



# PEMS Data Variables and Values

## Agency Level

### Table: A General Agency Information

This table is required to be completed by all directly funded grantees.  
 It is also required for all agencies that indirectly receive CDC funds for HIV prevention AND:  
 1. Provide HIV prevention services  
 And/or  
 2. Provide contracts (using CDC funds) to support the provision of HIV prevention services.

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
A01	Agency Name	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The official legal name of the agency or organization.			
	<i>Instructions:</i> Enter the official name of your agency.			
A01a	PEMS Agency ID	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> A system generated, numeric, unique identifier for a PEMS agency.			
	<i>Instructions:</i>			



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
A02	Community Plan Jurisdiction	<input checked="" type="checkbox"/>	Yes	Yes

*Definition:* The CDC-directly funded state/territory/city area or region where a state or local health department receives cooperative agreements for HIV prevention funds to monitor HIV prevention activities.

*Instructions:* Select the name of state, city or territory that identifies the jurisdiction in which yo

Code	Value Description	Value Definition
01	AL	Alabama
02	AK	Alaska
04	AZ	Arizona
05	AR	Arkansas
06	CA	California
08	CO	Colorado
09	CT	Connecticut
10	DE	Delaware
11	DC	District of Columbia
12	FL	Florida
13	GA	Georgia
15	HI	Hawaii
16	ID	Idaho
17	IL	Illinois
18	IN	Indiana
19	IA	Iowa
20	KS	Kansas
21	KY	Kentucky
22	LA	Louisiana
23	ME	Maine
24	MD	Maryland
25	MA	Massachusetts
26	MI	Michigan
27	MN	Minnesota
28	MS	Mississippi
29	MO	Missouri
30	MT	Montana
31	NE	Nebraska
32	NV	Nevada
33	NH	New Hampshire
34	NJ	New Jersey
35	NM	New Mexico
36	NY	New York
37	NC	North Carolina



# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
38	ND	North Dakota			
39	OH	Ohio			
40	OK	Oklahoma			
41	OR	Oregon			
42	PA	Pennsylvania			
44	RI	Rhode Island			
45	SC	South Carolina			
46	SD	South Dakota			
47	TN	Tennessee			
48	TX	Texas			
49	UT	Utah			
50	VT	Vermont			
51	VA	Virginia			
53	WA	Washington			
54	WV	West Virginia			
55	WI	Wisconsin			
56	WY	Wyoming			
60	AS	American Samoa			
64	FM	Federated States of Micronesia			
66	GU	Guam			
68	MH	Marshall Islands			
69	MP	Northern Mariana Islands			
70	PW	Palau			
72	PR	Puerto Rico			
78	VI	Virgin Islands of the U.S.			
80	San Francisco, CA	San Francisco Health Department			
81	Los Angeles, CA	Los Angeles Health Department			
82	New York City, NY	New York City Health Department			
83	Houston, TX	Houston Health Department			
84	Chicago, IL	City of Chicago Health Department			
85	Philadelphia, PA	City of Philadelphia Health Department			

A03	Employer Identification Number (EIN)	<input checked="" type="checkbox"/>	Yes	Yes
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*Definition:* The federal tax identification number that is used to identify a business entity.

*Instructions:* Enter your agency's Employer Identification Number (EIN). The EIN is also know



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
A04	Street Address 1	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> A part of the official mailing address that indicates the primary street and street number location of the agency.			
	<i>Instructions:</i> Include the first part of the official mailing address that indicates the primary stree			
A05	Street Address 2	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> A part of the official mailing address that indicates apartment or suite number, if applicable, or other information needed to complete the official mailing address of the agency.			
	<i>Instructions:</i> Use this second address space to include a suite number, room number, or other			
A06	City	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The city in which the official mailing address for the agency is physically located.			
	<i>Instructions:</i> Enter the name of the city where the agency you entered for variable A01: Agenc			



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
A08	State	<input checked="" type="checkbox"/>	Yes	Yes

*Definition:* The state, territory or district in which the official mailing address is physically located. This must represent one of the 50 states, the District of Columbia, the U.S. Virgin Islands, or Puerto Rico.

*Instructions:* Select the name of the state, territory or district where your agency is physically located.

Code	Value Description	Value Definition
01	AL	Alabama
02	AK	Alaska
04	AZ	Arizona
05	AR	Arkansas
06	CA	California
08	CO	Colorado
09	CT	Connecticut
10	DE	Delaware
11	DC	District of Columbia
12	FL	Florida
13	GA	Georgia
15	HI	Hawaii
16	ID	Idaho
17	IL	Illinois
18	IN	Indiana
19	IA	Iowa
20	KS	Kansas
21	KY	Kentucky
22	LA	Louisiana
23	ME	Maine
24	MD	Maryland
25	MA	Massachusetts
26	MI	Michigan
27	MN	Minnesota
28	MS	Mississippi
29	MO	Missouri
30	MT	Montana
31	NE	Nebraska
32	NV	Nevada
33	NH	New Hampshire
34	NJ	New Jersey
35	NM	New Mexico
36	NY	New York
37	NC	North Carolina



# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
38	ND	North Dakota			
39	OH	Ohio			
40	OK	Oklahoma			
41	OR	Oregon			
42	PA	Pennsylvania			
44	RI	Rhode Island			
45	SC	South Carolina			
46	SD	South Dakota			
47	TN	Tennessee			
48	TX	Texas			
49	UT	Utah			
50	VT	Vermont			
51	VA	Virginia			
53	WA	Washington			
54	WV	West Virginia			
55	WI	Wisconsin			
56	WY	Wyoming			
60	AS	American Samoa			
64	FM	Federated States of Micronesia			
66	GU	Guam			
68	MH	Marshall Islands			
69	MP	Northern Mariana Islands			
70	PW	Palau			
72	PR	Puerto Rico			
74	UM	U.S. Minor Outlying Islands			
78	VI	Virgin Islands of the U.S.			

A09 Zip Code  Yes Yes

*Definition:* The postal zip code for the agency.

*Instructions:* Enter your agency's postal zip code.

Code	Value Description	Value Definition
#####		Only the 5 digit zip code is mandatory.

A10 Agency Website  Yes Yes

*Definition:* The organization or agency's website address, also known as the universal resource locator (URL).

*Instructions:* Enter your agency's website address if you have one.



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
A11	Agency DUNS Number	<input checked="" type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The Data Universal Numbering System (DUNS) number is a unique nine-digit identification number which uniquely identifies business entities. It is provided by the commercial company Dun &amp; Bradstreet.</p> <p><i>Instructions:</i> Enter your agency's unique Data Universal Numbering System (DUNS) number.</p>				
A12	Agency Type	<input checked="" type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The term(s) used to describe or characterize the type of agencies involved in HIV prevention activities. This variable is not used to describe the site or setting of HIV prevention services.</p> <p><i>Instructions:</i> Indicate the type of agency that best describes your agency. Remember that this</p>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
01	State Health Department	A health department and/or health department facility responsible for providing and/or supporting the provision of direct client services in a state, district or territorial jurisdiction.		
02	Local Health Department	A health department and/or health department facility responsible for providing and/or supporting the provision of direct client services in a county or city.		
03	Other Public Agency	Other offices or organizations that are supported by public funds and serve the community at large such as correctional institutions, mental health facilities, etc.		
04	Community Based Organization (CBO)	An agency that has a valid Internal Revenue Service (IRS) 501(c)(3) tax-exempt status (or state proof of incorporation as a non-profit organization), and is typically located in the area(s) where the agency's services are provided.		
05	Academic/Research Institution	An organization chartered for educational purposes and providing college credit or awarding degrees or dedicated to conducting research in a specific area (e.g. health and human services) with the aim of advancing knowledge and understanding in this area.		
88	Other (specify)			
A13	Faith-based	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> A faith-based agency is a non-governmental agency owned by religiously affiliated entities such as (1) individual churches, mosques, synagogues, temples, or other places of worship; or (2) a network or coalition of churches, mosques, synagogues, temples, or other places of worship.</p> <p><i>Instructions:</i> Indicate whether or not your agency is a faith-based agency.</p>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
0	No	The agency is not a faith-based agency.		
1	Yes	The agency is a faith-based agency.		
NA	N/A	This information is not applicable to the agency.		



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC													
			HD	CBO												
A14	Race/Ethnicity Minority Focused	<input type="checkbox"/>	Yes	Yes												
<p><i>Definition:</i> A non-governmental agency serving a clientele that is composed of 85% or more of racial/ethnic minority populations.</p> <p><i>Instructions:</i> Indicate whether or not your non-governmental agency serves a clientele that is c</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No</td> <td>The agency does not serve a clientele that is composed of 85% or more of racial/ethnic minority populations.</td> </tr> <tr> <td>1</td> <td>Yes</td> <td>The agency does serve a clientele that is composed of 85% or more of racial/ethnic minority populations.</td> </tr> <tr> <td>NA</td> <td>N/A</td> <td>This information is not applicable to the agency.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	0	No	The agency does not serve a clientele that is composed of 85% or more of racial/ethnic minority populations.	1	Yes	The agency does serve a clientele that is composed of 85% or more of racial/ethnic minority populations.	NA	N/A	This information is not applicable to the agency.
Code	Value Description	Value Definition														
0	No	The agency does not serve a clientele that is composed of 85% or more of racial/ethnic minority populations.														
1	Yes	The agency does serve a clientele that is composed of 85% or more of racial/ethnic minority populations.														
NA	N/A	This information is not applicable to the agency.														
A15	Annual Agency HIV Prevention Budget	<input checked="" type="checkbox"/>	Yes	Yes												
<p><i>Definition:</i> The part of the agency's budget that includes all funds used to conduct community planning, HIV prevention services, as well as evaluation and capacity building done in the context of HIV prevention. It also includes STD prevention specifically to enhance HIV prevention efforts and reduce HIV transmission (as approved by CDC). The annual budget period is based on the agency's fiscal year.</p> <p><i>Instructions:</i> Enter your agency's annual HIV Prevention Budget, including all funds used to co</p>																
A16	Fiscal Year Start Date	<input checked="" type="checkbox"/>	Yes	Yes												
<p><i>Definition:</i> The beginning of the agency's fiscal year (month/year) which the Annual Agency HIV Prevention Budget (A15) describes.</p> <p><i>Instructions:</i> Enter the beginning of your agency's fiscal year (month/year) for the Annual Agen</p>																
A17	Fiscal Year End Date	<input checked="" type="checkbox"/>	Yes	Yes												
<p><i>Definition:</i> The end of the agency's fiscal year (month/year) which the Annual Agency HIV Prevention Budget (A15) describes.</p> <p><i>Instructions:</i> Enter the end of your agency's fiscal year (month/year) for the Annual Agency HI</p>																
A18	Directly Funded Agency	<input checked="" type="checkbox"/>	Yes	Yes												
<p><i>Definition:</i> An agency that receives HIV prevention funding directly from the CDC through an HIV prevention cooperative agreement for a specified reporting period (e.g., PA04064 or PA04012).</p> <p><i>Instructions:</i> Indicate whether or not your agency receives HIV prevention funding directly from</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>					Code	Value Description	Value Definition	0	No		1	Yes				
Code	Value Description	Value Definition														
0	No															
1	Yes															





# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
A19	Sources of HIV Prevention Funds	<input checked="" type="checkbox"/>	Yes	Yes

*Definition:* The source(s) of funding that the agency receives for HIV prevention. The agency should have a cooperative agreement or contract with the source(s), and should be able to identify one or multiple sources of funding for all HIV prevention.

*Instructions:* Indicate the source(s) of funding that your agency receives for HIV prevention. Ea

Code	Value Description	Value Definition
01.01	Federal-Centers for Disease Control and Prevention (CDC)- Division of HIV/AIDS Prevention	
01.02	Federal-Centers for Disease Control and Prevention (CDC)- Division of Sexually Transmitted Diseases	
01.03	Federal-Centers for Disease Control and Prevention (CDC)- Division of Adolescent and School Health	
01.04	Federal-Health Resources and Services Administration (HRSA)	
01.05	Federal-Substance Abuse and Mental Health Services Administration (SAMHSA)	
01.06	Federal-Office of Population Affairs	
01.07	Federal-Department of Justice	
01.08	Federal-Other (specify)	
02.00	State	Funding is provided by an agency of State or territorial government in which the agency is located.
03.00	Local Government	Funding is provided by an agency of city or county government in which the agency is located.
03.01	Local Government-Local Source (specify)	
03.02	Local Government- Local Source 2 (specify)	
04.00	Private Sources	Funding provided by an organization or institution that is not under federal or public supervision or control.
04.01	Private Sources-Foundations	Funding is provided by an organization or institution whose income is supported by an endowment or trust fund.
04.02	Private Sources- Donations	Funding is provided through voluntary gifts or contributions of money given in support of the organization or institution or its activities.
04.03	Private Sources- Companies	Funding is provided by an organization or institution created to conduct a particular business.
05.00	Agency Generated Sources	Funding is provided by revenue or earnings produced by the organization or institution or services or products produced.
05.01	Agency Generated Sources-Fees for Service	Funding is generated by a fixed charge for a particular service provided by the organization or institution.
05.02	Agency Generated Sources-Fundraisers	Funding is generated through an agency-sponsored event that is held for the purpose of raising money for that agency.
88	Other (specify)	Funding is provided by sources that do not fit into one of the specified categories listed above.



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
A20	Percent Funds from Federal Sources	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The estimated percent of the agency's annual budget for HIV prevention that was awarded directly by a federal source to the agency, including CDC and non-CDC federal sources. This does not include federal funds that are awarded indirectly to the agency (e.g., a CBO who receives CDC funds through a directly funded CBO or state health department using CDC prevention). An example of an indirectly funded agency is a CBO who is funded by the state health department using CDC prevention funds awarded to the state.			
	<i>Instructions:</i> Enter the estimated percent of your agency's annual budget for HIV prevention th			
A21	Agency Contact Last Name	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The legal last name of the agency's primary contact (e.g., CBO Executive Director, CBO Director for HIV Prevention, Health Department AIDS Director or Director of HIV Prevention).			
	<i>Instructions:</i> Enter the legal last name of the primary contact person for your agency. Be sure			
A22	Agency Contact First Name	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The legal first name of the agency's primary contact (e.g., CBO Executive Director, CBO Director for HIV Prevention, Health Department AIDS Director or Director of HIV Prevention).			
	<i>Instructions:</i> Enter the legal first name of the primary contact person you listed in variable A21.			
A23	Agency Contact Title	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The official title of the agency's primary contact person (e.g., CBO Executive Director, CBO Director for HIV Prevention, Health Department AIDS Director or Director of HIV Prevention).			
	<i>Instructions:</i> Enter the official title of your agency's primary contact person noted in variables A			
A24	Agency Contact Phone	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The telephone area code and number for the agency's primary contact specified in A21: Agency Contact Last Name and A22: Agency Contact First Name.			
	<i>Instructions:</i> Enter the main phone number for your agency.			
A25	Agency Contact Fax	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The fax area code and number for the agency's primary contact specified in A21: Agency Contact Last Name and A22: Agency Contact First Name.			
	<i>Instructions:</i> Enter the main fax number for your agency.			
A26	Agency Contact Email	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The email address for the agency's primary contact specified in A21: Agency Contact Last Name and A22: Agency Contact First Name.			
	<i>Instructions:</i> Enter the primary email address for your agency.			



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO

## Table: B CDC Program Announcement Award Information

This table is required to be completed by all directly funded grantees (A18 "Directly Funded Agency" = "Yes"). An agency can be directly funded under multiple CDC program announcements. Table B must be completed for each award.

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
B01	CDC HIV Prevention PA Number	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The five-digit Program Announcement (PA) number issued by CDC for EACH program announcement through which funds were awarded to your agency.			
	<i>Instructions:</i> Select the five-digit program announcement number issued by CDC for EACH pro			
B02	CDC HIV Prevention PA Budget Start Date	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The beginning month and year of a specific CDC Program Announcement Annual Award period.			
	<i>Instructions:</i> Specify the beginning month and year of a specific CDC Program Announcement'			
B03	CDC HIV Prevention PA Budget End Date	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The end month and year of a specific CDC Program Announcement Annual Award period.			
	<i>Instructions:</i> Specify the end month and year of a specific CDC Program Announcement's AN			
B04	CDC HIV Prevention PA Award Number	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> A six-digit number that is given to each award granted through a specific CDC program announcement. This number uniquely identifies each grantee given an award from a specific program announcement.			
	<i>Instructions:</i> Enter your unique six-digit number for the award granted through the specific CD			



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
B05	Funded CBO HIV Prevention Activity	<input checked="" type="checkbox"/>	No	Yes
<p><i>Definition:</i> The funding category in the Program Announcement under which a directly funded CBO receives an award.</p> <p><i>Instructions:</i> Specify the funding category under which you received an award. This variable is</p>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
01	Targeted Outreach + HERR for HR Individuals	The funding category in PA 04064 whose activities include targeted outreach, HE/RR interventions delivered to individuals and/or small groups and referral to HIV CTR for individuals at high risk for HIV infection and transmission.		
02	Targeted Outreach + CT for HR Individuals	The funding category in PA 04064 whose activities include targeted outreach, the provision of HIV CT and post-test counseling and referral for individuals at high risk for HIV infection and transmission.		
03	Prevention for HIV+ and partners	The funding category in PA 04064 whose activities include the provision of prevention interventions to individuals living with HIV, and their sex and injection drug-sharing partners.		
04	Prevention for persons at very high risk for HIV infection	The funding category in PA 04064 whose activities include the provision of prevention interventions to seronegative individuals at very high risk for HIV infection.		
05	Prevention - PCRS	The funding category in PA 04064 whose activities include the elicitation, notification and referral to HIV CTR for those sex and injection drug-sharing partners of a person who has tested positive for HIV.		
NA	N/A	The variable is not applicable because the agency is not a directly funded CBO receiving funding under Program Announcement 04064.		
B06	Total CDC HIV Prevention Award Amount	<input checked="" type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The total amount of the CDC HIV Prevention award that corresponds to the time frame provided in B02: CDC HIV Prevention PA Start Date and B03: CDC HIV Prevention PA End Date.</p> <p><i>Instructions:</i> The total annual award amount for the CDC HIV Prevention PA award number no</p>				
B06a	Annual CDC HIV Prevention Award Amount Expended	<input checked="" type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The total amount of this CDC HIV Prevention award that was expended during the time frame provided in B02: CDC HIV Prevention PA Start Date and B03: CDC HIV Prevention PA End Date.</p> <p><i>Instructions:</i> At the end of the CDC PA budget period, indicate the total amount of this CDC HI</p>				



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
B07	Amount Allocated For Community Planning	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> For a specific CDC HIV prevention award, this value represents the costs associated with conducting the community planning process (e.g., leadership, coordination, staff support, travel, meeting costs, reproductions, and reimbursed costs). This should also include costs associated with conducting planning tasks such as developing an epidemiologic profile, conducting needs assessments, setting priorities, developing a comprehensive prevention plan, and enhancing membership recruitment. These activities may be conducted by agency staff or community planning group members, or these activities may be contracted to an outside source.			
	<i>Instructions:</i> At the end of the CDC PA budget period, indicate the amount your agency allocat			
B08	Amount Allocated for Prevention Services	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> For a specific CDC HIV prevention award, this value represents the costs associated with the implementation of HIV prevention activities such as Counseling, Testing, and Referral (CTR); HIV Partner Counseling and Referral Services (PCRS); laboratory support for HIV CT and PCRS; prevention for HIV-infected persons, Health Education and Risk Reduction (HE/RR); Health Communication and Public Information (HC/PI); prevention of perinatal transmission; and the quality assurance, collaboration and coordination costs associated with these activities.			
	<i>Instructions:</i> At the end of the CDC PA budget period, indicate the amount your agency allocat			
B09	Amount Allocated for Evaluation	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> For a specific CDC HIV prevention award, this value represents the costs associated with conducting evaluation of prevention programs and prevention community planning. These efforts may be studies conducted by agency staff or contracted to an outside provider. This value should include cost for staffing and administering evaluation projects and materials and data processing costs. Note: Routine quality assurance and program monitoring costs should NOT be included here. Please include these under allocations for Prevention Services.			
	<i>Instructions:</i> At the end of the CDC PA budget period, indicate the amount your agency allocat			
B10	Amount Allocated for Capacity Building	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> For a specific CDC HIV prevention award, this value represents the costs specifically associated with infrastructure development for health departments and community-based organizations (CBOs) and for building the capacity of the agency and its prevention partners to conduct more effective prevention programs, including capacity building training for evaluation and community planning. These activities may be conducted by agency staff or contracted to an outside source. These costs should include staff time, materials, and meeting costs, as well as quality assurance, collaboration and coordination costs associated with these activities.			
	<i>Instructions:</i> At the end of the CDC PA budget period, indicate the amount your agency allocat			



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
B11	Amount Allocated for STD Prevention and Treatment	<input checked="" type="checkbox"/>	Yes	Yes
	<p><i>Definition:</i> For a specific CDC HIV prevention award, this value represents the costs associated with augmenting STD detection and treatment services to enhance HIV prevention efforts and reduce HIV transmission (as approved by CDC). These costs should include costs associated with STD laboratory support, quality assurance, and collaboration and coordination related to these activities.</p> <p><i>Instructions:</i> At the end of the CDC PA budget period, indicate the amount your agency allocat</p>			
B12	Amount Allocated for Other	<input checked="" type="checkbox"/>	Yes	Yes
	<p><i>Definition:</i> For a specific CDC HIV prevention award, this value represents the amount of the total award used for other activities that are not described in B07-B13. Do not include amounts used to support general operations or administrative activities.</p> <p><i>Instructions:</i> At the end of the CDC PA budget period, indicate the amount your agency expen</p>			
B13	Amount Allocated for Indirect Costs	<input checked="" type="checkbox"/>	Yes	Yes
	<p><i>Definition:</i> For a specific CDC HIV Prevention award, this value represents the amount of that award used to support an agency's general operations or administrative activities. These costs are not directly attributable to a specific program but are necessary for the support of that program and the operations of the organization.</p> <p><i>Instructions:</i> At the end of the CDC PA budget period, indicate the amount your agency allocat</p>			

## Table: C Contractor Information

An agency can award many contracts. An agency providing funding using CDC HIV prevention dollars is required to complete this table for each contractor.

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
C01	Agency Name	<input checked="" type="checkbox"/>	Yes	Yes
	<p><i>Definition:</i> The official legal name of the contractor.</p> <p><i>Instructions:</i> Enter the official legal name of the contractor.</p>			
C02	Street Address 1	<input type="checkbox"/>	Yes	Yes
	<p><i>Definition:</i> A part of the official mailing address that indicates the primary street and street number location of the contractor.</p> <p><i>Instructions:</i> Enter the official mailing address that indicates the primary street and street num</p>			
C03	Street Address 2	<input type="checkbox"/>	Yes	Yes
	<p><i>Definition:</i> A part of the official mailing address that indicates apartment or suite number if applicable, or other information needed to complete the official mailing address of the contractor.</p> <p><i>Instructions:</i> Use this second address variable for additional information such as a suite numb</p>			



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
C04	City	<input type="checkbox"/>	Yes	Yes

*Definition:* The city in which the official mailing address for the contractor is physically located.

*Instructions:* Enter the city in which the contractor you entered for variable C01: Agency Name



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
C06	State	<input checked="" type="checkbox"/>	Yes	Yes

**Definition:** The state, territory or district in which the official mailing address for the contractor is physically located. This must represent one of the 50 states, the District of Columbia, the U.S. Virgin Islands, or Puerto Rico.

**Instructions:** Select the name of the state, territory or district in which the agency named in C0

Code	Value Description	Value Definition
01	AL	Alabama
02	AK	Alaska
04	AZ	Arizona
05	AR	Arkansas
06	CA	California
08	CO	Colorado
09	CT	Connecticut
10	DE	Delaware
11	DC	District of Columbia
12	FL	Florida
13	GA	Georgia
15	HI	Hawaii
16	ID	Idaho
17	IL	Illinois
18	IN	Indiana
19	IA	Iowa
20	KS	Kansas
21	KY	Kentucky
22	LA	Louisiana
23	ME	Maine
24	MD	Maryland
25	MA	Massachusetts
26	MI	Michigan
27	MN	Minnesota
28	MS	Mississippi
29	MO	Missouri
30	MT	Montana
31	NE	Nebraska
32	NV	Nevada
33	NH	New Hampshire
34	NJ	New Jersey
35	NM	New Mexico
36	NY	New York
37	NC	North Carolina





# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
38	ND	North Dakota			
39	OH	Ohio			
40	OK	Oklahoma			
41	OR	Oregon			
42	PA	Pennsylvania			
44	RI	Rhode Island			
45	SC	South Carolina			
46	SD	South Dakota			
47	TN	Tennessee			
48	TX	Texas			
49	UT	Utah			
50	VT	Vermont			
51	VA	Virginia			
53	WA	Washington			
54	WV	West Virginia			
55	WI	Wisconsin			
56	WY	Wyoming			
60	AS	American Samoa			
64	FM	Federated States of Micronesia			
66	GU	Guam			
68	MH	Marshall Islands			
69	MP	Northern Mariana Islands			
70	PW	Palau			
72	PR	Puerto Rico			
74	UM	U.S. Minor Outlying Islands			
78	VI	Virgin Islands of the U.S.			

C07	Zip Code		<input checked="" type="checkbox"/>	Yes	Yes
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*Definition:* The postal zip code of the contractor.

*Instructions:* Enter the postal zip code for the agency named in C01: Agency Name.

Code	Value Description	Value Definition
	#####	Only the 5 digit zip code is mandatory.

C08	Phone Number		<input type="checkbox"/>	Yes	Yes
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*Definition:* The telephone area code and number for the contractor's primary contact specified in C11: Contact First Name and C12: Contact Last Name.

*Instructions:* Enter the primary telephone area code and number for the contractor named in C



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
C09	Fax Number	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The fax area code and number for the contractor's primary contact specified in C11: Contact First Name and C12: Contact Last Name.			
	<i>Instructions:</i> Enter the primary fax area code and number for the contractor named in C01: Ag			
C10	Email Address	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The email address for the contractor's primary contact specified in C11: Contact First Name and C12: Contact Last Name.			
	<i>Instructions:</i> Enter the primary email address for the contractor named in C01: Agency Name.			
C11	Contact First Name	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The legal first name of contractor's primary contact (e.g., CBO Executive Director, CBO Director for HIV Prevention, Health Department AIDS Director or Director of HIV Prevention).			
	<i>Instructions:</i> Enter the legal first name of the primary contact for the contractor named in C01:			
C12	Contact Last Name	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The legal last name of the contractor's primary contact (e.g., CBO Executive Director, CBO Director for HIV Prevention, Health Department AIDS Director or Director of HIV Prevention).			
	<i>Instructions:</i> Enter the legal last name for the primary contact of the contractor named in C01:			
C13	Employer Identification Number (EIN)	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The federal tax identification number that is used to identify a business entity.			
	<i>Instructions:</i> Enter the Employer Identification Number (EIN) for the agency named in C01: Ag			
C14	DUNS Number	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The Data Universal Numbering System (DUNS) number is a unique nine-digit identification number which uniquely identifies business entities. It is provided by the commercial company Dun & Bradstreet.			
	<i>Instructions:</i> Enter the unique Data Universal Numbering System (DUNS) number for the agen			



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
C15	Agency Type	<input checked="" type="checkbox"/>	Yes	Yes

**Definition:** The term(s) used to describe or characterize the type of organizations involved in HIV prevention activities. This variable is not used to describe the site or setting of HIV prevention services.

**Instructions:** If your agency is directly funded by CDC, indicate the type of organization that be

Code	Value Description	Value Definition
02	Local Health Department	A Local Health Department includes county or city health departments and/or their associated facilities.
03	Other Public Agency	Other offices or organizations that are supported by public funds and serve the community at large such as correctional institutions, mental health facilities, etc.
04	Community Based Organization (CBO)	An agency that has a valid Internal Revenue Service (IRS) 501(c)(3) tax-exempt status (or state proof of incorporation as a non-profit organization), and is typically located in the area(s) where the agency's services are provided.
05	Academic/Research Institution	An organization chartered for educational purposes and providing college credit or awarding degrees or dedicated to conducting research in a specific area (e.g. health and human services) with the aim of advancing knowledge and understanding in this area.
88	Other	

C16	Agency Activities	<input type="checkbox"/>	Yes	Yes
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**Definition:** The type(s) of HIV prevention activities the contractor is funded to provide.

**Instructions:** Indicate the types of HIV prevention activities that the contractor named in C01: A

Code	Value Description	Value Definition
01	Provision of HIV Prevention Services	HIV prevention services are activities designed to reduce the risk of HIV infection or transmission to others. These activities include Counseling, Testing, and Referral (CTR), HIV Partner Counseling and Referral Services (PCRS), laboratory support for HIV CT and PCRS, prevention for HIV-infected persons, Health Education and Risk Reduction (HE/RR) and Health Communication and Public Information (HC/PI).
02	Capacity Building	Activities that strengthen the core competencies of an organization and contribute to its ability to develop and implement an effective HIV prevention intervention and sustain the infrastructure and resource base necessary to support and maintain the intervention.
03	Community Planning Support	Activities involved in conducting the community planning process (e.g., leadership, coordination, staff support, travel, meeting costs, reproductions, and reimbursed costs). This should also include activities associated with conducting planning tasks such as developing an epidemiologic profile, conducting needs assessments, setting priorities, developing a comprehensive prevention plan, and enhancing membership recruitment.
04	Evaluation	Activities associated with conducting monitoring or evaluation of HIV prevention programs and HIV prevention community planning.
05	Master Contractor	An agency that does not provide HIV prevention services but uses CDC funds to award additional contracts to other agencies to provide HIV prevention services.
88	Other	



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC													
			HD	CBO												
C17	Faith-based	<input type="checkbox"/>	Yes	Yes												
<p><i>Definition:</i> A faith-based agency is a non-governmental agency owned by religiously affiliated entities such as (1) individual churches, mosques, synagogues, temples, or other places of worship; or (2) a network or coalition of churches, mosques, synagogues, temples, or other places of worship.</p> <p><i>Instructions:</i> Indicate whether or not the contractor is a faith-based agency.</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No</td> <td>The contract agency is not a faith-based agency.</td> </tr> <tr> <td>1</td> <td>Yes</td> <td>The contract agency is a faith-based agency.</td> </tr> <tr> <td>NA</td> <td>N/A</td> <td>This information is not applicable to the contract agency.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	0	No	The contract agency is not a faith-based agency.	1	Yes	The contract agency is a faith-based agency.	NA	N/A	This information is not applicable to the contract agency.
Code	Value Description	Value Definition														
0	No	The contract agency is not a faith-based agency.														
1	Yes	The contract agency is a faith-based agency.														
NA	N/A	This information is not applicable to the contract agency.														
C18	Race/Ethnicity Minority Focused	<input type="checkbox"/>	Yes	Yes												
<p><i>Definition:</i> A non-governmental agency serving a clientele that is composed of 85% or more of racial/ethnic minority populations.</p> <p><i>Instructions:</i> Indicate whether or not the contract is non-governmental agency that serves a cli</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No</td> <td>The contract agency does not serve a clientele that is composed of 85% or more of racial/ethnic minority populations.</td> </tr> <tr> <td>1</td> <td>Yes</td> <td>The contract agency does serve a clientele that is composed of 85% or more of racial/ethnic minority populations.</td> </tr> <tr> <td>NA</td> <td>N/A</td> <td>This information is not applicable to the contract agency.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	0	No	The contract agency does not serve a clientele that is composed of 85% or more of racial/ethnic minority populations.	1	Yes	The contract agency does serve a clientele that is composed of 85% or more of racial/ethnic minority populations.	NA	N/A	This information is not applicable to the contract agency.
Code	Value Description	Value Definition														
0	No	The contract agency does not serve a clientele that is composed of 85% or more of racial/ethnic minority populations.														
1	Yes	The contract agency does serve a clientele that is composed of 85% or more of racial/ethnic minority populations.														
NA	N/A	This information is not applicable to the contract agency.														
C19	Contract Start Date-Month	<input checked="" type="checkbox"/>	Yes	Yes												
<p><i>Definition:</i> The calendar month that the contract begins or takes effect.</p> <p><i>Instructions:</i> Enter the calendar month that the contract begins or takes effect. Be sure to refe</p>																
C20	Contract Start Date-Year	<input checked="" type="checkbox"/>	Yes	Yes												
<p><i>Definition:</i> The calendar year that the contract begins or takes effect.</p> <p><i>Instructions:</i> Enter the calendar year the contract begins or takes effect. Be sure to refer to th</p>																
C21	Contract End Date- Month	<input checked="" type="checkbox"/>	Yes	Yes												
<p><i>Definition:</i> The calendar month that the contract ends.</p> <p><i>Instructions:</i> Enter the calendar month that the contract is scheduled to end. Be sure to refer t</p>																
C22	Contract End Date- Year	<input checked="" type="checkbox"/>	Yes	Yes												
<p><i>Definition:</i> The calendar year in which the contract ends. For annual reporting, the total contract period should not exceed one year (12 month time period).</p> <p><i>Instructions:</i> Enter the calendar year in which the contract is scheduled to end. Be sure to refe</p>																



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
C23	Total Contract Amount Awarded	<input checked="" type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The total dollar amount awarded to the contractor from the funding agency. This award applies to the annual budget period (C19: Contract Start Date-Month - C22: Contract End Date - Year) and includes funds from all sources.</p> <p><i>Instructions:</i> Enter the total dollar amount awarded to the contractor named in C01: Agency Na</p>				
C24	Percent of Contract from CDC Funds	<input checked="" type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The percent of the total annual contract amount awarded that came from a CDC program award.</p> <p><i>Instructions:</i> If your agency is directly funded by CDC, enter the percent of the total contract a</p>				
C25	CDC HIV Prevention Program Announcement Number	<input checked="" type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The CDC HIV Prevention Program Announcement Number through which this contractor is being funded.</p> <p><i>Instructions:</i> If your agency is directly funded by CDC, enter your CDC HIV prevention program</p>				
C26	CDC HIV Prevention PA Budget Start Date	<input checked="" type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The beginning of the CDC Program Announcement Annual Award Period through which this contractor is being funded.</p> <p><i>Instructions:</i> If your agency is directly funded by CDC, enter the beginning of the CDC Progra</p>				
C27	CDC HIV Prevention PA Budget End Date	<input checked="" type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The end of the CDC Program Announcement Annual Award Period through which this contractor is being funded.</p> <p><i>Instructions:</i> If your agency is directly funded by CDC, enter the end of the CDC Program Anno</p>				
C28	Method of Selection	<input type="checkbox"/>	No	Yes
<p><i>Definition:</i> The procedures or steps followed in selecting how funds are awarded to the contractor.</p> <p><i>Instructions:</i> If your agency is directly funded by CDC, indicate the method by which awards to</p>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
1	Competitive Process	Selection of a contractor is based on the best response to a formal proposal for services.		
2	Sole Source	Selection of a contractor is based on the unique ability of a particular contractor to provide a given service.		
88	Other	Selection of the contractor was based on some other type of criteria or locally-defined standard/measures.		



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
C29	Target Population	<input type="checkbox"/>	No	Yes
	<i>Definition:</i> The primary population(s) that the contractor will serve.			
	<i>Instructions:</i> If your agency is directly funded by CDC, indicate the primary target population(s)			
C30	Itemized Budget-Personnel	<input type="checkbox"/>	No	Yes
	<i>Definition:</i> The amount of the contract budgeted for personnel costs such as salary and fringe benefits.			
	<i>Instructions:</i> If your agency is directly funded by CDC, indicate the contract budget amount to			
C31	Itemized Budget-Travel	<input type="checkbox"/>	No	Yes
	<i>Definition:</i> The amount of the contract budgeted for in-state and out-of-state travel costs such as mileage reimbursement, airfare, and lodging.			
	<i>Instructions:</i> If your agency is directly funded by CDC, indicate the contract budget amount to			
C32	Itemized Budget-Equipment	<input type="checkbox"/>	No	Yes
	<i>Definition:</i> The amount of the contract budgeted for equipment.			
	<i>Instructions:</i> If your agency is directly funded by CDC, indicate the contract budget amount to			
C33	Itemized Budget-Supplies	<input type="checkbox"/>	No	Yes
	<i>Definition:</i> The amount of the contract budgeted for supplies, such as general office supplies, educational material or word processing software.			
	<i>Instructions:</i> If your agency is directly funded by CDC, indicate the contract amount to be used			
C34	Itemized Budget-Contractual	<input type="checkbox"/>	No	Yes
	<i>Definition:</i> The amount of the contract budgeted for a subcontracted entity to perform activities that may be either the same as or directly related to the scope of work of the project.			
	<i>Instructions:</i> If your agency is directly funded by CDC, indicate the contract budget amount to			
C35	Itemized Budget-Other	<input type="checkbox"/>	No	Yes
	<i>Definition:</i> The amount of the contract that is budgeted for other expenses such as postage, telephone and printing.			
	<i>Instructions:</i> If your agency is directly funded by CDC, indicate the contract budget amount to			



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
C36	Itemized Budget-Indirect Costs	<input type="checkbox"/>	No	Yes
<p><i>Definition:</i> The amount of the contract that is budgeted for overhead and/or general administrative costs. This does not include any of the costs associated with the other itemized budget categories C31: Itemized Budget: Personnel - C26: Itemized Budget - Other.</p> <p><i>Instructions:</i> If your agency is directly funded by CDC, indicate the contract budget amount to</p>				

## Table: N Network Agency

Complete this table for each agency belonging to a referral network or coalition of service providers. Use of this table will facilitate the tracking and verification of client referrals to services outside the agency.

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
N01	Agency Name	<input checked="" type="checkbox"/>	No	Yes
<p><i>Definition:</i> The official legal name of the network agency or organization.</p> <p><i>Instructions:</i> Enter the official name of the agency in your referral network. Remember to verif</p>				
N02	Street Address 1	<input checked="" type="checkbox"/>	No	Yes
<p><i>Definition:</i> A part of the official mailing address that indicates the primary street and street number location of the network agency or organization.</p> <p><i>Instructions:</i> Include the first part of the official mailing address that indicates the primary stree</p>				
N04	City	<input checked="" type="checkbox"/>	No	Yes
<p><i>Definition:</i> The city in which the official mailing address for network agency is physically located.</p> <p><i>Instructions:</i> Enter the name of the city where the network agency you entered for variable N01</p>				



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
N06	State	<input checked="" type="checkbox"/>	No	Yes

*Definition:* The state, territory or district in which the official mailing address of the network agency is physically located. This must represent one of the 50 states, the District of Columbia, the U.S. Virgin Islands, or Puerto Rico.

*Instructions:* Select the name of the state, territory, or district where the network agency or org

Code	Value Description	Value Definition
01	AL	Alabama
02	AK	Alaska
04	AZ	Arizona
05	AR	Arkansas
06	CA	California
08	CO	Colorado
09	CT	Connecticut
10	DE	Delaware
11	DC	District of Columbia
12	FL	Florida
13	GA	Georgia
15	HI	Hawaii
16	ID	Idaho
17	IL	Illinois
18	IN	Indiana
19	IA	Iowa
20	KS	Kansas
21	KY	Kentucky
22	LA	Louisiana
23	ME	Maine
24	MD	Maryland
25	MA	Massachusetts
26	MI	Michigan
27	MN	Minnesota
28	MS	Mississippi
29	MO	Missouri
30	MT	Montana
31	NE	Nebraska
32	NV	Nevada
33	NH	New Hampshire
34	NJ	New Jersey
35	NM	New Mexico
36	NY	New York
37	NC	North Carolina





# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
38	ND	North Dakota			
39	OH	Ohio			
40	OK	Oklahoma			
41	OR	Oregon			
42	PA	Pennsylvania			
44	RI	Rhode Island			
45	SC	South Carolina			
46	SD	South Dakota			
47	TN	Tennessee			
48	TX	Texas			
49	UT	Utah			
50	VT	Vermont			
51	VA	Virginia			
53	WA	Washington			
54	WV	West Virginia			
55	WI	Wisconsin			
56	WY	Wyoming			
60	AS	American Samoa			
64	FM	Federated States of Micronesia			
66	GU	Guam			
68	MH	Marshall Islands			
69	MP	Northern Mariana Islands			
70	PW	Palau			
72	PR	Puerto Rico			
74	UM	U.S. Minor Outlying Islands			
78	VI	Virgin Islands of the U.S.			

N07 Zip Code  No Yes

*Definition:* The postal zip code for the network agency.

*Instructions:* Enter the postal zip code for the network agency.

Code	Value Description	Value Definition
#####		Only the 5 digit zip code is required for entry.

N08 Phone Number  No Yes

*Definition:* The telephone area code and number for the network agency's primary contact specified in N11: Contact First Name and N12: Contact Last Name.

*Instructions:* Enter the primary telephone area code and number for the network agency's prim



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
N15	Agency Type	<input type="checkbox"/>	No	Yes

**Definition:** The term(s) used to describe or characterize the type of organizations involved in HIV prevention activities. This variable is not used to describe the site or setting of HIV prevention services.

