

# NHME 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.

#### Requirements

Num	Variable Name	Program	System	Optional	Not Reported
A01	Agency Name	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The official legal name of the agency or organization.

*Instructions:* This variable will be entered by the CDC PEMS Superadministrator at the time of the agency's first funding award. Once entered and saved in PEMS, this information can only be corrected by the CDC PEMS Superadministrator.

A01a	PEMS Agency ID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* An identification generated by the PEMS system or by the agency used to uniquely identify an agency.

*Instructions:* PEMS generates a unique ID for each agency.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
A02	Community Plan Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The CDC-directly funded state, territory, city area, or region where a state or local health department receives funding to monitor HIV prevention activities. Each jurisdiction has a corresponding Federal Information Processing Standards (FIPS) code.

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

# NHME Variables and Values

Num	Variable Name		Requirements			
			Program	System	Optional	Not Reported
34	NJ	New Jersey				
35	NM	New Mexico				
36	NY	New York				
37	NC	North Carolina				
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				

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
A03	Agency Employer Identification Number (EIN)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The federal tax identification number that is used to identify a business entity.</p> <p><i>Instructions:</i> Enter your agency's Employer Identification Number (EIN). The EIN is also known as the federal tax identification number and is used to identify a business entity. It is a nine-digit number assigned by the IRS for businesses, estates, and trusts. (For more information, see also <a href="http://www.irs.gov">www.irs.gov</a> )</p>					
A04	Agency Street Address 1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> A part of the official mailing address that indicates the primary street and street number of the agency.</p> <p><i>Instructions:</i> Enter the first part of the official mailing address that indicates the primary street and street number location where the agency named in A01: Agency Name is located.</p>					
A05	Agency Street Address 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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 agency.</p> <p><i>Instructions:</i> Use this second address variable for additional information such as a suite number, room number, or other information that will assist CDC in getting all program correspondence to you in a timely manner.</p>					
A06	Agency - City	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The city in which the official mailing address for the agency is physically located.</p> <p><i>Instructions:</i> Enter the name of the city where the agency entered for variable A01: Agency Name is located.</p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
A08	Agency - State	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The state, territory or district in which the official mailing address is physically located.

*Instructions:* Select the name of the state, territory or district where your agency is physically located. This must represent one of the 50 states, the District of Columbia, the U.S. Virgin Islands, or Puerto Rico.

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

# NHME Variables and Values

Num	Variable Name		Requirements			
			Program	System	Optional	Not Reported
36	NY	New York				
37	NC	North Carolina				
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      Agency - Zip Code                       

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

*Instructions:* Enter your agency's 5 digit postal zip code.



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
A10	Agency Website	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

*Instructions:* Enter your agency's website address, if applicable.

A11	Agency DUNS Number	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The Data Universal Numbering System (DUNS) number is a unique nine-digit identification number which identifies business entities. It is provided by the commercial company Dun & Bradstreet.

*Instructions:* Enter your agency's unique Data Universal Numbering System (DUNS) number. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access [www.dnb.com](http://www.dnb.com).

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
A12	Agency Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* 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.

*Instructions:* Indicate the type of agency that best describes your agency. This variable is NOT used to describe the site or setting at which HIV prevention services are delivered.

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, 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.
06	Hospital	An institution that provides medical, surgical, or psychiatric care and treatment to patients on an inpatient or outpatient basis.
89	Other (specify)	An agency type other than specified above.

A12-1	Specify Agency Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A specification of the type of agency if 89-Other (specify) was selected in A12.

*Instructions:* Specify the type of agency if 89-Other (specify) was selected and none of the other value choices in A12 apply.



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
A13	Faith-based	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* 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.

*Instructions:* Indicate whether or not your agency is a faith-based agency.

Code	Value Description	Value Definition
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.

A14	Race/Ethnicity Minority Focused	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A non-governmental agency serving a clientele that is composed of 85% or more of racial/ethnic minority populations.

