly engage in anonymous needle/syringe sharing.	<i>LD88POP</i>	<i>LD90POP</i>	<i>LD92POP</i>	<i>LD94POP</i>	<i>LD96POP</i>
Specify the data source(s) on which you have based your above estimate.	<i>LD88SRC2</i>	<i>LD90SRC2</i>	<i>LD92SRC2</i>	<i>LD94SRC2</i>	<i>LD96SRC2</i>
Degree of confidence in the accuracy of your above percentage estimate <sup>1</sup> .	<i>LD88CON2</i>	<i>LD90CON2</i>	<i>LD92CON2</i>	<i>LD94CON2</i>	<i>LD96CON2</i>
To what extent has there been a change in the presence of shooting galleries in your area <sup>2</sup> ?	<i>LD88GAL</i>	<i>LD90GAL</i>	<i>LD92GAL</i>	<i>LD94GAL</i>	<i>LD96GAL</i>
If there has been a change, specify whether it was an increase or decrease.	<i>LD88NGAL</i>	<i>LD90NGAL</i>	<i>LD92NGAL</i>	<i>LD94NGAL</i>	<i>LD96NGAL</i>
Were means for the safe disposal of used needles implemented in your area? (Yes/No)	<i>LD88DISP</i>	<i>LD90DISP</i>	<i>LD92DISP</i>	<i>LD94DISP</i>	<i>LD96DISP</i>
To what extent have local law enforcement officials harassed or arrested IDUs who carried their own needles/syringes <sup>3</sup> ?	<i>LD88HAR</i>	<i>LD90HAR</i>	<i>LD92HAR</i>	<i>LD94HAR</i>	<i>LD96HAR</i>

1) 1 = Very Low; 2 = Low; 3 = Moderate; 4 = High; 5 = Very High; 6 = Don't Know

2) 1 = Small Extent; 2 = Moderate Extent; 3 = Great Extent; 4 = Don't Know

3) 1 = Very Small Extent; 2 = Small Extent; 3 = Moderate Extent; 4 = Large Extent; 5 = Very Large Extent; 6 = Don't Know

Provide an explanation for any observed changes (for the time periods listed above) in the characteristics of your local drug scene listed above:

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LOCAL IDU DRUG SCENE

	1987-88	1989-90	1991-92	1993-94	1995-96
To what extent has there been any noticeable change in the number of new initiates to injection drug use in your area? <sup>1</sup>	<i>LD88INIT</i>	<i>LD90INIT</i>	<i>LD92INIT</i>	<i>LD94INIT</i>	<i>LD96INIT</i>
If there has been a change, specify whether it was an increase or decrease.	<i>LD88NINI</i>	<i>LD90NINI</i>	<i>LD92NINI</i>	<i>LD94NINI</i>	<i>LD96NINI</i>
Specify the data source(s) on which you have based your above rating.	<i>LD88SRC3</i>	<i>LD90SRC3</i>	<i>LD92SRC3</i>	<i>LD94SRC3</i>	<i>LD96SRC3</i>
Degree of confidence in the accuracy of your above rating <sup>2</sup> .	<i>LD88CON3</i>	<i>LD90CON3</i>	<i>LD92CON3</i>	<i>LD94CON3</i>	<i>LD96CON3</i>
To what extent were new/unused needles available to IDUs in your area <sup>3</sup> ?	<i>LD88AVAI</i>	<i>LD90AVAI</i>	<i>LD92AVAI</i>	<i>LD94AVAI</i>	<i>LD96AVAI</i>
To what extent did IDUs in your area make use of those sources of bleach <sup>3</sup> ?	<i>LD88BLCH</i>	<i>LD90BLCH</i>	<i>LD92BLCH</i>	<i>LD94BLCH</i>	<i>LD96BLCH</i>

1) 1 = Small Extent; 2 = Moderate Extent; 3 = Great Extent; 4 = Don't Know

2) 1 = Very Low; 2 = Low; 3 = Moderate; 4 = High; 5 = Very High; 6 = Don't Know

3) 1 = Very Small Extent; 2 = Small Extent; 3 = Moderate Extent; 4 = Large Extent; 5 = Very Large Extent; 6 = Don't Know

Provide an explanation for any observed changes (for the time periods listed above) in the characteristics of your local drug scene listed above:

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EARLY HIV INTERVENTIONS

EARLY HIV INTERVENTIONS

**Early Interventions**

When were HIV prevention activities targeting IDUs first introduced in your area? **LDINTYR**

\_\_\_\_\_ Year  
\_\_\_\_\_ I don't know

To what extent were these initial HIV prevention services accessed by local IDUs? **LDINTSVC**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
Very Small Small Moderate Large Very Large  
Extent Extent Extent Extent Extent

List these HIV prevention activities below. In addition, provide a brief description of the nature of the services provided.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To what extent was access to new/unused needles available early after the introduction of HIV among IDUs in your area? **LDINTNED**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
Very Small Limited Moderate Large Very Large  
Extent Extent Extent Extent Extent

To what extent were these sources of new/unused needles accessed early by local IDUs? **LDINTSRC**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
Very Small Small Moderate Large Very Large  
Extent Extent Extent Extent Extent

To what extent was access to injection drug abuse treatment available early after the introduction of HIV among IDUs in your area? **LDINTTRT**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
Very Small Limited Moderate Large Very Large  
Extent Extent Extent Extent Extent

To what extent were drug treatment services accessed early by local IDUs? **LDINTACC**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
Very Small Small Moderate Large Very Large  
Extent Extent Extent Extent Extent

LD

Changes in Recruitment Strategy or Geographical Area Served by NADR/CA

For the years listed below, identify any changes in sampling strategy and/or geographical area(s) served by NADR and/or the CA programs in your site(s). Specify any known consequences (i.e., demographic and/or social characteristics of IDU population being reached) associated with such changes.

	<b>Changes in Sampling Strategy</b>	<b>Consequences of Such Sampling Changes</b>	<b>Geographical Change in NADR or CA Site(s)</b>	<b>Consequences of Such Geographical Changes</b>
<b>1987</b>				
<b>1988</b>				
<b>1989</b>				
<b>1990</b>				
<b>1991</b>				
<b>1992</b>				
<b>1993</b>				
<b>1994</b>				
<b>1995</b>				