**Instructions:** Indicate the type of organization that best describes the network agency named in

Code	Value Description	Value Definition
01	State Health Department	A health department and/or health department facility responsible for providing and/or supporting the provision of direct client services in a state or territorial jurisdiction.
02	Local Health Department	A health department and/or health department facility responsible for providing and/or supporting the provision of direct client services in a county or city.
03	Other Public Agency	Other offices or organizations that are supported by public funds and serve the community at large such as correctional institutions, mental health facilities, etc.
04	Community Based Organization (CBO)	An agency that has a valid Internal Revenue Service (IRS) 501(c)(3) tax-exempt status (or state proof of incorporation as a non-profit organization), and is typically located in the area(s) where the agency's services are provided.
05	Academic/Research Institution	An organization chartered for educational purposes and providing college credit or awarding degrees or dedicated to conducting research in a specific area (e.g. health and human services) with the aim of advancing knowledge and understanding in this area.
88	Other (specify)	



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
N17	Service Type	<input type="checkbox"/>	No	Yes

*Definition:* The primary service(s) provided by the network agency.

*Instructions:* Indicate which types of service(s) this agency provides. These are likely the servic

Code	Value Description	Value Definition
01	HIV testing	A diagnostic, laboratory procedure to assess for the presence of HIV antibodies.
02	HIV confirmatory test	An HIV test designed to confirm the results of a preliminary positive screening test.
03	HIV prevention counseling	An interactive risk-reduction counseling model usually conducted with HIV testing, in which the counselor helps the client identify and acknowledge personal HIV risk behaviors and commit to a single, achievable behavior change step that could reduce the client's HIV risk.
04	STD screening and treatment	Provision of testing to determine infection with a sexually transmitted disease other than HIV or Viral Hepatitis and treatment if infected.
05	Viral Hepatitis screening and treatment	Provision of testing to determine infection with viral hepatitis (A, B, and C) and treatment if positive or vaccination if negative.
06	Tuberculosis testing	Testing for tuberculosis (TB), prophylactic TB treatment, and clinical evaluation for active TB disease.
07	Syringe exchange services	Services that provide clean syringes in exchange for used syringes.
08	Reproductive health services	Health care services for female clients who are pregnant or of child-bearing age.
09	Prenatal care	Health care services for female clients before and during pregnancy to monitor the health of the pregnant mother and fetus.
10	HIV medical care/evaluation/treatment	Medical services that address HIV infection including evaluation of immune system function and screening, treatment, and prevention of opportunistic infection.
11	IDU risk reduction services	Services that promote practices that reduce the health risks of injection drug use (i.e., using sterile needles, never sharing needles, disinfecting needles, disposing of needles).
12	Substance abuse services	Services for the treatment and prevention of drug or alcohol use.
13	General medical care	Professional treatment for illness, injury or routine health care services (non-HIV related).
14	Partner counseling and referral services	A range of services available to HIV-infected persons, their partners and affected communities that involves informing current and past partners that a person who is HIV-infected has identified them as a sex or injection-drug-paraphernalia-sharing partner and advising them to have HIV counseling and testing. Notified partners, who may not have suspected their risk, can then choose whether to be tested for HIV, enabling those who test HIV positive to receive early medical evaluation, treatment, and prevention services, including risk-reduction counseling.
15	Mental health services	Services to assist with mental illness, developmental disabilities or difficulty coping with HIV diagnosis or HIV-related conditions.



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
16	Comprehensive Risk Counseling Services			
17	Other HIV prevention services			
18	Other support services			
19	Case management			
88	Other			

## Table: P Worker

An agency should complete this table for each paid staff or volunteer who provides HIV prevention services to clients.

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
P01	Worker ID	<input checked="" type="checkbox"/>	No	Yes

*Definition:* A system generated code used to distinguish between persons who are delivering services to clients within the same agency. It is made up of a combination of non-identifying characteristics.

*Instructions:* The system will generate the Worker ID variable once you enter the worker in Tab



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
P06	Worker Type	<input type="checkbox"/>	No	Yes

*Definition:* The role or type of work done by the worker.

*Instructions:* Choose ALL the categories that describe the role of the worker (e.g., counselor, e

Code	Value Description	Value Definition
01	Counselor	A person who provides client-centered information and assistance to help individuals reduce their risk(s) for HIV infection and transmission. Activities may include the provision of risk reduction messages that are tailored to the specific behaviors, circumstances, and special needs of the person being served, assisting the client in the development of plan to reduce his/her risk for HIV infection and transmission and making referrals to other needed services.
02	Educator	A person who promotes, maintains, and improves individual and community health by teaching individuals and communities how to assume responsibility for addressing prevention and health care issues. This person may be formally trained through an academic program or trained on-the-job or through other experiences.
03	Health Care Worker	An individual who provides health care services, including care and treatment of HIV/AIDS patients (e.g. doctor, nurse, physician assistant, psychiatrist).
04	Outreach Worker	An individual who provides face-to-face prevention services to high-risk individuals where they live or congregate (e.g., in the community).
05	Peer	An individual who is a current or former member of the target population and is trained to provide education, information or other prevention services.
06	HIV Test Administrator	An individual qualified to administer rapid and/or conventional HIV tests.
07	PCRS Provider	A staff member who is trained to do one or more of the following: 1) introduce the concept to HIV positive clients; 2) assess partner needs and determining methods to inform partners; 3) locate partners; 4) inform the potentially exposed sex or needle-sharing partner; and 5) make referrals to CT or other services.
88	Other	Individuals who deliver all or part of an intervention and who do not fit into one of the specified categories listed above (e.g. phlebotomist, lawyer, social worker, celebrity).

P07	Employment Status	<input type="checkbox"/>	No	Yes
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*Definition:* The current condition of employment or labor position that an individual holds within the agency.

*Instructions:* Indicate if the worker is a paid employee or a volunteer. If the worker is a contrac

Code	Value Description	Value Definition
1	Paid Staff	Individuals who receive compensation from your agency to provide direct services to clients.
2	Volunteer	Individuals who provide direct services to clients without compensation.



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
P08	Education Level	<input type="checkbox"/>	No	Yes

*Definition:* The highest level of formal education the agency worker has completed.

*Instructions:* Choose the highest level of education for a particular agency worker. Even though

Code	Value Description	Value Definition
0	None	The worker has completed no formal schooling.
2	8th grade or less	The worker has completed up to the 8th grade of formal schooling.
3	Some high school	The worker has completed some years of high school but has not received a high school diploma, GED or equivalent.
4	High school graduate, GED or equivalent	The worker has graduated from high school or received a GED or equivalent diploma.
5	Some college	The worker has completed some years of college at a university or technical college.
6	Bachelor's degree	The worker has received an undergraduate academic degree typically requiring four years of full-time equivalent preparation.
7	Master's degree	The worker has received an advanced academic degree requiring one to two years of full-time preparation beyond the bachelor's degree.
8	Professional degree	The worker has received an advanced degree required for professional practice. Usually obtained after a bachelor's degree in fields such as medicine, dentistry, veterinary medicine, or law.
9	Doctorate degree	The worker has received the highest level of academic degree. Includes Doctor of Philosophy (Ph.D.), Education (Ed.D.), LL.D., and many other titles. If the person had received Doctor of Medicine (MD), this should be coded under "Professional degree".



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
P09	Prevention Intervention Training	<input type="checkbox"/>	No	Yes

*Definition:* The prevention intervention training curriculum the agency worker has completed.

*Instructions:* Indicate the prevention intervention training curriculum the agency worker has co

Code	Value Description	Value Definition
00	None	The agency worker has not completed a CDC-based training curriculum.
01	Introduction to HIV prevention: "HIV 101"	
02	HIV prevention counseling-basic	
03	HIV test administration-Conventional	
04	HIV test administration-Rapid	
05	HIV prevention counseling-Issues for youth	
06	HIV prevention counseling-Issues for clients who test positive	
07	Supervisory training for HIV CT-quality assurance	
08	DEBI-POL	A specialized type of outreach that consists of a group of trusted, well-liked people who are recruited and trained to endorse safer sexual behaviors in casual, one-on-one conversations with peers in their own social network at a range of venues and settings.
09	DEBI-Mpowerment	A community-level HIV prevention intervention for young men who have sex with men. The intervention is run by a core group of 12-20 young gay/bi-sexual men from the community and paid staff.
10	DEBI-Community PROMISE	A community-level STD/HIV prevention intervention that relies on the outreach work of peer advocates from the target community to deliver role model stories to members of the target population.
11	DEBI-RAPP	A community-level HIV prevention intervention designed to help low-income women (aged 15-34) and their partners reduce their risk for HIV infection. The intervention objectives are to increase consistent condom use by women and their partners, to change community norms so that practicing safer sex is seen as the acceptable norm, and to involve as many people in the community as possible.
12	DEBI-Street Smart	An intensive HIV/AIDS and STD prevention program for youth whose behaviors place them at very high risk of becoming infected.
13	DEBI-SISTA	A social skills training intervention aimed at reducing HIV sexual risk behavior among African-American women at highest risk.
14	DEBI-Healthy Relationships	A five-session, small-group intervention for men and women living with HIV/AIDS that focuses on developing skills and self-efficacy and positive expectations about new behaviors through modeling behaviors and practicing new skills.
15	DEBI-Holistic Health Recovery	A 12-session, manual-guided, group level program to reduce harm, promote health, and improve quality of life for HIV-positive injection drug users.
16	DEBI-Together Learning Choices	An intervention for young people, (ages 13-29) living with HIV. It is delivered in small groups using cognitive-behavioral strategies to change behavior.
17	DEBI-Safety Counts	
18	DEBI-VOICES/VOCES	A single-session, video-based HIV/STD prevention workshop designed to encourage condom use and improve condom negotiation skills among heterosexual African American and Latino men and women.



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
19	DEBI-Many Men, Many Voices			
				<i>A six- or seven-session, group level STD/HIV prevention intervention for gay and bisexual men of color.</i>
20	PCRS			
21	Evaluation Guidance			
22	WILLOW			
23	SIHLE			
24	CLEAR			
25	OPTIONS			
88	Other (Specify)			

P10	Certification Start Date	<input type="checkbox"/>	No	Yes
	<i>Definition:</i> The date that the agency worker is eligible to start provision of service(s).			
	<i>Instructions:</i> For each Worker Type selected in P05: Worker Type, indicate the start date for w			

P11	Certification End Date	<input type="checkbox"/>	No	Yes
	<i>Definition:</i> The date that the worker is no longer eligible to provide service(s).			
	<i>Instructions:</i> For each Worker Type selected in P05: Worker Type, tell us the date that the age			

## Table: S Site Information

A site is a facility or non-facility based (e.g. park, street corner) setting which serves as a point of service delivery. If an agency has multiple sites this table is completed for each site.

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
S01	Site ID	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> A system generated code used to distinguish the locations where an agency delivers services.			
	<i>Instructions:</i> The system will generate a Site ID for every site that is entered. The Site ID will b			
S03	Site Name	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The official name of the agency's HIV prevention site of service delivery.			
	<i>Instructions:</i> Enter the official name of the site where your agency provides HIV prevention ser			





# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
S04	Site Type	<input checked="" type="checkbox"/>	Yes	Yes

**Definition:** The setting in which HIV prevention services are provided.

**Instructions:** Select the site type from the list provided that best represents the setting and/or p

Code	Value Description	Value Definition
F01	In-patient facility	A hospital or other health facility where services are provided to patients that reside within that facility while they are receiving those services.
F01.01	In-patient Hospital	
F01.50	Inpatient- Drug / Alcohol Treatment	A residential health facility that provides substance abuse treatment and rehabilitation.
F01.88	Inpatient Facility- Other (specify)	
F01.99	Inpatient Facility- Unknown	
F02	Outpatient facility	A health care facility where services are provided to patients that do not reside within that facility while they are receiving services.
F02.03	Outpatient- Private Medical Practice	A non-residential health care facility that is privately owned and/or operated.
F02.04	Outpatient- HIV Specialty Clinic	A non-residential health care facility that concentrates in the provision of HIV treatment, care and prevention services.
F02.10	Outpatient- Prenatal/ OBGYN Clinic	A non-residential health care facility that provides obstetric, gynecological and other pregnancy-related health services.
F02.12	Outpatient- TB Clinic	A non-residential health care facility that specializes in the provision of tuberculosis treatment, care and prevention services.
F02.19	Outpatient- Drug / Alcohol Treatment Clinic	A non-residential health care facility that provides alcohol and chemical dependency treatment services.
F02.20	Outpatient- Family Planning	A non-residential health care facility that provides pregnancy testing, birth control services, and other reproductive health services.
F02.30	Outpatient- Community Mental Health	A non-residential health care facility that provides treatment and support services for the mentally ill or others with mental health problems including counseling, case management, treatment, peer/family support and public education.
F02.51	Outpatient- Community Health Clinic	A non-residential health care facility that provides primary and preventative health care services to the members of a community in which it is located.
F02.58	Outpatient- School/University Clinic	A non-residential health clinic that is operated by and provides services within a school or university setting.
F02.60	Outpatient- Health Department/Public Health Clinic	A non-residential health clinic that is supported by public funds.
F02.61	Outpatient- Health Department/Public Health Clinic-HIV	A non-residential health clinic that is supported by public funds and provides HIV prevention, diagnosis and treatment services.
F02.62	Outpatient- Health Department/Public Health Clinic-STD	A non-residential health clinic that is supported by public funds and provides STD prevention, diagnosis and treatment services.
F02.88	Outpatient Facility- Other (Specify)	
F02.99	Outpatient Facility- Unknown	
F03	Emergency Room	A section of a hospital or clinic staffed and equipped to provide emergency care to persons requiring immediate medical treatment for sudden illness or trauma.



# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
F04.01	Blood Bank/Plasma Center	A place where blood is collected from donors, typed, separated into components, stored, and prepared for transfusion to recipients. A blood bank may be a separate free-standing facility or part of a larger laboratory in a hospital.			
F04.05	HIV Counseling and Testing Site	A facility or non-facility based setting where HIV prevention counseling and testing services are provided.			
F06	Community Setting	A defined area, environment or context in which a group of people live, work or congregate.			
F06.01	Community Setting-AIDS Service Organization- non-clinical	A health association, support agency, or other service actively involved in the prevention and treatment of AIDS.			
F06.02	Community Setting-School/Education facility	A building or place where individuals receive knowledge through learning and instruction.			
F06.03	Community Setting-Church/Mosque/Synagogue/Temple	A building where a group of people who adhere to a common faith gather for prayer.			
F06.04	Community Setting-Shelter/Transitional housing	Shelters are facilities in which people can stay temporarily when they would otherwise have to sleep on the street. Shelters also sometimes provide other services (e.g., soup kitchen, job seeking skills training, job training, support groups), or refer their clients to agencies that do. Transitional housing is short to long-term housing (6 to 24 months) available for individuals or families who are homeless.			
F06.05	Community Setting-Commercial	A business or commercial facility (e.g., beauty salon, grocery store, shopping center) where HIV prevention services may also occur.			
F06.06	Community Setting-Residential Area	A primary residence that might include residential neighborhoods or the common areas of apartment complexes or housing developments.			
F06.07	Community Setting-Bar/Club/Adult entertainment				
F06.08	Community Setting-Public area	An area, environment or context that is open to the community as a whole such as a park or city street.			
F06.09	Community Setting-Workplace	A location where a worker normally performs his/her job tasks or the businesses administrative offices. Use this site type for prevention services delivered to a particular employer's employees.			
F06.10	Community Setting- Community center	A facility where the members of a community can gather for social or cultural activities			
F06.12	Individual Residence	An individual's home or place of residence. If Individual Residence is chosen, no locating information (e.g., address) is collected.			
F06.88	Community Setting- Other (specify)				
F07	Correctional Facility	A penal or correctional facility, prison, jail detention center, community-based rehabilitation center, or any similar institution designed for the confinement or rehabilitation of criminal offenders			
F88	Other (Specify)				

S08 County  Yes Yes

**Definition:** The official three-digit Federal Information Processing Standards (FIPS) code of the county in which the agency's site is physically located.

**Instructions:** Select the name of the county where the site you entered for variable S03: Site N



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
S09	State	<input checked="" type="checkbox"/>	Yes	Yes

**Definition:** The state, territory or district in which the official mailing address for the site is physically located. This must represent one of the 50 states, the District of Columbia, the U.S. Virgin Islands, or Puerto Rico.

**Instructions:** Select the name of the state, territory or district where the site you entered for vari

Code	Value Description	Value Definition
01	AL	Alabama
02	AK	Alaska
04	AZ	Arizona
05	AR	Arkansas
06	CA	California
08	CO	Colorado
09	CT	Connecticut
10	DE	Delaware
11	DC	District of Columbia
12	FL	Florida
13	GA	Georgia
15	HI	Hawaii
16	ID	Idaho
17	IL	Illinois
18	IN	Indiana
19	IA	Iowa
20	KS	Kansas
21	KY	Kentucky
22	LA	Louisiana
23	ME	Maine
24	MD	Maryland
25	MA	Massachusetts
26	MI	Michigan
27	MN	Minnesota
28	MS	Mississippi
29	MO	Missouri
30	MT	Montana
31	NE	Nebraska
32	NV	Nevada
33	NH	New Hampshire
34	NJ	New Jersey
35	NM	New Mexico
36	NY	New York
37	NC	North Carolina



# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
38	ND	North Dakota			
39	OH	Ohio			
40	OK	Oklahoma			
41	OR	Oregon			
42	PA	Pennsylvania			
44	RI	Rhode Island			
45	SC	South Carolina			
46	SD	South Dakota			
47	TN	Tennessee			
48	TX	Texas			
49	UT	Utah			
50	VT	Vermont			
51	VA	Virginia			
53	WA	Washington			
54	WV	West Virginia			
55	WI	Wisconsin			
56	WY	Wyoming			
60	AS	American Samoa			
64	FM	Federated States of Micronesia			
66	GU	Guam			
68	MH	Marshall Islands			
69	MP	Northern Mariana Islands			
70	PW	Palau			
72	PR	Puerto Rico			
78	VI	Virgin Islands of the U.S.			

S10	Zip Code	<input checked="" type="checkbox"/>	Yes	Yes
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*Definition:* The postal zip code for the site.

*Instructions:* Enter the postal zip code for the site you entered for variable S03: Site Name.

Code	Value Description	Value Definition
#####-####		Only the 5 digit zip code is mandatory.



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
S16	Use of Mobile Unit	<input type="checkbox"/>	Yes	Yes

*Definition:* A specialized vehicle is used at the site to provide HIV prevention services beyond the transport of agency staff to the field and/or for client recruitment.

*Instructions:* If the site type for the site specified in S03: Site Name is a community setting (S0

Code	Value Description	Value Definition
0	No	A mobile unit is not used at the site to provide HIV prevention services beyond the transport of agency staff to the field and/or for client recruitment.
1	Yes	A mobile unit is used at the site to provide HIV prevention services beyond the transport of agency staff to the field and/or for client recruitment.



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO

## Program Planning Level

**Table: D Program Name (Planning)**

This table is required to be completed by all agencies that provide HIV prevention services directly to clients. An agency must report information for each prevention program plan (e.g. the program name, the program 12 month funding cycle, and name of the community plan jurisdiction in which the program will be implemented).

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
D01	Program Name	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The name of the Program used by an agency to organize one or more program models designed to provide HIV prevention services to clients and the interventions that comprise them. The Program Name links the Agency Name with the Program Model and distinguishes it from similar programs provided within the same agency.			
	<i>Instructions:</i> Indicate the name used by the agency to identify this program. If your agency org			
D02	Community Planning Jurisdiction	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The CDC-directly funded state, territory, or city health department jurisdiction in which this program is intended to be delivered.			
	<i>Instructions:</i> Select the Community Planning Jurisdiction(s) in which this program is intended t			
D03	Community Planning Year	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The annual period (e.g., 2005) within the Comprehensive HIV Prevention Community Plan that guides how the HIV prevention program indicated in D01: Program Name will be implemented in the jurisdiction.			
	<i>Instructions:</i> Indicate the Community Planning Year (e.g., 2005) in which this program indicate			



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO

## Table: E1 Program Model and Budget (Planning)

This table is required to be completed by all agencies that provide HIV prevention services directly to clients. This table provides descriptive information for each prevention program model (defined as the scientific or operational basis for a program, including the replication model or procedural document on which the program is based) and time period of implementation. A program can have one or multiple program models.

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
E101	Program Model Name	<input checked="" type="checkbox"/>	Yes	Yes

*Definition:* A Program Model is the scientific or operational rationale (e.g., evidence-based, CDC recommended guideline or other basis), that serves as the foundation for the development of an intervention. The name of the Program Model used by an agency to represent the specific set of interventions or activities present in a Program. This variable allows the provider to develop and use a unique name for a Program Model that distinguishes it from other Program Models within the same Program.

*Instructions:* Indicate the name of the Program Model present within this Program. Please rem



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
E102	Evidence Base	<input checked="" type="checkbox"/>	Yes	Yes

*Definition:* A program model that has been proven effective through research studies that have shown positive behavioral and/or health outcomes.

*Instructions:* When indicating the basis for the program model identified in E101: Program Mod

Code	Value Description	Value Definition
1.01	Community PROMISE	A community-level STD/HIV prevention intervention that relies on the outreach work of peer advocates from the target community to deliver role model stories to members of the target population.
1.02	Healthy Relationships	A five-session, small-group intervention for men and women living with HIV/AIDS that focuses on developing skills and self-efficacy and positive expectations about new behaviors through modeling behaviors and practicing new skills.
1.03	Holistic Health Recovery	A 12-session, manual-guided, group level program to reduce harm, promote health, and improve quality of life for HIV-positive injection drug users.
1.04	Many Men, Many Voices	A six- or seven-session, group level STD/HIV prevention intervention for gay and bisexual men of color.
1.05	Mpowerment	A community-level HIV prevention intervention for young men who have sex with men. The intervention is run by a core group of 12-20 young gay/bi-sexual men from the community and paid staff.
1.06	Popular Opinion Leader	A specialized type of outreach that consists of a group of trusted, well-liked people who are recruited and trained to endorse safer sexual behaviors in casual, one-on-one conversations with peers in their own social network at a range of venues and settings.
1.07	RAPP	A community-level HIV prevention intervention designed to help low-income women (aged 15-34) and their partners reduce their risk for HIV infection. The intervention objectives are to increase consistent condom use by women and their partners, to change community norms so that practicing safer sex is seen as the acceptable norm, and to involve as many people in the community as possible.
1.08	Safety Counts	A cognitive-behavioral intervention to reduce HIV risks among active drug users and specifically target active crack cocaine and injection drug users who are at very high risk for HIV/STD infection.
1.09	SISTA	A social skills training intervention aimed at reducing HIV sexual risk behavior among African-American women at highest risk.
1.1	Street Smart	An intensive HIV/AIDS and STD prevention program for youth whose behaviors place them at very high risk of becoming infected.
1.11	Together Learning Choices	An intervention for young people, (ages 13-29) living with HIV. It is delivered in small groups using cognitive-behavioral strategies to change behavior.
1.12	VOICES/VOCES	A single-session, video-based HIV/STD prevention workshop designed to encourage condom use and improve condom negotiation skills among heterosexual African American and Latino men and women.
1.13	WILLOW	
1.14	SIHLE	
1.15	CLEAR	
1.16	OPTIONS	
2.01	Partnership for Health	A brief counseling program for individual men and women living with HIV/AIDS delivered by medical providers in HIV outpatient clinics.





# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
2.02	<i>Project RESPECT</i>	<i>A client-focused, HIV prevention counseling intervention that seeks to reduce high-risk sexual behaviors and prevent new sexually transmitted infections among heterosexual clients in STD clinics.</i>			
2.03	<i>NIMH Multisite HIV Prevention Trial Group (1998): Project LIGHT (Living in Good Health Together)</i>	<i>A small group intervention for persons receiving services at STD clinics or health care clinics with the goals of decreasing unprotected sexual intercourse and increasing condom use.</i>			
3.01	<i>Cohen (1991): Condom Skills Education</i>	<i>A single, 30-minute group condom skills education session for people waiting in STD clinics.</i>			
3.02	<i>Des Jarlais (1992): AIDS/Drug Injection Prevention</i>	<i>A small group intervention to prevent the transition from sniffing heroin to injecting heroin.</i>			
3.03	<i>El-Bassel (1992): Skills Building</i>	<i>A small group intervention to reduce sexual risk behavior and HIV transmission for women methadone patients.</i>			
3.04	<i>McCusker (1992): Informational and Enhanced AIDS Education</i>	<i>A small group informational and enhanced education intervention on drug- and sex-related HIV risk behaviors for drug abusers.</i>			
3.05	<i>Cohen (1992): Group Discussion Condom Promotion</i>	<i>A group video and discussion session about condom use for people waiting in STD clinics.</i>			
3.06	<i>Hobfoll (1994): Reducing AIDS Risk Activities</i>	<i>A small group intervention to enhance AIDS knowledge, attitudes, and skills and, as a result, to influence behavior change for inner-city clinics for low-income women.</i>			
3.07	<i>Kelly (1994): Cognitive-Behavioral Skills Training Group</i>	<i>A small group intervention concerning high-risk behaviors for high-risk women in urban clinics.</i>			
3.08	<i>Wenger (1991): HIV Education, Testing and Counseling</i>	<i>An education, testing, and one-on-one counseling intervention to reduce high-risk sexual behavior among heterosexuals undergoing HIV Antibody testing.</i>			
3.09	<i>Kelly (1989): Behavioral Self-management and Assertion Skills (Project ARIES)</i>	<i>A 12-session, small group intervention for a gay men to reduce the frequency of high-risk sexual practices and increase behavioral skills for refusing sexual coercions.</i>			
3.1	<i>Jemmott (1992): Be Proud! Be Responsible</i>				
3.11	<i>Rotheram-Borus (1998): 3-Session and 7-Session Small groups</i>				
3.12	<i>Magura (1994): Intensive AIDS Education in Jail</i>	<i>A small group intervention to reduce HIV drug- and sex-related risk behaviors for male adolescent drug users in jail.</i>			
3.13	<i>Sellers (1994): HIV Prevention for Latino Youth</i>				
3.14	<i>Orr (1996): Brief Behavioral Intervention</i>				
3.15	<i>Eldridge (1997): Behavioral Skills Training</i>				
3.16	<i>Get Real About AIDS, 1992</i>	<i>A classroom intervention to postpone the initiation of sexual intercourse and to reduce the number of high school students engaging in unsafe sex and drug-using behaviors.</i>			
3.17	<i>Stanton (1996): Focus on Kids</i>	<i>A peer network decision-making intervention to increase condom use among sexually active low-income African-American youths.</i>			
3.18	<i>Kirby (1991): Reducing the Risk</i>	<i>A classroom intervention presented through a 10th grade comprehensive health curriculum to postpone initiation of sexual intercourse and, among those sexually experienced, to reduce unprotected sex.</i>			
3.19	<i>Get Real About AIDS, 1993</i>				
3.2	<i>St. Lawrence (1995): Becoming a Responsible Teen (BART)</i>	<i>A 8-session small group intervention to reduce African-American adolescents' risk for HIV infection.</i>			



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC													
			HD	CBO												
E103	CDC Recommended Guidelines	<input checked="" type="checkbox"/>	Yes	Yes												
<p><i>Definition:</i> An official CDC-endorsed document that describes the policies, procedures and strategies for implementing specific HIV prevention activities of CTR, PCRS and CRCS.</p> <p><i>Instructions:</i> When indicating the basis for the program model identified in E101: Program Mod</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Counseling, Testing, and Referral</td> <td>Revised Guidelines for HIV Counseling, Testing and Referral, 2001</td> </tr> <tr> <td>2</td> <td>Comprehensive Risk Counseling Services</td> <td>HIV Prevention Case Management Guidance, 1997 or Resource Manual and Implementation Guidance for Prevention Case Management, Draft; 2004</td> </tr> <tr> <td>4</td> <td>Partner Counseling and Referral Services</td> <td>HIV Partner Counseling and Referral Services Guidance, 1998</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	1	Counseling, Testing, and Referral	Revised Guidelines for HIV Counseling, Testing and Referral, 2001	2	Comprehensive Risk Counseling Services	HIV Prevention Case Management Guidance, 1997 or Resource Manual and Implementation Guidance for Prevention Case Management, Draft; 2004	4	Partner Counseling and Referral Services	HIV Partner Counseling and Referral Services Guidance, 1998
Code	Value Description	Value Definition														
1	Counseling, Testing, and Referral	Revised Guidelines for HIV Counseling, Testing and Referral, 2001														
2	Comprehensive Risk Counseling Services	HIV Prevention Case Management Guidance, 1997 or Resource Manual and Implementation Guidance for Prevention Case Management, Draft; 2004														
4	Partner Counseling and Referral Services	HIV Partner Counseling and Referral Services Guidance, 1998														
E104	Other Basis for Program Model	<input checked="" type="checkbox"/>	Yes	Yes												
<p><i>Definition:</i> The scientific, theoretical or operational rationale that serves as the foundation for the development of an intervention, other than what is listed as an Evidence Based model or a CDC Recommended Guideline.</p> <p><i>Instructions:</i> When indicating the basis for the program model identified in E101: Program Mod</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>5</td> <td>Other (Specify)</td> <td>The source or basis (scientific, theoretical or operational) upon which the program is modeled, if it is not an evidence-based model or CDC Guideline noted in E102: Evidence Based or E103: CDC Recommended Guideline and if there is not a specific study or published article supporting it.</td> </tr> <tr> <td>6</td> <td>Study (Specify)</td> <td>The published article or study upon which this program is modeled.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	5	Other (Specify)	The source or basis (scientific, theoretical or operational) upon which the program is modeled, if it is not an evidence-based model or CDC Guideline noted in E102: Evidence Based or E103: CDC Recommended Guideline and if there is not a specific study or published article supporting it.	6	Study (Specify)	The published article or study upon which this program is modeled.			
Code	Value Description	Value Definition														
5	Other (Specify)	The source or basis (scientific, theoretical or operational) upon which the program is modeled, if it is not an evidence-based model or CDC Guideline noted in E102: Evidence Based or E103: CDC Recommended Guideline and if there is not a specific study or published article supporting it.														
6	Study (Specify)	The published article or study upon which this program is modeled.														
E105	Target Population	<input checked="" type="checkbox"/>	Yes	Yes												
<p><i>Definition:</i> The primary groups of people that this program model and its components are designed to serve. Target populations are defined by both their risk(s) for HIV infection or transmission as well as their demographic characteristics and the characteristics of the epidemic within this population.</p> <p><i>Instructions:</i> Indicate the target population(s) intended to be served by this intervention by sele</p>																
E107	Program Model Start Date	<input checked="" type="checkbox"/>	Yes	Yes												
<p><i>Definition:</i> The start date of the annual funding period for this program model.</p> <p><i>Instructions:</i> Indicate the program model start date (mm/yyyy). Please note that a program mo</p>																
E108	Program Model End Date	<input checked="" type="checkbox"/>	Yes	Yes												
<p><i>Definition:</i> The end date of the annual funding period for this program model.</p> <p><i>Instructions:</i> Indicate the program model end date (mm/yyyy). Please note that a program mo</p>																



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO

## Table: E2 Program Model and Budget (End of Year)

This table is required to be completed by all agencies that provide HIV prevention services directly to clients. This table supplements Table E1 with estimates of the amount of funds actually expended (as reported at the end of the agency's fiscal year) for a specific program model. The provision of funding information at the program model level is required.

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO

E201	Program Model Name	<input checked="" type="checkbox"/>	Yes	Yes
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*Definition:* The Program Model Name given in variable E101: Program Model Name about which the end-of-year information in Table E2: Program Model and Budget (End of Year) will be provided.

*Instructions:* Select one of the Program Models entered in variable E101: Program Model Nam

E202	Program Model Status	<input type="checkbox"/>	Yes	Yes
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*Definition:* The operational state of the program model at the time of reporting.

*Instructions:* Select the value that best describes the condition of the program model you selec

Code	Value Description	Value Definition
1	Completed as planned	The program model was completed according to the timeline outlined in the program plan.
2	Terminated prematurely	The program model ended before completion and will not be continued.
3	Ongoing	The program model is continuing at the time of reporting.

E203	Program Model Termination Date	<input type="checkbox"/>	Yes	Yes
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*Definition:* The termination date of a program model that was not completed as planned.

*Instructions:* If you selected the value = "Terminated Prematurely" in variable E202: Program

E204	Funds Expended	<input checked="" type="checkbox"/>	Yes	Yes
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*Definition:* The total annual funds expended to carry out this specific program model during the annual funding period.

*Instructions:* Indicate the total annual funds expended to carry out the program model during th



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
E205	Indirect Costs	<input checked="" type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> Indirect costs refer to general administrative costs associated with implementation of the program model. These are defined by CDC as allowable costs which cannot be readily identified with an individual project or program, (Grantee's Financial Reference Guide for Managing CDC Grants and Cooperative Agreements, p. 32.)</p> <p><i>Instructions:</i> Indicate whether the total annual funds expended includes any general administra</p>				
	<i>Code</i>		<i>Value Description</i>	<i>Value Definition</i>
	0		No	The budget associated with implementing the program model did not include indirect costs.
	1		Yes	The budget associated with implementing the program model did include direct costs.
E206	Percent CDC Contribution	<input checked="" type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The percentage of total annual funds expended to carry out a program model that came from CDC HIV prevention funds.</p> <p><i>Instructions:</i> Indicate the percentage of total annual funds expended (as reported in E204: Fun</p>				



# PEMS Data Variables and Values

<i>Num</i>	<i>Variable Name</i>	<i>Mandatory</i>	<i>Reported to CDC</i>	
			<i>HD</i>	<i>CBO</i>

## **Table: F Intervention Plan Characteristics**

This table is required to be completed by all agencies that provide HIV prevention services directly to clients. This table provides detailed plan information for each intervention to be delivered as part of a program model (e.g. target population, unit of delivery, number of sessions, site of service delivery, target number of persons to be reached, activities, and methods of delivery). A program model can have one or multiple interventions\*.

\*For Counseling, Testing, and Referral (CTR) and Partner Counseling and Referral Services (PCRS) program models, only one intervention can be associated with each model.

<i>Num</i>	<i>Variable Name</i>	<i>Mandatory</i>	<i>Reported to CDC</i>	
			<i>HD</i>	<i>CBO</i>



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
F01	Intervention Type	<input checked="" type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> A classification of interventions that differentiates broad categories of prevention services. An intervention contains one or more specific activities or methods used to promote changes that will result in reduced risk for HIV infection or transmission.</p> <p><i>Instructions:</i> Indicate the type of intervention that will be implemented under the Program Mod</p>				
Code	Value Description	Value Definition		
01	Counseling and Testing	A process through which an individual receives information about HIV transmission and prevention, information about HIV tests and the meaning of tests results, HIV prevention counseling to reduce their risk for transmitting or acquiring HIV, and is provided testing to detect the presence of HIV antibodies.		
02	Health Communication/Public Information	The delivery of planned HIV/AIDS prevention messages through one or more channels to encourage safe behavior, personal risk-reduction efforts, the use of HIV prevention services and changing community norms. Channels of delivery include electronic media, print media, hotlines, clearinghouses, and presentations/lectures.		
03	Partner Counseling and Referral Services	A range of services available to HIV-infected persons, their partners and affected communities that involves informing current and past partners that a person who is HIV-infected has identified them as a sex or injection-drug-paraphernalia-sharing partner and advising them to have HIV counseling and testing. Notified partners, who may not have suspected their risk, can then choose whether to be tested for HIV, enabling those who test HIV positive to receive early medical evaluation, treatment, and prevention services, including risk-reduction counseling.		
04	Comprehensive Risk Counseling Services	A client-centered HIV prevention counseling activity with the fundamental goal of promoting the adoption and maintenance of HIV risk-reduction behaviors by clients with multiple, complex problems and risk-reduction needs. CRCS provides intensive, on-going, individualized prevention counseling, support, and service brokerage. This HIV prevention activity addresses the relationship between HIV risk and other issues such as substance abuse, STD treatment, mental health, and social and cultural factors.		
05	Outreach	Interventions generally conducted by peer or paraprofessional educators face-to-face with high-risk individuals in neighborhoods or other areas where they typically congregate. Outreach may include risk reduction counseling, referral to HIV testing, and the distribution of condoms or educational materials. A major purpose of outreach activities is to encourage those at high risk to learn their HIV status and to provide information and assistance in accessing HIV testing services. Note: The distribution of materials by itself is not considered outreach, but rather an activity associated with an HC/PI intervention.		
06	Health Education/Risk Reduction	A set of prevention activities provided to individuals or groups to assist clients in making plans for individual behavior change, to promote and reinforce safer behaviors and to provide interpersonal skills training in negotiating and sustaining appropriate behavior change. Activities range from individual HIV prevention counseling to group interventions to broad, community-based interventions.		
88	Other	Interventions that do not fit one of the prior six categories. These may include interventions that address substance abuse, mental health, housing or domestic violence issues.		



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
F02	Intervention Name/ID	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The unique name of the intervention.			
	<i>Instructions:</i> Indicate the unique name of the intervention selected in F01: Intervention Type.			
F03	HIV+ Intervention	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> An intervention that primarily or exclusively targets persons living with HIV/AIDS (PLWHAs) and their sex and/or injection drug using partners.			
	<i>Instructions:</i> If the intervention specified in F02: Intervention Name will primarily or exclusively t			
	<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>	
	0	No	The intervention does not primarily or exclusively target persons living with HIV/AIDS (PLWHAs) and their sex and/or injection drug using partners.	
	1	Yes	The intervention primarily or exclusively targets persons living with HIV/AIDS (PLWHAs) and their sex and/or injection drug using partners.	
F04	Perinatal Intervention	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> An intervention that primarily or exclusively targets pregnant women to reduce the risk of perinatal HIV transmission.			
	<i>Instructions:</i> Indicate "Yes" for this variable only if your organization intends to target the HIV t			
	<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>	
	0	No	The intervention does not primarily or exclusively target pregnant women to reduce the risk of perinatal HIV transmission.	
	1	Yes	The intervention primarily or exclusively targets pregnant women to reduce the risk of perinatal HIV transmission.	
F05	Total Number of Clients	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The total annual number of clients intended to be reached by the intervention in the Program Model period. If there are multiple target populations among those clients, then this number represents the sum of all clients combined. That is, the sum of the number provided for each total defined in F06: Sub-total Target Population, must equal the number given for F05: Total Number of Clients.			
	<i>Instructions:</i> Calculate how many clients your agency will be able to serve with all cycles of this			
F06	Sub-Total Target Population	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The total annual number of clients in each target population identified in variable E105: Target Population intended to be reached by the intervention in the Program Model period.			
	<i>Instructions:</i> If you indicated in E105: Target Population that this Program Model serves more t			



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC																			
			HD	CBO																		
F07	Planned Number of Cycles	<input type="checkbox"/>	Yes	Yes																		
<p><i>Definition:</i> The number of times a complete delivery of an intervention will be delivered to its intended audience over the program model period.</p> <p><i>Instructions:</i> Indicate the number of times that you plan to deliver this intervention in its entirety</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>###,###</td> <td>Number</td> <td>The specific number of time that the entire intervention is intended to be delivered during the program model period.</td> </tr> <tr> <td>9,999,999</td> <td>Ongoing</td> <td>The intervention will be delivered continuously during the program model period or the number of cycles is dependent on the number of clients who actually enroll in the intervention and the capacity of the agency to serve these individuals.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	###,###	Number	The specific number of time that the entire intervention is intended to be delivered during the program model period.	9,999,999	Ongoing	The intervention will be delivered continuously during the program model period or the number of cycles is dependent on the number of clients who actually enroll in the intervention and the capacity of the agency to serve these individuals.									
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9,999,999	Ongoing	The intervention will be delivered continuously during the program model period or the number of cycles is dependent on the number of clients who actually enroll in the intervention and the capacity of the agency to serve these individuals.																				
F08	Number of Sessions	<input checked="" type="checkbox"/>	Yes	Yes																		
<p><i>Definition:</i> A session consists of one or more activities delivered to clients on a given date. This variable represents the number of sessions in a single cycle of an intervention.</p> <p><i>Instructions:</i> Indicate the total number of sessions planned for one cycle of an intervention that</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>###</td> <td>Number</td> <td>The number of sessions in one complete cycle of an intervention.</td> </tr> <tr> <td>999</td> <td>Unknown</td> <td>The number of sessions will be determined at client service delivery.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	###	Number	The number of sessions in one complete cycle of an intervention.	999	Unknown	The number of sessions will be determined at client service delivery.									
Code	Value Description	Value Definition																				
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999	Unknown	The number of sessions will be determined at client service delivery.																				
F09	Unit of Delivery	<input checked="" type="checkbox"/>	Yes	Yes																		
<p><i>Definition:</i> The category or grouping of intended clients to be seen per session for a unique intervention.</p> <p><i>Instructions:</i> Indicate how many clients you intend to serve per session. For instance, an inter</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Individual</td> <td>The provision of service to one person at a time.</td> </tr> <tr> <td>02</td> <td>Couple</td> <td>The provision of service to two people that are in a sex or drug-using relationship.</td> </tr> <tr> <td>03</td> <td>Small group</td> <td>Intervention provided to 2-12 people at the same time and setting.</td> </tr> <tr> <td>04</td> <td>Large group</td> <td>Intervention provided to more than 12 people at the same time and setting.</td> </tr> <tr> <td>05</td> <td>Community</td> <td>An intervention that addresses a population as a whole, rather than individuals or small/large groups, (i.e. community mobilizations, social marketing campaigns, community-wide events, health fairs, policy interventions, and structural interventions) and may include the use of broadcast media.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	01	Individual	The provision of service to one person at a time.	02	Couple	The provision of service to two people that are in a sex or drug-using relationship.	03	Small group	Intervention provided to 2-12 people at the same time and setting.	04	Large group	Intervention provided to more than 12 people at the same time and setting.	05	Community	An intervention that addresses a population as a whole, rather than individuals or small/large groups, (i.e. community mobilizations, social marketing campaigns, community-wide events, health fairs, policy interventions, and structural interventions) and may include the use of broadcast media.
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# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
F10	Activity	<input checked="" type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The specific actions or components that are proposed to occur during the implementation of a particular intervention session.</p> <p><i>Instructions:</i> Indicate the specific action(s) that you intend to undertake during the implementat</p>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
03.00	HIV testing	A diagnostic, laboratory procedure to assess for the presence of HIV antibodies.		
04.00	Referral	A process by which immediate client needs for prevention, care, and supportive services are assessed and prioritized and clients are provided with information and assistance in identifying and accessing specific services (such as, setting up appointments and providing transportation). Note: The provision of a referral also includes a plan for tracking whether or not the client accessed the referral.		
05.00	Personalized risk assessment	The process by which an individual client, a provider or both working together identify, acknowledge, and understand the details and context of the client's HIV risk. The assessment should explore previous risk reduction efforts and identify successes and challenges of those efforts.		
06.00	Elicit partners	The process by which the provider assists the index client in identifying partners and other sexual and drug-injecting networks at high risk for transmission of HIV who might benefit from testing and/or medical examination. (These networks do not include sex partners of the HIV-infected individual but are made up of individuals who share social relationships involving sex or drug use.).		
07.00	Notification of exposure	The process of informing a HIV-positive client's sex and/or needle sharing partners of their exposure to HIV. This activity is only applicable if the intervention type is Partner Counseling and Referral Services (PCRS).		
08.01	Information-HIV/AIDS transmission	Any general information, written or verbal, given to an individual or a group on HIV/AIDS and how it is transmitted.		
08.02	Information-Abstinence/postpone sexual activity	Any information, written or verbal, given to an individual or a group on abstaining from sexual activity or postponing sexual activity.		
08.03	Information-Other sexually transmitted diseases	Any information, written or verbal, given to an individual or a group on STDs (other than HIV or viral hepatitis), how it is transmitted, how to reduce risk for transmission or infection, or treatment options.		
08.04	Information-Viral hepatitis	Any information on viral hepatitis, how it is transmitted, and/or how to reduce risk for transmission or infection, or treatment options.		
08.05	Information-Availability of HIV/STD counseling and testing	Any information, written or verbal, given to an individual or a group about where and how to access HIV-related CTR or STD counseling and testing. This includes referral lists that only list CTR and/or STD counseling and testing sites.		
08.06	Information-Availability of partner notification and referral services	Any information, written or verbal, given to an individual or a group about where and how to access partner notification services. The availability information provided is exclusive to PCRS. This includes referral lists that only list PCRS sites.		
08.07	Information-Living with HIV/AIDS	Any information, written or verbal, given to an individual or a group living with HIV/AIDS specific to living with the disease.		
08.08	Information-Availability of social services	Any information, written or verbal, given to an individual or a group about how and where to access social services. This could include a referral list that only includes social services agencies or providers.		
08.09	Information-Availability of medical services	Any information, written or verbal, given to an individual or a group about how and where to access HIV medical services. This could include a referral list that only includes HIV medical care providers.		



# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
08.10	Information - Sexual risk reduction	Any information, written or verbal, given to an individual or a group on how to reduce sexual risk for HIV transmission or infection.			
08.11	Information-IDU risk reduction	Any information, written or verbal, given to an individual or a group on how to reduce injection drug use risk for HIV transmission or infection.			
08.12	Information-IDU risk free behavior	Any information, written or verbal given to an individual or a group on abstaining from injection drug use or only using new needles and disposing of them appropriately.			
08.13	Information-Condom/barrier use	Any information, written or verbal, given to an individual or a group regarding appropriate use and disposal of condoms or other barrier methods.			
08.14	Information-Negotiation/Communication	Any information, written or verbal, given to an individual or a group regarding communication of desire for safer practices and negotiating safer practices with partners (sexual and needle sharing).			
08.15	Information-Decision making	Any information, written or verbal, given to an individual or a group regarding the steps and techniques needed for reassessing, planning and using judgment to avoid situations that may expose them to HIV infection or transmission risk and/or decision to engage in a risk behavior.			
08.16	Information-Disclosure of HIV status	Any information, written or verbal, given to an individual or a group regarding disclosure of their HIV status, applicable laws, accompanying ramifications, and options regarding non-disclosure.			
08.17	Information-Providing prevention services	Any information, written or verbal, given to an individual or a group on how to communicate prevention messages and/or demonstrate risk reduction skills with others.			
08.18	Information-HIV testing	Any information, written or verbal, given to an individual, couple, or group regarding HIV testing including explanation of the testing process and meaning of results, behavioral risks for infection, and importance of knowing their status.			
08.19	Information-Partner notification	Any information, written or verbal, given to an individual or a group regarding the notification of possible exposure to HIV and accompanying ramifications, behaviors associated with possible exposure, and consideration of alternatives or information on how to notify partners regarding possible exposure.			
08.20	Information-HIV medication therapy adherence	Any information, written or verbal, given to an individual or a group regarding HIV medication therapy, benefits and risk, medical therapy alternatives, and importance of adhering to medication therapy for HIV.			
08.21	Information-Alcohol and drug use prevention	Any information, written or verbal, given to an individual or a group on the negative effects and consequences of alcohol and drug use and its relationship to HIV transmission or infection risk behavior including strategies to avoid or abstain from use.			
08.22	Information-Sexual Health	Any information, written or verbal, given to an individual or a group on reproductive health, sexuality, sexual development and similar topics.			
08.23	Information - TB testing	Any information, written or verbal, given to an individual, couple, or group on TB, how it is transmitted, and/or how to reduce risk for transmission or infection, or treatment options.			
08.66	Information-Other	Any information, written or verbal, given to an individual or group that cannot be captured in any of the other information codes.			
09.01	Demonstration-Condom/barrier use	Provider or participant demonstration (using a teaching tool) of appropriate use and disposal of condoms or other barrier methods.			
09.02	Demonstration-IDU risk reduction	Provider or participant demonstration of how to safely dispose of syringes or how to use bleach kits to clean works.			



# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
09.03	Demonstration-Negotiation/Communication	Provider or participant demonstration of how to communicate desire for safer practices and how to negotiate safer practices with partners (sexual and needle sharing).			
09.04	Demonstration-Decision making	Provider or participant demonstration of steps, and techniques needed for reassessing, planning and using judgment to avoid situations that may expose them to HIV infection or transmission risk and/or decision to engage in a risk behavior.			
09.05	Demonstration-Disclosure of HIV status	Provider or participant demonstration of techniques to disclose seropositive status or discuss issues relevant to disclosure.			
09.06	Demonstration-Providing prevention services	Provider or participant demonstration of how to communicate prevention messages or demonstrate risk reduction skills with others .			
09.07	Demonstration-Partner notification	Provider or participant demonstration of how to notify partners regarding possible exposure to HIV or how to discuss issues relevant to partner notification.			
09.66	Demonstration-Other	Any provider or participant demonstration of a skills or technique that is not decision making, IDU risk reduction, condom/barrier use, negotiation and communication, disclosure, or providing prevention services.			
10.01	Practice-Condom/barrier use	Participant practice (using a teaching tool) of appropriate condom and/or barrier use and disposal during the intervention session.			
10.02	Practice-IDU risk reduction	Participant practice of safe needle use and disposal including the use of bleach kits to clean works during the intervention session(s).			
10.03	Practice-Negotiation/ Communication	Participant practice communication of desire for safer practices and negotiation of safer practices with partners (sexual and needle sharing) during the intervention session(s).			
10.04	Practice-Decision making	Participant practice using steps and techniques needed for reassessing, planning and using judgment to avoid situations that may expose them to HIV infection or transmission risk and/or decision to engage in a risk behavior.			
10.05	Practice-Disclosure of HIV status	Participant practice of techniques to disclose seropositive status or discuss issues relevant to disclosure.			
10.06	Practice-Providing prevention services	Participant practice communication of prevention messages and/or demonstration of risk reduction skills with others during intervention session(s).			
10.07	Practice-Partner notification	Participant practice of how to notify partners regarding possible exposure to HIV or how to discuss issues relevant to partner notification.			
10.66	Practice-Other	Participant practice of a skill or technique that is not decision making, IDU risk reduction, condom/barrier use, negotiation and communication, disclosure, or providing prevention services.			
11.01	Discussion-Sexual risk reduction	Facilitation of discussion with individuals or groups involving examination of sexual risk behaviors (self or others) and accompanying ramifications, examination of attitudes and feelings about their risks, consideration of alternatives, and decision making to reduce sexual risk.			
11.02	Discussion-IDU risk reduction	Facilitation of discussion with individuals or groups involving examination of IDU risk and accompanying ramifications, examination of attitudes and feelings about their risks, consideration of alternatives, and decision making to reduce IDU risk.			
11.03	Discussion-HIV testing	Facilitation of discussion with individuals, couples, or groups regarding HIV testing including explanation of the testing process and meaning of results, discussion of behavioral risks for infection, examination of attitudes and feelings about their risks, consideration of alternatives, and decision making to know their status and reduce HIV transmission risk.			



# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
11.04	Discussion-Other sexually transmitted diseases	Facilitation of discussion with individuals or groups regarding sexually transmitted diseases (other than HIV), involving an examination of behavioral risks and accompanying ramifications, examination of attitudes and feelings about their risks, consideration of alternatives, treatment alternatives, and decision making to reduce behavioral risk for other sexually transmitted diseases and/or seek treatment.			
11.05	Discussion-Disclosure of HIV status	Facilitation of discussion with individuals or groups regarding techniques to disclose seropositive status or discuss issues relevant to disclosure.			
11.06	Discussion-Partner notification	Facilitation of discussion with individuals or groups regarding how to notify partners regarding possible exposure to HIV or how to discuss issues relevant to partner notification.			
11.07	Discussion-HIV medication therapy adherence	Facilitation of discussion with individuals or groups regarding HIV medication therapy and accompanying ramifications, examination of attitudes and feelings about HIV medication therapy, discussion of medical therapy alternatives, and decision making to begin and adhere to medication therapy for HIV.			
11.08	Discussion-Abstinence/postpone sexual activity	Facilitation of discussion with individuals or groups on abstaining from sexual activity or postponing the initiation of sexual activity and accompanying ramifications including an examination of risks associated with sexual activities, discussion of alternatives, and decision making to abstain or postpone sexual activity.			
11.09	Discussion-IDU risk free behavior	Facilitation of discussion with individuals or groups on abstaining from injection drug use or only using new needles and disposing appropriately.			
11.10	Discussion-HIV/AIDS transmission	Facilitation of discussion with individuals or groups on HIV/AIDS and how HIV is transmitted.			
11.11	Discussion-Viral hepatitis	Facilitation of discussion with individuals or groups on viral hepatitis, how it is transmitted, and/or how to reduce risk for transmission or infection, or treatment options.			
11.12	Discussion-Living with HIV/AIDS	Facilitation of discussion with individuals or groups on living with HIV/AIDS and ramifications of living with HIV/AIDS, examination of attitudes and feelings about living with the disease.			
11.13	Discussion-Availability of HIV/STD counseling and testing	Facilitation of discussion with individuals or groups on where and how to access HIV-related CTR or STD counseling and testing and may include the importance of knowing your status. This includes referral lists that only list CTR and/or STD counseling and testing sites.			
11.14	Discussion-Availability of partner notification and referral services	Facilitation of discussion with individuals or groups on where and how to access partner notification services.			
11.15	Discussion-Availability of social services	Facilitation of discussion with individuals or groups on how and where to access social services.			
11.16	Discussion-Availability of medical services	Facilitation of discussion with individuals or groups on how and where to access HIV medical care. Discussion may include options regarding available services.			
11.17	Discussion-Condom/barrier use	Facilitation of discussion with individuals or groups on the appropriate use and disposal of condoms or other barrier methods and accompanying ramifications, examination of attitudes and feelings about condom use, and decision making regarding use of condoms/barriers.			
11.18	Discussion- Negotiation/Communication	Facilitation of discussion with individuals or groups on communication of desire for safer practices and negotiating safer practices with partners (sexual and needle sharing), including discussion of accompanying ramifications, examination of attitudes and feeling, and decision making regarding communicating and negotiating safer practices.			



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
11.19	Discussion-Decision making			
11.20	Discussion-Providing prevention services			
11.21	Discussion-Alcohol and drug use prevention			
11.22	Discussion-Sexual Health			
11.23	Discussion-TB testing			
11.66	Discussion-Other			
12.01	Other testing-Pregnancy			
12.02	Other testing-STD			
12.03	Other testing-Viral hepatitis			
12.04	Other testing-TB			
13.01	Distribution-Male condoms			
13.02	Distribution-Female condoms			
13.03	Distribution-Safe sex kits			
13.04	Distribution-Safer injection/bleach kits			
13.05	Distribution-Lubricants			
13.06	Distribution-Education materials			
13.07	Distribution-Referral lists			



# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
13.08	Distribution-Role model stories	Provision stories of individuals who have changed their behaviors or plan to change their behaviors to reduce their risk for HIV transmission or infection. Stories may be disseminated by handing them out, placing them in a location to be accessed by the consumer, or emailed to consumers.			
13.66	Distribution-Other	Provision of materials or supplies to consumers with the intent to decrease their risk for HIV transmission or infection and/or to improve health outcomes. Distribution may include dissemination in person, by placing materials in locations to be accessed by consumers, sent to consumers electronically or land mail. Does not include condoms, safer sex kits, bleach kits, lubricants, education materials, referral lists, or role model stories.			
14.01	Post-intervention follow up	Individual or group meeting or contact with participant(s) of an intervention after the last session of the intervention to assess or discuss changes targeted by the intervention and/or revisions to risk reduction goals and/or strategies.			
14.02	Post-intervention booster session	An intervention session conducted with participant(s) of an intervention after the last session to review and reinforce risk reduction skills and information addressed by the intervention.			
15.00	HIV Testing History Survey	The provision of the "HIV Testing History Survey." This value choice is applicable only to those organizations who are funded by CDC to administer the survey.			
88	Other (specify)	Any HIV prevention activity not captured in other value choices.			





# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
F11	Delivery Method	<input type="checkbox"/>	No	Yes

*Definition:* The medium(s) or channel(s) through which the intervention is delivered.

*Instructions:* Indicate how you plan to deliver the intervention, such as delivering it in person, vi

Code	Value Description	Value Definition
01.00	In person	The intervention is delivered by an individual or a group of individuals in the physical presence of the client(s). Includes counseling, face to face discussions, facilitating group activities, lectures, presentations, etc.
02.00	Internet	The use of email, chat rooms, or websites to deliver information to clients electronically.
03.00	Printed Materials	The use of pamphlets, direct mailing, magazines, newspapers, posters, billboards, etc. If chosen, please specify the subcategory (value codes 3.01-3.04) for printed material.
03.01	Printed Materials-magazines/newspapers	Magazine: a bound periodical published at regular intervals under the same title containing articles of specific interest. Newspaper: a periodical that is folded rather than bound and published at regular intervals under the same title containing news, opinions, advertisements, and other items of current, often local, interest.
03.02	Printed Materials-pamphlets/brochures	Pamphlet/Brochure: A short, printed publication that is unbound or has a paper binding written to inform on a specific topic or to address a public issue or event. This can be multiple pages bound in a booklet form or single page folded in panels. In the context of HIV prevention, it is typically used to promote practices (such as safer sex), services (such as counseling and testing) information (such as HIV transmission risk).
03.04	Printed Materials-posters/billboards	Posters: a single sheet sign posted or displayed used to advertise simple messages or as an advertisement for goods and services. Typically used to promote practices (such as safer sex), services (such as counseling and testing) information (such as HIV transmission risk), or products (condoms). Billboards: large signs or posters that are typically outdoors on which messages or advertisements are placed with the intent to be viewed by the general public. Typically used to promote practices (such as safer sex), services (such as counseling and testing) information (such as HIV transmission risk), or products (condoms).
04.00	Radio	The use of radio broadcasts using public service announcements, commercial air time, and the inclusion of messages in radio programs, etc.
05.00	Telephone	The use of telephones or telephone "hot lines".
06.00	Television	The use of televised broadcasts using public service announcements, commercial air time, etc.
07.00	Video	The use of pre-recorded visual and audio messages not delivered via broadcast or cable TV (e.g., on a VHS tape or DVD).
88	Other (specify)	The use of methods or mediums to deliver the intervention other than those that are listed in the other value choices (1.0-7.0). If chosen, please specify the delivery method.



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
F12	Language of Intervention Delivery	<input type="checkbox"/>	No	Yes

*Definition:* The primary language(s) in which the intervention is delivered.

*Instructions:* Indicate the primary language in which the intervention is delivered.

Code	Value Description	Value Definition
01	English	The intervention will be delivered primarily in English.
02	Spanish	The intervention will be delivered primarily in Spanish.
03	Arabic	The intervention will be delivered primarily in Arabic.
04	Cambodian	The intervention will be delivered primarily in Cambodian.
05	Cantonese	The intervention will be delivered primarily in Cantonese.
06	Creole/French	The intervention will be delivered primarily in Creole/French.
07	Farsi	The intervention will be delivered primarily in Farsi.
08	Haika	The intervention will be delivered primarily in Haika.
09	Hindi	The intervention will be delivered primarily in Hindi.
10	Japanese	The intervention will be delivered primarily in Japanese.
11	Korean	The intervention will be delivered primarily in Korean.
12	Lao	The intervention will be delivered primarily in Lao.
13	Mandarin	The intervention will be delivered primarily in Mandarin.
14	Russian	The intervention will be delivered primarily in Russian.
15	Tagalog	The intervention will be delivered primarily in Tagalog.
16	Thai	The intervention will be delivered in Thai.
17	Vietnamese	The intervention will be delivered primarily in Vietnamese.
88	Other	The intervention will be delivered in a language other than the languages specified in the categories above.

F13	Detailed Behavior Data Collection	<input type="checkbox"/>	Yes	Yes
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*Definition:* An indication of whether the intervention involves the collection of Table I: Client Behavior Details.

*Instructions:* Indicate whether this particular intervention will include the collection of Table I: CI

Code	Value Description	Value Definition
0	No	Table I: Client Behavior Details data will not be collected for this intervention.
1	Yes	Table I: Client Behavior Details data will be collected for this intervention.





# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC																
			HD	CBO															
F14	Level of Data Collection	<input type="checkbox"/>	Yes	Yes															
<p><i>Definition:</i> The type of client service data, (i.e., client-level or aggregate-level), that will be collected during an intervention.</p> <p><i>Instructions:</i> Indicate if client service data for the intervention will be collected at the aggregate</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Individual</td> <td>Client-level data associated with this intervention will be collected.</td> </tr> <tr> <td>2</td> <td>Aggregate</td> <td>Aggregate-level data associated with this intervention will be collected.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	1	Individual	Client-level data associated with this intervention will be collected.	2	Aggregate	Aggregate-level data associated with this intervention will be collected.						
Code	Value Description	Value Definition																	
1	Individual	Client-level data associated with this intervention will be collected.																	
2	Aggregate	Aggregate-level data associated with this intervention will be collected.																	
F15	Duration of Intervention Cycle	<input type="checkbox"/>	Yes	Yes															
<p><i>Definition:</i> A number that represents the period of time over which the predetermined number of sessions that comprise an intervention is to be delivered.</p> <p><i>Instructions:</i> Enter the number that represents the period of time over which the predetermined</p>																			
F16	Unit of Duration	<input type="checkbox"/>	Yes	Yes															
<p><i>Definition:</i> The measure of time used to describe the duration of the intervention cycle.</p> <p><i>Instructions:</i> Indicate the specific measure of time in "days" or "months" used to describe the d</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Month(s)</td> <td>The intervention cycle will be delivered over a specified number of months.</td> </tr> <tr> <td>2</td> <td>Day(s)</td> <td>The intervention cycle will be delivered over a specified number of days.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	1	Month(s)	The intervention cycle will be delivered over a specified number of months.	2	Day(s)	The intervention cycle will be delivered over a specified number of days.						
Code	Value Description	Value Definition																	
1	Month(s)	The intervention cycle will be delivered over a specified number of months.																	
2	Day(s)	The intervention cycle will be delivered over a specified number of days.																	
F17	Specified Recall Period	<input type="checkbox"/>	Yes	Yes															
<p><i>Definition:</i> Indicate the recall period used for the collection of detailed behavior data.</p> <p><i>Instructions:</i> If variable F13: Detailed Behavioral Data Collection = "Yes", then specify the recal</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>15 days</td> <td>The recall period used during the collection of Table I: Client Behavior Details will be 15 days. The recall period chosen should be used at intake, the final session and any other point of data collection for the intervention (e.g., midpoint or post-intervention follow-up).</td> </tr> <tr> <td>02</td> <td>30 days</td> <td>The recall period used during the collection of Table I: Client Behavior Details will be 30 days. The recall period chosen should be used at intake, the final session and any other point of data collection for the intervention (e.g., midpoint or post-intervention follow-up).</td> </tr> <tr> <td>03</td> <td>90 days</td> <td>The recall period used during the collection of Table I: Client Behavior Details at intake will be 90 days.</td> </tr> <tr> <td>04</td> <td>Local period (Specify)</td> <td>The recall period used during the collection of Table I: Client Behavior Details will be a locally-defined period of time other than 15, 30, or 90 days. The recall period chosen should be used at intake, the final session and any other point of data collection for the intervention (e.g., midpoint or post-intervention).</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	01	15 days	The recall period used during the collection of Table I: Client Behavior Details will be 15 days. The recall period chosen should be used at intake, the final session and any other point of data collection for the intervention (e.g., midpoint or post-intervention follow-up).	02	30 days	The recall period used during the collection of Table I: Client Behavior Details will be 30 days. The recall period chosen should be used at intake, the final session and any other point of data collection for the intervention (e.g., midpoint or post-intervention follow-up).	03	90 days	The recall period used during the collection of Table I: Client Behavior Details at intake will be 90 days.	04	Local period (Specify)	The recall period used during the collection of Table I: Client Behavior Details will be a locally-defined period of time other than 15, 30, or 90 days. The recall period chosen should be used at intake, the final session and any other point of data collection for the intervention (e.g., midpoint or post-intervention).
Code	Value Description	Value Definition																	
01	15 days	The recall period used during the collection of Table I: Client Behavior Details will be 15 days. The recall period chosen should be used at intake, the final session and any other point of data collection for the intervention (e.g., midpoint or post-intervention follow-up).																	
02	30 days	The recall period used during the collection of Table I: Client Behavior Details will be 30 days. The recall period chosen should be used at intake, the final session and any other point of data collection for the intervention (e.g., midpoint or post-intervention follow-up).																	
03	90 days	The recall period used during the collection of Table I: Client Behavior Details at intake will be 90 days.																	
04	Local period (Specify)	The recall period used during the collection of Table I: Client Behavior Details will be a locally-defined period of time other than 15, 30, or 90 days. The recall period chosen should be used at intake, the final session and any other point of data collection for the intervention (e.g., midpoint or post-intervention).																	



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO

## Client Level

### Table: G1 Client Characteristics-Demographic

This table is required to be completed by all agencies that provide HIV prevention interventions individually to clients (e.g. counseling and testing, CRCS, PCRS). It is also required for some interventions delivered in groups or through outreach.

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
G101	Date Collected	<input checked="" type="checkbox"/>	Yes	Yes

*Definition:* The date client demographic data were collected.

*Instructions:* Enter the date that client demographic data were collected.

G102	PEMS Client Unique Key	<input checked="" type="checkbox"/>	Yes	Yes
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*Definition:* A system generated code that is used to distinguish between clients receiving HIV prevention services within a particular agency.

*Instructions:* The system will generate a unique, non-identifying code to represent each client r

G112	Date of Birth-Year	<input checked="" type="checkbox"/>	Yes	Yes
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*Definition:* The calendar year in which the client was born.

*Instructions:* Enter the year in which the client was born.

G113	Calculated Age	<input type="checkbox"/>	Yes	Yes
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*Definition:* The client's age at the time of data collection. This variable should be collected if the client's year of birth (G112: Date of Birth-Year) is not recorded.

*Instructions:* The system will generate the client's age at the time client demographic data wer

G114	Ethnicity	<input checked="" type="checkbox"/>	Yes	Yes
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*Definition:* The client's self report of whether they are of Hispanic or Latino origin. Standard OMB ethnicity codes are applied.

*Instructions:* Indicate whether the client reported that he or she is Hispanic/Latino or not Hispa

Code	Value Description	Value Definition
77	Refused to answer	The client declines or is unwilling to report his/her ethnicity.
99	Don't know	The client reports that they are unaware of their ethnicity.
E1	Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
E2	Not Hispanic or Latino	A person not identified by the definition of Hispanic or Latino.



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
G115	Ethnicity Expanded	<input type="checkbox"/>	Yes	Yes

*Definition:* A more detailed description of the client's Hispanic or Latino background based on their self-reported ethnicity in variable G114: Ethnicity. Expanded OMB ethnicity codes are applied.

*Instructions:* If the client's reported "Ethnicity" is "Hispanic or Latino," then the "Ethnicity Expan

Code	Value Description	Value Definition
E1.01	Spaniard	Source = OMB Ethnicity Codes
E1.01.001	Andalusian	Source = OMB Ethnicity Codes
E1.01.002	Asturian	Source = OMB Ethnicity Codes
E1.01.003	Castillian	Source = OMB Ethnicity Codes
E1.01.004	Catalonian	Source = OMB Ethnicity Codes
E1.01.005	Balearic Islander	Source = OMB Ethnicity Codes
E1.01.006	Gallego	Source = OMB Ethnicity Codes
E1.01.007	Valencian	Source = OMB Ethnicity Codes
E1.01.008	Canarian	Source = OMB Ethnicity Codes
E1.01.009	Spanish Basque	Source = OMB Ethnicity Codes
E1.02.001	Mexican American	Source = OMB Ethnicity Codes
E1.02.002	Mexicano	Source = OMB Ethnicity Codes
E1.02.003	Chicano	Source = OMB Ethnicity Codes
E1.02.004	La Raza	Source = OMB Ethnicity Codes
E1.02.005	Mexican American Indian	Source = OMB Ethnicity Codes
E1.03	Central American	Source = OMB Ethnicity Codes
E1.03.001	Costa Rican	Source = OMB Ethnicity Codes
E1.03.002	Guatemalan	Source = OMB Ethnicity Codes
E1.03.003	Honduran	Source = OMB Ethnicity Codes
E1.03.004	Nicaraguan	Source = OMB Ethnicity Codes
E1.03.005	Panamanian	Source = OMB Ethnicity Codes
E1.03.006	Salvadoran	Source = OMB Ethnicity Codes
E1.03.007	Central American Indian	Source = OMB Ethnicity Codes
E1.03.008	Canal Zone	Source = OMB Ethnicity Codes
E1.04	South American	Source = OMB Ethnicity Codes
E1.04.001	Argentinean	Source = OMB Ethnicity Codes
E1.04.002	Bolivian	Source = OMB Ethnicity Codes
E1.04.003	Chilean	Source = OMB Ethnicity Codes
E1.04.004	Columbian	Source = OMB Ethnicity Codes
E1.04.005	Ecuadorian	Source = OMB Ethnicity Codes
E1.04.006	Paraguayan	Source = OMB Ethnicity Codes
E1.04.007	Peruvian	Source = OMB Ethnicity Codes
E1.04.008	Uruguayan	Source = OMB Ethnicity Codes
E1.04.009	Venezuelan	Source = OMB Ethnicity Codes



# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
E1.04.010	South American Indian	Source = OMB Ethnicity Codes			
E1.05	Latin American	Source = OMB Ethnicity Codes			
E1.06	Puerto Rican	Source = OMB Ethnicity Codes			
E1.07	Cuban	Source = OMB Ethnicity Codes			
E1.08	Dominican	Source = OMB Ethnicity Codes			

G116	Race		<input checked="" type="checkbox"/>	Yes	Yes
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**Definition:** A client's self-reported classification of the biological heritage with which they most closely identify. Standard OMB race codes are applied.

**Instructions:** Indicate the client's self reported race using standard OMB race codes. Record a

Code	Value Description	Value Definition
99	Don't know	The client reports that they are unaware of their race.
R1	American Indian or Alaska Native	A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.
R2	Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
R3	Black or African American	A person having origins in any of the black racial groups of Africa.
R4	Native Hawaiian or Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
R5	White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

G117	Race Expanded		<input type="checkbox"/>	Yes	Yes
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**Definition:** A more detailed description of the client's racial background based on their self-reported race in variable G116: Race. Expanded OMB race codes are applied.

**Instructions:** If the client provides a more detailed description of their racial background report

Code	Value Description	Value Definition
OMB	OMB Values	OMB lists will be provided.

G118	More Than One Race (system generated)		<input type="checkbox"/>	Yes	Yes
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**Definition:** A system generated variable that is used to identify if a client has reported more than one race in variable G116: Race.

**Instructions:** The system will generate the value for this variable based on information entered i

Code	Value Description	Value Definition
0	No	The client did not report more than one of the racial categories specified in G116: Race.
1	Yes	The client reported more than one of the racial categories specified in G116: Race.



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
G120	State/Territory of Residence	<input checked="" type="checkbox"/>	Yes	Yes

*Definition:* The state, territory or district where the client was currently residing at the time of service delivery.

*Instructions:* Select the state, territory or district where the client lives at the time services are

Code	Value Description	Value Definition
01	AL	Alabama
02	AK	Alaska
04	AZ	Arizona
05	AR	Arkansas
06	CA	California
08	CO	Colorado
09	CT	Connecticut
10	DE	Delaware
11	DC	District of Columbia
12	FL	Florida
13	GA	Georgia
15	HI	Hawaii
16	ID	Idaho
17	IL	Illinois
18	IN	Indiana
19	IA	Iowa
20	KS	Kansas
21	KY	Kentucky
22	LA	Louisiana
23	ME	Maine
24	MD	Maryland
25	MA	Massachusetts
26	MI	Michigan
27	MN	Minnesota
28	MS	Mississippi
29	MO	Missouri
30	MT	Montana
31	NE	Nebraska
32	NV	Nevada
33	NH	New Hampshire
34	NJ	New Jersey
35	NM	New Mexico
36	NY	New York
37	NC	North Carolina



# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
38	ND	North Dakota			
39	OH	Ohio			
40	OK	Oklahoma			
41	OR	Oregon			
42	PA	Pennsylvania			
44	RI	Rhode Island			
45	SC	South Carolina			
46	SD	South Dakota			
47	TN	Tennessee			
48	TX	Texas			
49	UT	Utah			
50	VT	Vermont			
51	VA	Virginia			
53	WA	Washington			
54	WV	West Virginia			
55	WI	Wisconsin			
56	WY	Wyoming			
60	AS	American Samoa			
64	FM	Federated States of Micronesia			
66	GU	Guam			
68	MH	Marshall Islands			
69	MP	Northern Mariana Islands			
70	PW	Palau			
72	PR	Puerto Rico			
78	VI	Virgin Islands of the U.S.			

G121 English Speaking?  No Yes

*Definition:* A confirmation of whether the client speaks English.

*Instructions:* Indicate whether the client speaks English.

Code	Value Description	Value Definition
0	No	The client does not speak English.
1	Yes	The client speaks English.
99	Don't Know	The provider does not know whether or not the client speaks English.



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
G122	Primary Language	<input type="checkbox"/>	No	Yes

*Definition:* The language most often used by the client.

*Instructions:* Specify the primary language that is most often used by the client. If G121: Engli

Code	Value Description	Value Definition
01	English	The language primarily or most often used by the client is English.
02	Spanish	The language primarily or most often used by the client is Spanish.
03	Arabic	The language primarily or most often used by the client is Arabic.
04	Cambodian	The language primarily or most often used by the client is Cambodian.
05	Cantonese	The language primarily or most often used by the client is Cantonese.
06	Creole/French	The language primarily or most often used by the client is Creole/French.
07	Farsi	The language primarily or most often used by the client is Farsi.
08	Haika	The language primarily or most often used by the client is Haika.
09	Hindi	The language primarily or most often used by the client is Hindi.
10	Japanese	The language primarily or most often used by the client is Japanese.
11	Korean	The language primarily or most often used by the client is Korean.
12	Lao	The language primarily or most often used by the client is Lao.
13	Mandarin	The language primarily or most often used by the client is Mandarin.
14	Russian	The language primarily or most often used by the client is Russian.
15	Tagalog	The language primarily or most often used by the client is Tagalog.
16	Thai	The language primarily or most often used by the client is Thai.
17	Vietnamese	The language primarily or most often used by the client is Vietnamese.
88	Other (specify)	If the language primarily or most often used by the client is a language other than the languages specified in the categories above, specify the language.

G123	Assigned Sex at Birth	<input checked="" type="checkbox"/>	Yes	Yes
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*Definition:* The biological sex assigned to the client at birth, (i.e., the sex noted on the client's birth certificate).

*Instructions:* Indicate whether the client reports being physically born a male or female (i.e., bei

Code	Value Description	Value Definition
01	Male	The sex that produces spermatozoa by which female ova are fertilized.
02	Female	The sex that produces ova, can conceive and bear offspring/children.



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
G124	Current Gender	<input checked="" type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The client's current self-reported sexual identity.</p> <p><i>Instructions:</i> Select the variable value that most closely describes the client's current, self-repo</p>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
01	Male	The behavioral, cultural, or psychological traits typically associated with the male sex.		
02	Female	The behavioral, cultural, or psychological traits typically associated with the female sex.		
03	Transgender-MTF	Individuals whose physical or birth sex is male but whose gender expression and/or gender identity is female. Note: MTF = male to female.		
04	Transgender-FTM	Individuals whose physical or birth sex is female but whose gender expression and/or gender identity is male. Note: FTM = female to male.		
G127	Level of Education	<input type="checkbox"/>	No	Yes
<p><i>Definition:</i> The level of formal education last completed by the client.</p> <p><i>Instructions:</i> Indicate the highest level of education that the client has completed.</p>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
01	No schooling completed	The client has not received any formal schooling.		
02	8th grade or less	The highest grade that the client completed was eighth grade or a lower grade.		
03	Some high school	The client completed some grades of high school but did not graduate or receive a GED or equivalent.		
04	High school graduate, GED or equivalent	The client graduated from high school or received a GED or equivalent.		
05	Some college	The client received an associate or technical degree or attended a college or university but did not receive a bachelor's degree.		
06	Bachelor's degree	The client received a degree that normally requires at least 4 but not more than 5 years of full-time equivalent college-level work.		
07	Post graduate degree	The client received completed a Masters, Doctorate, and/or other professional degrees.		
66	Not asked	The provider did not ask the client about his/her level of education.		
77	Refused to answer	The client declines or is unwilling to report his/her level of education.		
99	Don't know	The client reports that they are unaware of their level of education.		





# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO

## Table: G2 Client Characteristics-Risk Profile

This table is required to be completed by all agencies that provide HIV prevention interventions individually to clients (e.g. counseling and testing, CRCS, PCRS). It is also required for some interventions delivered in groups or through outreach.

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
G200	Date Collected	<input checked="" type="checkbox"/>	Yes	Yes

*Definition:* The date client risk profile data are collected.

*Instructions:* Enter the date on which these risk profile data are collected.

G201	Incarcerated	<input type="checkbox"/>	Yes	Yes
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*Definition:* In the 90 days prior to data collection, the client is or has been imprisoned or confined to a jail or penitentiary for at least 24 hours.

*Instructions:* Indicate if the client has been incarcerated in the last 90 days, (i.e., 90 days prior

Code	Value Description	Value Definition
0	No	The client has not been incarcerated.
1	Yes	The client has been incarcerated.
66	Not asked	The provider did not ask the client whether he/she had been incarcerated.
77	Refused to answer	The client declines or is unwilling to report if he/she had been incarcerated.

G202	Sex Worker	<input type="checkbox"/>	Yes	Yes
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*Definition:* In the 90 days prior to data collection, the client has derived some or part of his or her income or compensation from engaging in sexual intercourse. This would include prostitutes (brothel workers, street workers, escorts, bar girls/in-house prostitutes, call girls/call boys), adult film actors/actresses, and full body masseuses. Update definition with: In addition to money, anything else the client considers to be compensation from sex work is included (e.g., drugs, housing, etc.). The intent of this variable is to assess the extent to which a client identifies themselves as a sex worker.

*Instructions:* Indicate whether the client has derived some or part of his or her income or comp

Code	Value Description	Value Definition
0	No	The client has not engaged in sexual intercourse with paying clients.
1	Yes	The client has engaged in sexual intercourse with paying clients.
66	Not asked	The provider did not ask the client whether he/she had engaged in sexual intercourse with paying clients.
77	Refused to answer	The client declines or is unwilling to report whether he/she engaged in sexual intercourse with paying clients.



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC																									
			HD	CBO																								
G203	Housing Status	<input type="checkbox"/>	Yes	Yes																								
<p><i>Definition:</i> The type of living arrangement(s) in which the client has resided (e.g., short-term facility, community residence, house, apartment, homeless), in the 90 days prior to data collection.</p> <p><i>Instructions:</i> Specify the type(s) of living arrangements that the client has had in the last 90 da</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Permanent housing</td> <td>Includes apartments, houses, foster homes, long-term residences, and boarding homes, as long as they are not time limited.</td> </tr> <tr> <td>02</td> <td>Non-permanent housing</td> <td>Includes homeless, as well as transient or transitional housing.</td> </tr> <tr> <td>03</td> <td>Institution</td> <td>An establishment that provides living quarters and care for the elderly, chronically ill or mentally/physically handicapped.</td> </tr> <tr> <td>66</td> <td>Not asked</td> <td>The provider did not ask the client about his/her housing status.</td> </tr> <tr> <td>77</td> <td>Refused to answer</td> <td>The client declines or is unwilling to report his/her housing status.</td> </tr> <tr> <td>88</td> <td>Other</td> <td>The client reported housing status other than what is described in the categories above.</td> </tr> <tr> <td>99</td> <td>Don't know</td> <td>The client reported that they are unaware of their housing status.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	01	Permanent housing	Includes apartments, houses, foster homes, long-term residences, and boarding homes, as long as they are not time limited.	02	Non-permanent housing	Includes homeless, as well as transient or transitional housing.	03	Institution	An establishment that provides living quarters and care for the elderly, chronically ill or mentally/physically handicapped.	66	Not asked	The provider did not ask the client about his/her housing status.	77	Refused to answer	The client declines or is unwilling to report his/her housing status.	88	Other	The client reported housing status other than what is described in the categories above.	99	Don't know	The client reported that they are unaware of their housing status.
Code	Value Description	Value Definition																										
01	Permanent housing	Includes apartments, houses, foster homes, long-term residences, and boarding homes, as long as they are not time limited.																										
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77	Refused to answer	The client declines or is unwilling to report his/her housing status.																										
88	Other	The client reported housing status other than what is described in the categories above.																										
99	Don't know	The client reported that they are unaware of their housing status.																										