*Instructions:* Indicate whether or not your non-governmental agency serves a clientele that is composed of 85% or more of racial/ethnic minority populations.

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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
A15	Annual Agency Budget for HIV Prevention from All Sources	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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 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>					
A16	Fiscal Year Start Date	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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 Agency HIV Prevention Budget described in A15.</p>					
A17	Fiscal Year End Date	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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 HIV Prevention Budget described in A15.</p>					
A18	Directly Funded Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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 the CDC through an HIV prevention cooperative agreement.</p>					
<b>Code</b>	<b>Value Description</b>	<b>Value Definition</b>			
0	No	<i>The agency does not receive funds directly from the CDC for HIV prevention services.</i>			
1	Yes	<i>The agency receives funds directly from the CDC for HIV prevention services.</i>			

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
A19	Funding Sources	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*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. Each source should contribute to the HIV prevention budget described in A15: Annual Agency HIV Prevention Budget. Choose all that apply.

Code	Value Description	Value Definition
01.01	Federal - Centers for Disease Control and Prevention (CDC) - Division of HIV/AIDS Prevention	Funding is provided by the CDC - Division of HIV/AIDS Prevention.
01.02	Federal - Centers for Disease Control and Prevention (CDC) - Division of Sexually Transmitted Diseases	Funding is provided by the CDC - Division of STD Prevention.
01.03	Federal - Centers for Disease Control and Prevention (CDC) - Division of Adolescent and School Health	Funding is provided by the CDC - Division of Adolescent and School Health.
01.04	Federal - Health Resources and Services Administration (HRSA)	Funding is provided by any division of HRSA.
01.05	Federal - Substance Abuse and Mental Health Services Administration (SAMHSA)	Funding is provided by any division of SAMHSA.
01.06	Federal - Office of Population Affairs	Funding is provided by the Office of Population Affairs.
01.07	Federal - Department of Justice	Funding is provided by the Department of Justice.
01.08	Federal - Other (specify)	Funding is provided by a federal agency not otherwise listed.
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.
04.00	Private sources	Funding provided by an organization or institution that is not under federal or public supervision or control.
05.00	Agency generated sources	Funding is provided by revenue or earnings produced by the organization or institution or services or products produced.
89	Other (specify)	Funding is provided by sources that do not fit into one of the specified categories listed above.

A19-1	Specify Funding Source	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A specification of funding source if 89-Other (specify) was selected in A19.

*Instructions:* Specify the funding source if 89-Other (specify) was selected and none of the other value choices in A19 apply.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
A20	Percent Funds from Federal Sources	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated percent of the agency's annual budget for HIV prevention that was awarded (as described in A15) 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.</p> <p><i>Instructions:</i> Enter the estimated percent of your agency's annual budget for HIV prevention that comes directly from federal sources, including CDC and non-CDC federal sources (e.g., HRSA, CSAT, CSAP).</p>					
A21	Agency Contact Last Name	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The legal last name 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).</p> <p><i>Instructions:</i> Enter the legal last name of the primary contact person for your agency. Be sure to examine your agency's protocol for whether the contact person should be Executive Director or AIDS Director, project director.</p>					
A22	Agency Contact First Name	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The legal first name 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).</p> <p><i>Instructions:</i> Enter the legal first name of the primary contact person you listed in variable A21.</p>					
A23	Agency Contact Title	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><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).</p> <p><i>Instructions:</i> Enter the official title of your agency's primary contact person noted in variables A21 and A22.</p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
A24	Agency Contact Phone	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><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.</p> <p><i>Instructions:</i> Enter the primary telephone area code and number for your agency contact.</p>					
A25	Agency Contact Fax	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><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.</p> <p><i>Instructions:</i> Enter the primary fax number for your agency contact.</p>					
A26	Agency Contact Email	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><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.</p> <p><i>Instructions:</i> Enter the primary email address for the agency's primary contact person noted in variables A21 and A22.</p>					

## 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	Requirements			
		Program	System	Optional	Not Reported
B01	CDC HIV Prevention PA Number	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The Program Announcement (PA) number issued by CDC for EACH program announcement through which funds were awarded to your agency.</p> <p><i>Instructions:</i> Enter program announcement number issued by CDC for EACH program announcement through which funds were awarded to your agency. If you have more than one CDC HIV prevention award, you will need to enter Table B variables for each one. This variable will be entered by the CDC PEMS Superadministrator for the 1st year of the Program Award.</p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
B02	CDC HIV Prevention PA Budget Start Date	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><i>Definition:</i> The beginning month and year of a specific CDC Program Announcement Annual Award period. The date format is MM/YYYY.</p> <p><i>Instructions:</i> Specify the beginning month and year of a specific CDC Program Announcement's ANNUAL Award period. This date should be referenced in the official Program Announcement award paperwork that your agency received from CDC. This variable will be entered by the CDC PEMS Superadministrator for the 1st year of the Program Award.</p>				
B03	CDC HIV Prevention PA Budget End Date	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><i>Definition:</i> The end month and year of a specific CDC Program Announcement Annual Award period.</p> <p><i>Instructions:</i> Specify the end month and year of a specific CDC Program Announcement's ANNUAL Award period. This date should be referenced in the official Program Announcement award paperwork that your agency received from CDC. This variable is entered by the CDC PEMS Superadministrator for the 1st year of the Program Award.</p>				
B04	CDC HIV Prevention PA Award Number	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><i>Definition:</i> A 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.</p> <p><i>Instructions:</i> Enter the number for the award granted through the specific CDC program announcement noted in variable B01: CDC HIV Prevention PA Number. This number should be referenced in the official Program Announcement award paperwork that your agency received from CDC. This variable is entered by the CDC PEMS Superadministrator for the 1st year of the Program Award.</p>				

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
B05	Funded CBO HIV Prevention Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* The funding category in the Program Announcement under which a directly funded CBO receives an award.

*Instructions:* Specify the funding category under which you received an award. This variable is used only for CBO grantees. This variable should be completed for all Program Announcements awarded to the agency.

Code	Value Description	Value Definition
01	Targeted outreach + HE/RR for high risk individuals	The funding category for which 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 high risk individuals	The funding category for which 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 for which 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 for which activities include the provision of prevention interventions to seronegative individuals at very high risk for HIV infection.
05	Prevention - PS	The funding category for which 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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The total annual award amount for this CDC HIV Prevention award. This should correspond to the time frame provided in B02: CDC HIV Prevention PA Start Date and B03: CDC HIV Prevention PA End Date.

*Instructions:* Enter the total annual award amount for this CDC HIV Prevention PA award. This should correspond to the time frame provided in B02: CDC HIV Prevention PA Start Date and B03: CDC HIV Prevention PA End Date. This variable will be entered by the CDC Super Administrator for the first year.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
B06a	Annual CDC HIV Prevention Award Amount Expended	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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, enter the total annual award amount expended for this CDC HIV Prevention PA award. This should correspond to the time frame provided in B02: CDC HIV Prevention PA Start Date and B03: CDC HIV Prevention PA End Date. The value will equal the dollar amount from line 10b of the Financial Status Report (FSR): "Total outlays from report period".</p>				
B07	Amount Allocated For Community Planning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><i>Definition:</i> For a specific CDC HIV prevention award, this value represents the annual 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.</p> <p><i>Instructions:</i> Indicate the amount your agency allocated for Community Planning. Budget allocations must be indicated for one or more of the following categories: Community Planning, Prevention Services, Evaluation, and Capacity Building.</p>				
B08	Amount Allocated for Prevention Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><i>Definition:</i> For a specific CDC HIV prevention award, this value represents the annual costs associated with the implementation of HIV prevention activities such as Counseling, Testing, and Referral (CT); HIV Partner Services (PS); laboratory support for HIV CT and PS; 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 of costs associated with these activities.</p> <p><i>Instructions:</i> Indicate the amount your agency allocated for Prevention Services. Budget allocations must be indicated for one or more of the following categories: Community Planning, Prevention Services, Evaluation, and Capacity Building.</p> <p>The allocated amount under CT includes the costs associated with conducting HIV counseling, testing (including laboratory services), and referral activities. All costs for health department staff and materials, including direct assistance involved in CT, as well as allocations for prevention partners (contractors) will be included here. For example, costs for program administration, staffing, training, quality control, laboratory costs, and materials should be</p>				
B09	Amount Allocated for Evaluation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><i>Definition:</i> For a specific CDC HIV prevention award, this value represents the annual costs associated with conducting evaluation of prevention programs and community planning. These efforts may include evaluation activities conducted by agency staff or contracted to an outside provider. The allocated amount should include routine quality assurance and program monitoring costs, costs for conducting special studies, and costs for staffing and administering evaluation projects, materials, and data collection and processing costs.</p> <p><i>Instructions:</i> Indicate the amount your agency allocated for Evaluation. Budget allocations must be indicated for one or more of the following categories: Community Planning, Prevention Services, Evaluation, and Capacity Building.</p>				