G204	Previous HIV test	<input checked="" type="checkbox"/>	Yes	Yes																		
<p><i>Definition:</i> The client's self-report of having had at least one prior HIV test before these data were collected.</p> <p><i>Instructions:</i> Indicate if the client reports having at least one prior HIV test before these data w</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No</td> <td>The client reported that they have never had an HIV test.</td> </tr> <tr> <td>1</td> <td>Yes</td> <td>The client reported that they have had at least one previous HIV test.</td> </tr> <tr> <td>66</td> <td>Not asked</td> <td>The provider did not ask the client about having a prior HIV test.</td> </tr> <tr> <td>77</td> <td>Refused to answer</td> <td>The client declines or is unwilling to report if he/she has had a previous HIV test.</td> </tr> <tr> <td>99</td> <td>Don't Know</td> <td>The client reported that they are unaware if they have had a previous HIV test.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	0	No	The client reported that they have never had an HIV test.	1	Yes	The client reported that they have had at least one previous HIV test.	66	Not asked	The provider did not ask the client about having a prior HIV test.	77	Refused to answer	The client declines or is unwilling to report if he/she has had a previous HIV test.	99	Don't Know	The client reported that they are unaware if they have had a previous HIV test.
Code	Value Description	Value Definition																				
0	No	The client reported that they have never had an HIV test.																				
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66	Not asked	The provider did not ask the client about having a prior HIV test.																				
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# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC																						
			HD	CBO																					
G205	Self Reported HIV Test Result	<input checked="" type="checkbox"/>	Yes	Yes																					
<p><i>Definition:</i> The client's self-reported test result from his/her most recent HIV test.</p> <p><i>Instructions:</i> If the client reports having had a previous HIV test (i.e. G204: Previous HIV Test)</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Positive</td> <td>The client reported that their HIV serostatus is positive based on a confirmatory test result.</td> </tr> <tr> <td>02</td> <td>Negative</td> <td>The client reported that their HIV serostatus is negative.</td> </tr> <tr> <td>03</td> <td>Preliminary Positive/Indeterminate</td> <td>The client reports that he/she received either a "Preliminary positive" test result (i.e., the client had a reactive HIV rapid test but did not receive the results of the associated conventional confirmatory test) or an "Indeterminate" test result (i.e., the client received results but those results did not conclusively indicate whether he/she is HIV-positive or HIV-negative).</td> </tr> <tr> <td>66</td> <td>Not asked</td> <td>The provider did not ask the client about his/her HIV serostatus.</td> </tr> <tr> <td>77</td> <td>Refused to answer</td> <td>The client declines or is unwilling to report his/her HIV serostatus.</td> </tr> <tr> <td>99</td> <td>Don't know</td> <td>The client reports that they are unaware of their HIV serostatus.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	01	Positive	The client reported that their HIV serostatus is positive based on a confirmatory test result.	02	Negative	The client reported that their HIV serostatus is negative.	03	Preliminary Positive/Indeterminate	The client reports that he/she received either a "Preliminary positive" test result (i.e., the client had a reactive HIV rapid test but did not receive the results of the associated conventional confirmatory test) or an "Indeterminate" test result (i.e., the client received results but those results did not conclusively indicate whether he/she is HIV-positive or HIV-negative).	66	Not asked	The provider did not ask the client about his/her HIV serostatus.	77	Refused to answer	The client declines or is unwilling to report his/her HIV serostatus.	99	Don't know	The client reports that they are unaware of their HIV serostatus.
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66	Not asked	The provider did not ask the client about his/her HIV serostatus.																							
77	Refused to answer	The client declines or is unwilling to report his/her HIV serostatus.																							
99	Don't know	The client reports that they are unaware of their HIV serostatus.																							
G206	Date of Last HIV Negative Test (only if HIV-)	<input type="checkbox"/>	Yes	Yes																					
<p><i>Definition:</i> The self-reported date of the client's most recent HIV negative test.</p> <p><i>Instructions:</i> If the client's self reported HIV serostatus is negative (G205: Self-Reported HIV S</p>																									
G207	Date of First HIV Positive Test (only if HIV+)	<input type="checkbox"/>	Yes	Yes																					
<p><i>Definition:</i> The self-reported date of the client's first positive HIV test.</p> <p><i>Instructions:</i> If the client's self-reported HIV serostatus is positive (G205: Self-Reported HIV Te</p>																									
G208	In HIV Medical Care/Treatment (only if HIV+)	<input type="checkbox"/>	Yes	Yes																					
<p><i>Definition:</i> The client's self-report of currently receiving HIV medical care and treatment through antiretroviral therapy or prophylactic treatment for opportunistic infections.</p> <p><i>Instructions:</i> If the client's self-reported HIV serostatus is positive (G205: Self-Reported HIV St</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No</td> <td>The client reported they are not currently receiving medical care/treatment for HIV infection or AIDS.</td> </tr> <tr> <td>1</td> <td>Yes</td> <td>The client reports they are currently receiving medical care/treatment for HIV infection or AIDS.</td> </tr> <tr> <td>66</td> <td>Not asked</td> <td>The provider did not ask the client if they were currently receiving medical care/treatment for HIV infection or AIDS.</td> </tr> <tr> <td>77</td> <td>Refused to answer</td> <td>The client declines or is unwilling to report if they are currently receiving medical care/treatment for HIV infection or AIDS.</td> </tr> <tr> <td>99</td> <td>Don't know</td> <td>The client reports that they are unaware if they are receiving medical care/treatment for HIV infection or AIDS.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	0	No	The client reported they are not currently receiving medical care/treatment for HIV infection or AIDS.	1	Yes	The client reports they are currently receiving medical care/treatment for HIV infection or AIDS.	66	Not asked	The provider did not ask the client if they were currently receiving medical care/treatment for HIV infection or AIDS.	77	Refused to answer	The client declines or is unwilling to report if they are currently receiving medical care/treatment for HIV infection or AIDS.	99	Don't know	The client reports that they are unaware if they are receiving medical care/treatment for HIV infection or AIDS.			
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# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC																			
			HD	CBO																		
G209	Pregnant (only if female)	<input type="checkbox"/>	Yes	Yes																		
<p><i>Definition:</i> The self-reported pregnancy status of the client.</p> <p><i>Instructions:</i> If the client is female (G123: Assigned Sex at Birth = "Female"), then indicate whe</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No</td> <td>The client reports she is not pregnant.</td> </tr> <tr> <td>1</td> <td>Yes</td> <td>The client reports she is pregnant.</td> </tr> <tr> <td>66</td> <td>Not asked</td> <td>The provider did not ask the client if she was currently pregnant.</td> </tr> <tr> <td>77</td> <td>Refused to answer</td> <td>The client declines or is unwilling to report if she is currently pregnant.</td> </tr> <tr> <td>99</td> <td>Don't know</td> <td>The client reports that she is unaware if she is currently pregnant.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	0	No	The client reports she is not pregnant.	1	Yes	The client reports she is pregnant.	66	Not asked	The provider did not ask the client if she was currently pregnant.	77	Refused to answer	The client declines or is unwilling to report if she is currently pregnant.	99	Don't know	The client reports that she is unaware if she is currently pregnant.
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0	No	The client reports she is not pregnant.																				
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66	Not asked	The provider did not ask the client if she was currently pregnant.																				
77	Refused to answer	The client declines or is unwilling to report if she is currently pregnant.																				
99	Don't know	The client reports that she is unaware if she is currently pregnant.																				

G210	In Prenatal Care (only if pregnant)	<input type="checkbox"/>	Yes	Yes																		
<p><i>Definition:</i> The self-reported status of the pregnant client's receipt of regular health care during pregnancy.</p> <p><i>Instructions:</i> If the client is pregnant (G209: Pregnant = "Yes"), indicate whether she is receivin</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No</td> <td>The client reports she is not currently receiving prenatal care.</td> </tr> <tr> <td>1</td> <td>Yes</td> <td>The client reports she is currently receiving prenatal care.</td> </tr> <tr> <td>66</td> <td>Not asked</td> <td>The provider did not ask the client if she was currently receiving prenatal care.</td> </tr> <tr> <td>77</td> <td>Refused to answer</td> <td>The client declines or is unwilling to report if she is currently receiving prenatal care.</td> </tr> <tr> <td>99</td> <td>Don't know</td> <td>The client reports that she is unaware if she is currently receiving prenatal care.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	0	No	The client reports she is not currently receiving prenatal care.	1	Yes	The client reports she is currently receiving prenatal care.	66	Not asked	The provider did not ask the client if she was currently receiving prenatal care.	77	Refused to answer	The client declines or is unwilling to report if she is currently receiving prenatal care.	99	Don't know	The client reports that she is unaware if she is currently receiving prenatal care.
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99	Don't know	The client reports that she is unaware if she is currently receiving prenatal care.																				



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
G211	Client Risk Factors	<input checked="" type="checkbox"/>	Yes	Yes

**Definition:** A description of the risk factor(s) that placed the client at potential risk for HIV exposure and/or transmission. It is crucial to accurately identify a client's risk behaviors. Accurate identification of risks can be used to determine if a program designed to target specific risk behaviors is effectively identifying appropriate clients.

**Instructions:** Select all of the activities that the client has been involved in within the last 90 day

Code	Value Description	Value Definition
01	Injection drug use	The client has used illicit injection drugs/substances (including narcotics, hormones, silicon, etc.). Illicit injection drugs/substances are those for which a client does not have a prescription (or which the client uses in a way other than is prescribed) or drugs/substances that are not available over the counter (or which are used in a way other than intended).
02	Sex with transgender	The client has had anal or vaginal intercourse (protected or unprotected) with a person known to him/her to be a transgender..
03	Sex with female	The client has had anal or vaginal intercourse (protected or unprotected) with a female.
04	Sex with male	The client has had anal or vaginal intercourse (protected or unprotected) with a male.
05	No risk identified	The client reports no risk factors that may have placed the client at potential risk for HIV exposure and/or transmission.
66	Not asked	The provider did not ask the client about his/her risk factors.
77	Refused to answer	The client declined or was unwilling to report his/her risk factors.
88	Other	The client reported risk factors other than what is described in the categories described above. These include risk factors such as being a hemophiliac or transfusion/transplant recipient.



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
G212	Additional Client Risk Factors	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> If the client's risk factors involve sexual activity, these are additional factors that further describe the client's sexual risk for HIV exposure and/or transmission.</p> <p><i>Instructions:</i> Use this variable only if the client reported sex with male, female, or transgender</p>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
00	No additional risk information specified	The client reported no additional risk or additional partner information was not available.		
01	Exchange sex for drugs/money/or something they needed	The client participated in sex events in exchange for drugs or money or something they needed.		
02	While intoxicated and/or high on drugs	The client used alcohol and/or illicit drugs before and/or during sex.		
03	With person who is an IDU	The client has had a sex with a person who he/she knew to be an IDU.		
04	With person who is HIV positive	The client has had a sex with a person who he/she knew was HIV+.		
05	With person of unknown HIV status	The client has had sex with a person whose HIV status is unknown to either the client or to the partner.		
06	With person who exchanges sex for drugs/money	The client has had a sex with a person who he/she knows exchanges sex for drugs/money.		
07	With person who is a known MSM	The client is female and has had sex with a person who she knows has male to male sex.		
08	With anonymous partner	The client has had sex with a person whose identity was unknown to the client. A person's identity is a set of behavioral or personal characteristics by which that person is known. This can include information about a person's name, address, and habits that allow the client to identify the person.		
09	With person who has hemophilia or transfusion/transplant recipient	The client has had sex with a person who he/she knows has hemophilia or is a transfusion/transplant recipient.		
66	Not asked	The provider did not ask the client about additional sexual risk factors.		
77	Refused to answer	The client declines or is unwilling to report additional sexual risk factors.		



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC																						
			HD	CBO																					
G213	Recent STD (Not HIV)	<input type="checkbox"/>	Yes	Yes																					
<p><i>Definition:</i> The client's self-reported or laboratory confirmed status of having been diagnosed with syphilis, gonorrhea, or Chlamydia.</p> <p><i>Instructions:</i> Indicate if the client has been diagnosed with syphilis, gonorrhea, or Chlamydia in</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>00</td> <td>No</td> <td>The client reported that he/she has not been diagnosed with syphilis, gonorrhea, or Chlamydia.</td> </tr> <tr> <td>01.01</td> <td>Yes-self report</td> <td>The client reported that he/she has been diagnosed with syphilis, gonorrhea, or Chlamydia.</td> </tr> <tr> <td>01.02</td> <td>Yes-laboratory confirmed</td> <td>There is documentation from a licensed testing facility confirming that the client has had syphilis, gonorrhea, or Chlamydia.</td> </tr> <tr> <td>66</td> <td>Not asked</td> <td>The provider did not ask the client if he/she had been diagnosed with syphilis, gonorrhea, or Chlamydia.</td> </tr> <tr> <td>77</td> <td>Refused</td> <td>The client declines or is unwilling to provide information on whether or not he/she has been diagnosed with syphilis, gonorrhea, or Chlamydia.</td> </tr> <tr> <td>99</td> <td>Don't know</td> <td>The client reports that he/she is unaware of being diagnosed with syphilis, gonorrhea, or Chlamydia.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	00	No	The client reported that he/she has not been diagnosed with syphilis, gonorrhea, or Chlamydia.	01.01	Yes-self report	The client reported that he/she has been diagnosed with syphilis, gonorrhea, or Chlamydia.	01.02	Yes-laboratory confirmed	There is documentation from a licensed testing facility confirming that the client has had syphilis, gonorrhea, or Chlamydia.	66	Not asked	The provider did not ask the client if he/she had been diagnosed with syphilis, gonorrhea, or Chlamydia.	77	Refused	The client declines or is unwilling to provide information on whether or not he/she has been diagnosed with syphilis, gonorrhea, or Chlamydia.	99	Don't know	The client reports that he/she is unaware of being diagnosed with syphilis, gonorrhea, or Chlamydia.
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G214	Injection Drugs/Substances	<input type="checkbox"/>	No	Yes																					

*Definition:* The client's self-reported drugs/substances that they have injected in the past 90 days.

*Instructions:* If the client's risk includes injection drug use (G211: Client Risk Factors = "Injectio

Code	Value Description	Value Definition
01	Heroin and cocaine together	
02	Heroin alone	
03	Cocaine alone	
04	Crack	
05	Amphetamines, speed, crystal, meth, ice	
06	Other narcotic drugs	
07	Hormones	
08	Steroids	
09	Silicone	
10	Botox	
11	Other medical substances	



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
G215	Internet Sex Partners	<input type="checkbox"/>	No	Yes
<p><i>Definition:</i> The client's self report of having had sex with someone they met initially on the Internet.</p> <p><i>Instructions:</i> Indicate whether the client has had sex within the last 90 days with someone who</p>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
0	No	The client reports that he/she has not initially met a sex partner on the Internet.		
1	Yes	The client reports that he/she has initially met a sex partner on the Internet.		
77	Refused to answer	The client declines or is unwilling to report if he/she had initially met a sex partner on the Internet.		
99	Don't know	The client reports that he/she is unaware of initially meeting a sex partner on the Internet.		

## Table: G3 Client Characteristics-Confirmed HIV Status

This table is relevant when a client presents proof of a confirmed HIV test result to a provider, or when a client receives a confirmed HIV test result at your agency. Confirmation of HIV status occurs in two ways. A client can present test result documents from another agency, in which case the provider will complete this table. If a client receives HIV testing activities within the agency, these variables correspond to the confirmed test result documented in Table X-1 and, in CPEMS, will be pre-populated with this information.

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
G301	Confirmed HIV Test Result	<input checked="" type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The client's HIV serostatus confirmed either through documentation (e.g., lab results) from another agency, or from HIV test results provided within an agency.</p> <p><i>Instructions:</i> If you have documentation of the client's previous HIV test with confirmed test res</p>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
01	Positive/Reactive	A test result that is reactive on an initial ELISA test, repeatedly reactive on a second ELISA run on the same specimen, and confirmed positive on a Western blot or other supplemental test indicating that the client is infected with HIV.		
02	NAAAT-positive	A test result that was previously negative or indeterminate but is reactive based on a nucleic acid testing.		
03	Negative	A test result that is non-reactive on an initial ELISA test indicating the absence of HIV infection or ELISA was repeatedly reactive and a confirmatory test (Western Blot or IFA) was negative.		
04	Indeterminate	A test result that has not been precisely determined. A possible result of a Western-blot, which might represent a recent HIV infection or a false positive.		
05	Invalid	The test result cannot be confirmed due to conditions related to errors in the testing technology, specimen collection, or transport.		
06	No result	No result was obtained even though the specimen was drawn (e.g., blood sample hemolyzed, blood tube broke, blood tube lost in transit, unable to draw blood from veins).		





# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
G302	HIV Test Date	<input checked="" type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The date of the confirmatory HIV test.</p> <p><i>Instructions:</i> Indicate the date that the confirmatory HIV test was conducted. Similar to G301:</p>				
G303	Confirmed Documentation Source	<input checked="" type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The source of the confirmed HIV test result.</p> <p><i>Instructions:</i> Indicate the source of the documentation that confirms the client's HIV test result.</p>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
01	Within Agency	A confirmatory HIV test result for the client was provided by your agency, (e.g., the client was tested within your agency).		
02	External Test Result - Agency Provided	Documentation of a confirmatory HIV test result was provided by another agency (e.g., the client received an HIV test from another agency and the agency sent documentation of the confirmed test result to your agency).		
03	External Test Result - Client Provided	Documentation of a confirmatory HIV test result conducted by another agency was provided by the client (e.g., the client received an HIV test from another agency and provided your agency with documentation of the confirmed test result).		
G304	Confirmation Date	<input checked="" type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The date the confirmed HIV test result was received by your agency (not the date the test was conducted).</p> <p><i>Instructions:</i> Indicate the date that the confirmed HIV test result was received by your agency.</p>				

## Table: H Client Intervention Characteristics

This table is required to be completed by all agencies that provide HIV prevention interventions individually to clients (e.g. counseling and testing, CRCS, PCRS). It is also required for some interventions delivered in groups or through outreach. These data are captured for each provider/client interaction (including date of service provision, activities, and the site where the interaction occurred).

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
H01	Intervention Name/ID	<input checked="" type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> An Intervention Name/ID that was entered by your agency in Table F.</p> <p><i>Instructions:</i> Select from a list of Intervention Names generated from variable F02: Intervention</p>				



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
H01a	Cycle	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> One complete delivery of all the intended sessions for a particular intervention. This variable is relevant to those interventions that have a predetermined or targeted number of sessions (as defined by the variable, F08: Number of Sessions).</p> <p><i>Instructions:</i> Enter the cycle number associated with the session delivered. For example, if this</p>				
H02	Intended Number of Sessions	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The total number of sessions intended for this cycle of an intervention whose intended number of sessions can differ depending on the needs of individual clients (e.g., CRCS). This variable is only entered at the first session.</p> <p><i>Instructions:</i> Use this variable in cases where F08: Number of Sessions = "Unknown." Variabl</p>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
###	Number	The number of sessions in one complete cycle of the intervention.		
999	Unknown	The number of sessions is unknown or will be determined based on the needs of the client.		
H04a	Form ID	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> A code or identification number used to uniquely identify and connect data collected on a standardized form for a given intervention.</p> <p><i>Instructions:</i> If you use a standardized form to collect data for the intervention specified in H01:</p>				
H04b	Case Number	<input checked="" type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> A number to uniquely identify a PCRS case within an agency. This number is system-generated when establishing a PCRS case or can be a locally-developed or assigned number that is key-entered by the provider (e.g., interview record number).</p> <p><i>Instructions:</i> Select the applicable PCRS case number that has been assigned to this PCRS c</p>				
H05	Session Number	<input checked="" type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The session number within a particular intervention cycle about which data are being entered for this client.</p> <p><i>Instructions:</i> For interventions with more than one session, enter the session number within the</p>				
H06	Session Date-Month (req for system operation)	<input checked="" type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The calendar month in which the session was delivered to the client.</p> <p><i>Instructions:</i> Enter the month during which this session was delivered to the client.</p>				



## PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
H07	Session Date-Day (req for system operation)	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The calendar day in which the session was delivered to the client.			
	<i>Instructions:</i> Enter the day during which this session was delivered to the client.			
H08	Session Date-Year (req for system operation)	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The calendar year in which the session was delivered to the client.			
	<i>Instructions:</i> Enter the year during which this session was delivered to the client			
H09	PEMS Worker ID	<input type="checkbox"/>	No	Yes
	<i>Definition:</i> A system generated code used to distinguish between persons who are delivering services to clients by a combination of non-identifying characteristics.			
	<i>Instructions:</i> Choose from a list of workers, established in Table P: Worker, the worker(s) who			
H10	Site Name/ID	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The official name of the agency's site of HIV prevention service delivery where the session took place.			
	<i>Instructions:</i> Indicate the site where the session took place by selecting from a list of sites esta			
H11	Duration of Session	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The amount of time that the session lasted. This variable is required for CRCS interventions only.			
	<i>Instructions:</i> Indicate the actual number of minutes that the session lasted. This variable is req			



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC																									
			HD	CBO																								
H13	Recruitment Source	<input checked="" type="checkbox"/>	Yes	Yes																								
<p><i>Definition:</i> The means by which the client became aware of and/or entered into the intervention. This would include how the client learned about the intervention (e.g., informational flyer, outreach worker, partner referral) or was motivated to take action in seeking services or enrollment into an intervention.</p> <p><i>Instructions:</i> Select the variable value that describes how the client became aware of or entered</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Agency</td> <td>The client became aware of and/or entered the intervention due to an agency referral.</td> </tr> <tr> <td>02</td> <td>HC/PI</td> <td>The client became aware of and/or entered the intervention due to exposure to one or more of the following: Public Service Announcement (PSAs), billboards, pamphlets, posters, hotlines, newspapers, magazines, websites, presentations, and lectures. This value is non-applicable for recruitment to PCRS.</td> </tr> <tr> <td>03</td> <td>Self</td> <td>The client became aware of and/or entered the intervention due to knowledge of potential exposure and without recognition of referral or source of information. This value is non-applicable for PCRS if the client is a partner.</td> </tr> <tr> <td>04</td> <td>Partner</td> <td>The client became aware of and/or entered the intervention through the recommendation/support of a sex/needle sharing partner, who is not identified as an outreach peer. This value is non-applicable for PCRS if the client is the index client.</td> </tr> <tr> <td>05</td> <td>Friend and/or family member</td> <td>The client became aware of and/or entered the intervention through the recommendation/support of friends or family members. This value is not applicable for PCRS.</td> </tr> <tr> <td>88</td> <td>Other (specify)</td> <td>A recruitment source cannot be identified by any of the other categories.</td> </tr> <tr> <td>99</td> <td>Don't know</td> <td>The client reports that he/she is unaware of how they became aware of and/or initially entered the intervention.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	01	Agency	The client became aware of and/or entered the intervention due to an agency referral.	02	HC/PI	The client became aware of and/or entered the intervention due to exposure to one or more of the following: Public Service Announcement (PSAs), billboards, pamphlets, posters, hotlines, newspapers, magazines, websites, presentations, and lectures. This value is non-applicable for recruitment to PCRS.	03	Self	The client became aware of and/or entered the intervention due to knowledge of potential exposure and without recognition of referral or source of information. This value is non-applicable for PCRS if the client is a partner.	04	Partner	The client became aware of and/or entered the intervention through the recommendation/support of a sex/needle sharing partner, who is not identified as an outreach peer. This value is non-applicable for PCRS if the client is the index client.	05	Friend and/or family member	The client became aware of and/or entered the intervention through the recommendation/support of friends or family members. This value is not applicable for PCRS.	88	Other (specify)	A recruitment source cannot be identified by any of the other categories.	99	Don't know	The client reports that he/she is unaware of how they became aware of and/or initially entered the intervention.
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88	Other (specify)	A recruitment source cannot be identified by any of the other categories.																										
99	Don't know	The client reports that he/she is unaware of how they became aware of and/or initially entered the intervention.																										
H15	Recruitment Source-Network Agency Name/ID	<input type="checkbox"/>	No	Yes																								

*Definition:* The name of the agency that referred the client to the intervention, if applicable. Variables H15-H19 are only applicable if the recruitment source was an agency.

*Instructions:* If H13: Recruitment Source = "Agency", then select the name of the agency that



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
H18	Recruitment Source-Service/Intervention Type (only 1st session, and if agency referral)	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> If the client entered CTR through an agency referral, this variable is used to specify the type of service or intervention the referring agency provides. This variable is recorded at the first session only.</p> <p><i>Instructions:</i> If H13: Recruitment Source = "Agency", indicate the type of service or intervention</p>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
01	Counseling and Testing	The client was referred to this intervention from a counseling and testing intervention.		
02	Health Communication/Public Information	The client was referred to this intervention from a Health Communication/Public Information intervention.		
03	Partner Counseling and Referral Services	The client was referred to this intervention from a Partner Counseling and Referral Services (PCRS) intervention.		
04	Comprehensive Risk Counseling Services	The client was referred to this intervention from a Comprehensive Risk Counseling Services intervention.		
05	Outreach	The client was referred to this intervention from an Outreach intervention.		
06	Health Education/Risk Reduction	The client was referred to this intervention from a Health Education/Risk Reduction intervention.		
07	Intake/screening	The client was referred to this intervention during an intake or a risk screening process.		
88	Other	The intervention type cannot be identified by the other intervention types.		
99	Don't know	The client reports that he/she is unaware of the type of intervention they were receiving at the time they were provided with information or a referral to this intervention.		



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
H19	Recruitment Source-Site type ( if agency referral)	<input type="checkbox"/>	Yes	Yes

*Definition:* The setting that best describes from where the referral was given.

*Instructions:* If H13: Recruitment Source = "Agency", indicate the site type that best describes t

Code	Value Description	Value Definition
F01	Inpatient Facility	A hospital or other health facility where services are provided to patients that reside within that facility while they are receiving those services.
F01.01	Inpatient- Hospital	
F01.50	Inpatient- Drug / Alcohol Treatment	A residential health facility that provides substance abuse treatment and rehabilitation.
F01.88	Inpatient Facility- Other (specify)	
F01.99	Inpatient Facility- Unknown	
F02	Outpatient Facility	A health care facility where services are provided to patients that do not reside within that facility while they are receiving services.
F02.03	Outpatient- Private Medical Practice	A non-residential health care facility that is privately owned and/or operated.
F02.04	Outpatient- HIV Specialty Clinic	A non-residential health care facility that concentrates in the provision of HIV treatment, care and prevention services.
F02.10	Outpatient- Prenatal/ OBGYN Clinic	A non-residential health care facility that provides obstetric, gynecological and other pregnancy-related health services.
F02.12	Outpatient- TB Clinic	A non-residential health care facility that specializes in the provision of tuberculosis treatment, care and prevention services.
F02.19	Outpatient- Drug / Alcohol Treatment Clinic	A non-residential health care facility that provides alcohol and chemical dependency treatment services.
F02.20	Outpatient- Family Planning	A non-residential health care facility that provides pregnancy testing, birth control services, and other reproductive health services.
F02.30	Outpatient- Community Mental Health	A non-residential health care facility that provides treatment and support services for the mentally ill or others with mental health problems including counseling, case management, treatment, peer/family support and public education.
F02.51	Outpatient- Community Health Clinic	A non-residential health care facility that provides primary and preventative health care services to the members of a community in which it is located.
F02.58	Outpatient- School/University Clinic	A non-residential health clinic that is operated by and provides services within a school or university setting.
F02.60	Outpatient- Health Department/Public Health Clinic	A non-residential health clinic that is supported by public funds.
F02.61	Outpatient- Health Department/Public Health Clinic-HIV	A non-residential health clinic that is supported by public funds and provides HIV prevention, diagnosis and treatment services.
F02.62	Outpatient- Health Department/Public Health Clinic-STD	A non-residential health clinic that is supported by public funds and provides STD prevention, diagnosis and treatment services.
F02.88	Outpatient Facility- Other (specify)	
F02.99	Outpatient Facility- Unknown	
F03	Emergency Room	A section of a hospital or clinic staffed and equipped to provide emergency care to persons requiring immediate medical treatment for sudden illness or trauma.



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
F04.01	Blood Bank, Plasma Center			
				<i>A place where blood is collected from donors, typed, separated into components, stored, and prepared for transfusion to recipients. A blood bank may be a separate free-standing facility or part of a larger laboratory in a hospital.</i>
F04.05	HIV Counseling & Testing Site			
				<i>A facility or non-facility based setting where HIV prevention counseling and testing services are provided.</i>
F06	Community Setting			
				<i>A defined area, environment or context in which a group of people live, work or congregate.</i>
F06.01	Community Setting-AIDS Service Organization- non-clinical			
				<i>A health association, support agency, or other service actively involved in the prevention and treatment of AIDS.</i>
F06.02	Community Setting-School/Education facility			
				<i>A building or place where individuals receive knowledge through learning and instruction.</i>
F06.03	Community Setting-Church/Mosque/Synagogue/Temple			
				<i>A building where a group of people who adhere to a common faith gather for prayer.</i>
F06.04	Community Setting-Shelter/Transitional housing			
				<i>Shelters are facilities in which people can stay temporarily when they would otherwise have to sleep on the street. Shelters also sometimes provide other services (e.g., soup kitchen, job seeking skills training, job training, support groups), or refer their clients to agencies that do. Transitional housing is short to long-term housing (6 to 24 months) available for individuals or families who are homeless.</i>
F06.05	Community Setting-Commercial			
				<i>A business or commercial facility (e.g., beauty salon, grocery store, shopping center) where HIV prevention services may also occur.</i>
F06.06	Community Setting-Residential			
				<i>A primary residence that might include residential neighborhoods or the common areas of apartment complexes or housing developments.</i>
F06.07	Community Setting-Bar/Club/Adult entertainment			
				<i>A location that is typically open late at night and that provides entertainment (e.g., singing, dancing) as well as food and drink.</i>
F06.08	Community Setting-Public area			
				<i>An area, environment or context that is open to the community as a whole such as a park or city street.</i>
F06.09	Community Setting-Workplace			
				<i>A location where a worker normally performs his/her job tasks or the businesses administrative offices. Use this site type for prevention services delivered to a particular employer's employees.</i>
F06.10	Community Setting- Community center			
				<i>A facility where the members of a community can gather for social or cultural activities.</i>
F06.88	Community Setting- Other (specify)			
F07	Correctional Facility			
				<i>A penal or correctional facility, prison, jail detention center, community-based rehabilitation center, or any similar institution designed for the confinement or rehabilitation of criminal offenders.</i>
F88	Other (Specify)			



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
H20	Activity	<input checked="" type="checkbox"/>	Yes	Yes
<p><b>Definition:</b> The specific actions or components of an intervention in which the client participated or in which they received during this particular session.</p> <p><b>Instructions:</b> Select all of the activities that occurred during this session. Describe what was a</p>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
03.00	HIV testing	A diagnostic, laboratory procedure to assess for the presence of HIV antibodies.		
04.00	Referral	A process by which immediate client needs for prevention, care, and supportive services are assessed and prioritized and clients are provided with information and assistance in identifying and accessing specific services (such as, setting up appointments and providing transportation). Note: The provision of a referral also includes a plan for tracking whether or not the client accessed the referral.		
05.00	Personalized risk assessment	The process by which an individual client, a provider or both working together identify, acknowledge, and understand the details and context of the client's HIV risk. The assessment should explore previous risk reduction efforts and identify successes and challenges of those efforts.		
06.00	Elicit partners	The process by which the provider assists the index client in identifying partners and other sexual and drug-injecting networks at high risk for transmission of HIV who might benefit from testing and/or medical examination. (These networks do not include sex partners of the HIV-infected individual but are made up of individuals who share social relationships involving sex or drug use.)		
07.00	Notification of exposure	The process of informing a HIV-positive client's sex and/or needle sharing partners of their exposure to HIV. This activity is only applicable if the intervention type is Partner Counseling and Referral Services (PCRS).		
08.01	Information-HIV/AIDS transmission	Any general information, written or verbal, given to an individual or a group on HIV/AIDS and how it is transmitted.		
08.02	Information-Abstinence/postpone sexual activity	Any information, written or verbal, given to an individual or a group on abstaining from sexual activity or postponing sexual activity.		
08.03	Information-Other sexually transmitted diseases	Any information, written or verbal, given to an individual or a group on STDs (other than HIV or viral hepatitis), how it is transmitted, how to reduce risk for transmission or infection, or treatment options.		
08.04	Information-Viral hepatitis	Any information on viral hepatitis, how it is transmitted, and/or how to reduce risk for transmission or infection, or treatment options.		
08.05	Information-Availability of HIV/STD counseling and testing	Any information, written or verbal, given to an individual or a group about where and how to access HIV-related CTR or STD counseling and testing. This includes referral lists that only list CTR and/or STD counseling and testing sites.		
08.06	Information-Availability of partner notification and referral services	Any information, written or verbal, given to an individual or a group about where and how to access partner notification services. The availability information provided is exclusive to PCRS. This includes referral lists that only list PCRS sites.		
08.07	Information-Living with HIV/AIDS	Any information, written or verbal, given to an individual or a group living with HIV/AIDS specific to living with the disease.		
08.08	Information-Availability of social services	Any information, written or verbal, given to an individual or a group about how and where to access social services. This could include a referral list that only includes social services agencies or providers.		
08.09	Information-Availability of medical services	Any information, written or verbal, given to an individual or a group about how and where to access HIV medical services. This could include a referral list that only includes HIV medical care providers.		





# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
08.10	Information - Sexual risk reduction	Any information, written or verbal, given to an individual or a group on how to reduce sexual risk for HIV transmission or infection.			
08.11	Information-IDU risk reduction	Any information, written or verbal, given to an individual or a group on how to reduce injection drug use risk for HIV transmission or infection.			
08.12	Information-IDU risk free behavior	Any information, written or verbal given to an individual or a group on abstaining from injection drug use or only using new needles and disposing of them appropriately.			
08.13	Information-Condom/barrier use	Any information, written or verbal, given to an individual or a group regarding appropriate use and disposal of condoms or other barrier methods.			
08.14	Information-Negotiation/Communication	Any information, written or verbal, given to an individual or a group regarding communication of desire for safer practices and negotiating safer practices with partners (sexual and needle sharing).			
08.15	Information-Decision making	Any information, written or verbal, given to an individual or a group regarding the steps and techniques needed for reassessing, planning and using judgment to avoid situations that may expose them to HIV infection or transmission risk and/or decision to engage in a risk behavior.			
08.16	Information-Disclosure of HIV status	Any information, written or verbal, given to an individual or a group regarding disclosure of their HIV status, applicable laws, accompanying ramifications, and options regarding non-disclosure.			
08.17	Information-Providing prevention services	Any information, written or verbal, given to an individual or a group on how to communicate prevention messages and/or demonstrate risk reduction skills with others.			
08.18	Information-HIV testing	Any information, written or verbal, given to an individual, couple, or group regarding HIV testing including explanation of the testing process and meaning of results, behavioral risks for infection, and importance of knowing their status.			
08.19	Information-Partner notification	Any information, written or verbal, given to an individual or a group regarding the notification of possible exposure to HIV and accompanying ramifications, behaviors associated with possible exposure, and consideration of alternatives or information on how to notify partners regarding possible exposure.			
08.20	Information-HIV medication therapy adherence	Any information, written or verbal, given to an individual or a group regarding HIV medication therapy, benefits and risk, medical therapy alternatives, and importance of adhering to medication therapy for HIV.			
08.21	Information-Alcohol and drug use prevention	Any information, written or verbal, given to an individual or a group on the negative effects and consequences of alcohol and drug use and its relationship to HIV transmission or infection risk behavior including strategies to avoid or abstain from use.			
08.22	Information-Sexual Health	Any information, written or verbal, given to an individual or a group on reproductive health, sexuality, sexual development and similar topics.			
08.23	Information-TB testing	Any information, written or verbal, given to an individual, couple, or group on TB, how it is transmitted, and/or how to reduce risk for transmission or infection, or treatment options			
08.66	Information-Other	Any information, written or verbal, given to an individual or group that cannot be captured in any of the other information codes.			
09.01	Demonstration-Condom/barrier use	Provider or participant demonstration (using a teaching tool) of appropriate use and disposal of condoms or other barrier methods.			
09.02	Demonstration-IDU risk reduction	Provider or participant demonstration of how to safely dispose of syringes or how to use bleach kits to clean works.			



# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
09.03	Demonstration-Negotiation/Communication	Provider or participant demonstration of how to communicate desire for safer practices and how to negotiate safer practices with partners (sexual and needle sharing).			
09.04	Demonstration-Decision making	Provider or participant demonstration of steps, and techniques needed for reassessing, planning and using judgment to avoid situations that may expose them to HIV infection or transmission risk and/or decision to engage in a risk behavior.			
09.05	Demonstration-Disclosure of HIV status	Provider or participant demonstration of techniques to disclose seropositive status or discuss issues relevant to disclosure.			
09.06	Demonstration-Providing prevention services	Provider or participant demonstration of how to communicate prevention messages or demonstrate risk reduction skills with others.			
09.07	Demonstration-Partner notification	Provider or participant demonstration of how to notify partners regarding possible exposure to HIV or how to discuss issues relevant to partner notification.			
09.66	Demonstration-Other	Any provider or participant demonstration of a skills or technique that is not decision making, IDU risk reduction, condom/barrier use, negotiation and communication, disclosure, or providing prevention services.			
10.01	Practice-Condom/barrier use	Participant practice (using a teaching tool) of appropriate condom and/or barrier use and disposal during the intervention session.			
10.02	Practice-IDU risk reduction	Participant practice of safe needle use and disposal including the use of bleach kits to clean works during the intervention session(s).			
10.03	Practice-Negotiation/ Communication	Participant practice communication of desire for safer practices and negotiation of safer practices with partners (sexual and needle sharing) during the intervention session(s).			
10.04	Practice-Decision making	Participant practice using steps and techniques needed for reassessing, planning and using judgment to avoid situations that may expose them to HIV infection or transmission risk and/or decision to engage in a risk behavior.			
10.05	Practice-Disclosure of HIV status	Participant practice of techniques to disclose seropositive status or discuss issues relevant to disclosure.			
10.06	Practice-Providing prevention services	Participant practice communication of prevention messages and/or demonstration of risk reduction skills with others during intervention session(s).			
10.07	Practice-Partner notification	Participant practice of how to notify partners regarding possible exposure to HIV or how to discuss issues relevant to partner notification.			
10.66	Practice-Other	Participant practice of a skill or technique that is not decision making, IDU risk reduction, condom/barrier use, negotiation and communication, disclosure, or providing prevention services.			
11.01	Discussion-Sexual risk reduction	Facilitation of discussion with individuals or groups involving examination of sexual risk behaviors (self or others) and accompanying ramifications, examination of attitudes and feelings about their risks, consideration of alternatives, and decision making to reduce sexual risk.			
11.02	Discussion-IDU risk reduction	Facilitation of discussion with individuals or groups involving examination of IDU risk and accompanying ramifications, examination of attitudes and feelings about their risks, consideration of alternatives, and decision making to reduce IDU risk.			
11.03	Discussion-HIV testing	Facilitation of discussion with individuals, couples, or groups regarding HIV testing including explanation of the testing process and meaning of results, discussion of behavioral risks for infection, examination of attitudes and feelings about their risks, consideration of alternatives, and decision making to know their status and reduce HIV transmission risk.			



# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
11.04	Discussion-Other sexually transmitted diseases	Facilitation of discussion with individuals or groups regarding sexually transmitted diseases (other than HIV), involving an examination of behavioral risks and accompanying ramifications, examination of attitudes and feelings about their risks, consideration of alternatives, treatment alternatives, and decision making to reduce behavioral risk for other sexually transmitted diseases and/or seek treatment.			
11.05	Discussion-Disclosure of HIV status	Facilitation of discussion with individuals or groups regarding techniques to disclose seropositive status or discuss issues relevant to disclosure.			
11.06	Discussion-Partner notification	Facilitation of discussion with individuals or groups regarding how to notify partners regarding possible exposure to HIV or how to discuss issues relevant to partner notification.			
11.07	Discussion-HIV medication therapy adherence	Facilitation of discussion with individuals or groups regarding HIV medication therapy and accompanying ramifications, examination of attitudes and feelings about HIV medication therapy, discussion of medical therapy alternatives, and decision making to begin and adhere to medication therapy for HIV.			
11.08	Discussion-Abstinence/postpone sexual activity	Facilitation of discussion with individuals or groups on abstaining from sexual activity or postponing the initiation of sexual activity and accompanying ramifications including an examination of risks associated with sexual activities, discussion of alternatives, and decision making to abstain or postpone sexual activity.			
11.09	Discussion-IDU risk free behavior	Facilitation of discussion with individuals or groups on abstaining from injection drug use or only using new needles and disposing appropriately.			
11.10	Discussion-HIV/AIDS transmission	Facilitation of discussion with individuals or groups on HIV/AIDS and how HIV is transmitted.			
11.11	Discussion-Viral hepatitis	Facilitation of discussion with individuals or groups on viral hepatitis, how it is transmitted, and/or how to reduce risk for transmission or infection, or treatment options.			
11.12	Discussion-Living with HIV/AIDS	Facilitation of discussion with individuals or groups on living with HIV/AIDS and ramifications of living with HIV/AIDS, examination of attitudes and feelings about living with the disease.			
11.13	Discussion-Availability of HIV/STD counseling and testing	Facilitation of discussion with individuals or groups on where and how to access HIV-related CTR or STD counseling and testing and may include the importance of knowing your status. This includes referral lists that only list CTR and/or STD counseling and testing sites.			
11.14	Discussion-Availability of partner notification and referral services	Facilitation of discussion with individuals or groups on where and how to access partner notification services.			
11.15	Discussion-Availability of social services	Facilitation of discussion with individuals or groups on how and where to access social services.			
11.16	Discussion-Availability of medical services	Facilitation of discussion with individuals or groups on how and where to access HIV medical care. Discussion may include options regarding available services.			
11.17	Discussion-Condom/barrier use	Facilitation of discussion with individuals or groups on the appropriate use and disposal of condoms or other barrier methods and accompanying ramifications, examination of attitudes and feelings about condom use, and decision making regarding use of condoms/barriers.			
11.18	Discussion- Negotiation/Communication	Facilitation of discussion with individuals or groups on communication of desire for safer practices and negotiating safer practices with partners (sexual and needle sharing), including discussion of accompanying ramifications, examination of attitudes and feeling, and decision making regarding communicating and negotiating safer practices.			



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC		
			HD	CBO	
11.19	Discussion-Decision making				Facilitation of discussion with individuals or groups on steps and techniques needed for reassessing, planning and using judgment to avoid situations that may expose them to HIV infection or transmission risk and/or decision to engage in a risk behavior.
11.20	Discussion-Providing prevention services				Facilitation of discussion with individuals or groups on communicating prevention message and/or demonstrating risk reduction skills with others.
11.21	Discussion-Alcohol and drug use prevention				Facilitation of discussion with individuals or groups on the negative effects and consequences of alcohol and drug use and its relationship to HIV transmission or infection risk including strategies to avoid or abstain from use.
11.22	Discussion-Sexual Health				Facilitation of discussion with individuals or groups on reproductive health, sexuality, sexual development, and similar topics.
11.23	Discussion-TB testing				Facilitation of discussion with individuals or groups about TB, how it is transmitted, and/or how to reduce risk for transmission or infection, or treatment options.
11.66	Discussion-Other				Discussion with individuals or groups regarding HIV infection, transmission, or risk reduction issues and accompanying ramifications, examination of attitudes and feelings about these issues, consideration of alternatives, and decision making to reduce HIV infection, transmission, or risk reduction. Issues do not include sexual or IDU risk reduction, HIV testing, other sexually transmitted diseases, HIV status disclosure, partner notification, or HIV medication therapy.
12.01	Other testing-Pregnancy				Provision of testing to determine pregnancy.
12.02	Other testing-STD				Provision of testing to determine infection with a sexually transmitted disease other than HIV or Viral Hepatitis.
12.03	Other testing-Viral hepatitis				Provision of testing to determine infection with viral hepatitis.
12.04	Other testing-TB				Provision of testing to determine infection with tuberculosis.
13.01	Distribution-Male condoms				Provision of male condoms by handing them out or placing them in a location to be accessed by consumers at no cost to the consumer.
13.02	Distribution-Female condoms				Provision of female condoms by handing them out or placing them in a location to be accessed by consumers at no cost to the consumer.
13.03	Distribution-Safe sex kits				Provision of packages that minimally contain a condom (male or female), lubricant, and instruction for proper use. May include other materials at no cost to the consumer.
13.04	Distribution-Safer injection/bleach kits				Provision of packages that minimally contain a small bottle of bleach and needle cleaning instructions. Packages may include bottle caps for cookers, cotton, alcohol wipes, and bottles of water for rinsing needles. Materials are provided at no cost to the consumer.
13.05	Distribution-Lubricants				Provision of water based lubricants at no cost to the consumer as part of HIV prevention activities.
13.06	Distribution-Education materials				Provision of printed materials designed to be learning or teaching aids by handing them out, placing in a location to be accessed by consumers, or electronic dissemination at no cost to the consumer.
13.07	Distribution-Referral lists				Provision of lists of specific organizations that provide a specific set of HIV prevention, care, or support services with contact information. The agencies listed are known by the provider to be reliable sources for those services based on provider knowledge and experience. Lists may be disseminated by handing them out, placing them in a location to be accessed by the consumer, or emailed to consumers.



# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
13.08	Distribution-Role model stories	Provision stories of individuals who have changed their behaviors or plan to change their behaviors to reduce their risk for HIV transmission or infection. Stories may be disseminated by handing them out, placing them in a location to be accessed by the consumer, or emailed to consumers.			
13.66	Distribution-Other	Provision of materials or supplies to consumers with the intent to decrease their risk for HIV transmission or infection and/or to improve health outcomes. Distribution may include dissemination in person, by placing materials in locations to be accessed by consumers, sent to consumers electronically or land mail. Does not include condoms, safer sex kits, bleach kits, lubricants, education materials, referral lists, or role model stories.			
14.01	Post-intervention follow up	Individual or group meeting or contact with participant(s) of an intervention after the last session of the intervention to assess or discuss changes targeted by the intervention and/or revisions to risk reduction goals and/or strategies.			
14.02	Post-intervention booster session	An intervention session conducted with participant(s) of an intervention after the last session to review and reinforce risk reduction skills and information addressed by the intervention.			
15.00	HIV Testing History Survey	The provision of the "HIV Testing History Survey." This value choice is applicable only to those organizations who are funded by CDC to administer the survey.			
88	Other (specify)	Any HIV prevention activity not captured in other value choices.			

H21	Incentive Provided	<input type="checkbox"/>	No	Yes
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**Definition:** A type of reward that was presented to the client as compensation for the client's time and participation in the session, (e.g., voucher for transportation, food, money, or other small reward).

**Instructions:** Indicate whether or not the client received an incentive of any type for participatin

Code	Value Description	Value Definition
0	No	An incentive was not provided to the client as compensation for the client's time and participation in the session.
1	Yes	An incentive was provided to the client as compensation for the client's time and participation in the session.



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
H22	Unit of Delivery	<input type="checkbox"/>	Yes	Yes

*Definition:* The category or grouping of clients receiving prevention services per session.

*Instructions:* Indicate how many clients received the session at the same time. This variable d

Code	Value Description	Value Definition
01	Individual	The intervention/session was provided to one person at a time.
02	Couple	The intervention/session was provided to two people that are in a sex or drug-using relationship.
03	Small group	The intervention/session was provided to 2-12 people at the same time and setting.
04	Large group	The intervention/session was provided to more than 12 people at the same time and setting.
05	Community	The intervention/session was provided to a population as a whole, rather than individuals or small/large groups, (i.e. community mobilizations, social marketing campaigns, community-wide events, health fairs, policy interventions, and structural interventions).



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
H23	Delivery Method	<input type="checkbox"/>	Yes	Yes

*Definition:* The medium(s) or channel(s) through which the intervention session is delivered.

*Instructions:* Indicate how the intervention was delivered (e.g., in person, by using a video, ove

Code	Value Description	Value Definition
01.00	In person	The intervention is delivered by an individual or a group of individuals in the physical presence of the client(s). Includes counseling, face to face discussions, facilitating group activities, lectures, presentations, etc.
02.00	Internet	The use of email, chat rooms, or websites to deliver information to clients electronically.
03.00	Printed Materials	The use of pamphlets, direct mailing, magazines, newspapers, posters, billboards, etc. If chosen, please specify the subcategory (value codes 3.01-3.04) for printed material.
03.01	Printed Materials-magazines/newspapers	Magazine: a bound periodical published at regular intervals under the same title containing articles of specific interest. Newspaper: a periodical that is folded rather than bound and published at regular intervals under the same title containing news, opinions, advertisements, and other items of current, often local, interest.
03.02	Printed Materials-pamphlets/brochures	A short, printed publication that is unbound or has a paper binding written to inform on a specific topic or to address a public issue or event. This can be multiple pages bound in a booklet form or single page folded in panels. In the context of HIV prevention, it is typically used to promote practices (such as safer sex), services (such as counseling and testing) information (such as HIV transmission risk).
03.04	Printed Materials-posters/billboards	Posters: a single sheet sign posted or displayed used to advertise simple messages or as an advertisement for goods and services. Typically used to promote practices (such as safer sex), services (such as counseling and testing) information (such as HIV transmission risk), or products (condoms). Billboards: large signs or posters that are typically outdoors on which messages or advertisements are placed with the intent to be viewed by the general public. Typically used to promote practices (such as safer sex), services (such as counseling and testing) information (such as HIV transmission risk), or products (condoms).
04.00	Radio	The use of radio broadcasts using public service announcements, commercial air time, and the inclusion of messages in radio programs, etc.
05.00	Telephone	The use of telephones or telephone "hot lines".
06.00	Television	The use of televised broadcasts using public service announcements, commercial air time, etc.
07.00	Video	The use of pre-recorded visual and audio messages not delivered via broadcast or cable TV (e.g., on a VHS tape or DVD).
88	Other (specify)	The use of methods or mediums to deliver the intervention other than those that are listed in the other value choices (1.0-7.0). If chosen, please specify the delivery method.





# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO

## Table: I Client Behavior Details

This table is required to be completed by all agencies that provide HIV prevention interventions individually to clients (EXCLUDING counseling and testing and PCRS). It is also required for some interventions delivered in groups.

This table supplements the information that is collected using the demographic and behavioral risk profile (Tables G1 and G2) variables.

These data should be collected at intake, final session, and intermittently during an intervention, as appropriate.

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
101	Behavior Recall Period	<input checked="" type="checkbox"/>	Yes	Yes

*Definition:* The time period for which the client is asked to remember engaging in a specific behavior.

*Instructions:* Indicate each recall period you intend to use in the collection of variables in Table

Code	Value Description	Value Definition
01	15 days	The recall period used during the collection of Table I: Client Behavior Details will be 15 days.
02	30 days	The recall period used during the collection of Table I: Client Behavior Details will be 30 days.
03	90 days	The recall period used during the collection of Table I: Client Behavior Details at intake will be 90 days.
04	Local period (specify)	The recall period used during the collection of Table I: Client Behavior Details will include a local period specified as __ number of days.

102	Client Risk Factors	<input checked="" type="checkbox"/>	Yes	Yes
-----	---------------------	-------------------------------------	-----	-----

*Definition:* A description of the client's risk factor(s) within the specified recall period that placed the client at potential risk for HIV exposure and/or transmission.

*Instructions:* Select all of the activities that the client has been involved in within the recall peri

Code	Value Description	Value Definition
01	Injection drug use	Illicit use of injection drugs/substances (including narcotics, hormones, silicone, etc.). Illicit injection drugs/substances are those for which a client does not have a prescription (or which the client uses in a way other than is prescribed) or drugs/substances that are not available over the counter (or which are used in a way other than intended).
02	Sex with transgender	Sex refers to anal or vaginal intercourse.
03	Sex with female	Sex refers to anal or vaginal intercourse.
04	Sex with male	Sex refers to anal or vaginal intercourse.
05	No risk identified	The client reports no risk factors that may have placed the client at potential risk for HIV exposure and/or transmission.
77	Refused to answer	The client declines or is unwilling to report his/her risk factors.
88	Other (specify)	Includes hemophilic, transfusion/transplant recipient.





# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
103	Number of sex partners	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The number of partners with whom the client has had anal or vaginal sex in a specified behavioral recall period.</p> <p><i>Instructions:</i> If the client indicated that she or he has had sex with a male, female or transgend</p>				
	<i>Code</i>		<i>Value Description</i>	<i>Value Definition</i>
			###	
	77		Refused to answer	The client declines or is unwilling to report his/her number of sex partners.
	88		Don't know	The client reports that he/she is unaware of his/her number of sex partners.
104	Number of sex partners with serodiscordant or HIV status unknown	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The number of sex partners in a specified behavioral recall period who were serodiscordant with the client (i.e., one sex partner is HIV negative and the other sex partner is HIV positive) or who HIV serostatus the client did not know.</p> <p><i>Instructions:</i> Of the number of sex partners identified in I03: Number of Sex Partners, indicate</p>				
	<i>Code</i>		<i>Value Description</i>	<i>Value Definition</i>
			####	
	77		Refused to answer	
	88		Don't know	
105	Number of HIV status unknown sex partners that were Anonymous	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The number of sex partners whose HIV serostatus the client did not know and whose identity was also unknown to the client.</p> <p><i>Instructions:</i> Of the number of sex partners identified in I04: Number of Sex Partners with sero</p>				
	<i>Code</i>		<i>Value Description</i>	<i>Value Definition</i>
			####	
	77		Refused to answer	
	88		Don't know	
106	Total number of sex events	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The number of times that the client had anal or vaginal sex (protected and unprotected) in a specified behavioral recall period.</p> <p><i>Instructions:</i> If the client indicated that she or he has had sex with a male, female or transgend</p>				
	<i>Code</i>		<i>Value Description</i>	<i>Value Definition</i>
			####	
	77		Refused to answer	The client declines or is unwilling to report his/her number of sex events.
	88		Don't know	The client reports that he/she is unaware of his/her number of sex events.



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC													
			HD	CBO												
107	Number of sex events with serodiscordant or HIV status unknown partners	<input type="checkbox"/>	Yes	Yes												
<p><i>Definition:</i> The number of times the client had anal or vaginal sex (protected and unprotected) with a serodiscordant partner (i.e., one sex partner is HIV negative and the other sex partner is HIV positive), or partner whose serostatus was unknown in a specified behavioral recall period.</p> <p><i>Instructions:</i> Indicate the number of times the client has had anal or vaginal sex (both protecte</p>																
<table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td></td> <td>###</td> <td></td> </tr> <tr> <td>77</td> <td>Refused to answer</td> <td></td> </tr> <tr> <td>88</td> <td>Don't know</td> <td></td> </tr> </tbody> </table>					Code	Value Description	Value Definition		###		77	Refused to answer		88	Don't know	
Code	Value Description	Value Definition														
	###															
77	Refused to answer															
88	Don't know															
108	Number of unprotected sex events	<input type="checkbox"/>	Yes	Yes												
<p><i>Definition:</i> The number of times that the client had unprotected anal or vaginal sex with any partner in a specified behavioral recall period.</p> <p><i>Instructions:</i> Indicate the total number of times the client had unprotected anal or vaginal sex w</p>																
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Code	Value Description	Value Definition														
	###															
77	Refused to answer															
88	Don't know															
109	Number of Unprotected Sex Events with a serodiscordant or HIV status unknown partner (Total)	<input type="checkbox"/>	Yes	Yes												
<p><i>Definition:</i> The total number of times the client had unprotected anal or vaginal sex with a serodiscordant partner or a partner whose HIV serostatus was unknown.</p> <p><i>Instructions:</i> Of the number of sex events identified in I08: Number of Unprotected Sex Events,</p>																
<table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td></td> <td>###</td> <td></td> </tr> <tr> <td>77</td> <td>Refused to answer</td> <td>The client declines or is unwilling to report his/her number of unprotected sex events with a serodiscordant or HIV status unknown partner.</td> </tr> <tr> <td>88</td> <td>Don't know</td> <td>The client reports that he/she is unaware of his/her number of unprotected sex events with a serodiscordant or HIV status unknown partner.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition		###		77	Refused to answer	The client declines or is unwilling to report his/her number of unprotected sex events with a serodiscordant or HIV status unknown partner.	88	Don't know	The client reports that he/she is unaware of his/her number of unprotected sex events with a serodiscordant or HIV status unknown partner.
Code	Value Description	Value Definition														
	###															
77	Refused to answer	The client declines or is unwilling to report his/her number of unprotected sex events with a serodiscordant or HIV status unknown partner.														
88	Don't know	The client reports that he/she is unaware of his/her number of unprotected sex events with a serodiscordant or HIV status unknown partner.														



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
110	Number of Unprotected Sex Events with a serodiscordant or HIV status unknown partner (Male)	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The total number of times the client had unprotected anal or vaginal sex with a serodiscordant male partner (e.g., one sex partner is HIV negative and the other sex partner is HIV positive), or an male partner whose HIV status was unknown in a specified behavioral recall period.</p> <p><i>Instructions:</i> Of the number of sex events identified in I09: Number of Unprotected Sex Events</p>				
	<i>Code</i>		<i>Value Description</i>	<i>Value Definition</i>
			###	
	77		Refused to answer	The client declines or is unwilling to report his/her number of unprotected sex events with a serodiscordant or HIV status unknown male partner.
	88		Don't know	The client reports that he/she is unaware of his/her number of unprotected sex events with a serodiscordant or HIV status unknown male partner.
111	Number of Unprotected Sex Events with a serodiscordant or HIV status unknown partner (Female)	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The total number of times the client had unprotected anal or vaginal sex with a serodiscordant female partner (e.g., one sex partner is HIV negative and the other sex partner is HIV positive), or a female partner whose HIV status was unknown in a specified behavioral recall period.</p> <p><i>Instructions:</i> Of the number of sex events identified in I09: Number of Unprotected Sex Events</p>				
	<i>Code</i>		<i>Value Description</i>	<i>Value Definition</i>
			###	
	77		Refused to answer	The client declines or is unwilling to report his/her number of unprotected sex events with a serodiscordant or HIV status unknown female partner.
	88		Don't know	The client reports that he/she is unaware of his/her number of unprotected sex events with a serodiscordant or HIV status unknown female partner.
112	Number of Unprotected Sex Events with a serodiscordant or HIV status unknown partner (Transgender)	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The total number of times the client had unprotected anal or vaginal sex with a serodiscordant transgender partner (e.g., one sex partner is HIV negative and the other sex partner is HIV positive), or a transgender partner whose HIV status was unknown in a specified behavioral recall period.</p> <p><i>Instructions:</i> Of the number of sex events identified in I09: Number of Unprotected Sex Events</p>				
	<i>Code</i>		<i>Value Description</i>	<i>Value Definition</i>
			###	
	77		Refused to answer	The client declines or is unwilling to report his/her number of unprotected sex events with a serodiscordant or HIV status unknown transgender partner.
	88		Don't know	The client reports that he/she is unaware of his/her number of unprotected sex events with a serodiscordant or HIV status unknown transgender partner.



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
115	Number of Unprotected Sex Events while intoxicated and/or high on non-injection drugs	<input type="checkbox"/>	No	Yes
<p><i>Definition:</i> The number of times that the client had unprotected sex while intoxicated and/or high on drugs in a specified behavioral recall period. The intent of this variable is not on risks due to injection practices but to capture the effects of illicit drug use on an individual's judgment to decide to have protected or unprotected sex.</p> <p><i>Instructions:</i> Indicate the number of times during the recall period (I01: Behavioral Recall Perio</p>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
	###			
77	Refused to answer	The client declines or is unwilling to report the types of non-injection drugs his/her number of unprotected sex events while intoxicated and/or high on non-injection drugs.		
88	Don't know	The client reports that he/she is unaware of his/her number of unprotected sex events while intoxicated and/or high on non-injection drugs.		
116	What drugs?	<input type="checkbox"/>	No	Yes
<p><i>Definition:</i> If the client reports unprotected sex events while intoxicated and/or high on non-injection drugs indicate which of the non-injection drugs were used before or during the sex events.</p> <p><i>Instructions:</i> If the client indicates that he or she did have sex while high on non-injection drugs</p>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
01	Amphetamine, meth, speed, crystal, crank, etc.			
02	Crack			
03	Cocaine (smoked, snorted)			
04	Downers (Valium, Ativan, Xanax)			
05	Pain killers (Oxycontin, Percocet)			
06	Hallucinogens such as LSD			
07	Ecstasy			
08	Club drugs such as GHB, ketamine			
09	Heroin (smoked, snorted)			
10	Marijuana			
11	Poppers (amyl nitrite)			
12	Alcohol			
77	Refused to answer	The client declines or is unwilling to report the types of non-injection drugs used before or during a sex event.		
88	Other (specify)			
99	Don't know	The client reports that he/she is unaware of the types of non-injection drugs used before or during a sex event.		



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
117	Number of Needle Sharing Events	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The number of times that the client shared needles/syringes in a specified behavioral recall period.</p> <p><i>Instructions:</i> If the client indicated that he or she has used injection drugs during the recall period</p>				
	<i>Code</i>		<i>Value Description</i>	<i>Value Definition</i>
			###	
	77		Refused to answer	The client declines or is unwilling to report his/her number of needle sharing events.
	88		Don't know	The client reports that he/she is unaware of his/her number of needle sharing events.
118	Number of Injection Drug Events with a serodiscordant or HIV status unknown partner	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The number of times that the client shared needles/syringes with a serodiscordant partner (i.e., one sex partner is HIV negative and the other sex partner is HIV positive), or partner whose HIV status was unknown in a specified behavioral recall period.</p> <p><i>Instructions:</i> Of the number of times the client shared a needle or syringe during the recall period</p>				
	<i>Code</i>		<i>Value Description</i>	<i>Value Definition</i>
			###	
	77		Refused to answer	The client declines or is unwilling to report his/her number of needle sharing events with a serodiscordant or HIV status unknown partner.
	88		Don't know	The client reports that he/she is unaware of his/her number of needle sharing events with a serodiscordant or HIV status unknown partner.

## Table: PCRS-PCRS Case

This table provides details for a PCRS case. A PCRS case will indirectly associate an HIV+ index case to his/her partners and the intervention through which services are provided.

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
PCR101	Case Number	<input checked="" type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> A number to uniquely identify a PCRS case within an agency. This number is system-generated when establishing a PCRS case in PEMS but can also be a locally-developed or assigned number that is key-entered by the provider (e.g., interview record number).</p> <p><i>Instructions:</i> Select the system-generated PCRS case number or enter the locally-defined case number.</p>				
PCR102	Intervention Name/ID	<input checked="" type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> A unique Intervention Name/ID that was entered by your agency in Table F: Program/Intervention Plan.</p> <p><i>Instructions:</i> Select from a list of Intervention Names generated from variable F02: Intervention</p>				



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
PCR103	Case Open Date	<input checked="" type="checkbox"/>	Yes	Yes
<i>Definition:</i> The calendar date on which the PCRS case was opened at this agency.				
<i>Instructions:</i> Enter the date on which the PCRS case was opened at this agency.				
PCR104	Case Close Date	<input checked="" type="checkbox"/>	Yes	Yes
<i>Definition:</i> The calendar date on which the PCRS case was closed at this agency.				
<i>Instructions:</i> Enter the date on which the PCRS case was closed at this agency.				

## Table: PCRS-PCRS Partner

This table provides details about partners for a PCRS case and will include partner identifying and locating information as well as services received by the partner.

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
PCR201	Case Number	<input checked="" type="checkbox"/>	Yes	Yes
<i>Definition:</i> A number to uniquely identify a PCRS case within an agency. This number is system-generated when establishing a PCRS case in PEMS (Table PCR1: Case) but can also be a locally-developed or assigned number that is key-entered by the provider (e.g., interview record number).				
<i>Instructions:</i> Select the applicable PCRS case number that has been assigned to this PCRS c				
PCR202	Partner Unique Key	<input checked="" type="checkbox"/>	Yes	Yes
<i>Definition:</i> A system-generated code that is used to uniquely identify and distinguish between partners of an index case for PCRS interventions within a particular agency. This variable is used to link partners to a specific PCRS case number (PCR101: Case Number). Each Partner Unique Key is associated with a specific PCRS case number.				
<i>Instructions:</i> The system will generate a unique, non-identifying code to represent each partner				



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC																
			HD	CBO															
PCR207	Partner Type	<input checked="" type="checkbox"/>	Yes	Yes															
<p><i>Definition:</i> The partner's sex and needle-sharing relationship with the index client. This relationship could involve sexual relations between the client and the partner, needle-sharing between the client and partner, both sex and needle-sharing, or a relationship in which both the client and partner belong to the same social network contact.</p> <p><i>Instructions:</i> For each partner identified, indicate whether the partner and client are sex partner</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Sex partner</td> <td>A person who engages in any type of sexual activity with the index client.</td> </tr> <tr> <td>02</td> <td>Needle-sharing partner</td> <td>A person who engages in any type of needle-sharing activity (e.g., shares needles to inject drug intravenously), with the index client.</td> </tr> <tr> <td>03</td> <td>Both sex and needle sharing partner</td> <td>A person who engages in any type of sexual activity and needle-sharing activity (e.g., shares needles to inject drug intravenously), with the index client.</td> </tr> <tr> <td>04</td> <td>Social network</td> <td>A person not identified by the index client as a direct sex or needle-sharing partner, but who is part of a group of individuals who share social relationships involving sex or drug use.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	01	Sex partner	A person who engages in any type of sexual activity with the index client.	02	Needle-sharing partner	A person who engages in any type of needle-sharing activity (e.g., shares needles to inject drug intravenously), with the index client.	03	Both sex and needle sharing partner	A person who engages in any type of sexual activity and needle-sharing activity (e.g., shares needles to inject drug intravenously), with the index client.	04	Social network	A person not identified by the index client as a direct sex or needle-sharing partner, but who is part of a group of individuals who share social relationships involving sex or drug use.
Code	Value Description	Value Definition																	
01	Sex partner	A person who engages in any type of sexual activity with the index client.																	
02	Needle-sharing partner	A person who engages in any type of needle-sharing activity (e.g., shares needles to inject drug intravenously), with the index client.																	
03	Both sex and needle sharing partner	A person who engages in any type of sexual activity and needle-sharing activity (e.g., shares needles to inject drug intravenously), with the index client.																	
04	Social network	A person not identified by the index client as a direct sex or needle-sharing partner, but who is part of a group of individuals who share social relationships involving sex or drug use.																	
PCR208	Spouse	<input checked="" type="checkbox"/>	Yes	Yes															
<p><i>Definition:</i> The partner is legally married (i.e., the husband or wife) to the index client.</p> <p><i>Instructions:</i> Indicate if the partner is the spouse of the index client.</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No</td> <td>The partner is not the index client's husband or wife.</td> </tr> <tr> <td>1</td> <td>Yes</td> <td>The partner is the index client's husband or wife.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	0	No	The partner is not the index client's husband or wife.	1	Yes	The partner is the index client's husband or wife.						
Code	Value Description	Value Definition																	
0	No	The partner is not the index client's husband or wife.																	
1	Yes	The partner is the index client's husband or wife.																	
PCR209	Notification Plan	<input checked="" type="checkbox"/>	Yes	Yes															
<p><i>Definition:</i> The method that will be used to inform the partner that he or she has been potentially exposed to HIV.</p> <p><i>Instructions:</i> Indicate the planned method agreed upon by the index client and PCRS provider f</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Provider</td> <td>The PCRS provider, with the consent of the HIV-infected client, takes the responsibility for informing the partner of his or her possible exposure to HIV and referring them to HIV counseling, testing, and other support services.</td> </tr> <tr> <td>02</td> <td>Client</td> <td>The HIV-infected client informs his or her partners of their possible exposure to HIV and refers them to HIV counseling, testing, and other support services.</td> </tr> <tr> <td>03</td> <td>Dual</td> <td>The HIV-infected client informs his or her partners of their possible exposure to HIV and refers them to HIV counseling, testing, and other support services in the presence of the PCRS provider.</td> </tr> <tr> <td>04</td> <td>Contract</td> <td>The PCRS provider and HIV-infected client negotiate a time frame for the client to inform his or her partners of their possible exposure to HIV. If the client is unable to inform a partner within an agreed-upon time, the provider has the permission to notify and refer partners to HIV counseling, testing, and other support services.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	01	Provider	The PCRS provider, with the consent of the HIV-infected client, takes the responsibility for informing the partner of his or her possible exposure to HIV and referring them to HIV counseling, testing, and other support services.	02	Client	The HIV-infected client informs his or her partners of their possible exposure to HIV and refers them to HIV counseling, testing, and other support services.	03	Dual	The HIV-infected client informs his or her partners of their possible exposure to HIV and refers them to HIV counseling, testing, and other support services in the presence of the PCRS provider.	04	Contract	The PCRS provider and HIV-infected client negotiate a time frame for the client to inform his or her partners of their possible exposure to HIV. If the client is unable to inform a partner within an agreed-upon time, the provider has the permission to notify and refer partners to HIV counseling, testing, and other support services.
Code	Value Description	Value Definition																	
01	Provider	The PCRS provider, with the consent of the HIV-infected client, takes the responsibility for informing the partner of his or her possible exposure to HIV and referring them to HIV counseling, testing, and other support services.																	
02	Client	The HIV-infected client informs his or her partners of their possible exposure to HIV and refers them to HIV counseling, testing, and other support services.																	
03	Dual	The HIV-infected client informs his or her partners of their possible exposure to HIV and refers them to HIV counseling, testing, and other support services in the presence of the PCRS provider.																	
04	Contract	The PCRS provider and HIV-infected client negotiate a time frame for the client to inform his or her partners of their possible exposure to HIV. If the client is unable to inform a partner within an agreed-upon time, the provider has the permission to notify and refer partners to HIV counseling, testing, and other support services.																	



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
PCR212	Date of Birth-Year	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The calendar year in which the partner was born.</p> <p><i>Instructions:</i> Enter the year in which the partner was born.</p>				
PCR213	Calculated Age	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The partner's age at the time of data collection.</p> <p><i>Instructions:</i> Enter the partner's age at the time of data collection. This variable is system-gen</p>				
PCR214	Ethnicity	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The partner's self report of whether they are of Hispanic or Latino origin.</p> <p><i>Instructions:</i> Indicate whether the partner reported that he or she is Hispanic/Latino or not Hisp</p>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
77	Refused to answer	The client declines or is unwilling to report his or her ethnicity.		
99	Don't know	The client reports that they are unaware of their ethnicity.		
E1	Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.		
E2	Not Hispanic or Latino	A person not identified by the definition of Hispanic or Latino.		
PCR215	Race	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> A partner's self-reported classification of the biological heritage with which they most closely identify. Standard OMB race codes are applied.</p> <p><i>Instructions:</i> Indicate the partner's self reported race using standard OMB race codes. Record</p>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
99	Don't know	The client reports that they are unaware of their race.		
R1	American Indian or Alaska Native	A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.		
R2	Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.		
R3	Black or African American	A person having origins in any of the black racial groups of Africa.		
R4	Native Hawaiian or Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.		
R5	White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.		





# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
PCR215a	Assigned Sex at Birth	<input type="checkbox"/>	Yes	Yes

*Definition:* The biological sex assigned to the partner at birth, (i.e., the sex noted on the client's birth certificate).

*Instructions:* Indicate whether the partner reports being physically born a male or female (i.e., b

Code	Value Description	Value Definition
01	Male	The sex that produces spermatozoa by which female ova are fertilized.
02	Female	The sex that produces ova, can conceive and bear offspring/children.

PCR216	Current Gender	<input type="checkbox"/>	Yes	Yes
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*Definition:* The partner's current self-reported sexual identity.

*Instructions:* Select the variable value that most closely describes the partner's current, self-re

Code	Value Description	Value Definition
01	Male	The behavioral, cultural, or psychological traits typically associated with the male sex.
02	Female	The behavioral, cultural, or psychological traits typically associated with the female sex.
03	Transgender-MTF	Individuals whose physical or birth sex is male but whose gender expression and/or gender identity is female. Note: MTF = male to female.
04	Transgender-FTM	Individuals whose physical or birth sex is female but whose gender expression and/or gender identity is male. Note: FTM = female to male.

PCR217	English Speaking?	<input type="checkbox"/>	No	Yes
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*Definition:* A confirmation of whether the partner speaks English.

*Instructions:* Indicate whether the partner speaks English.

Code	Value Description	Value Definition
0	No	The client does not speak English.
1	Yes	The client speaks English.



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
PCR218	Primary Language	<input type="checkbox"/>	No	Yes

*Definition:* The language most often used by the partner.

*Instructions:* Specify the primary language or language most often used by the partner. If G12

Code	Value Description	Value Definition
01	English	The language primarily or most often used by the partner is English.
02	Spanish	The language primarily or most often used by the partner is Spanish.
03	Arabic	The language primarily or most often used by the partner is Arabic.
04	Cambodian	The language primarily or most often used by the partner is Cambodian.
05	Cantonese	The language primarily or most often used by the partner is Cantonese.
06	Creole/French	The language primarily or most often used by the partner is Creole/French.
07	Farsi	The language primarily or most often used by the partner is Farsi.
08	Haika	The language primarily or most often used by the partner is Haika.
09	Hindi	The language primarily or most often used by the partner is Hindi.
10	Japanese	The language primarily or most often used by the partner is Japanese.
11	Korean	The language primarily or most often used by the partner is Korean.
12	Lao	The language primarily or most often used by the partner is Lao.
13	Mandarin	The language primarily or most often used by the partner is Mandarin.
14	Russian	The language primarily or most often used by the partner is Russian.
15	Tagalog	The language primarily or most often used by the partner is Tagalog.
16	Thai	The language primarily or most often used by the partner is Thai.
17	Vietnamese	The language primarily or most often used by the partner is Vietnamese.
88	Other (specify)	

PCR230	Session Date	<input checked="" type="checkbox"/>	Yes	Yes
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*Definition:* The date the partner participated in the session.

*Instructions:* Indicate the date the partner participated in the session.

PCR231	Worker ID	<input type="checkbox"/>	No	Yes
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*Definition:* A system generated code used to distinguish between persons who are delivering services to clients by a combination of non-identifying characteristics.

*Instructions:* Choose from a list of workers, established in Table P: Worker, the worker(s) who



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
PCR233	Activity	<input checked="" type="checkbox"/>	Yes	Yes

**Definition:** The specific actions or components of an intervention in which the partner participated or received during this particular session.

**Instructions:** Select all of the activities that occurred during this session. Describe what was ac

Code	Value Description	Value Definition
04.00	Referral	A process by which immediate client needs for prevention, care, and supportive services are assessed and prioritized and clients are provided with information and assistance in identifying and accessing specific services (such as, setting up appointments and providing transportation). Note: The provision of a referral also includes a plan for tracking whether or not the client accessed the referral.
05.00	Personalized risk assessment	The process by which an individual client, a provider or both working together identify, acknowledge, and understand the details and context of the client's HIV risk. The assessment should explore previous risk reduction efforts and identify successes and challenges of those efforts.
06.00	Elicit partners	The process by which the provider assists the index client in identifying partners and other sexual and drug-injecting networks at high risk for transmission of HIV who might benefit from testing and/or medical examination. (These networks do not include sex partners of the HIV-infected individual but are made up of individuals who share social relationships involving sex or drug use.).
07.00	Notification of exposure	The process of informing a HIV-positive client's sex and/or needle sharing partners of their exposure to HIV. This activity is only applicable if the intervention type is Partner Counseling and Referral Services (PCRS).
08.01	Information-HIV/AIDS transmission	Any general information, written or verbal, given to an individual or a group on HIV/AIDS and how it is transmitted.
08.02	Information-Abstinence/postpone sexual activity	Any information, written or verbal, given to an individual or a group on abstaining from sexual activity or postponing sexual activity.
08.03	Information-Other sexually transmitted diseases	Any information, written or verbal, given to an individual or a group on STDs (other than HIV or viral hepatitis), how it is transmitted, how to reduce risk for transmission or infection, or treatment options.
08.04	Information-Viral hepatitis	Any information on viral hepatitis, how it is transmitted, and/or how to reduce risk for transmission or infection, or treatment options.
08.05	Information-Availability of HIV/STD counseling and testing	Any information, written or verbal, given to an individual or a group about where and how to access HIV-related CTR or STD counseling and testing. This includes referral lists that only list CTR and/or STD counseling and testing sites.
08.06	Information-Availability of partner notification and referral services	Any information, written or verbal, given to an individual or a group about where and how to access partner notification services. The availability information provided is exclusive to PCRS. This includes referral lists that only list PCRS sites.
08.07	Information-Living with HIV/AIDS	Any information, written or verbal, given to an individual or a group living with HIV/AIDS specific to living with the disease.
08.08	Information-Availability of social services	Any information, written or verbal, given to an individual or a group about how and where to access social services. This could include a referral list that only includes social services agencies or providers.
08.09	Information-Availability of medical services	Any information, written or verbal, given to an individual or a group about how and where to access HIV medical services. This could include a referral list that only includes HIV medical care providers.
08.10	Information - Sexual risk reduction	Any information, written or verbal, given to an individual or a group on how to reduce sexual risk for HIV transmission or infection.



# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
08.11	Information-IDU risk reduction	Any information, written or verbal, given to an individual or a group on how to reduce injection drug use risk for HIV transmission or infection.			
08.12	Information-IDU risk free behavior	Any information, written or verbal given to an individual or a group on abstaining from injection drug use or only using new needles and disposing of them appropriately.			
08.13	Information-Condom/barrier use	Any information, written or verbal, given to an individual or a group regarding appropriate use and disposal of condoms or other barrier methods.			
08.14	Information-Negotiation/Communication	Any information, written or verbal, given to an individual or a group regarding communication of desire for safer practices and negotiating safer practices with partners (sexual and needle sharing).			
08.15	Information-Decision making	Any information, written or verbal, given to an individual or a group regarding the steps and techniques needed for reassessing, planning and using judgment to avoid situations that may expose them to HIV infection or transmission risk and/or decision to engage in a risk behavior.			
08.16	Information-Disclosure of HIV status	Any information, written or verbal, given to an individual or a group regarding disclosure of their HIV status, applicable laws, accompanying ramifications, and options regarding non-disclosure.			
08.17	Information-Providing prevention services	Any information, written or verbal, given to an individual or a group on how to communicate prevention messages and/or demonstrate risk reduction skills with others.			
08.18	Information-HIV testing	Any information, written or verbal, given to an individual, couple, or group regarding HIV testing including explanation of the testing process and meaning of results, behavioral risks for infection, and importance of knowing their status.			
08.19	Information-Partner notification	Any information, written or verbal, given to an individual or a group regarding the notification of possible exposure to HIV and accompanying ramifications, behaviors associated with possible exposure, and consideration of alternatives or information on how to notify partners regarding possible exposure.			
08.20	Information-HIV medication therapy adherence	Any information, written or verbal, given to an individual or a group regarding HIV medication therapy, benefits and risk, medical therapy alternatives, and importance of adhering to medication therapy for HIV.			
08.21	Information-Alcohol and drug use prevention	Any information, written or verbal, given to an individual or a group on the negative effects and consequences of alcohol and drug use and its relationship to HIV transmission or infection risk behavior including strategies to avoid or abstain from use.			
08.22	Information-Sexual Health	Any information, written or verbal, given to an individual or a group on reproductive health, sexuality, sexual development and similar topics.			
08.23	Information-TB testing	Any information, written or verbal, given to an individual, couple, or group on TB, how it is transmitted, and/or how to reduce risk for transmission or infection, or treatment options			
08.66	Information-Other	Any information, written or verbal, given to an individual or group that cannot be captured in any of the other information codes.			
09.01	Demonstration-Condom/barrier use	Provider or participant demonstration (using a teaching tool) of appropriate use and disposal of condoms or other barrier methods.			
09.02	Demonstration-IDU risk reduction	Provider or participant demonstration of how to safely dispose of syringes or how to use bleach kits to clean works.			
09.03	Demonstration-Negotiation/Communication	Provider or participant demonstration of how to communicate desire for safer practices and how to negotiate safer practices with partners (sexual and needle sharing).			



# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
09.04	Demonstration-Decision making	Provider or participant demonstration of steps, and techniques needed for reassessing, planning and using judgment to avoid situations that may expose them to HIV infection or transmission risk and/or decision to engage in a risk behavior.			
09.05	Demonstration-Disclosure of HIV status	Provider or participant demonstration of techniques to disclose seropositive status or discuss issues relevant to disclosure.			
09.06	Demonstration-Providing prevention services	Provider or participant demonstration of how to communicate prevention messages or demonstrate risk reduction skills with others.			
09.07	Demonstration-Partner notification	Provider or participant demonstration of how to notify partners regarding possible exposure to HIV or how to discuss issues relevant to partner notification.			
09.66	Demonstration-Other	Any provider or participant demonstration of a skills or technique that is not decision making, IDU risk reduction, condom/barrier use, negotiation and communication, disclosure, or providing prevention services.			
10.01	Practice-Condom/barrier use	Participant practice (using a teaching tool) of appropriate condom and/or barrier use and disposal during the intervention session.			
10.02	Practice-IDU risk reduction	Participant practice of safe needle use and disposal including the use of bleach kits to clean works during the intervention session(s).			
10.03	Practice-Negotiation/ Communication	Participant practice communication of desire for safer practices and negotiation of safer practices with partners (sexual and needle sharing) during the intervention session(s).			
10.04	Practice-Decision making	Participant practice using steps and techniques needed for reassessing, planning and using judgment to avoid situations that may expose them to HIV infection or transmission risk and/or decision to engage in a risk behavior.			
10.05	Practice-Disclosure of HIV status	Participant practice of techniques to disclose seropositive status or discuss issues relevant to disclosure.			
10.06	Practice-Providing prevention services	Participant practice communication of prevention messages and/or demonstration of risk reduction skills with others during intervention session(s).			
10.07	Practice-Partner notification	Participant practice of how to notify partners regarding possible exposure to HIV or how to discuss issues relevant to partner notification.			
10.66	Practice-Other	Participant practice of a skill or technique that is not decision making, IDU risk reduction, condom/barrier use, negotiation and communication, disclosure, or providing prevention services.			
11.01	Discussion-Sexual risk reduction	Facilitation of discussion with individuals or groups involving examination of sexual risk behaviors (self or others) and accompanying ramifications, examination of attitudes and feelings about their risks, consideration of alternatives, and decision making to reduce sexual risk.			
11.02	Discussion-IDU risk reduction	Facilitation of discussion with individuals or groups involving examination of IDU risk and accompanying ramifications, examination of attitudes and feelings about their risks, consideration of alternatives, and decision making to reduce IDU risk.			
11.03	Discussion-HIV testing	Facilitation of discussion with individuals, couples, or groups regarding HIV testing including explanation of the testing process and meaning of results, discussion of behavioral risks for infection, examination of attitudes and feelings about their risks, consideration of alternatives, and decision making to know their status and reduce HIV transmission risk.			



# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
11.04	Discussion-Other sexually transmitted diseases	Facilitation of discussion with individuals or groups regarding sexually transmitted diseases (other than HIV), involving an examination of behavioral risks and accompanying ramifications, examination of attitudes and feelings about their risks, consideration of alternatives, treatment alternatives, and decision making to reduce behavioral risk for other sexually transmitted diseases and/or seek treatment.			
11.05	Discussion-Disclosure of HIV status	Facilitation of discussion with individuals or groups regarding techniques to disclose seropositive status or discuss issues relevant to disclosure.			
11.06	Discussion-Partner notification	Facilitation of discussion with individuals or groups regarding how to notify partners regarding possible exposure to HIV or how to discuss issues relevant to partner notification.			
11.07	Discussion-HIV medication therapy adherence	Facilitation of discussion with individuals or groups regarding HIV medication therapy and accompanying ramifications, examination of attitudes and feelings about HIV medication therapy, discussion of medical therapy alternatives, and decision making to begin and adhere to medication therapy for HIV.			
11.08	Discussion-Abstinence/postpone sexual activity	Facilitation of discussion with individuals or groups on abstaining from sexual activity or postponing the initiation of sexual activity and accompanying ramifications including an examination of risks associated with sexual activities, discussion of alternatives, and decision making to abstain or postpone sexual activity.			
11.09	Discussion-IDU risk free behavior	Facilitation of discussion with individuals or groups on abstaining from injection drug use or only using new needles and disposing appropriately.			
11.10	Discussion-HIV/AIDS transmission	Facilitation of discussion with individuals or groups on HIV/AIDS and how HIV is transmitted.			
11.11	Discussion-Viral hepatitis	Facilitation of discussion with individuals or groups on viral hepatitis, how it is transmitted, and/or how to reduce risk for transmission or infection, or treatment options.			
11.12	Discussion-Living with HIV/AIDS	Facilitation of discussion with individuals or groups on living with HIV/AIDS and ramifications of living with HIV/AIDS, examination of attitudes and feelings about living with the disease.			
11.13	Discussion-Availability of HIV/STD counseling and testing	Facilitation of discussion with individuals or groups on where and how to access HIV-related CTR or STD counseling and testing and may include the importance of knowing your status. This includes referral lists that only list CTR and/or STD counseling and testing sites.			
11.14	Discussion-Availability of partner notification and referral services	Facilitation of discussion with individuals or groups on where and how to access partner notification services.			
11.15	Discussion-Availability of social services	Facilitation of discussion with individuals or groups on how and where to access social services.			
11.16	Discussion-Availability of medical services	Facilitation of discussion with individuals or groups on how and where to access HIV medical care. Discussion may include options regarding available services.			
11.17	Discussion-Condom/barrier use	Facilitation of discussion with individuals or groups on the appropriate use and disposal of condoms or other barrier methods and accompanying ramifications, examination of attitudes and feelings about condom use, and decision making regarding use of condoms/barriers.			
11.18	Discussion- Negotiation/Communication	Facilitation of discussion with individuals or groups on communication of desire for safer practices and negotiating safer practices with partners (sexual and needle sharing), including discussion of accompanying ramifications, examination of attitudes and feeling, and decision making regarding communicating and negotiating safer practices.			





# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
11.19	Discussion-Decision making	Facilitation of discussion with individuals or groups on steps and techniques needed for reassessing, planning and using judgment to avoid situations that may expose them to HIV infection or transmission risk and/or decision to engage in a risk behavior.			
11.20	Discussion-Providing prevention services	Facilitation of discussion with individuals or groups on communicating prevention message and/or demonstrating risk reduction skills with others.			
11.21	Discussion-Alcohol and drug use prevention	Facilitation of discussion with individuals or groups on the negative effects and consequences of alcohol and drug use and its relationship to HIV transmission or infection risk including strategies to avoid or abstain from use.			
11.22	Discussion-Sexual Health	Facilitation of discussion with individuals or groups on reproductive health, sexuality, sexual development, and similar topics.			
11.23	Discussion-TB testing	Facilitation of discussion with individuals or groups about TB, how it is transmitted, and/or how to reduce risk for transmission or infection, or treatment options.			
11.66	Discussion-Other	Discussion with individuals or groups regarding HIV infection, transmission, or risk reduction issues and accompanying ramifications, examination of attitudes and feelings about these issues, consideration of alternatives, and decision making to reduce HIV infection, transmission, or risk reduction. Issues do not include sexual or IDU risk reduction, HIV testing, other sexually transmitted diseases, HIV status disclosure, partner notification, or HIV medication therapy.			
12.01	Other testing-Pregnancy	Provision of testing to determine pregnancy.			
12.02	Other testing-STD	Provision of testing to determine infection with a sexually transmitted disease other than HIV or Viral Hepatitis.			
12.03	Other testing-Viral hepatitis	Provision of testing to determine infection with viral hepatitis.			
13.01	Distribution-Male condoms	Provision of male condoms by handing them out or placing them in a location to be accessed by consumers at no cost to the consumer.			
13.02	Distribution-Female condoms	Provision of female condoms by handing them out or placing them in a location to be accessed by consumers at no cost to the consumer.			
13.03	Distribution-Safe sex kits	Provision of packages that minimally contain a condom (male or female), lubricant, and instruction for proper use. May include other materials at no cost to the consumer.			
13.04	Distribution-Safer injection/bleach kits	Provision of packages that minimally contain a small bottle of bleach and needle cleaning instructions. Packages may include bottle caps for cookers, cotton, alcohol wipes, and bottles of water for rinsing needles. Materials are provided at no cost to the consumer.			
13.05	Distribution-Lubricants	Provision of water based lubricants at no cost to the consumer as part of HIV prevention activities.			
13.06	Distribution-Education materials	Provision of printed materials designed to be learning or teaching aids by handing them out, placing in a location to be accessed by consumers, or electronic dissemination at no cost to the consumer.			
13.07	Distribution-Referral lists	Provision of lists of specific organizations that provide a specific set of HIV prevention, care, or support services with contact information. The agencies listed are known by the provider to be reliable sources for those services based on provider knowledge and experience. Lists may be disseminated by handing them out, placing them in a location to be accessed by the consumer, or emailed to consumers.			
13.08	Distribution-Role model stories	Provision stories of individuals who have changed their behaviors or plan to change their behaviors to reduce their risk for HIV transmission or infection. Stories may be disseminated by handing them out, placing them in a location to be accessed by the consumer, or emailed to consumers.			



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC																													
			HD	CBO																												
13.66	Distribution-Other				Provision of materials or supplies to consumers with the intent to decrease their risk for HIV transmission or infection and/or to improve health outcomes. Distribution may include dissemination in person, by placing materials in locations to be accessed by consumers, sent to consumers electronically or land mail. Does not include condoms, safer sex kits, bleach kits, lubricants, education materials, referral lists, or role model stories.																											
14.01	Post-intervention follow up				Individual or group meeting or contact with participant(s) of an intervention after the last session of the intervention to assess or discuss changes targeted by the intervention and/or revisions to risk reduction goals and/or strategies.																											
14.02	Post-intervention booster session				An intervention session conducted with participant(s) of an intervention after the last session to review and reinforce risk reduction skills and information addressed by the intervention.																											
88	Other (specify)				Any HIV prevention activity not captured in other value choices.																											
PCR234	Site ID	<input checked="" type="checkbox"/>	Yes	Yes	<p><b>Definition:</b> The official name of the agency's site of HIV prevention service delivery where the session took place.</p> <p><b>Instructions:</b> Select the site name used to identify your primary agency. Please note that when</p>																											
PCR235	Partner Risk Factors	<input checked="" type="checkbox"/>	Yes	Yes	<p><b>Definition:</b> A description of the risk factor(s) within the last 90 days that placed the partner at potential risk for HIV exposure and/or transmission.</p> <p><b>Instructions:</b> Select all of the activities that the partner has been involved in within the last 90 d</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Injection drug use</td> <td>The partner has used illicit injection drugs/substances (including narcotics, hormones, silicon, etc.). Illicit injection drugs/substances are those for which a client does not have a prescription (or which the client uses in a way other than is prescribed) or drugs/substances that are not available over the counter (or which are used in a way other than intended).</td> </tr> <tr> <td>02</td> <td>Sex with transgender</td> <td>The client has had anal or vaginal intercourse (protected or unprotected) with a person known to him/her to be a transgender..</td> </tr> <tr> <td>03</td> <td>Sex with female</td> <td>The partner has had anal or vaginal intercourse (protected or unprotected) with a female.</td> </tr> <tr> <td>04</td> <td>Sex with male</td> <td>The partner has had anal or vaginal intercourse (protected or unprotected) with a male.</td> </tr> <tr> <td>05</td> <td>No risk identified</td> <td>The partner reports no risk factors that may have placed the client at potential risk for HIV exposure and/or transmission.</td> </tr> <tr> <td>66</td> <td>Not asked</td> <td>The provider did not ask the partner about his/her risk factors.</td> </tr> <tr> <td>77</td> <td>Refused to answer</td> <td>The partner declined or was unwilling to report his/her risk factors.</td> </tr> <tr> <td>88</td> <td>Other</td> <td>The partner reported risk factors other than what is described in the categories described above. These include risk factors such as being a hemophiliac or transfusion/transplant recipient.</td> </tr> </tbody> </table>	Code	Value Description	Value Definition	01	Injection drug use	The partner has used illicit injection drugs/substances (including narcotics, hormones, silicon, etc.). Illicit injection drugs/substances are those for which a client does not have a prescription (or which the client uses in a way other than is prescribed) or drugs/substances that are not available over the counter (or which are used in a way other than intended).	02	Sex with transgender	The client has had anal or vaginal intercourse (protected or unprotected) with a person known to him/her to be a transgender..	03	Sex with female	The partner has had anal or vaginal intercourse (protected or unprotected) with a female.	04	Sex with male	The partner has had anal or vaginal intercourse (protected or unprotected) with a male.	05	No risk identified	The partner reports no risk factors that may have placed the client at potential risk for HIV exposure and/or transmission.	66	Not asked	The provider did not ask the partner about his/her risk factors.	77	Refused to answer	The partner declined or was unwilling to report his/her risk factors.	88	Other	The partner reported risk factors other than what is described in the categories described above. These include risk factors such as being a hemophiliac or transfusion/transplant recipient.
Code	Value Description	Value Definition																														
01	Injection drug use	The partner has used illicit injection drugs/substances (including narcotics, hormones, silicon, etc.). Illicit injection drugs/substances are those for which a client does not have a prescription (or which the client uses in a way other than is prescribed) or drugs/substances that are not available over the counter (or which are used in a way other than intended).																														
02	Sex with transgender	The client has had anal or vaginal intercourse (protected or unprotected) with a person known to him/her to be a transgender..																														
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04	Sex with male	The partner has had anal or vaginal intercourse (protected or unprotected) with a male.																														
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88	Other	The partner reported risk factors other than what is described in the categories described above. These include risk factors such as being a hemophiliac or transfusion/transplant recipient.																														





# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
PCR236	Additional Partner Risk Factors	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> If the partner's risk factors involve sexual activity, these are additional factors that further describe the partner's sexual risk for HIV exposure and/or transmission within the 90 day recall period.</p> <p><i>Instructions:</i> Use this variable only if the partner reported sex with male, female, or transgende</p>				
Code	Value Description	Value Definition		
00	No additional risk information specified	The partner reported no additional risk or additional information about his/her partners was not available.		
01	Exchange sex for drugs/money/or something they needed	The partner participated in sex events in exchange for drugs or money or something they needed.		
02	While intoxicated and/or high on drugs	The partner used alcohol and/or illicit drugs before and/or during sex.		
03	With person who is an IDU	The partner has had a sex with a person who he/she knew was an IDU.		
04	With person who is HIV positive	The partner has had a sex with a person who he/she knew was HIV+.		
05	With person of unknown HIV status	The partner has had a sex with a person whose HIV status is unknown to the partner.		
06	With person who exchanges sex for drugs/money	The partner has had a sex with a person who he/she knows exchanges sex for drugs/money.		
07	With person who is a known MSM	The partner is female and has had sex with a person who she knows has male to male sex.		
08	With anonymous partner	The partner has had sex with a person whose identity was unknown to the partner. A person's identity is a set of behavioral or personal characteristics by which that person is known. This can include information about a person's name, address, and habits that allow the partner to identify the person.		
09	With person who has hemophilia or transfusion/transplant recipient	The partner has had sex with a person who he/she knows has hemophilia or is a transfusion/transplant recipient.		
66	Not asked	The provider did not ask the partner about additional sexual risk factors.		
77	Refused to answer	The partner declines or is unwilling to report additional sexual risk factors.		

## Table: X-1 HIV Test

This table is completed for each HIV antibody test conducted for a client.  
 Intervention type = CT  
 Activity = HIV testing

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
X101	Test Sequence Number	<input checked="" type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> A number assigned to each test to indicate the order of tests within a testing intervention cycle where multiple tests are performed.</p> <p><i>Instructions:</i> Indicate the sequence number within this testing intervention cycle that is assigne</p>				



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC													
			HD	CBO												
X102	Test ID number	<input type="checkbox"/>	Yes	Yes												
<p><i>Definition:</i> A free form text field to enter the rapid test or laboratory identification number for this test. This field could also be used to record the lot number of a rapid test.</p> <p><i>Instructions:</i> Indicate the rapid test identification number or a laboratory identifier for this test.</p>																
X103	Test Technology	<input checked="" type="checkbox"/>	Yes	Yes												
<p><i>Definition:</i> A description of the type of test or test methods used to screen for HIV antibodies.</p> <p><i>Instructions:</i> Indicate the type of HIV test technology used for this test.</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Conventional</td> <td>A standard test used to detect antibodies to HIV, typically referred to as an EIA or ELISA (Enzyme-linked immunosorbant assay).</td> </tr> <tr> <td>02</td> <td>Rapid</td> <td>A test to detect antibodies to HIV that can be collected and processed within a short interval of time (e.g., approximately 10-60 minutes).</td> </tr> <tr> <td>88</td> <td>Other</td> <td>Additional testing technologies that are not considered conventional or rapid such as oral mucosa or urine based tests.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	01	Conventional	A standard test used to detect antibodies to HIV, typically referred to as an EIA or ELISA (Enzyme-linked immunosorbant assay).	02	Rapid	A test to detect antibodies to HIV that can be collected and processed within a short interval of time (e.g., approximately 10-60 minutes).	88	Other	Additional testing technologies that are not considered conventional or rapid such as oral mucosa or urine based tests.
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88	Other	Additional testing technologies that are not considered conventional or rapid such as oral mucosa or urine based tests.														
X104	HIV Test Election	<input checked="" type="checkbox"/>	Yes	Yes												
<p><i>Definition:</i> An indication of whether the test is linked to a name or is anonymous.</p> <p><i>Instructions:</i> Indicate if the written test record is linked to the client's name.</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>Tested anonymously</td> <td>The HIV test was not linked to the client's name.</td> </tr> <tr> <td>1</td> <td>Tested confidentially</td> <td>The HIV test was confidential.</td> </tr> <tr> <td>77</td> <td>Refused testing</td> <td>The client refused to take an HIV test.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	0	Tested anonymously	The HIV test was not linked to the client's name.	1	Tested confidentially	The HIV test was confidential.	77	Refused testing	The client refused to take an HIV test.
Code	Value Description	Value Definition														
0	Tested anonymously	The HIV test was not linked to the client's name.														
1	Tested confidentially	The HIV test was confidential.														
77	Refused testing	The client refused to take an HIV test.														
X105	Sample Day	<input checked="" type="checkbox"/>	Yes	Yes												
<p><i>Definition:</i> The calendar day on which the specimen for the HIV test was collected.</p> <p><i>Instructions:</i> Indicate the day that the specimen for the HIV test was collected.</p>																
X106	Sample Month	<input checked="" type="checkbox"/>	Yes	Yes												
<p><i>Definition:</i> The calendar month in which the specimen for the HIV test was collected.</p> <p><i>Instructions:</i> Indicate the month that the specimen for the HIV test was collected.</p>																
X107	Sample Year	<input checked="" type="checkbox"/>	Yes	Yes												
<p><i>Definition:</i> The calendar year in which the specimen for the HIV test was collected.</p> <p><i>Instructions:</i> Indicate the year that the specimen for the HIV test was collected.</p>																



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
X108	Confirmatory Test	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> An HIV test designed to confirm the results of a preliminary positive screening test.</p> <p><i>Instructions:</i> Indicate if the HIV test is a confirmatory test following a preliminary positive test.</p>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
0	No	The HIV test was an initial or preliminary test.		
1	Yes	The HIV test was a confirmatory test following an initial test with a preliminary positive/reactive test result.		
X109	Type of Specimen	<input checked="" type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The type of biological material or sample used to test for HIV antibodies.</p> <p><i>Instructions:</i> Indicate the type of specimen (e.g., blood, oral, urine) used for this HIV test.</p>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
01	Blood-finger stick	Whole blood, plasma, or serum drawn with a needle from a finger tip.		
02	Blood-venipuncture	Whole blood, plasma, or serum drawn with a needle from a vein, usually in the forearm.		
03	Blood-spot	A drop of whole blood dried on blotting paper.		
04	Oral mucosal transudate	A cell sample taken with a mouth swab from the soft tissue lining the inside of the mouth and gums.		
05	Urine	The liquid product filtered from the blood by the kidneys.		
X110	HIV Test Result	<input checked="" type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The outcome of the current HIV test.</p> <p><i>Instructions:</i> Indicate the result of this HIV test.</p>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
01	Positive/Reactive	A test result that is reactive on an initial ELISA test, repeatedly reactive on a second ELISA run on the same specimen, and confirmed positive on a Western blot or other supplemental test indicating that the client is infected.		
02	NAA T-positive	A test result that was previously negative or indeterminate but is reactive based on nucleic acid testing.		
03	Negative	A test result that is non-reactive on an initial ELISA test indicating the absence of HIV infection or an ELISA that was repeatedly reactive and the confirmatory test (Western Blot or IFA) was negative.		
04	Indeterminate	A test result that has not been precisely determined. A possible result of a Western-blot, which might represent a recent HIV infection or a false positive.		
05	Invalid	A test result cannot be confirmed due to conditions related to errors in the testing technology, specimen collection, or transport.		
06	No result	No result was obtained even though the specimen was drawn (e.g., blood sample hemolyzed, blood tube broke, blood tube lost in transit, unable to draw blood from veins).		



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC																
			HD	CBO															
X111	Provision of Result	<input checked="" type="checkbox"/>	Yes	Yes															
<p><i>Definition:</i> The act of informing the client of his or her HIV test result.</p> <p><i>Instructions:</i> Indicate whether the result of this HIV test was provided to the client.</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No</td> <td>The result of this HIV test was not provided to the client.</td> </tr> <tr> <td>1</td> <td>Yes</td> <td>The result of this HIV test was provided to the client.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	0	No	The result of this HIV test was not provided to the client.	1	Yes	The result of this HIV test was provided to the client.						
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0	No	The result of this HIV test was not provided to the client.																	
1	Yes	The result of this HIV test was provided to the client.																	
X112	Provision of Result Date-Month	<input checked="" type="checkbox"/>	Yes	Yes															
<p><i>Definition:</i> The calendar month in which the client's HIV test result was provided to the client.</p> <p><i>Instructions:</i> Indicate the month in which the client was provided the result of this HIV test.</p>																			
X113	Provision of Result Date-Day	<input checked="" type="checkbox"/>	Yes	Yes															
<p><i>Definition:</i> The calendar day on which the client's HIV test result was provided to the client.</p> <p><i>Instructions:</i> Indicate the day on which the client was provided with the result of this HIV test.</p>																			
X114	Provision of Result Date-Year	<input checked="" type="checkbox"/>	Yes	Yes															
<p><i>Definition:</i> The calendar year in which the client's HIV test result was provided to the client.</p> <p><i>Instructions:</i> Indicate the year in which the client was provided with the result of this HIV test.</p>																			
X115	Reason Results Not Provided	<input type="checkbox"/>	Yes	Yes															
<p><i>Definition:</i> An explanation for why the HIV test result was not provided to the client.</p> <p><i>Instructions:</i> Select the reason why the HIV test result was not provided to the client.</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Refused notification</td> <td>The client refused to accept notification of his/her HIV test result from the provider.</td> </tr> <tr> <td>02</td> <td>Did not return/Could not locate</td> <td>The client did not return for his/her HIV test result or could not be located to administer the test result.</td> </tr> <tr> <td>03</td> <td>Obtained results from another agency</td> <td>The client received his/her HIV test results from another agency.</td> </tr> <tr> <td>88</td> <td>Other (specify)</td> <td>The client received his/her HIV test result for a reason other than those described above.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	01	Refused notification	The client refused to accept notification of his/her HIV test result from the provider.	02	Did not return/Could not locate	The client did not return for his/her HIV test result or could not be located to administer the test result.	03	Obtained results from another agency	The client received his/her HIV test results from another agency.	88	Other (specify)	The client received his/her HIV test result for a reason other than those described above.
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# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC													
			HD	CBO												
X116	If rapid reactive, did client provide confirmatory sample?	<input type="checkbox"/>	Yes	Yes												
<p><i>Definition:</i> An indication of whether the client provided another sample for confirmatory testing of a reactive result from a positive test.</p> <p><i>Instructions:</i> If the type of HIV test used for this test was a rapid test (X103: Test Technology =</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Yes</td> <td></td> </tr> <tr> <td>2.01</td> <td>No - Client refused</td> <td></td> </tr> <tr> <td>2.02</td> <td>No - Client referred</td> <td></td> </tr> </tbody> </table>					Code	Value Description	Value Definition	01	Yes		2.01	No - Client refused		2.02	No - Client referred	
Code	Value Description	Value Definition														
01	Yes															
2.01	No - Client refused															
2.02	No - Client referred															

## Table: X-2 HIV Test History for HIV Incidence Modeling

This table collects HIV test history for incidence modeling. Complete this table if you are currently funded through surveillance to collect HIV incidence data. Collect these data for each client accessing counseling and testing services.

Intervention type = CT

Activity = HIV Testing History Survey

Num	Variable Name	Mandatory	Reported to CDC										
			HD	CBO									
X202	Pre/Post Test Questionnaire	<input checked="" type="checkbox"/>	Yes	Yes									
<p><i>Definition:</i> Indicate if this survey information is obtained through a pre-test or post-test questionnaire.</p> <p><i>Instructions:</i> Remember that a reactive (positive) result on a rapid HIV test is not confirmed. T</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Pre-Test (HIV test status unknown)</td> <td>Typically indicates that testing history information was collected before the HIV test was administered, usually at pre-test counseling. This value should also be selected if the information was collected after the test was administered, but before the result was known (for example, the information was collected during the waiting period after the test was administered but before the results were returned). It would also be selected if the information were collected after a rapid HIV test result is given but before the confirmatory result is known.</td> </tr> <tr> <td>2</td> <td>Post-Test (HIV test status known)</td> <td>Typically indicates that the testing history information was obtained at the post-test counseling session after the test result was given to the client, although the information may be collected at a later time when the results are known to the client.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	1	Pre-Test (HIV test status unknown)	Typically indicates that testing history information was collected before the HIV test was administered, usually at pre-test counseling. This value should also be selected if the information was collected after the test was administered, but before the result was known (for example, the information was collected during the waiting period after the test was administered but before the results were returned). It would also be selected if the information were collected after a rapid HIV test result is given but before the confirmatory result is known.	2	Post-Test (HIV test status known)	Typically indicates that the testing history information was obtained at the post-test counseling session after the test result was given to the client, although the information may be collected at a later time when the results are known to the client.
Code	Value Description	Value Definition											
1	Pre-Test (HIV test status unknown)	Typically indicates that testing history information was collected before the HIV test was administered, usually at pre-test counseling. This value should also be selected if the information was collected after the test was administered, but before the result was known (for example, the information was collected during the waiting period after the test was administered but before the results were returned). It would also be selected if the information were collected after a rapid HIV test result is given but before the confirmatory result is known.											
2	Post-Test (HIV test status known)	Typically indicates that the testing history information was obtained at the post-test counseling session after the test result was given to the client, although the information may be collected at a later time when the results are known to the client.											
X203	Date of Survey	<input type="checkbox"/>	Yes	Yes									
<p><i>Definition:</i> Indicate the date of the survey.</p> <p><i>Instructions:</i> Enter the date that the survey was administered.</p>													



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
X204	Reason for Current Test	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The client's reason for seeking an HIV test, either the current HIV test, or the first HIV test from which the client received an HIV positive diagnosis, that is, the test that began the testing sequence that resulted in the client's first confirmed HIV positive result.</p> <p><i>Instructions:</i> Select all reasons that apply. If the client reports that the reason he/she is being t</p>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
01	Because you are concerned that you might have been exposed to HIV in the past 6 months?	Asks whether the client was tested because he/she had a recent experience or an experience in the 6 months before the client's first HIV-positive test (unsafe sex or injection drug use, accidental needle stick, etc.) that he/she felt put him/her at risk for HIV infection. In this case, a positive test result would be more likely to be an incident case.		
02	Because you get tested routinely, and it was time for you to get tested again?	Asks whether the client gets tested regularly (every 3 months, 6 months, yearly, etc.). It is not asking whether the test is part of routine medical care, which could mean that the client has an HIV antibody test every time he/she sees the doctor, regardless of the interval.		
03	Because you are just checking to make sure you are HIV negative?	Asks if the client has no particular reason other than to reassure him/herself (for example, some people test when they start a new relationship or have some other change in their life).		
04	Because it was required by either insurance, the military, a court order, or for some other required reason?	Asks if the test is not the client's idea, but rather is a requirement of some other entity.		
77	Refused			
88	Because there is some other reason you want to get tested? (Specify)	Allows the client to give another reason for testing that may not have been asked (other reasons might include pregnancy or the test may have been suggested as follow up for a blood donation).		
99	Don't Know			
X205	Ever Positive HIV Test	<input type="checkbox"/>	Yes	Yes

*Definition:* Indicate if participant has ever had a positive HIV test result

*Instructions:* It is important to note that a reactive rapid HIV test that has not been confirmed is

Code	Value Description	Value Definition
0	No	
1	Yes	
7	Refused	
9	Don't know	



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC																			
			HD	CBO																		
X205a	Date First Positive Test Available	<input type="checkbox"/>	Yes	Yes																		
<p><i>Definition:</i> Indicate if the date of the first positive test is available.</p> <p><i>Instructions:</i></p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>66</td> <td>Not asked</td> <td></td> </tr> <tr> <td>77</td> <td>Refused</td> <td></td> </tr> <tr> <td>99</td> <td>Don't Know</td> <td></td> </tr> </tbody> </table>					Code	Value Description	Value Definition	0	No		1	Yes		66	Not asked		77	Refused		99	Don't Know	
Code	Value Description	Value Definition																				
0	No																					
1	Yes																					
66	Not asked																					
77	Refused																					
99	Don't Know																					
X206	First Tested Positive for HIV	<input type="checkbox"/>	Yes	Yes																		
<p><i>Definition:</i> The date that the specimen (oral fluid, blood, urine) was collected for the client's first positive HIV test, not the date the result was received.</p> <p><i>Instructions:</i> If the client reports that he/she has had a confirmed rapid HIV test, the test date t</p>																						
X207	First Tested Positive for HIV- Anonymous	<input type="checkbox"/>	Yes	Yes																		
<p><i>Definition:</i> The client was not required to provide a name at the time of the HIV test, and the client was given a number or other unique identifier to receive his/her results.</p> <p><i>Instructions:</i></p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No</td> <td>The client's first ever positive test was not an anonymous test. He/she was required to provide a name in order to be tested. He/she may or may not have received a code or some other unique identifier that could be used to receive test results.</td> </tr> <tr> <td>1</td> <td>Yes</td> <td>The client's first ever positive test was an anonymous test in which he/she was not required to provide a name in order to be tested and he/she received a code or some other unique identifier that was used to receive test results.</td> </tr> <tr> <td>77</td> <td>Refused</td> <td>The client declines or is unwilling to report if his/her first positive test was anonymous.</td> </tr> <tr> <td>99</td> <td>Don't know</td> <td>The client does not know if his/her first positive test was anonymous.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	0	No	The client's first ever positive test was not an anonymous test. He/she was required to provide a name in order to be tested. He/she may or may not have received a code or some other unique identifier that could be used to receive test results.	1	Yes	The client's first ever positive test was an anonymous test in which he/she was not required to provide a name in order to be tested and he/she received a code or some other unique identifier that was used to receive test results.	77	Refused	The client declines or is unwilling to report if his/her first positive test was anonymous.	99	Don't know	The client does not know if his/her first positive test was anonymous.			
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1	Yes	The client's first ever positive test was an anonymous test in which he/she was not required to provide a name in order to be tested and he/she received a code or some other unique identifier that was used to receive test results.																				
77	Refused	The client declines or is unwilling to report if his/her first positive test was anonymous.																				
99	Don't know	The client does not know if his/her first positive test was anonymous.																				
X208	What was the name of the place where you got your first positive HIV test	<input type="checkbox"/>	Yes	Yes																		
<p><i>Definition:</i> The name of the agency that provided the positive HIV test.</p> <p><i>Instructions:</i> Enter the name of the agency where the client received his/her first positive HIV t</p>																						



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
X209	State Where First Tested Positive	<input type="checkbox"/>	Yes	Yes

*Definition:* The state where the test was administered. That is, the state of the physical location where the client's first positive test was performed.

*Instructions:*

Code	Value Description	Value Definition
01	AL	Alabama
02	AK	Alaska
04	AZ	Arizona
05	AR	Arkansas
06	CA	California
08	CO	Colorado
09	CT	Connecticut
10	DE	Delaware
11	DC	District of Columbia
12	FL	Florida
13	GA	Georgia
15	HI	Hawaii
16	ID	Idaho
17	IL	Illinois
18	IN	Indiana
19	IA	Iowa
20	KS	Kansas
21	KY	Kentucky
22	LA	Louisiana
23	ME	Maine
24	MD	Maryland
25	MA	Massachusetts
26	MI	Michigan
27	MN	Minnesota
28	MS	Mississippi
29	MO	Missouri
30	MT	Montana
31	NE	Nebraska
32	NV	Nevada
33	NH	New Hampshire
34	NJ	New Jersey
35	NM	New Mexico
36	NY	New York
37	NC	North Carolina





# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
38	ND	North Dakota			
39	OH	Ohio			
40	OK	Oklahoma			
41	OR	Oregon			
42	PA	Pennsylvania			
44	RI	Rhode Island			
45	SC	South Carolina			
46	SD	South Dakota			
47	TN	Tennessee			
48	TX	Texas			
49	UT	Utah			
50	VT	Vermont			
51	VA	Virginia			
53	WA	Washington			
54	WV	West Virginia			
55	WI	Wisconsin			
56	WY	Wyoming			
60	AS	American Samoa			
64	FM	Federated States of Micronesia			
66	GU	Guam			
68	MH	Marshall Islands			
69	MP	Northern Mariana Islands			
70	PW	Palau			
72	PR	Puerto Rico			
78	VI	Virgin Islands of the U.S.			



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
X210	Site Type of First Positive	<input type="checkbox"/>	Yes	Yes

*Definition:* The setting that best describes where the first HIV positive test was performed.

*Instructions:*

Code	Value Description	Value Definition
F01	Inpatient Facility	A hospital or other health facility where services are provided to patients that reside within that facility while they are receiving those services.
F01.01	Inpatient- Hospital	
F01.50	Inpatient- Drug / Alcohol Treatment	A residential health facility that provides substance abuse treatment and rehabilitation.
F01.88	Inpatient Facility- Other (specify)	
F01.99	Inpatient Facility- Unknown	
F02	Outpatient Facility	A health care facility where services are provided to patients that do not reside within that facility while they are receiving services.
F02.03	Outpatient- Private Medical Practice	A non-residential health care facility that is privately owned and/or operated.
F02.04	Outpatient- HIV Specialty Clinic	A non-residential health care facility that concentrates in the provision of HIV treatment, care and prevention services.
F02.10	Outpatient- Prenatal/ OBGYN Clinic	A non-residential health care facility that provides obstetric, gynecological and other pregnancy-related health services.
F02.12	Outpatient- TB Clinic	A non-residential health care facility that specializes in the provision of tuberculosis treatment, care and prevention services.
F02.19	Outpatient- Drug / Alcohol Treatment Clinic	A non-residential health care facility that provides alcohol and chemical dependency treatment services.
F02.20	Outpatient- Family Planning	A non-residential health care facility that provides pregnancy testing, birth control services, and other reproductive health services.
F02.30	Outpatient- Community Mental Health	A non-residential health care facility that provides treatment and support services for the mentally ill or others with mental health problems including counseling, case management, treatment, peer/family support and public education.
F02.51	Outpatient- Community Health Clinic	A non-residential health care facility that provides primary and preventive health care services to the members of a community in which it is located.
F02.58	Outpatient- School/University Clinic	A non-residential health clinic that is operated by and provides services within a school or university setting.
F02.60	Outpatient- Health Department/Public Health Clinic	A non-residential health clinic that is supported by public funds.
F02.61	Outpatient- Health Department/Public Health Clinic-HIV	A non-residential health clinic that is supported by public funds and provides HIV prevention, diagnosis and treatment services.
F02.62	Outpatient- Health Department/Public Health Clinic-STD	A non-residential health clinic that is supported by public funds and provides STD prevention, diagnosis and treatment services.
F02.88	Outpatient Facility- Other (specify)	
F02.99	Outpatient Facility- Unknown	
F03	Emergency Room	A section of a hospital or clinic staffed and equipped to provide emergency care to persons requiring immediate medical treatment for sudden illness or trauma.



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
F04.01	Blood Bank, Plasma Center			
F04.05	HIV Counseling & Testing Site			
F06	Community Setting			
F06.01	Community Setting-AIDS Service Organization- non-clinical			
F06.02	Community Setting-School/Education facility			
F06.03	Community Setting-Church/Mosque/Synagogue/Temple			
F06.04	Community Setting-Shelter/Transitional housing			
F06.05	Community Setting-Commercial			
F06.06	Community Setting-Residential			
F06.07	Community Setting-Bar/Club/Adult entertainment			
F06.08	Community Setting-Public area			
F06.09	Community Setting-Workplace			
F06.10	Community Setting- Community center			
F06.88	Community Setting- Other (specify)			
F07	Correctional Facility			
F88	Facility Other (specify)			



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC																									
			HD	CBO																								
X211	Reason for First Positive Test	<input type="checkbox"/>	Yes	Yes																								
<p><i>Definition:</i> The client's reason for seeking the first HIV test from which the client received an HIV positive diagnosis, that is, the test that began the testing sequence that resulted in the client's first confirmed HIV positive result.</p> <p><i>Instructions:</i> Select all reasons that apply. If the client reports that the reason he/she is being t</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Because you are concerned that you might have been exposed to HIV in the past 6 months?</td> <td>Asks whether the client was tested because he/she had a recent experience or an experience in the 6 months before test (unsafe sex or injection drug use, accidental needle stick, etc.) that he/she felt put him/her at risk for HIV infection. In this case, a positive test result would be more likely to be an incident case.</td> </tr> <tr> <td>02</td> <td>Because you get tested routinely, and it was time for you to get tested again?</td> <td>Asks whether the client gets tested regularly (every 3 months, 6 months, yearly, etc.). It is not asking whether the test is part of routine medical care, which could mean that the client has an HIV antibody test every time he/she sees the doctor, regardless of the interval.</td> </tr> <tr> <td>03</td> <td>Because you are just checking to make sure you are HIV negative?</td> <td>Asks if the client had no particular reason other than to reassure him/herself (for example, some people test when they start a new relationship or have some other change in their life).</td> </tr> <tr> <td>04</td> <td>Because it was required by either insurance, the military, a court order, or for some other required reason?</td> <td>Asks if the test is not the client's idea, but rather is a requirement of some other entity.</td> </tr> <tr> <td>77</td> <td>Refused</td> <td></td> </tr> <tr> <td>88</td> <td>Because there is some other reason you want to get tested? (Specify)</td> <td>Allows the client to give another reason for testing that may not have been asked (other reasons might include pregnancy or the test may have been suggested as follow up for a blood donation).</td> </tr> <tr> <td>99</td> <td>Don't Know</td> <td></td> </tr> </tbody> </table>					Code	Value Description	Value Definition	01	Because you are concerned that you might have been exposed to HIV in the past 6 months?	Asks whether the client was tested because he/she had a recent experience or an experience in the 6 months before test (unsafe sex or injection drug use, accidental needle stick, etc.) that he/she felt put him/her at risk for HIV infection. In this case, a positive test result would be more likely to be an incident case.	02	Because you get tested routinely, and it was time for you to get tested again?	Asks whether the client gets tested regularly (every 3 months, 6 months, yearly, etc.). It is not asking whether the test is part of routine medical care, which could mean that the client has an HIV antibody test every time he/she sees the doctor, regardless of the interval.	03	Because you are just checking to make sure you are HIV negative?	Asks if the client had no particular reason other than to reassure him/herself (for example, some people test when they start a new relationship or have some other change in their life).	04	Because it was required by either insurance, the military, a court order, or for some other required reason?	Asks if the test is not the client's idea, but rather is a requirement of some other entity.	77	Refused		88	Because there is some other reason you want to get tested? (Specify)	Allows the client to give another reason for testing that may not have been asked (other reasons might include pregnancy or the test may have been suggested as follow up for a blood donation).	99	Don't Know	
Code	Value Description	Value Definition																										
01	Because you are concerned that you might have been exposed to HIV in the past 6 months?	Asks whether the client was tested because he/she had a recent experience or an experience in the 6 months before test (unsafe sex or injection drug use, accidental needle stick, etc.) that he/she felt put him/her at risk for HIV infection. In this case, a positive test result would be more likely to be an incident case.																										
02	Because you get tested routinely, and it was time for you to get tested again?	Asks whether the client gets tested regularly (every 3 months, 6 months, yearly, etc.). It is not asking whether the test is part of routine medical care, which could mean that the client has an HIV antibody test every time he/she sees the doctor, regardless of the interval.																										
03	Because you are just checking to make sure you are HIV negative?	Asks if the client had no particular reason other than to reassure him/herself (for example, some people test when they start a new relationship or have some other change in their life).																										
04	Because it was required by either insurance, the military, a court order, or for some other required reason?	Asks if the test is not the client's idea, but rather is a requirement of some other entity.																										
77	Refused																											
88	Because there is some other reason you want to get tested? (Specify)	Allows the client to give another reason for testing that may not have been asked (other reasons might include pregnancy or the test may have been suggested as follow up for a blood donation).																										
99	Don't Know																											
X212	Ever Negative HIV test	<input type="checkbox"/>	Yes	Yes																								

*Definition:* Asks whether the client has had a previous HIV test and received a HIV-negative test result. The test can either be a standard HIV test or a rapid HIV test.

*Instructions:*

Code	Value Description	Value Definition
0	No	The client has not had a prior test with an HIV-negative result. Either the current test is the client's first HIV test, or the client's only prior result from an HIV test was positive.
1	Yes	The client has had a prior test with an HIV-negative result.
77	Refused to answer	
99	Don't know (don't remember)	



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
X212a	Date Last Negative Test Available	<input type="checkbox"/>	Yes	Yes
<i>Definition:</i> Indicate if the date of the last negative test is available.				
<i>Instructions:</i>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
0	No			
1	Yes			
66	Not asked			
77	Refused			
99	Don't Know			
X213	Date of Last Negative Test	<input type="checkbox"/>	Yes	Yes
<i>Definition:</i> The date that the specimen (oral fluid, blood, urine) was collected for the client's most recent negative HIV test, not the date the result was received.				
<i>Instructions:</i> If the client reports that he/she has had a negative rapid HIV test, the test date to				
X214	What was the name of the place where you got your last negative test?	<input type="checkbox"/>	Yes	Yes
<i>Definition:</i> The name of the agency that provided the client's most recent HIV negative test result.				
<i>Instructions:</i> Enter the name of the agency where the client received his/her most recent negat				



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
X215	State Where Last Tested Negative	<input type="checkbox"/>	Yes	Yes

*Definition:* The state where the test was administered. That is, the state of the physical location where the client's most recent negative test was performed.

*Instructions:*

Code	Value Description	Value Definition
01	AL	Alabama
02	AK	Alaska
04	AZ	Arizona
05	AR	Arkansas
06	CA	California
08	CO	Colorado
09	CT	Connecticut
10	DE	Delaware
11	DC	District of Columbia
12	FL	Florida
13	GA	Georgia
15	HI	Hawaii
16	ID	Idaho
17	IL	Illinois
18	IN	Indiana
19	IA	Iowa
20	KS	Kansas
21	KY	Kentucky
22	LA	Louisiana
23	ME	Maine
24	MD	Maryland
25	MA	Massachusetts
26	MI	Michigan
27	MN	Minnesota
28	MS	Mississippi
29	MO	Missouri
30	MT	Montana
31	NE	Nebraska
32	NV	Nevada
33	NH	New Hampshire
34	NJ	New Jersey
35	NM	New Mexico
36	NY	New York
37	NC	North Carolina



# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
38	ND	North Dakota			
39	OH	Ohio			
40	OK	Oklahoma			
41	OR	Oregon			
42	PA	Pennsylvania			
44	RI	Rhode Island			
45	SC	South Carolina			
46	SD	South Dakota			
47	TN	Tennessee			
48	TX	Texas			
49	UT	Utah			
50	VT	Vermont			
51	VA	Virginia			
53	WA	Washington			
54	WV	West Virginia			
55	WI	Wisconsin			
56	WY	Wyoming			
60	AS	American Samoa			
64	FM	Federated States of Micronesia			
66	GU	Guam			
68	MH	Marshall Islands			
69	MP	Northern Mariana Islands			
70	PW	Palau			
72	PR	Puerto Rico			
78	VI	Virgin Islands of the U.S.			