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
B10	Amount Allocated for Capacity Building	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><i>Definition:</i> For a specific CDC HIV prevention award, this value represents the annual 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 of costs associated with these activities.</p> <p><i>Instructions:</i> Indicate the amount your agency allocated for Capacity Building. Budget allocations must be indicated for one or more of the following categories: Community Planning, Prevention Services, Evaluation, and Capacity Building.</p>				
B11	Amount Allocated for STD Prevention and Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<p><i>Definition:</i> For a specific CDC HIV prevention award, this value represents the annual costs associated with supporting 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> Indicate the amount your agency allocated for STD Prevention and Treatment.</p>				
B12	Amount Allocated for Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<p><i>Definition:</i> For a specific CDC HIV prevention award, this value represents the annual costs associated with 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> Indicate the amount your agency allocated for other activities not included in the preceding categories.</p>				
B13	Amount Allocated for Indirect Costs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<p><i>Definition:</i> For a specific CDC HIV Prevention award, this value represents the annual cost 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> Indicate the amount your agency allocated for Indirect Costs. This amount will equal the dollar amount from Financial Status Report (FSR) - Line 11.</p>				

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

## 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	Requirements			
		Program	System	Optional	Not Reported
C01	Contractor Agency Name	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The official legal name of the contractor.

*Instructions:* Enter the official legal name of the contractor.

C02	Contractor - Street Address 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A part of the official mailing address that indicates the primary street and street number location of the contractor.

*Instructions:* Enter the first part of the official mailing address that indicates the primary street and street number location where the contractor named in C01: Agency Name is located.

C03	Contractor - Street Address 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A part of the official mailing address that indicates the apartment or suite number if applicable, or other information needed to complete the official mailing address of the contractor.

*Instructions:* Use this second address variable for additional information such as a suite number, room number, or other information that will assist in getting program correspondence to your contractor in a timely manner.

C04	Contractor - City	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*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 is located.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
C06	Contractor - State	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The state, territory or district in which the official mailing address for the contractor is physically located.

*Instructions:* Select the name of the state, territory or district in which the agency named in C01: Agency Name is physically located. This must represent one of the 50 states, the District of Columbia, the U.S. Virgin Islands, or Puerto Rico.

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

# NHME Variables and Values

Num	Variable Name		Requirements			
			Program	System	Optional	Not Reported
36	NY	New York				
37	NC	North Carolina				
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.				

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
C07	Contractor - Zip Code	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*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	Contractor - Contact Phone Number	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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 contract agency primary contact person named in C11-C12: Contact First/Last Name.

C09	Contractor - Contact Fax Number	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The fax 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 fax number for the contract agency primary contact person named in C11-C12: Contact First/Last Name.

C10	Contractor - Contact Email Address	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The email address for the contractor's primary contact specified in C11: Contact First Name and C12: Contact Last Name.

*Instructions:* Enter the primary email address for the contract agency primary contact person named in C11-C12: Contact First/Last Name.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
C11	Contractor - Contact First Name	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<p><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).</p> <p><i>Instructions:</i> Enter the legal first name of the primary contact for the contractor named in C01: Agency Name. Be sure to verify this information with each of your contractors; as people change agencies or positions within an agency.</p>				
C12	Contractor - Contact Last Name	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<p><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).</p> <p><i>Instructions:</i> Enter the legal last name for the primary contact of the contractor named in C01: Agency Name. Be sure to verify this information with each of your contractors; as people change agencies or positions within an agency.</p>				
C13	Contractor - Employer Identification Number (EIN)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><i>Definition:</i> The federal tax identification number that is used to identify a business entity.</p> <p><i>Instructions:</i> Enter the Employer Identification Number (EIN) for the agency named in C01: Agency Name. The EIN is also known as a federal tax identification number and is used to identify a business entity. It is a nine-digit number assigned by the IRS for businesses, estates, and trusts. (For more information, see also <a href="http://www.irs.gov">www.irs.gov</a> )</p>				
C14	Contractor - DUNS Number	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><i>Definition:</i> The Data Universal Numbering System (DUNS) number is a unique nine-digit identification number which identifies business entities. It is provided by the commercial company Dun &amp; Bradstreet.</p> <p><i>Instructions:</i> Enter the unique Data Universal Numbering System (DUNS) number for the agency named in variable C01: Agency Name. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access <a href="http://www.dnb.com">www.dnb.com</a>.</p>				

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
C15	Contractor Agency Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*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 contractor named in variable C01: Agency Name (e.g., CBO, academic institution). If the contractor is an individual, select "other" and specify that the contractor is an individual.

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.
06	Hospital	An institution that provides medical, surgical, or psychiatric care and treatment to patients on an inpatient or outpatient basis.
89	Other (specify)	An agency type other than specified above.

C15-1	Specify Contractor Agency Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A specification of the type of agency if 89-Other (specify) was selected in C15.

*Instructions:* Specify the type of agency if 89-Other (specify) was selected and none of the other value choices in C15 apply.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
C16	Contractor Agency Activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*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: Agency Name is funded to provide.

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 Services (PS), laboratory support for HIV CT and PS, 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.
89	Other (specify)	HIV prevention activities other than those listed above.

C16-1	Specify Contractor Agency Activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A specification of agency activities if 89-Other (specify) was selected in C16.

*Instructions:* Specify agency activities if 89-Other (specify) was selected and none of the other value choices in C16 apply.



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
C17	Contractor - Faith-based	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* 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.

*Instructions:* Indicate whether or not the contractor is a faith-based 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	Contractor - Race/Ethnicity Minority Focused	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A non-governmental agency serving a clientele that is composed of 85% or more of racial/ethnic minority populations.

*Instructions:* Indicate whether or not the contract is non-governmental agency that serves a clientele that made up of 85% or more of racial/ethnic minority populations.

Code	Value Description	Value Definition
0	No	The contract agency does not serve a clientele that is composed of 85% or more of racial or 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/Year	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The calendar month and year that the contract begins or takes effect. This contract award applies to the annual budget period.