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
X216	Site Type of Last Negative	<input type="checkbox"/>	Yes	Yes
<p><b>Definition:</b> The setting that best describes where the most recent HIV negative test was performed.</p> <p><b>Instructions:</b></p>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
F01	Inpatient Facility	A hospital or other health facility where services are provided to patients that reside within that facility while they are receiving those services.		
F01.01	Inpatient- Hospital			
F01.50	Inpatient- Drug / Alcohol Treatment	A residential health facility that provides substance abuse treatment and rehabilitation.		
F01.88	Inpatient Facility- Other (specify)			
F01.99	Inpatient Facility- Unknown			
F02	Outpatient Facility	A health care facility where services are provided to patients that do not reside within that facility while they are receiving services.		
F02.03	Outpatient- Private Medical Practice	A non-residential health care facility that is privately owned and/or operated.		
F02.04	Outpatient- HIV Specialty Clinic	A non-residential health care facility that concentrates in the provision of HIV treatment, care and prevention services.		
F02.10	Outpatient- Prenatal/ OBGYN Clinic	A non-residential health care facility that provides obstetric, gynecological and other pregnancy-related health services.		
F02.12	Outpatient- TB Clinic	A non-residential health care facility that specializes in the provision of tuberculosis treatment, care and prevention services.		
F02.19	Outpatient- Drug / Alcohol Treatment Clinic	A non-residential health care facility that provides alcohol and chemical dependency treatment services.		
F02.20	Outpatient- Family Planning	A non-residential health care facility that provides pregnancy testing, birth control services, and other reproductive health services.		
F02.30	Outpatient- Community Mental Health	A non-residential health care facility that provides treatment and support services for the mentally ill or others with mental health problems including counseling, case management, treatment, peer/family support and public education.		
F02.51	Outpatient- Community Health Clinic	A non-residential health care facility that provides primary and preventive health care services to the members of a community in which it is located.		
F02.58	Outpatient- School/University Clinic	A non-residential health clinic that is operated by and provides services within a school or university setting.		
F02.60	Outpatient- Health Department/Public Health Clinic	A non-residential health clinic that is supported by public funds.		
F02.61	Outpatient- Health Department/Public Health Clinic-HIV	A non-residential health clinic that is supported by public funds and provides HIV prevention, diagnosis and treatment services.		
F02.62	Outpatient- Health Department/Public Health Clinic-STD	A non-residential health clinic that is supported by public funds and provides STD prevention, diagnosis and treatment services.		
F02.88	Outpatient Facility- Other (specify)			
F02.99	Outpatient Facility- Unknown			
F03	Emergency Room	A section of a hospital or clinic staffed and equipped to provide emergency care to persons requiring immediate medical treatment for sudden illness or trauma.		





# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
F04.01	Blood Bank, Plasma Center	A place where blood is collected from donors, typed, separated into components, stored, and prepared for transfusion to recipients. A blood bank may be a separate free-standing facility or part of a larger laboratory in a hospital.			
F04.05	HIV Counseling & Testing Site	A facility or non-facility based setting where HIV prevention counseling and testing services are provided.			
F06	Community Setting	A defined area, environment or context in which a group of people live, work or congregate.			
F06.01	Community Setting-AIDS Service Organization- non-clinical	A health association, support agency, or other service actively involved in the prevention and treatment of AIDS.			
F06.02	Community Setting-School/Education facility	A building or place where individuals receive knowledge through learning and instruction.			
F06.03	Community Setting-Church/Mosque/Synagogue/Temple	A building or place where a group of people who adhere to a common faith gather for prayer.			
F06.04	Community Setting-Shelter/Transitional housing	Shelters are facilities in which people can stay temporarily when they would otherwise have to sleep on the street. Shelters also sometimes provide other services (e.g., soup kitchen, job seeking skills training, job training, support groups), or refer their clients to agencies that do. Transitional housing is short to long-term housing (6 to 24 months) available for individuals or families who are homeless.			
F06.05	Community Setting-Commercial	A business or commercial facility (e.g., beauty salon, grocery store, shopping center) where HIV prevention services may also occur.			
F06.06	Community Setting-Residential	A primary residence that might include residential neighborhoods or the common areas of apartment complexes or housing developments.			
F06.07	Community Setting-Bar/Club/Adult entertainment				
F06.08	Community Setting-Public area	An area, environment or context that is open to the community as a whole such as a park or city street.			
F06.09	Community Setting-Workplace	A location where a worker normally performs his/her job tasks or the businesses administrative offices. Use this site type for prevention services delivered to a particular employer's employees.			
F06.10	Community Setting- Community center	A facility where the members of a community can gather for social or cultural activities.			
F06.88	Community Setting- Other (specify)				
F07	Correctional Facility	A penal or correctional facility, prison, jail detention center, community-based rehabilitation center, or any similar institution designed for the confinement or rehabilitation of criminal offenders.			
F88	Facility Other (specify)				
X217	Number of Times Tested for HIV in Past 2 years		<input type="checkbox"/>	Yes	Yes

**Definition:** The number of completed HIV tests the client had in the previous two years. If the client has a known HIV positive result then the counselor documents the number of completed HIV tests the client had in the two years before the first HIV positive test. The current test or the first positive test is included in this count.

**Instructions:** This question can be confusing because it requests that the counselor include the



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC																			
			HD	CBO																		
X218	Date First Time Tested Available	<input type="checkbox"/>	Yes	Yes																		
<p><i>Definition:</i> Indicate if the date of the first HIV test is available.</p> <p><i>Instructions:</i></p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>66</td> <td>Not asked</td> <td></td> </tr> <tr> <td>77</td> <td>Refused</td> <td></td> </tr> <tr> <td>99</td> <td>Don't know</td> <td></td> </tr> </tbody> </table>					Code	Value Description	Value Definition	0	No		1	Yes		66	Not asked		77	Refused		99	Don't know	
Code	Value Description	Value Definition																				
0	No																					
1	Yes																					
66	Not asked																					
77	Refused																					
99	Don't know																					
X218a	First Time Ever Tested	<input type="checkbox"/>	Yes	Yes																		
<p><i>Definition:</i> The month and year of the very first time the client ever sought, and received an HIV test.</p> <p><i>Instructions:</i> Only a test that the client sought, and received, is documented here. For exampl</p>																						
X219	Medication in Last 6 Months	<input type="checkbox"/>	Yes	Yes																		
<p><i>Definition:</i> The client's self-report of having taken any medications to treat or try to prevent HIV or hepatitis infection in the 6 months prior to the date of the HIV test.</p> <p><i>Instructions:</i></p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No</td> <td>The client has not taken antiretroviral medication in the previous 6 months.</td> </tr> <tr> <td>1</td> <td>Yes</td> <td>The client has taken antiretroviral medication in the previous 6 months.</td> </tr> <tr> <td>77</td> <td>Refused</td> <td></td> </tr> <tr> <td>99</td> <td>Don't know</td> <td></td> </tr> </tbody> </table>					Code	Value Description	Value Definition	0	No	The client has not taken antiretroviral medication in the previous 6 months.	1	Yes	The client has taken antiretroviral medication in the previous 6 months.	77	Refused		99	Don't know				
Code	Value Description	Value Definition																				
0	No	The client has not taken antiretroviral medication in the previous 6 months.																				
1	Yes	The client has taken antiretroviral medication in the previous 6 months.																				
77	Refused																					
99	Don't know																					



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
X220	Type of Medication	<input type="checkbox"/>	Yes	Yes

*Definition:* Which ones? [If not sure of time period, ask "Which medicines COULD you have taken in the past six months?"]

*Instructions:* Select all medications cited by the client. Prompts that might assist the client inclu

Code	Value Description	Value Definition
01	Agenerase	
02	Combivir	
03	Crixivan	
04	Epivir	
05	Fortovase	
06	Hivid	
07	Invirase	
08	Kaletra	
10	Norvir	
11	Rescriptor	
12	Retrovir	
13	Sustiva	
14	Trizivir	
15	Videx	
16	Videx EC	
17	Viracept	
18	Viramune	
19	Viread	
20	Zerit	
21	Ziagen	
22	Emtriva	
23	Reyataz	
24	Fuzeon	
25	Truvada	
26	Lexiva	
88	Other (specify)	

X221	First Day of Medication	<input type="checkbox"/>	Yes	Yes
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*Definition:* The date of the first day on which the client took antiretroviral medication.

*Instructions:*



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
X222	Currently on Medication	<input type="checkbox"/>	Yes	Yes
<i>Definition:</i> The client reports currently taking antiretroviral medication.				
<i>Instructions:</i>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
0	No	The client is not currently taking antiretroviral medication.		
1	Yes	The client is currently taking antiretroviral medication.		
77	Refused	The client declines or is unwilling to report if he/she is currently taking antiretroviral medication.		
99	Don't know	The client does not know if he/she is currently taking antiretroviral medication.		

X223	Last Day of Medication	<input type="checkbox"/>	Yes	Yes
<i>Definition:</i> The date of the last day on which the client took antiretroviral medication. If the client previously answered "Yes" to the question regarding whether he/she is currently taking HIV or ARV medication, then the last day of HIV or ARV medication should be the date that the survey is being completed. If the client answered "Yes" to the question regarding whether he/she has taken HIV or ARV medication in the last 6 months, then the date of the last day of HIV or ARV medication should be a date within the past 6 months.				
<i>Instructions:</i>				



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO

## Table: X-3 Attempt to Locate

This table is to be completed for each index client or partner to be located. While this table is intended to be for PCRS, it may be used optionally for any intervention.  
Intervention type = PCRS

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
X301	Locate Method	<input type="checkbox"/>	No	Yes

**Definition:** The strategy used to search for and determine the location of the index client or the index client's partner.

**Instructions:** For each attempt made to locate the index client or index client's partner(s), indic

Code	Value Description	Value Definition
01	Field	The PCRS provider made an attempt to locate the index client or partner outside the office or clinic setting. This includes efforts made to locate the index client or partner during routine outreach activities or field visits.
02	Agency Identified	The PCRS provider delivered PCRS services immediately following the index client's or partner's receipt of another service provided in the agency (e.g. immediately following receipt of CTR).
03	Telephone	The PCRS provider made an attempt to locate the index client or the partner by telephone.
04	Internet	The PCRS provider made an attempt to locate the index client or partner through use of the Internet (e.g., chat rooms).
05	Mail	The PCRS provider made an attempt to locate the index client or partner through electronic or ground mail.
88	Other (specify)	

X302	Attempt Outcome	<input checked="" type="checkbox"/>	Yes	Yes
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**Definition:** The result of a PCRS provider's attempt to locate the index client or the index client's partner(s).

**Instructions:** For each attempt made to locate the index client or the index client's partner, indi

Code	Value Description	Value Definition
01	Unable to locate	The provider did not locate the index client or partner during this attempt.
02	Located	The provider did locate the index client or partner during this attempt.



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC													
			HD	CBO												
X303	Reason for Unsuccessful Attempt	<input type="checkbox"/>	No	Yes												
<p><i>Definition:</i> The explanation for why the location attempt was not achieved.</p> <p><i>Instructions:</i> If the attempt to locate the index client or index client's partner was unsuccessful (</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Deceased</td> <td>The index client or partner is no longer alive.</td> </tr> <tr> <td>02</td> <td>Out of jurisdiction</td> <td>The index client or partner resides outside of the jurisdiction in which the provider is authorized to provide services.</td> </tr> <tr> <td>88</td> <td>Other (specify)</td> <td></td> </tr> </tbody> </table>					Code	Value Description	Value Definition	01	Deceased	The index client or partner is no longer alive.	02	Out of jurisdiction	The index client or partner resides outside of the jurisdiction in which the provider is authorized to provide services.	88	Other (specify)	
Code	Value Description	Value Definition														
01	Deceased	The index client or partner is no longer alive.														
02	Out of jurisdiction	The index client or partner resides outside of the jurisdiction in which the provider is authorized to provide services.														
88	Other (specify)															
X304	Attempt Date	<input checked="" type="checkbox"/>	Yes	Yes												
<p><i>Definition:</i> The date on which the attempt to locate the index client or index client's partner was made.</p> <p><i>Instructions:</i> Indicate the date the attempt to locate the index client or index client's partner wa</p>																
X305	Worker ID	<input type="checkbox"/>	Yes	Yes												
<p><i>Definition:</i> A system generated code used to distinguish between persons who are delivering services to clients by a combination of non-identifying characteristics.</p> <p><i>Instructions:</i> Choose from a list of workers established in Table P: Worker, the worker who ma</p>																
X306	Enrollment Status	<input type="checkbox"/>	Yes	Yes												
<p><i>Definition:</i> The decision made by the index client or the index client's partner to enroll in PCRS services.</p> <p><i>Instructions:</i> If X302: Attempt Outcome = "Locate", indicate if the index client or index client's p</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Accept</td> <td>The index client or partner enrolled in PCRS.</td> </tr> <tr> <td>2</td> <td>Refused</td> <td>The index client or partner chose not to enroll in PCRS.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	1	Accept	The index client or partner enrolled in PCRS.	2	Refused	The index client or partner chose not to enroll in PCRS.			
Code	Value Description	Value Definition														
1	Accept	The index client or partner enrolled in PCRS.														
2	Refused	The index client or partner chose not to enroll in PCRS.														



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO

## Table: X-5 Elicit partners

This table is to be completed for each enrolled PCRS index client to capture partner information (e.g. recall period, number of partners).  
Intervention type = PCRS

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
X501	Partner Information Provided	<input checked="" type="checkbox"/>	Yes	Yes

*Definition:* The index client provided information about his or her sex and/or needle sharing partners or social network contacts.

*Instructions:* Indicate if the index client provided names, descriptions, and/or locating informati

Code	Value Description	Value Definition
1	Yes	The index client provided locating information about his/her sex and/or needle sharing partners or social network contacts.
2	No - elicit again	The index client did not provide locating information about his/her sex and/or needle sharing partners or social network contacts but information may be available/provided in the future. The provider should attempt to elicit locating information from the index client again.
3	No - closed	The index client did not provide locating information about his/her sex and/or needle sharing partners or social network contacts because this information does not exist or is not available.

X502	Time Period for Recall (in months)	<input type="checkbox"/>	Yes	Yes
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*Definition:* The period of time as defined in months for which the client is asked to remember and report his or her number of sex and/or needle sharing partners and social network contacts.

*Instructions:* If partner information was provided (X501: Partner Information Provided = "Yes"),

X503	Total Number of Partners	<input type="checkbox"/>	Yes	Yes
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*Definition:* The total number of partners reported by the client over a specified recall period.

*Instructions:* Enter the total number of partners identified by the index client. This includes all

X503a	Number of Male Partners	<input type="checkbox"/>	Yes	Yes
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*Definition:* The number of male partners reported by the client over a specified recall period.

*Instructions:* Of the total number of partners reported in X503: Total Number of Partners, indic

X503b	Number of Female Partners	<input type="checkbox"/>	Yes	Yes
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*Definition:* The number of female partners reported by the client over a specified recall period.

*Instructions:* Of the total number of partners reported in X503: Total Number of Partners, indic



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
X503c	Number of Transgender Partners	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The number of transgender partners reported by the client over a specified recall period.</p> <p><i>Instructions:</i> Of the total number of partners reported in X503: Total Number of Partners, indic</p>				
X504	Number of Anonymous Partners	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The total number of partners whose identity was unknown to the client at the time of the sex and/or needle sharing event.</p> <p><i>Instructions:</i> Of the total number of partners reported in X503: Total Number of Partners, indic</p>				

## Table: X-6 Notification of Exposure

This table is completed for each partner located to determine their knowledge of exposure and HIV status.  
Intervention type = PCRS

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
X601	Notification Method	<input checked="" type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The process used to inform an index client's partner that he/she has been exposed to HIV.</p> <p><i>Instructions:</i> Indicate the method used to notify each partner identified in X503: Total Number</p>				
<i>Code</i>	<i>Value Description</i>			<i>Value Definition</i>
01	Provider notification			The PCRS provider, with the consent of the HIV-infected client, takes the responsibility for informing the partner of his/her possible exposure to HIV and referring them to counseling, testing, and other support services.
02	Dual notification			The HIV-infected client informs the partner of his/her serostatus in the presence of the PCRS provider.
03	Client notification - coaching provided			The HIV-infected client informs his or her partners of their possible exposure to HIV and refers them to counseling, testing, and other support services after receiving guidance from the PCRS provider. This guidance includes advice on the best ways to inform each partner, how to respond to a partner's reactions and how and where the partner can access HIV counseling and testing and other support services.
04	Client notification - coaching not provided			The HIV-infected client informs his or her partners of their possible exposure to HIV and refers them to counseling, testing, and other support services.
05	Refused notification			The index client's partner refused to be informed of his or her possible exposure to HIV.





# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
X602	Previous HIV test	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The partner's self-report of having had a prior HIV test.</p> <p><i>Instructions:</i> Indicate if the partner reports having a previous HIV test.</p>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
0	No	The index client's partner reported that they have never had an HIV test.		
1	Yes	The index client's partner reported that they have had a previous HIV test.		
66	Not asked	The provider did not ask the index client's partner about having a prior HIV test.		
77	Refused to answer	The index client's partner declines or is unwilling to report if he/she has had a previous HIV test.		
99	Don't Know	The index client's partner reported that they are unaware if they have had a previous HIV test.		
X603	Self-Reported HIV Test Result	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The client's self-reported test result from his/her most recent HIV test prior to notification.</p> <p><i>Instructions:</i> If the partner reports having had a previous HIV test (i.e. X602: Previous HIV Test)</p>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
01	Positive	The index client's partner reported that his or her HIV status is positive based on a confirmatory test result.		
02	Negative	The index client's partner reported that his or her HIV status is negative.		
03	Preliminary Positive/Indeterminate	The index client's partner reported that he/she received either a "Preliminary positive" test result (i.e., the index client's partner had a reactive HIV rapid test but did not receive the results of the associated conventional confirmatory test) or an "Indeterminate" test result (i.e., the index client's partner received results but those results did not conclusively indicate whether he/she is HIV-positive or HIV-negative).		
66	Not asked	The provider did not ask the client about his or her HIV status.		
77	Refused to answer	The index client's partner declines or is unwilling to report his or her HIV status.		
99	Don't Know	The index client's partner reports that they are unaware of their HIV status.		
X604	Date of Last HIV Test	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The date of the partner's last HIV test.</p> <p><i>Instructions:</i> If the partner reports having a previous HIV test (X602: Previous HIV test = "Yes),</p>				



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO

## Table: X-7 Referral

This table is completed for all clients receiving a referral.

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO

X701	PEMS Referral Code	<input type="checkbox"/>	Yes	Yes
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*Definition:* A PEMS generated unique code that is used by the agency to track client referrals to other agencies.

*Instructions:* Enter the PEMS system-generated referral code for the referral made for this client.

X702	Referral Date	<input checked="" type="checkbox"/>	Yes	Yes
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*Definition:* The date on which the referral was made for the client.

*Instructions:* This is a system-generated variable that is pre-populated based on the date of the referral.



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
X703	Referral Service Type	<input checked="" type="checkbox"/>	Yes	Yes

*Definition:* The service to which the client was referred.

*Instructions:* Select the service to which client was referred (e.g., HIV testing, PCRS, HE/RR).

Code	Value Description	Value Definition
01	HIV testing	A diagnostic, laboratory procedure to assess for the presence of HIV antibodies.
02	HIV confirmatory test	An HIV test designed to confirm the results of a preliminary positive screening test.
03	HIV prevention counseling	An interactive risk-reduction counseling model usually conducted with HIV testing, in which the counselor helps the client identify and acknowledge personal HIV risk behaviors and commit to a single, achievable behavior change step that could reduce the client's HIV risk.
04	STD screening and treatment	Provision of testing to determine infection with a sexually transmitted disease other than HIV or Viral Hepatitis and treatment if infected.
05	Viral Hepatitis screening and treatment	Provision of testing to determine infection with viral hepatitis (A, B, and C) and treatment if positive or vaccination if negative.
06	Tuberculosis testing	Testing for tuberculosis (TB), prophylactic TB treatment, and clinical evaluation for active TB disease.
07	Syringe exchange services	Services that provide clean syringes in exchange for used syringes.
08	Reproductive health services	Health care services for female clients who are pregnant or of child-bearing age.
09	Prenatal care	Health care services for female clients before and during pregnancy to monitor the health of the pregnant mother and fetus.
10	HIV medical care/evaluation/treatment	Medical services that address HIV infection including evaluation of immune system function and screening, treatment, and prevention of opportunistic infection.
11	IDU risk reduction services	Services that promote practices that reduce the health risks of injection drug use (i.e., using sterile needles, never sharing needles, disinfecting needles, disposing of needles).
12	Substance abuse services	Services for the treatment and prevention of drug or alcohol use.
13	General medical care	Professional treatment for illness, injury or routine health care services (non-HIV related).
14	Partner counseling and referral services	A range of services available to HIV-infected persons, their partners and affected communities that involves informing current and past partners that a person who is HIV-infected has identified them as a sex or injection-drug-paraphernalia-sharing partner and advising them to have HIV counseling and testing. Notified partners, who may not have suspected their risk, can then choose whether to be tested for HIV, enabling those who test HIV positive to receive early medical evaluation, treatment, and prevention services, including risk-reduction counseling.
15	Mental health services	Services to assist with mental illness, developmental disabilities or difficulty coping with HIV diagnosis or HIV-related conditions.



# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
16	Comprehensive Risk Counseling Services	A client-centered HIV prevention counseling activity with the fundamental goal of promoting the adoption and maintenance of HIV risk-reduction behaviors by clients with multiple, complex problems and risk-reduction needs. CRCS provides intensive, on-going, individualized prevention counseling, support, and service brokerage. This HIV prevention activity addresses the relationship between HIV risk and other issues such as substance abuse, STD treatment, mental health, and social and cultural factors.			
17	Other prevention services	Service to address additional prevention service or treatment needs such as health education, individual counseling, and community level interventions (e.g., workshops, health fairs).			
18	Other support services	Assistance with housing, food, employment, transportation, child care, domestic violence, support groups and legal services.			
19	Case management	A range of client-centered services that links clients with primary medical care, psychosocial and other services to insure timely, coordinated access to medically-appropriate levels of health and support services, continuity of care, ongoing assessment of the client's and other family members' needs and personal support systems, and inpatient case-management services that prevent unnecessary hospitalization or that expedite discharge, as medically appropriate, from inpatient facilities. This refers to services such as those provided under the Ryan White CARE Act and is different from Comprehensive Risk Counseling Services (CRCS).			
88	Other				
X703a	Internal Referral Site ID		<input type="checkbox"/>	No	Yes
	<p><i>Definition:</i> The agency's site (as established in Table S: Site) where the client was referred for additional services by another provider within that agency. The Site ID is a system generated code used to distinguish the sites of service delivery within an agency.</p> <p><i>Instructions:</i> If you are referring a client to a service delivery site that is a part of your agency, i</p>				
X704	Network Agency Name(s)		<input type="checkbox"/>	No	Yes
	<p><i>Definition:</i> The name of the agency to which the client is being referred.</p> <p><i>Instructions:</i> If you are referring a client to an agency that is listed as one of your Network Age</p>				



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC																			
			HD	CBO																		
X705	Referral Follow-up	<input type="checkbox"/>	Yes	Yes																		
<p><i>Definition:</i> The method that will be used to verify that the client accessed the services to which he or she was referred.</p> <p><i>Instructions:</i> Indicate the method that will be used to determine whether the client accessed th</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>00</td> <td>None</td> <td>There is no plan to verify that the client accessed this referral. If this value is chosen, the reason for no referral follow-up should be specified in X711: Referral notes.</td> </tr> <tr> <td>01</td> <td>Active referral</td> <td>The referring provider will directly link the client to the service provider or agency (e.g., the provider physically accompanies or transports the client to the agency).</td> </tr> <tr> <td>02</td> <td>Passive referral-agency verification</td> <td>The referring provider will confirm the outcome of a referral through information received by the receiving agency (e.g., the referring provider contacts the agency or receives confirmation through a referral "kick-back" card from the agency where the client was referred).</td> </tr> <tr> <td>03</td> <td>Passive referral-client verification</td> <td>The referring provider will confirm the outcome of a referral through information provided by the client, (e.g., client self-report).</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	00	None	There is no plan to verify that the client accessed this referral. If this value is chosen, the reason for no referral follow-up should be specified in X711: Referral notes.	01	Active referral	The referring provider will directly link the client to the service provider or agency (e.g., the provider physically accompanies or transports the client to the agency).	02	Passive referral-agency verification	The referring provider will confirm the outcome of a referral through information received by the receiving agency (e.g., the referring provider contacts the agency or receives confirmation through a referral "kick-back" card from the agency where the client was referred).	03	Passive referral-client verification	The referring provider will confirm the outcome of a referral through information provided by the client, (e.g., client self-report).			
Code	Value Description	Value Definition																				
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01	Active referral	The referring provider will directly link the client to the service provider or agency (e.g., the provider physically accompanies or transports the client to the agency).																				
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03	Passive referral-client verification	The referring provider will confirm the outcome of a referral through information provided by the client, (e.g., client self-report).																				
X706	Referral Outcome	<input type="checkbox"/>	Yes	Yes																		
<p><i>Definition:</i> The current status of the referral based on activities to verify that the service was accessed.</p> <p><i>Instructions:</i> Select the value that reflects the current status of this referral follow-up. The syst</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Pending</td> <td>The referring agency has not yet confirmed whether the client accessed the service to which he or she was referred.</td> </tr> <tr> <td>02</td> <td>Confirmed- Accessed service</td> <td>The referring agency has confirmed whether the client accessed the service to which he or she was referred.</td> </tr> <tr> <td>03</td> <td>Confirmed- Did not access service</td> <td>The referring agency has confirmed that the client had not accessed the service to which he or she was referred.</td> </tr> <tr> <td>04</td> <td>Lost to follow up</td> <td>Within 60 days of the referral date (X702: Referral Date &lt; 60 days), access of the service to which the client was referred can't be confirmed or denied. The system will automatically mark a referral as "Lost to follow-up" if a referral has not been verified within 60 days of the referral date.</td> </tr> <tr> <td>05</td> <td>No follow-up</td> <td>The referral was not tracked to confirm whether the client accessed the referred service.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	01	Pending	The referring agency has not yet confirmed whether the client accessed the service to which he or she was referred.	02	Confirmed- Accessed service	The referring agency has confirmed whether the client accessed the service to which he or she was referred.	03	Confirmed- Did not access service	The referring agency has confirmed that the client had not accessed the service to which he or she was referred.	04	Lost to follow up	Within 60 days of the referral date (X702: Referral Date < 60 days), access of the service to which the client was referred can't be confirmed or denied. The system will automatically mark a referral as "Lost to follow-up" if a referral has not been verified within 60 days of the referral date.	05	No follow-up	The referral was not tracked to confirm whether the client accessed the referred service.
Code	Value Description	Value Definition																				
01	Pending	The referring agency has not yet confirmed whether the client accessed the service to which he or she was referred.																				
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04	Lost to follow up	Within 60 days of the referral date (X702: Referral Date < 60 days), access of the service to which the client was referred can't be confirmed or denied. The system will automatically mark a referral as "Lost to follow-up" if a referral has not been verified within 60 days of the referral date.																				
05	No follow-up	The referral was not tracked to confirm whether the client accessed the referred service.																				
X706a	Confirmed Internal Referral Site Name	<input type="checkbox"/>	No	Yes																		
<p><i>Definition:</i> The site within the agency where the client accessed the service to which they were referred. The Site ID is a system generated code used to distinguish the sites of service delivery within an agency.</p> <p><i>Instructions:</i> If the client accessed the referred service at a site within your agency, indicate th</p>																						



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
X707	Confirmed Network Agency Name	<input type="checkbox"/>	No	Yes
<p><i>Definition:</i> The name of the agency where the client accessed the service to which they were referred.</p> <p><i>Instructions:</i> If the client accessed the service to which they were referred from an agency list</p>				
X710	Referral Close Date	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The date when the outcome of the referral was confirmed or lost to follow-up.</p> <p><i>Instructions:</i> Within 60 days of the date entered in X702: Referral Date, indicate the date when</p>				
X712	HIV Test Performed	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> A client received an HIV test as a result of a referral from PCRS to CTR.</p> <p><i>Instructions:</i> If the client was referred to CTR from PCRS, indicate if the client was tested for H</p>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
0	No	The client did not receive an HIV test as a result of a referral to this agency/site for CTR.		
1	Yes	The client received an HIV test as a result of a referral to this agency/site for CTR.		
X713	HIV Test Result	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The outcome of an HIV test.</p> <p><i>Instructions:</i> If the client received an HIV test (X712: HIV Test Performed = "Yes"), as a result</p>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
01	Positive/Reactive	A test result that is reactive on an initial ELISA test, repeatedly reactive on a second ELISA run on the same specimen, and confirmed positive on a Western blot or other supplemental test indicating that the client is infected.		
03	Negative	A test result that is non-reactive on an initial ELISA test indicating the absence of HIV infection or an ELISA that was repeatedly reactive and the confirmatory test (Western Blot or IFA) was negative.		
04	Indeterminate	A test result that has not been precisely determined. A possible result of a Western-blot, which might represent a recent HIV infection or a false positive.		
05	Invalid	A test result cannot be confirmed due to conditions related to errors in the testing technology, specimen collection, or transport.		
06	No result	No result was obtained even though the specimen was drawn (e.g., blood sample hemolyzed, blood tube broke, blood tube lost in transit, unable to draw blood from veins).		



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC																
			HD	CBO															
X714	Confirmatory Test	<input type="checkbox"/>	Yes	Yes															
<p><i>Definition:</i> An HIV test designed to confirm the results of a preliminary positive screening test.</p> <p><i>Instructions:</i> Indicate if the HIV test (X712: HIV Test Performed) is a confirmatory test following</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No</td> <td>The HIV test was an initial or preliminary test.</td> </tr> <tr> <td>1</td> <td>Yes</td> <td>The HIV test was a confirmatory test following an initial test with a preliminary positive/reactive test result.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	0	No	The HIV test was an initial or preliminary test.	1	Yes	The HIV test was a confirmatory test following an initial test with a preliminary positive/reactive test result.						
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0	No	The HIV test was an initial or preliminary test.																	
1	Yes	The HIV test was a confirmatory test following an initial test with a preliminary positive/reactive test result.																	
X715	HIV Test Verification	<input type="checkbox"/>	Yes	Yes															
<p><i>Definition:</i> The process or method by which the result of an HIV test was determined.</p> <p><i>Instructions:</i> Indicate whether the HIV test result (H713: HIV Test Result) was verified by the pr</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Verification by provider</td> <td>The client's receipt of an HIV test was confirmed by the agency where the test was performed.</td> </tr> <tr> <td>02</td> <td>Client self-report</td> <td>The client's receipt of an HIV test was confirmed by the client who received the HIV test.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	01	Verification by provider	The client's receipt of an HIV test was confirmed by the agency where the test was performed.	02	Client self-report	The client's receipt of an HIV test was confirmed by the client who received the HIV test.						
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01	Verification by provider	The client's receipt of an HIV test was confirmed by the agency where the test was performed.																	
02	Client self-report	The client's receipt of an HIV test was confirmed by the client who received the HIV test.																	
X716	Date of Birth-Year	<input type="checkbox"/>	Yes	Yes															
<p><i>Definition:</i> The self-reported year of birth of the referred client.</p> <p><i>Instructions:</i> If this referral is being made during an intervention in which you are collecting agg</p>																			
X717	Ethnicity	<input type="checkbox"/>	Yes	Yes															
<p><i>Definition:</i> The client's self report of whether they are of Hispanic or Latino origin.</p> <p><i>Instructions:</i> If this referral is being made during an intervention in which you are collecting agg</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>77</td> <td>Refused to answer</td> <td>The client declines or is unwilling to report his/her ethnicity.</td> </tr> <tr> <td>99</td> <td>Don't Know</td> <td>The client reports that he/she is unaware of their ethnicity.</td> </tr> <tr> <td>E1</td> <td>Hispanic or Latino</td> <td>A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.</td> </tr> <tr> <td>E2</td> <td>Not Hispanic or Latino</td> <td>A person not identified by the definition of Hispanic or Latino.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	77	Refused to answer	The client declines or is unwilling to report his/her ethnicity.	99	Don't Know	The client reports that he/she is unaware of their ethnicity.	E1	Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.	E2	Not Hispanic or Latino	A person not identified by the definition of Hispanic or Latino.
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# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC																									
			HD	CBO																								
X718	Race	<input type="checkbox"/>	Yes	Yes																								
<p><i>Definition:</i> A client's self-reported classification of the biological heritage with which they most closely identify. Standard OMB race codes are applied.</p> <p><i>Instructions:</i> If this referral is being made during an intervention in which you are collecting agg</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>77</td> <td>Refused</td> <td>The client declines or is unwilling to report his/her race.</td> </tr> <tr> <td>99</td> <td>Don't Know</td> <td>The client reports that he/she is unaware of their race.</td> </tr> <tr> <td>R1</td> <td>American Indian or Alaska Native</td> <td>A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.</td> </tr> <tr> <td>R2</td> <td>Asian</td> <td>A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam</td> </tr> <tr> <td>R3</td> <td>Black or African American</td> <td>A person having origins in any of the black racial groups of Africa.</td> </tr> <tr> <td>R4</td> <td>Native Hawaiian or Pacific Islander</td> <td>A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands</td> </tr> <tr> <td>R5</td> <td>White</td> <td>A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	77	Refused	The client declines or is unwilling to report his/her race.	99	Don't Know	The client reports that he/she is unaware of their race.	R1	American Indian or Alaska Native	A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.	R2	Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam	R3	Black or African American	A person having origins in any of the black racial groups of Africa.	R4	Native Hawaiian or Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands	R5	White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
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R4	Native Hawaiian or Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands																										
R5	White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.																										

X719	Current Gender	<input type="checkbox"/>	Yes	Yes															
<p><i>Definition:</i> The client's current self-reported sexual identity.</p> <p><i>Instructions:</i> If this referral is being made during an intervention in which you are collecting agg</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Value Description</th> <th>Value Definition</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Male</td> <td>The behavioral, cultural, or psychological traits typically associated with the male sex.</td> </tr> <tr> <td>02</td> <td>Female</td> <td>The behavioral, cultural, or psychological traits typically associated with the female sex.</td> </tr> <tr> <td>03</td> <td>Transgender-MTF</td> <td>Individuals whose physical or birth sex is male but whose gender expression and/or gender identity is female. Note: MTF = male to female.</td> </tr> <tr> <td>04</td> <td>Transgender-FTM</td> <td>Individuals whose physical or birth sex is female but whose gender expression and/or gender identity is male. Note: FTM = female to male.</td> </tr> </tbody> </table>					Code	Value Description	Value Definition	01	Male	The behavioral, cultural, or psychological traits typically associated with the male sex.	02	Female	The behavioral, cultural, or psychological traits typically associated with the female sex.	03	Transgender-MTF	Individuals whose physical or birth sex is male but whose gender expression and/or gender identity is female. Note: MTF = male to female.	04	Transgender-FTM	Individuals whose physical or birth sex is female but whose gender expression and/or gender identity is male. Note: FTM = female to male.
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# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
X720	Risk Category	<input checked="" type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> A type of sex or drug using behavior that places an individual at risk for HIV infection or transmission.</p> <p><i>Instructions:</i> If this referral is being made during an intervention in which you are collecting agg</p>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
01	Male to male sexual contact	Men who are at risk through unprotected sex with another male.		
02	Male to male sexual contact and unsafe injection drug practices	Men who are at risk from both unprotected male to male sexual contact and unsafe injection drug practices (e.g., sharing needles, using dirty needles).		
03	Unsafe drug injection practices	Men and women who are at risk through unsafe drug injection practices (e.g., sharing needles, using dirty needles).		
04	Sexual contact involving transgender and unsafe injection drug practices	Men and women who are at risk from both unprotected sexual contact involving transgenders and unsafe injection drug practices (e.g., sharing needles, using dirty needles).		
05	Sexual contact involving transgender	Men and women who are at risk through unprotected sexual contact involving transgenders.		
06	Heterosexual contact	Men and women who are at risk through unprotected heterosexual sex with an HIV infected partner.		
88	Other			
X721	Self Reported HIV Test Result	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The client's self-reported test result from his/her most recent HIV test.</p> <p><i>Instructions:</i> If this referral is being made during an intervention for which there is not a Table</p>				
<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>		
01	Positive	The client reports that his/her HIV status is positive.		
02	Negative	The client reports that his/her HIV status is negative.		
03	Preliminary Positive/Indeterminate	The client reports that he/she received either a "Preliminary positive" test result (i.e., the client had a reactive HIV rapid test but did not receive the results of the associated conventional confirmatory test) or an "Indeterminate" test result (i.e., the client received results but those results did not conclusively indicate whether he/she is HIV-positive or HIV-negative).		
66	Not asked	The provider did not ask the client about his/her HIV status.		
77	Refused to answer	The client declines or is unwilling to report his/her HIV status.		
99	Don't Know	The client reports that he/she is unaware of their HIV status.		



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO

## Aggregate Level

### Table: AG HE/RR and Outreach

This table is completed for each outreach and HE/RR event delivered in a specific site at a specified time. Data is reported in aggregate. Data specific to clients may be entered as count or percentage (AG8a-AG13c).

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
AG00	Intervention Name	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> An Intervention Name/ID that was entered by your agency in Table F.			
	<i>Instructions:</i> Select from a list of Intervention Names generated from variable F02: Intervention			
AG01	Session Number	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The session number within a particular intervention cycle about which data for this session or event are being entered.			
	<i>Instructions:</i> Indicate the session or event number in this particular intervention cycle. For inte			
AG02	Date of Event/Session	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The calendar date on which the event or session was delivered to clients.			
	<i>Instructions:</i> Enter the date on which the event or session occurred.			
AG03	Duration of Event/Session	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The amount of time (in minutes) the session or event lasted.			
	<i>Instructions:</i> Indicate the actual number of minutes that the session or event lasted.			
AG04	Number of Client Contacts	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The total number of clients attending the HE/RR session or the total number of Outreach contacts made during the session/event specified in AG01: Session/Event Number.			
	<i>Instructions:</i> Enter the total number of clients attending the HE/RR session or number of outre			



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
AG05a	Delivery Method	<input type="checkbox"/>	Yes	Yes

*Definition:* The medium(s) or channel(s) through which the intervention is delivered.

*Instructions:* Indicate how the intervention was delivered (e.g., in person, by using a video, ove

Code	Value Description	Value Definition
01.00	In person	The intervention is delivered by an individual or a group of individuals in the physical presence of the client(s). Includes counseling, face to face discussions, facilitating group activities, lectures, presentations, etc.
02.00	Internet	The use of email, chat rooms, or websites to deliver information to clients electronically.
03.00	Printed Materials	The use of pamphlets, direct mailing, magazines, newspapers, posters, billboards, etc. If chosen, please specify the subcategory (value codes 3.01-3.04) for printed material.
03.01	Printed Materials-magazines/newspapers	Magazine: a bound periodical published at regular intervals under the same title containing articles of specific interest. Newspaper: a periodical that is folded rather than bound and published at regular intervals under the same title containing news, opinions, advertisements, and other items of current, often local, interest.
03.02	Printed Materials-pamphlets/brochures	A short, printed publication that is unbound or has a paper binding written to inform on a specific topic or to address a public issue or event. This can be multiple pages bound in a booklet form or single page folded in panels. In the context of HIV prevention, it is typically used to promote practices (such as safer sex), services (such as counseling and testing) information (such as HIV transmission risk).
03.04	Printed Materials-posters/billboards	Posters: a single sheet sign posted or displayed used to advertise simple messages or as an advertisement for goods and services. Typically used to promote practices (such as safer sex), services (such as counseling and testing) information (such as HIV transmission risk), or products (condoms). Billboards: large signs or posters that are typically outdoors on which messages or advertisements are placed with the intent to be viewed by the general public. Typically used to promote practices (such as safer sex), services (such as counseling and testing) information (such as HIV transmission risk), or products (condoms).
04.00	Radio	The use of radio broadcasts using public service announcements, commercial air time, and the inclusion of messages in radio programs, etc.
05.00	Telephone	The use of telephones or telephone "hot lines".
06.00	Television	The use of televised broadcasts using public service announcements, commercial air time, etc.
07.00	Video	The use of pre-recorded visual and audio messages not delivered via broadcast or cable TV (e.g., on a VHS tape or DVD).
88	Other (specify)	The use of methods or mediums to deliver the intervention other than those that are listed in the other value choices (1.0-7.0). If chosen, please specify the delivery method.



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
AG05b	Activity	<input checked="" type="checkbox"/>	Yes	Yes

**Definition:** The specific actions or components of an intervention in which the clients participated in or received during this particular session.