*Instructions:* Enter the calendar month and year that the contract begins or takes effect. Be sure to refer to the official contracting agreement documents for this date. The contract start date should fall between the PA award start and end date specified in B02: CDC HIV Prevention PA Budget Start Date and B03: CDC HIV Prevention PA Budget End Date.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
C21	Contract End Date - Month/Year	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The calendar month and year that the contract ends. This contract award applies to the annual budget period.</p> <p><i>Instructions:</i> Enter the calendar month and year that the contract is scheduled to end. Be sure to refer to the official contracting agreement documents for this date.</p>					
C23	Total Contract Amount Awarded	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The total dollar amount awarded to the contractor using CDC/DHAP funds from the funding agency. This award applies to the annual budget period (C19: Contract Start Date-Month - C22: Contract End Date - Year).</p> <p><i>Instructions:</i> Enter the CDC/DHAP dollar amount awarded to the contractor named in C01: Agency Name from your agency. If the total amount in C23 includes non DHAP funds then C24 must be completed.</p>					
C24	Percent of Contract from CDC Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The percent of the total annual contract amount awarded that came from a CDC program award. This variable must be completed if the total amount in C23 includes non DHAP funds.</p> <p><i>Instructions:</i> If your agency is directly funded by CDC, enter the percent of the total contract amount awarded to the contractor named in C1: Agency Name that came from one of your CDC program awards. If there are multiple contracts awarded to your agency, report the percent of CDC funds for each individual contract award.</p>					
C25	Contractor - CDC HIV Prevention PA Number	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The CDC HIV Prevention Program Announcement (PA) 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 announcement number through which this contractor is being funded.</p>					
C26	Contractor - CDC HIV Prevention PA Budget Start Date	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The beginning of the CDC Program Announcement Annual Award Period through which this contractor is being funded. The date format is MM/YYYY.</p> <p><i>Instructions:</i> If your agency is directly funded by CDC, enter the beginning of the CDC Program Announcement Award Period from which you awarded funds to this contractor. This should be the award period for the PA award that was entered in C25: CDC HIV Prevention Program Announcement Number.</p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
C27	Contractor - CDC HIV Prevention PA Budget End Date	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The end of the CDC Program Announcement Annual Award Period through which this contractor is being funded. The date format is MM/YYYY.</p> <p><i>Instructions:</i> If your agency is directly funded by CDC, enter the end of the CDC Program Announcement Award Period from which you awarded funds to this contractor. This should be the award period for the PA award that was entered in C25: CDC HIV Prevention Program Announcement Number.</p>					
C28	Method of Selection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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 the contractor were selected (competitive process, sole source, etc.). This variable is optional and can be used by directly funded grantees to meet the reporting requirements of PGO and PO.</p>					
<b>Code</b>	<b>Value Description</b>	<b>Value Definition</b>			
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.			
C29	Target Population	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The primary population(s) that the contractor will serve.</p> <p><i>Instructions:</i> If your agency is directly funded by CDC, indicate the primary target population(s) the contract agency or individual contractor will serve. If the population served by the contractor is not a priority population (i.e., population is health department staff), the variable should be left blank. This variable is optional and can be used by directly funded grantees to meet the reporting requirements of PGO and PO.</p>					
C30	Itemized Budget - Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The amount of the contract budgeted for personnel costs such as salary and fringe benefits.</p> <p><i>Instructions:</i> If your agency is directly funded by CDC, indicate the contract budget amount to be used for personnel. This variable is optional and can be used by directly funded grantees to meet the reporting requirements of PGO and PO.</p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
C31	Itemized Budget - Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<p><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.</p> <p><i>Instructions:</i> If your agency is directly funded by CDC, indicate the contract budget amount to be used for travel. This variable is optional and can be used by directly funded grantees to meet the reporting requirements of PGO and PO.</p>				
C32	Itemized Budget - Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<p><i>Definition:</i> The amount of the contract budgeted for equipment.</p> <p><i>Instructions:</i> If your agency is directly funded by CDC, indicate the contract budget amount to be used for equipment. This variable is optional and can be used by directly funded grantees to meet the reporting requirements of PGO and PO.</p>				
C33	Itemized Budget - Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<p><i>Definition:</i> The amount of the contract budgeted for supplies, such as general office supplies, educational material or word processing software.</p> <p><i>Instructions:</i> If your agency is directly funded by CDC, indicate the contract amount to be used for supplies. This variable is optional and can be used by directly funded grantees to meet the reporting requirements of PGO and PO.</p>				
C34	Itemized Budget - Contractual	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<p><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.</p> <p><i>Instructions:</i> If your agency is directly funded by CDC, indicate the contract budget amount to be used for contractual activities. This variable is optional and can be used by directly funded grantees to meet the reporting requirements of PGO and PO.</p>				
C35	Itemized Budget - Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<p><i>Definition:</i> The amount of the contract that is budgeted for other expenses such as postage, telephone and printing.</p> <p><i>Instructions:</i> If your agency is directly funded by CDC, indicate the contract budget amount to be used for other expenses. This variable is optional and can be used by directly funded grantees to meet the reporting requirements of PGO and PO.</p>				