**Instructions:** Select all of the activities that occurred during this session or event. Describe wh

Code	Value Description	Value Definition
04.00	Referral	A process by which immediate client needs for prevention, care, and supportive services are assessed and prioritized and clients are provided with information and assistance in identifying and accessing specific services (such as, setting up appointments and providing transportation). Note: The provision of a referral also includes a plan for tracking whether or not the client accessed the referral.
08.01	Information-HIV/AIDS transmission	Any general information, written or verbal, given to an individual or a group on HIV/AIDS and how it is transmitted.
08.02	Information-Abstinence/postpone sexual activity	Any information, written or verbal, given to an individual or a group on abstaining from sexual activity or postponing sexual activity.
08.03	Information-Other sexually transmitted diseases	Any information, written or verbal, given to an individual or a group on STDs (other than HIV or viral hepatitis), how it is transmitted, how to reduce risk for transmission or infection, or treatment options.
08.04	Information-Viral hepatitis	Any information on viral hepatitis, how it is transmitted, and/or how to reduce risk for transmission or infection, or treatment options.
08.05	Information-Availability of HIV/STD counseling and testing	Any information, written or verbal, given to an individual or a group about where and how to access HIV-related CTR or STD counseling and testing. This includes referral lists that only list CTR and/or STD counseling and testing sites.
08.06	Information-Availability of partner notification and referral services	Any information, written or verbal, given to an individual or a group about where and how to access partner notification services. The availability information provided is exclusive to PCRS. This includes referral lists that only list PCRS sites.
08.07	Information-Living with HIV/AIDS	Any information, written or verbal, given to an individual or a group living with HIV/AIDS specific to living with the disease.
08.08	Information-Availability of social services	Any information, written or verbal, given to an individual or a group about how and where to access social services. This could include a referral list that only includes social services agencies or providers.
08.09	Information-Availability of medical services	Any information, written or verbal, given to an individual or a group about how and where to access HIV medical services. This could include a referral list that only includes HIV medical care providers.
08.10	Information - Sexual risk reduction	Any information, written or verbal, given to an individual or a group on how to reduce sexual risk for HIV transmission or infection.
08.11	Information-IDU risk reduction	Any information, written or verbal, given to an individual or a group on how to reduce injection drug use risk for HIV transmission or infection.
08.12	Information-IDU risk free behavior	Any information, written or verbal given to an individual or a group on abstaining from injection drug use or only using new needles and disposing of them appropriately.
08.13	Information-Condom/barrier use	Any information, written or verbal, given to an individual or a group regarding appropriate use and disposal of condoms or other barrier methods.
08.14	Information-Negotiation/Communication	Any information, written or verbal, given to an individual or a group regarding communication of desire for safer practices and negotiating safer practices with partners (sexual and needle sharing).



# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
08.15	Information-Decision making	Any information, written or verbal, given to an individual or a group regarding the steps and techniques needed for reassessing, planning and using judgment to avoid situations that may expose them to HIV infection or transmission risk and/or decision to engage in a risk behavior.			
08.16	Information-Disclosure of HIV status	Any information, written or verbal, given to an individual or a group regarding disclosure of their HIV status, applicable laws, accompanying ramifications, and options regarding non-disclosure.			
08.17	Information-Providing prevention services	Any information, written or verbal, given to an individual or a group on how to communicate prevention messages and/or demonstrate risk reduction skills with others.			
08.18	Information-HIV testing	Any information, written or verbal, given to an individual, couple, or group regarding HIV testing including explanation of the testing process and meaning of results, behavioral risks for infection, and importance of knowing their status.			
08.19	Information-Partner notification	Any information, written or verbal, given to an individual or a group regarding the notification of possible exposure to HIV and accompanying ramifications, behaviors associated with possible exposure, and consideration of alternatives or information on how to notify partners regarding possible exposure.			
08.20	Information-HIV medication therapy adherence	Any information, written or verbal, given to an individual or a group regarding HIV medication therapy, benefits and risk, medical therapy alternatives, and importance of adhering to medication therapy for HIV.			
08.21	Information-Alcohol and drug use prevention	Any information, written or verbal, given to an individual or a group on the negative effects and consequences of alcohol and drug use and its relationship to HIV transmission or infection risk behavior including strategies to avoid or abstain from use.			
08.22	Information-Sexual Health	Any information, written or verbal, given to an individual or a group on reproductive health, sexuality, sexual development and similar topics.			
08.23	Information-TB testing	Any information, written or verbal, given to an individual, couple, or group on TB, how it is transmitted, and/or how to reduce risk for transmission or infection, or treatment options			
08.66	Information-Other	Any information, written or verbal, given to an individual or group that cannot be captured in any of the other information codes.			
09.01	Demonstration-Condom/barrier use	Provider or participant demonstration (using a teaching tool) of appropriate use and disposal of condoms or other barrier methods.			
09.02	Demonstration-IDU risk reduction	Provider or participant demonstration of how to safely dispose of syringes or how to use bleach kits to clean works.			
09.03	Demonstration-Negotiation/Communication	Provider or participant demonstration of how to communicate desire for safer practices and how to negotiate safer practices with partners (sexual and needle sharing).			
09.04	Demonstration-Decision making	Provider or participant demonstration of steps, and techniques needed for reassessing, planning and using judgment to avoid situations that may expose them to HIV infection or transmission risk and/or decision to engage in a risk behavior.			
09.05	Demonstration-Disclosure of HIV status	Provider or participant demonstration of techniques to disclose seropositive status or discuss issues relevant to disclosure.			
09.06	Demonstration-Providing prevention services	Provider or participant demonstration of how to communicate prevention messages or demonstrate risk reduction skills with others.			
09.07	Demonstration-Partner notification	Provider or participant demonstration of how to notify partners regarding possible exposure to HIV or how to discuss issues relevant to partner notification.			



# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
09.66	Demonstration-Other	Any provider or participant demonstration of a skills or technique that is not decision making, IDU risk reduction, condom/barrier use, negotiation and communication, disclosure, or providing prevention services.			
10.01	Practice-Condom/barrier use	Participant practice (using a teaching tool) of appropriate condom and/or barrier use and disposal during the intervention session.			
10.02	Practice-IDU risk reduction	Participant practice of safe needle use and disposal including the use of bleach kits to clean works during the intervention session(s).			
10.03	Practice-Negotiation/ Communication	Participant practice communication of desire for safer practices and negotiation of safer practices with partners (sexual and needle sharing) during the intervention session(s).			
10.04	Practice-Decision making	Participant practice using steps and techniques needed for reassessing, planning and using judgment to avoid situations that may expose them to HIV infection or transmission risk and/or decision to engage in a risk behavior.			
10.05	Practice-Disclosure of HIV status	Participant practice of techniques to disclose seropositive status or discuss issues relevant to disclosure.			
10.06	Practice-Providing prevention services	Participant practice communication of prevention messages and/or demonstration of risk reduction skills with others during intervention session(s).			
10.07	Practice-Partner notification	Participant practice of how to notify partners regarding possible exposure to HIV or how to discuss issues relevant to partner notification.			
10.66	Practice-Other	Participant practice of a skill or technique that is not decision making, IDU risk reduction, condom/barrier use, negotiation and communication, disclosure, or providing prevention services.			
11.01	Discussion-Sexual risk reduction	Facilitation of discussion with individuals or groups involving examination of sexual risk behaviors (self or others) and accompanying ramifications, examination of attitudes and feelings about their risks, consideration of alternatives, and decision making to reduce sexual risk.			
11.02	Discussion-IDU risk reduction	Facilitation of discussion with individuals or groups involving examination of IDU risk and accompanying ramifications, examination of attitudes and feelings about their risks, consideration of alternatives, and decision making to reduce IDU risk.			
11.03	Discussion-HIV testing	Facilitation of discussion with individuals, couples, or groups regarding HIV testing including explanation of the testing process and meaning of results, discussion of behavioral risks for infection, examination of attitudes and feelings about their risks, consideration of alternatives, and decision making to know their status and reduce HIV transmission risk.			
11.04	Discussion-Other sexually transmitted diseases	Facilitation of discussion with individuals or groups regarding sexually transmitted diseases (other than HIV), involving an examination of behavioral risks and accompanying ramifications, examination of attitudes and feelings about their risks, consideration of alternatives, treatment alternatives, and decision making to reduce behavioral risk for other sexually transmitted diseases and/or seek treatment.			
11.05	Discussion-Disclosure of HIV status	Facilitation of discussion with individuals or groups regarding techniques to disclose seropositive status or discuss issues relevant to disclosure.			
11.06	Discussion-Partner notification	Facilitation of discussion with individuals or groups regarding how to notify partners regarding possible exposure to HIV or how to discuss issues relevant to partner notification.			



# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
11.07	Discussion-HIV medication therapy adherence	Facilitation of discussion with individuals or groups regarding HIV medication therapy and accompanying ramifications, examination of attitudes and feelings about HIV medication therapy, discussion of medical therapy alternatives, and decision making to begin and adhere to medication therapy for HIV.			
11.08	Discussion-Abstinence/postpone sexual activity	Facilitation of discussion with individuals or groups on abstaining from sexual activity or postponing the initiation of sexual activity and accompanying ramifications including an examination of risks associated with sexual activities, discussion of alternatives, and decision making to abstain or postpone sexual activity.			
11.09	Discussion-IDU risk free behavior	Facilitation of discussion with individuals or groups on abstaining from injection drug use or only using new needles and disposing appropriately.			
11.10	Discussion-HIV/AIDS transmission	Facilitation of discussion with individuals or groups on HIV/AIDS and how HIV is transmitted.			
11.11	Discussion-Viral hepatitis	Facilitation of discussion with individuals or groups on viral hepatitis, how it is transmitted, and/or how to reduce risk for transmission or infection, or treatment options.			
11.12	Discussion-Living with HIV/AIDS	Facilitation of discussion with individuals or groups on living with HIV/AIDS and ramifications of living with HIV/AIDS, examination of attitudes and feelings about living with the disease.			
11.13	Discussion-Availability of HIV/STD counseling and testing	Facilitation of discussion with individuals or groups on where and how to access HIV-related CTR or STD counseling and testing and may include the importance of knowing your status. This includes referral lists that only list CTR and/or STD counseling and testing sites.			
11.14	Discussion-Availability of partner notification and referral services	Facilitation of discussion with individuals or groups on where and how to access partner notification services.			
11.15	Discussion-Availability of social services	Facilitation of discussion with individuals or groups on how and where to access social services.			
11.16	Discussion-Availability of medical services	Facilitation of discussion with individuals or groups on how and where to access HIV medical care. Discussion may include options regarding available services.			
11.17	Discussion-Condom/barrier use	Facilitation of discussion with individuals or groups on the appropriate use and disposal of condoms or other barrier methods and accompanying ramifications, examination of attitudes and feelings about condom use, and decision making regarding use of condoms/barriers.			
11.18	Discussion- Negotiation/Communication	Facilitation of discussion with individuals or groups on communication of desire for safer practices and negotiating safer practices with partners (sexual and needle sharing), including discussion of accompanying ramifications, examination of attitudes and feeling, and decision making regarding communicating and negotiating safer practices.			
11.19	Discussion-Decision making	Facilitation of discussion with individuals or groups on steps and techniques needed for reassessing, planning and using judgment to avoid situations that may expose them to HIV infection or transmission risk and/or decision to engage in a risk behavior.			
11.20	Discussion-Providing prevention services	Facilitation of discussion with individuals or groups on communicating prevention message and/or demonstrating risk reduction skills with others.			
11.21	Discussion-Alcohol and drug use prevention	Facilitation of discussion with individuals or groups on the negative effects and consequences of alcohol and drug use and its relationship to HIV transmission or infection risk including strategies to avoid or abstain from use.			





# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
11.22	Discussion-Sexual Health	Facilitation of discussion with individuals or groups on reproductive health, sexuality, sexual development, and similar topics.			
11.23	Discussion-TB testing	Facilitation of discussion with individuals or groups about TB, how it is transmitted, and/or how to reduce risk for transmission or infection, or treatment options.			
11.66	Discussion-Other	Discussion with individuals or groups regarding HIV infection, transmission, or risk reduction issues and accompanying ramifications; examination of attitudes and feelings about these issues, consideration of alternatives, and decision making to reduce HIV infection, transmission, or risk reduction. Issues do not include sexual or IDU risk reduction, HIV testing, other sexually transmitted diseases, HIV status disclosure, partner notification, or HIV medication therapy.			
12.01	Other testing-Pregnancy	Provision of testing to determine pregnancy.			
12.02	Other testing-STD	Provision of testing to determine infection with a sexually transmitted disease other than HIV or Viral Hepatitis.			
12.03	Other testing-Viral hepatitis	Provision of testing to determine infection with viral hepatitis.			
12.04	Other testing-TB	Provision of testing to determine infection with tuberculosis.			
13.01	Distribution-Male condoms	Provision of male condoms by handing them out or placing them in a location to be accessed by consumers at no cost to the consumer.			
13.02	Distribution-Female condoms	Provision of female condoms by handing them out or placing them in a location to be accessed by consumers at no cost to the consumer.			
13.03	Distribution-Safe sex kits	Provision of packages that minimally contain a condom (male or female), lubricant, and instruction for proper use. May include other materials at no cost to the consumer.			
13.04	Distribution-Safer injection/bleach kits	Provision of packages that minimally contain a small bottle of bleach and needle cleaning instructions. Packages may include bottle caps for cookers, cotton, alcohol wipes, and bottles of water for rinsing needles. Materials are provided at no cost to the consumer.			
13.05	Distribution-Lubricants	Provision of water based lubricants at no cost to the consumer as part of HIV prevention activities.			
13.06	Distribution-Education materials	Provision of printed materials designed to be learning or teaching aids by handing them out, placing in a location to be accessed by consumers, or electronic dissemination at no cost to the consumer.			
13.07	Distribution-Referral lists	Provision of lists of specific organizations that provide a specific set of HIV prevention, care, or support services with contact information. The agencies listed are known by the provider to be reliable sources for those services based on provider knowledge and experience. Lists may be disseminated by handing them out, placing them in a location to be accessed by the consumer, or emailed to consumers.			
13.08	Distribution-Role model stories	Provision stories of individuals who have changed their behaviors or plan to change their behaviors to reduce their risk for HIV transmission or infection. Stories may be disseminated by handing them out, placing them in a location to be accessed by the consumer, or emailed to consumers.			
13.66	Distribution-Other	Provision of materials or supplies to consumers with the intent to decrease their risk for HIV transmission or infection and/or to improve health outcomes. Distribution may include dissemination in person, by placing materials in locations to be accessed by consumers, sent to consumers electronically or land mail. Does not include condoms, safer sex kits, bleach kits, lubricants, education materials, referral lists, or role model stories.			





# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
14.01	Post-intervention follow up			
			<i>Individual or group meeting or contact with participant(s) of an intervention after the last session of the intervention to assess or discuss changes targeted by the intervention and/or revisions to risk reduction goals and/or strategies.</i>	
14.02	Post-intervention booster session			
			<i>An intervention session conducted with participant(s) of an intervention after the last session to review and reinforce risk reduction skills and information addressed by the intervention.</i>	
88	Other (specify)			
			<i>Any HIV prevention activity not captured in other value choices.</i>	
AG05c	Incentive Provided (only for HE/RR)	<input type="checkbox"/>	No	Yes
	<i>Definition: A type of reward that was presented to the client as compensation for the client's time and participation in the session, (e.g., voucher for transportation, food, money, or other small reward).</i>			
	<i>Instructions: Indicate whether or not the client received an incentive of any type for participatin</i>			
AG06	Site Name/ID	<input type="checkbox"/>	Yes	Yes
	<i>Definition: The official name of the agency's site of HIV prevention service delivery where the session or event took place.</i>			
	<i>Instructions: Indicate the site where the session or event took place by selecting from a list of s</i>			
AG07	Worker ID	<input type="checkbox"/>	No	Yes
	<i>Definition: A system generated code used to distinguish between persons who are delivering services to clients by a combination of non-identifying characteristics.</i>			
	<i>Instructions: Choose from a list of workers, established in Table P: Worker, the worker(s) who</i>			
AG08a	Client Primary Risk- MSM	<input type="checkbox"/>	Yes	Yes
	<i>Definition: The proportion (number) or percent of the total number of clients who reported male-to-male sexual contact (MSM) as a primary risk for HIV exposure or transmission.</i>			
	<i>Instructions: Of the total number of clients reported in AG04: Number of Client Contacts, indica</i>			
AG08b	Client Primary Risk- IDU	<input type="checkbox"/>	Yes	Yes
	<i>Definition: The proportion (number) or percent of the total number of clients who reported injection drug use (IDU) as a primary risk for HIV exposure or transmission.</i>			
	<i>Instructions: Of the total number of clients reported in AG04: Number of Client Contacts, indica</i>			
AG08c	Client Primary Risk- MSM/IDU	<input type="checkbox"/>	Yes	Yes
	<i>Definition: The proportion (number) of the total number of clients who reported both male-to-male sexual contact (MSM) and injection drug use (IDU) as a primary risk for HIV exposure or transmission.</i>			
	<i>Instructions: Of the total number of clients reported in AG04: Number of Client Contacts, indica</i>			



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
AG08d	Client Primary Risk- Sex Involving Transgender	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The proportion (number) or percent of the total number of clients who reported sexual contact with transgenders as a primary risk for HIV exposure or transmission.			
	<i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indica			
AG08e	Client Primary Risk- Heterosexual Contact	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The proportion (number) or percent of the total number of clients who reported male to female sexual contact as a primary risk for HIV exposure or transmission.			
	<i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indica			
AG08f	Client Primary Risk- Other/Risk Not Identified	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The proportion (number) or percent of the total number of clients whose primary risk for HIV exposure or transmission was unknown or who reported a risk behavior other than what is listed in the categories above.			
	<i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indica			
AG09a	Client Gender-Male	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The proportion (number) or percent of the total number of clients who reported their gender was male.			
	<i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indica			
AG09b	Client Gender- Female	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The proportion (number) or percent of the total number of clients who reported their gender was female.			
	<i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indica			
AG09c	Client Gender-Transgender MTF	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The proportion (number) or percent of the total number of clients who reported their gender was transgender - male to female (MTF).			
	<i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indica			
AG09d	Client Gender- Transgender FTM	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The proportion (number) or percent of the total number of clients who reported their gender was transgender - female to male (FTM).			
	<i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indica			



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
AG10a	Client Ethnicity- Hispanic or Latino	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The proportion (number) or percent of the total number of clients who reported they were Hispanic or Latino.			
	<i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indica			
AG10b	Client Ethnicity- Not Hispanic or Latino	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The proportion (number) or percent of the total number of clients who reported they were not Hispanic or Latino.			
	<i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indica			
AG11a	Client Race- American Indian or Alaska Native	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The proportion (number) or percent of the total number of clients who reported they were American Indian or Alaska Native.			
	<i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indica			
AG11b	Client Race- Asian	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The proportion (number) or percent of the total number of clients who reported they were Asian.			
	<i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indica			
AG11c	Client Race- Black or African American	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The proportion (number) or percent of the total number of clients who reported they were African-American.			
	<i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indica			
AG11d	Client Race- Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The proportion (number) or percent of the total number of clients who reported they were Native Hawaiian or Other Pacific Islander.			
	<i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indica			
AG11e	Client Race- White	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The proportion (number) or percent of the total number of clients who reported they were White.			
	<i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indica			
AG12a	Client Age- Under 13 years	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The proportion (number) or percent of the total number of clients who reported they were less than 13 years of age.			
	<i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indica			



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
AG12b	Client Age- 13-18 years	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The proportion (number) or percent of the total number of clients who reported they were between 13-18 years of age.</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indica</p>				
AG12c	Client Age- 19-24 years	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The proportion (number) or percent of the total number of clients who reported they were between 19-24 years of age.</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indica</p>				
AG12d	Client Age- 25-34 years	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The proportion (number) or percent of the total number of clients who reported they were between 25-34 years of age.</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indica</p>				
AG12e	Client Age- 35-44 years	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The proportion (number) or percent of the total number of clients who reported they were between 35-44 years of age.</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indica</p>				
AG12f	Client Age- 45 years and over	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The proportion (number) or percent of the total number of clients who reported they were 45 years of age and over.</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indica</p>				
AG13a	HIV Status- Positive	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The proportion (number) or percent of the total number of clients who reported they were HIV positive.</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indica</p>				
AG13b	HIV Status- Negative	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The proportion (number) or percent of the total number of clients who reported they were HIV negative.</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indica</p>				
AG13c	HIV Status- Unknown	<input type="checkbox"/>	Yes	Yes
<p><i>Definition:</i> The proportion (number) or percent of the total number of clients who reported their HIV status was unknown.</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indica</p>				



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
AG14a	Materials Distributed- Male Condoms	<input type="checkbox"/>	No	Yes
	<i>Definition:</i> The number of male condoms distributed to clients during this session or event.			
	<i>Instructions:</i> If you indicated that male condoms were distributed during this intervention (AG0			
AG14b	Materials Distributed- Female Condoms	<input type="checkbox"/>	No	Yes
	<i>Definition:</i> The number of female condoms distributed to clients during this session or event.			
	<i>Instructions:</i> If you indicated that female condoms were distributed during this intervention (AG			
AG14c	Materials Distributed- Bleach or Safer injection Kits	<input type="checkbox"/>	No	Yes
	<i>Definition:</i> The estimated number of bleach or safer injection kits distributed to clients during this session or event.			
	<i>Instructions:</i> If you indicated that bleach or safer injection kits were distributed during this inter			
AG14d	Materials Distributed- Education Materials	<input type="checkbox"/>	No	Yes
	<i>Definition:</i> The estimated number of educational brochures/pamphlets or other educational materials distributed to clients during this session or event.			
	<i>Instructions:</i> If you indicated that educational materials were distributed during this intervention			
AG14e	Materials Distributed- Safe Sex Kits	<input type="checkbox"/>	No	Yes
	<i>Definition:</i> The estimated number of safe sex kits distributed to clients during this session or event.			
	<i>Instructions:</i> If you indicated that safer sex kits were distributed during this intervention (AG05b			
AG14f	Materials Distributed- Referral lists	<input type="checkbox"/>	No	Yes
	<i>Definition:</i> The estimated number of referral lists distributed to clients during this session or event.			
	<i>Instructions:</i> If you indicated that referral lists were distributed during this intervention (AG05b:			
AG14g	Materials Distributed- Role Model Stories	<input type="checkbox"/>	No	Yes
	<i>Definition:</i> The estimated number of role model stories distributed to clients during this session or event.			
	<i>Instructions:</i> If you indicated that role model stories were distributed during this intervention (A			
AG14h	Materials Distributed- Other (specify)	<input type="checkbox"/>	No	Yes
	<i>Definition:</i> The estimated number of other HIV prevention materials distributed to clients during this session or event.			
	<i>Instructions:</i> If you indicated that other materials were distributed during this intervention (AG0			



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO

## Table: HC Health Communication/Public Information

This table is completed for each Health Communication/Public Information (HC/PI) event delivered to a group of individuals during a specified period of time (e.g. a single lecture or a series of PSIs) and for each ongoing HC/PI interventions (e.g. hotline, website). Data is reported in aggregate.

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
HC01	Intervention Name	<input checked="" type="checkbox"/>	Yes	Yes

*Definition:* An Intervention Name/ID that was entered by your agency in Table F.

*Instructions:* Select from a list of Intervention Names generated from variable F02: Intervention



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
HC02	HC/PI Delivery method	<input checked="" type="checkbox"/>	Yes	Yes

*Definition:* The medium(s) or channel(s) through which the intervention is delivered.

*Instructions:* Indicate how the intervention was delivered (e.g., in person, by using a video, ove

Code	Value Description	Value Definition
01.00	In person	The intervention is delivered by an individual or a group of individuals in the physical presence of the client(s). Includes counseling, face to face discussions, facilitating group activities, lectures, presentations, etc.
02.00	Internet	The use of email, chat rooms, or websites to deliver information to clients electronically.
03.00	Printed Materials	The use of pamphlets, direct mailing, magazines, newspapers, posters, billboards, etc. If chosen, please specify the subcategory (value codes 3.01-3.04) for printed material.
03.01	Printed Materials-magazines/newspapers	Magazine: a bound periodical published at regular intervals under the same title containing articles of specific interest. Newspaper: a periodical that is folded rather than bound and published at regular intervals under the same title containing news, opinions, advertisements, and other items of current, often local, interest.
03.02	Printed Materials-pamphlets/brochures	A short, printed publication that is unbound or has a paper binding written to inform on a specific topic or to address a public issue or event. This can be multiple pages bound in a booklet form or single page folded in panels. In the context of HIV prevention, it is typically used to promote practices (such as safer sex), services (such as counseling and testing) information (such as HIV transmission risk).
03.04	Printed Materials-posters/billboards	Posters: a single sheet sign posted or displayed used to advertise simple messages or as an advertisement for goods and services. Typically used to promote practices (such as safer sex), services (such as counseling and testing) information (such as HIV transmission risk), or products (condoms). Billboards: large signs or posters that are typically outdoors on which messages or advertisements are placed with the intent to be viewed by the general public. Typically used to promote practices (such as safer sex), services (such as counseling and testing) information (such as HIV transmission risk), or products (condoms).
04.00	Radio	The use of radio broadcasts using public service announcements, commercial air time, and the inclusion of messages in radio programs, etc.
05.00	Telephone	The use of telephones or telephone "hot lines".
06.00	Television	The use of televised broadcasts using public service announcements, commercial air time, etc.
07.00	Video	The use of pre-recorded visual and audio messages not delivered via broadcast or cable TV (e.g., on a VHS tape or DVD).
88.88	Other (specify)	The use of methods or mediums to deliver the intervention other than those that are listed in the other value choices (1.0-7.0). If chosen, please specify the delivery method.



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
HC03	Activity	<input checked="" type="checkbox"/>	Yes	Yes

**Definition:** The specific actions or components of an intervention in which the clients participated in or received during this particular event.

**Instructions:** Select all of the activities that occurred during this event. Describe what was actu

Code	Value Description	Value Definition
04.00	Referral	A process by which immediate client needs for prevention, care, and supportive services are assessed and prioritized and clients are provided with information and assistance in identifying and accessing specific services (such as, setting up appointments and providing transportation). Note: The provision of a referral also includes a plan for tracking whether or not the client accessed the referral.
08.01	Information-HIV/AIDS transmission	Any general information, written or verbal, given to an individual or a group on HIV/AIDS and how it is transmitted.
08.02	Information-Abstinence/postpone sexual activity	Any information, written or verbal, given to an individual or a group on abstaining from sexual activity or postponing sexual activity.
08.03	Information-Other sexually transmitted diseases	Any information, written or verbal, given to an individual or a group on STDs (other than HIV or viral hepatitis), how it is transmitted, how to reduce risk for transmission or infection, or treatment options.
08.04	Information-Viral hepatitis	Any information on viral hepatitis, how it is transmitted, and/or how to reduce risk for transmission or infection, or treatment options.
08.05	Information-Availability of HIV/STD counseling and testing	Any information, written or verbal, given to an individual or a group about where and how to access HIV-related CTR or STD counseling and testing. This includes referral lists that only list CTR and/or STD counseling and testing sites.
08.06	Information-Availability of partner notification and referral services	Any information, written or verbal, given to an individual or a group about where and how to access partner notification services. The availability information provided is exclusive to PCRS. This includes referral lists that only list PCRS sites.
08.07	Information-Living with HIV/AIDS	Any information, written or verbal, given to an individual or a group living with HIV/AIDS specific to living with the disease.
08.08	Information-Availability of social services	Any information, written or verbal, given to an individual or a group about how and where to access social services. This could include a referral list that only includes social services agencies or providers.
08.09	Information-Availability of medical services	Any information, written or verbal, given to an individual or a group about how and where to access HIV medical services. This could include a referral list that only includes HIV medical care providers.
08.10	Information - Sexual risk reduction	Any information, written or verbal, given to an individual or a group on how to reduce sexual risk for HIV transmission or infection.
08.11	Information-IDU risk reduction	Any information, written or verbal, given to an individual or a group on how to reduce injection drug use risk for HIV transmission or infection.
08.12	Information-IDU risk free behavior	Any information, written or verbal given to an individual or a group on abstaining from injection drug use or only using new needles and disposing of them appropriately.
08.13	Information-Condom/barrier use	Any information, written or verbal, given to an individual or a group regarding appropriate use and disposal of condoms or other barrier methods.
08.14	Information-Negotiation/Communication	Any information, written or verbal, given to an individual or a group regarding communication of desire for safer practices and negotiating safer practices with partners (sexual and needle sharing).





# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
08.15	Information-Decision making	Any information, written or verbal, given to an individual or a group regarding the steps and techniques needed for reassessing, planning and using judgment to avoid situations that may expose them to HIV infection or transmission risk and/or decision to engage in a risk behavior.			
08.16	Information-Disclosure of HIV status	Any information, written or verbal, given to an individual or a group regarding disclosure of their HIV status, applicable laws, accompanying ramifications, and options regarding non-disclosure.			
08.17	Information-Providing prevention services	Any information, written or verbal, given to an individual or a group on how to communicate prevention messages and/or demonstrate risk reduction skills with others.			
08.18	Information-HIV testing	Any information, written or verbal, given to an individual, couple, or group regarding HIV testing including explanation of the testing process and meaning of results, behavioral risks for infection, and importance of knowing their status.			
08.19	Information-Partner notification	Any information, written or verbal, given to an individual or a group regarding the notification of possible exposure to HIV and accompanying ramifications, behaviors associated with possible exposure, and consideration of alternatives or information on how to notify partners regarding possible exposure.			
08.20	Information-HIV medication therapy adherence	Any information, written or verbal, given to an individual or a group regarding HIV medication therapy, benefits and risk, medical therapy alternatives, and importance of adhering to medication therapy for HIV.			
08.21	Information-Alcohol and drug use prevention	Any information, written or verbal, given to an individual or a group on the negative effects and consequences of alcohol and drug use and its relationship to HIV transmission or infection risk behavior including strategies to avoid or abstain from use.			
08.22	Information-Sexual Health	Any information, written or verbal, given to an individual or a group on reproductive health, sexuality, sexual development and similar topics.			
08.23	Information-TB testing	Any information, written or verbal, given to an individual, couple, or group on TB, how it is transmitted, and/or how to reduce risk for transmission or infection, or treatment options			
08.66	Information-Other	Any information, written or verbal, given to an individual or group that cannot be captured in any of the other information codes.			
09.01	Demonstration-Condom/barrier use	Provider or participant demonstration (using a teaching tool) of appropriate use and disposal of condoms or other barrier methods.			
09.02	Demonstration-IDU risk reduction	Provider or participant demonstration of how to safely dispose of syringes or how to use bleach kits to clean works.			
09.03	Demonstration-Negotiation/Communication	Provider or participant demonstration of how to communicate desire for safer practices and how to negotiate safer practices with partners (sexual and needle sharing).			
09.04	Demonstration-Decision making	Provider or participant demonstration of steps, and techniques needed for reassessing, planning and using judgment to avoid situations that may expose them to HIV infection or transmission risk and/or decision to engage in a risk behavior.			
09.05	Demonstration-Disclosure of HIV status	Provider or participant demonstration of techniques to disclose seropositive status or discuss issues relevant to disclosure.			
09.06	Demonstration-Providing prevention services	Provider or participant demonstration of how to communicate prevention messages or demonstrate risk reduction skills with others.			
09.07	Demonstration-Partner notification	Provider or participant demonstration of how to notify partners regarding possible exposure to HIV or how to discuss issues relevant to partner notification.			



# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
09.66	Demonstration-Other	Any provider or participant demonstration of a skills or technique that is not decision making, IDU risk reduction, condom/barrier use, negotiation and communication, disclosure, or providing prevention services.			
11.01	Discussion-Sexual risk reduction	Facilitation of discussion with individuals or groups involving examination of sexual risk behaviors (self or others) and accompanying ramifications, examination of attitudes and feelings about their risks, consideration of alternatives, and decision making to reduce sexual risk.			
11.02	Discussion-IDU risk reduction	Facilitation of discussion with individuals or groups involving examination of IDU risk and accompanying ramifications, examination of attitudes and feelings about their risks, consideration of alternatives, and decision making to reduce IDU risk.			
11.03	Discussion-HIV testing	Facilitation of discussion with individuals, couples, or groups regarding HIV testing including explanation of the testing process and meaning of results, discussion of behavioral risks for infection, examination of attitudes and feelings about their risks, consideration of alternatives, and decision making to know their status and reduce HIV transmission risk.			
11.04	Discussion-Other sexually transmitted diseases	Facilitation of discussion with individuals or groups regarding sexually transmitted diseases (other than HIV), involving an examination of behavioral risks and accompanying ramifications, examination of attitudes and feelings about their risks, consideration of alternatives, treatment alternatives, and decision making to reduce behavioral risk for other sexually transmitted disease and/or seek treatment.			
11.05	Discussion-Disclosure of HIV status	Facilitation of discussion with individuals or groups regarding techniques to disclose seropositive status or discuss issues relevant to disclosure.			
11.06	Discussion-Partner notification	Facilitation of discussion with individuals or groups regarding how to notify partners regarding possible exposure to HIV or how to discuss issues relevant to partner notification.			
11.07	Discussion-HIV medication therapy adherence	Facilitation of discussion with individuals or groups regarding HIV medication therapy and accompanying ramifications, examination of attitudes and feelings about HIV medication therapy, discussion of medical therapy alternatives, and decision making to begin and adhere to medication therapy for HIV.			
11.08	Discussion-Abstinence/postpone sexual activity	Facilitation of discussion with individuals or groups on abstaining from sexual activity or postponing the initiation of sexual activity and accompanying ramifications including an examination of risks associated with sexual activities, discussion of alternatives, and decision making to abstain or postpone sexual activity.			
11.09	Discussion-IDU risk free behavior	Facilitation of discussion with individuals or groups on abstaining from injection drug use or only using new needles and disposing appropriately.			
11.10	Discussion-HIV/AIDS transmission	Facilitation of discussion with individuals or groups on HIV/AIDS and how HIV is transmitted.			
11.11	Discussion-Viral hepatitis	Facilitation of discussion with individuals or groups on viral hepatitis, how it is transmitted, and/or how to reduce risk for transmission or infection, or treatment options.			
11.12	Discussion-Living with HIV/AIDS	Facilitation of discussion with individuals or groups on living with HIV/AIDS and ramifications of living with HIV/AIDS, examination of attitudes and feelings about living with the disease.			
11.13	Discussion-Availability of HIV/STD counseling and testing	Facilitation of discussion with individuals or groups on where and how to access HIV-related CTR or STD counseling and testing and may include the importance of knowing your status. This includes referral lists that only list CTR and/or STD counseling and testing sites.			



# PEMS Data Variables and Values

Num	Variable Name		Reported to CDC		
			Mandatory	HD	CBO
11.14	Discussion-Availability of partner notification and referral services	Facilitation of discussion with individuals or groups on where and how to access partner notification services.			
11.15	Discussion-Availability of social services	Facilitation of discussion with individuals or groups on how and where to access social services.			
11.16	Discussion-Availability of medical services	Facilitation of discussion with individuals or groups on how and where to access HIV medical care. Discussion may include options regarding available services.			
11.17	Discussion-Condom/barrier use	Facilitation of discussion with individuals or groups on the appropriate use and disposal of condoms or other barrier methods and accompanying ramifications, examination of attitudes and feelings about condom use, and decision making regarding use of condoms/barriers.			
11.18	Discussion- Negotiation/Communication	Facilitation of discussion with individuals or groups on communication of desire for safer practices and negotiating safer practices with partners (sexual and needle sharing), including discussion of accompanying ramifications, examination of attitudes and feelings, and decision making regarding communicating and negotiating safer practices.			
11.19	Discussion-Decision making	Facilitation of discussion with individuals or groups on steps and techniques needed for reassessing, planning and using judgment to avoid situations that may expose them to HIV infection or transmission risk and/or decision to engage in a risk behavior.			
11.20	Discussion-Providing prevention services	Facilitation of discussion with individuals or groups on communicating prevention message and/or demonstrating risk reduction skills with others.			
11.21	Discussion-Alcohol and drug use prevention	Facilitation of discussion with individuals or groups on the negative effects and consequences of alcohol and drug use and its relationship to HIV transmission or infection risk including strategies to avoid or abstain from use.			
11.22	Discussion-Sexual Health	Facilitation of discussion with individuals or groups on reproductive health, sexuality, sexual development, and similar topics.			
11.23	Discussion-TB testing	Facilitation of discussion with individuals or groups about TB, how it is transmitted, and/or how to reduce risk for transmission or infection, or treatment options.			
11.66	Discussion-Other	Discussion with individuals or groups regarding HIV infection, transmission, or risk reduction issues and accompanying ramifications, examination of attitudes and feelings about these issues, consideration of alternatives, and decision making to reduce HIV infection, transmission, or risk reduction. Issues do not include sexual or IDU risk reduction, HIV testing, other sexually transmitted diseases, HIV status disclosure, partner notification, or HIV medication therapy.			
13.01	Distribution-Male condoms	Provision of male condoms by handing them out or placing them in a location to be accessed by consumers at no cost to the consumer.			
13.02	Distribution-Female condoms	Provision of female condoms by handing them out or placing them in a location to be accessed by consumers at no cost to the consumer.			
13.03	Distribution-Safe sex kits	Provision of packages that minimally contain a condom (male or female), lubricant, and instruction for proper use. May include other materials at no cost to the consumer.			
13.04	Distribution-Safer injection/bleach kits	Provision of packages that minimally contain a small bottle of bleach and needle cleaning instructions. Packages may include bottle caps for cookers, cotton, alcohol wipes, and bottles of water for rinsing needles. Materials are provided at no cost to the consumer.			
13.05	Distribution-Lubricants	Provision of water based lubricants at no cost to the consumer as part of HIV prevention activities.			



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
13.06	Distribution-Education materials			
		Provision of printed materials designed to be learning or teaching aids by handing them out, placing in a location to be accessed by consumers, or electronic dissemination at no cost to the consumer.		
13.07	Distribution-Referral lists			
		Provision of lists of specific organizations that provide a specific set of HIV prevention, care, or support services with contact information. The agencies listed are known by the provider to be reliable sources for those services based on provider knowledge and experience. Lists may be disseminated by handing them out, placing them in a location accessed by the consumer, or e-mailed to consumers.		
13.08	Distribution-Role model stories			
		Provision stories of individuals who have changed their behaviors or plan to change their behaviors to reduce their risk for HIV transmission or infection. Stories may be disseminated by handing them out, placing them in a location to be accessed by the consumer, or e-mailed to consumers.		
13.66	Distribution-Other			
		Provision of materials or supplies to consumers with the intent to decrease their risk for HIV transmission or infection and/or to improve health outcomes. Distribution may include dissemination in person, by placing materials in locations to be accessed by consumers, sent to consumers electronically or by land mail. Does not include condoms, safer sex kits, bleach kits, lubricants, education materials, referral lists, or role model stories.		
88	Other (specify)			
		Any HIV prevention activity not captured in other value choices.		
HC05	Event Start Date	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The calendar date on which the event began.			
	<i>Instructions:</i> Indicate the date on which the intervention began.			
HC06	Event End Date	<input checked="" type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The calendar date on which the event ended.			
	<i>Instructions:</i> Indicate the date on which the event ended.			
HC06a	Data Reported as of Date	<input type="checkbox"/>	Yes	Yes
	<i>Definition:</i> The date on which the data collected and entered for this event was last updated.			
	<i>Instructions:</i> Indicate the date on which the data collected and entered for this event was last u			
HC14	Distribution-Male condoms	<input type="checkbox"/>	No	Yes
	<i>Definition:</i> The number of male condoms that were distributed during the event.			
	<i>Instructions:</i> If one of the activities performed during the event was the distribution of male con			
HC15	Distribution-Female condoms	<input type="checkbox"/>	No	Yes
	<i>Definition:</i> The number of female condoms that were distributed during the event.			
	<i>Instructions:</i> If one of the activities performed during the event was the distribution of female c			



# PEMS Data Variables and Values

Num	Variable Name	Mandatory	Reported to CDC	
			HD	CBO
HC16	Distribution-Lubricants	<input type="checkbox"/>	No	Yes
	<i>Definition:</i> The number of lubricants that were distributed during the event.			
	<i>Instructions:</i> If one of the activities performed during the event was the distribution of lubricants			
HC17	Distribution-Bleach or Safer injection Kits	<input type="checkbox"/>	No	Yes
	<i>Definition:</i> The number of bleach or safer injection kits that were distributed during the event.			
	<i>Instructions:</i> If one of the activities performed during the event was the distribution of bleach or			
HC18	Distribution-Referral Lists	<input type="checkbox"/>	No	Yes
	<i>Definition:</i> The number of referral lists that were distributed during the event.			
	<i>Instructions:</i> If one of the activities performed during the event was the distribution of referral li			
HC19	Distribution-Safe sex kits	<input type="checkbox"/>	No	Yes
	<i>Definition:</i> The number of safe sex kits that were distributed during the event.			
	<i>Instructions:</i> If one of the activities performed during the event was the distribution of safe sex			
HC20	Distribution-Other	<input type="checkbox"/>	No	Yes
	<i>Definition:</i> The number of other items that were distributed during the event.			
	<i>Instructions:</i> If one of the activities performed during the event was the distribution of other mat			