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
C36	Itemized Budget - Indirect Costs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* 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.

*Instructions:* If your agency is directly funded by CDC, indicate the contract budget amount to be used for indirect costs. This variable is optional and can be used by directly funded grantees to meet the reporting requirements of PGO and PO.

C37	Notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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*Definition:* A text field to record any additional text notes about the contractor or contracted activities for PGO and PO reporting.

*Instructions:* If your agency is directly funded by CDC, enter any additional notes about the contractor or contracted activities for PGO and PO reporting.

## 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 and track recruitment efforts. The entire table is optional, but is used for local programmatic purposes.

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
N01	Network Agency Name	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* The official legal name of the network agency or organization.

*Instructions:* Enter the official name of the agency in your referral network.

N02	Network - Street Address 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A part of the official mailing address that indicates the primary street and street number location of the network agency or organization.

*Instructions:* Enter the first part of the official mailing address that indicates the primary street and street number location where the network agency named in N01 is located.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
N03	Network - Street Address 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* A part of the mailing address that indicates the apartment or suite number if applicable, or other information needed to complete the official mailing address of the network agency or organization.

*Instructions:* Use this second address variable for additional information such as a suite number, room number, or other information that will assist in getting program correspondence to your network agency in a timely manner.

N04	Network - City	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The city in which the official mailing address for network agency is physically located.

*Instructions:* Enter the name of the city where the network agency you entered for variable N01: Agency Name is located.

N05	Network - County	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The county, parish, or municipality of the network agency.

*Instructions:* Select the name of the county where the network agency is located.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
N06	Network - State	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*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 organization 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

# NHME Variables and Values

Num	Variable Name		Requirements			
			Program	System	Optional	Not Reported
35	NM	New Mexico				
36	NY	New York				
37	NC	North Carolina				
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.				



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
N07	Network - Zip Code	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*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	Network - Phone Number	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*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 primary contact.

N09	Network - Fax Number	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The fax 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 fax area code and number for the network agency's primary contact.

N10	Network - Email Address	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The email address for the network agency's primary contact specified in N11: Contact First Name and N12: Contact Last Name.

*Instructions:* Enter the primary email address for the network agency's primary contact.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
N11	Contact First Name	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The legal first name of the network agency's primary contact (e.g., CBO Executive Director, CBO Director for HIV Prevention, Health Department AIDS Director or Director of HIV Prevention).</p> <p><i>Instructions:</i> Enter the legal first name of the network agency's primary contact. Be sure to check with each agency to determine what type of agency employee they would like to be the official contact listed in PEMS.</p>					
N12	Contact Last Name	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The legal last name of the network agency's primary contact (e.g., CBO Executive Director, CBO Director for HIV Prevention, Health Department AIDS Director or Director of HIV Prevention).</p> <p><i>Instructions:</i> Enter the legal last name of the network agency's primary contact. Be sure to check with each agency to determine what type of agency employee they would like to be the official contact listed in PEMS.</p>					
N13	Network - Employer Identification Number (EIN)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The federal tax identification number that is used to identify a business entity.</p> <p><i>Instructions:</i> Enter the Employer Identification Number (EIN) for the network agency named in N01: Agency Name. The EIN is also known as a federal tax identification number and is used to identify a business entity. It is a nine-digit number assigned by the IRS for businesses, estates, and trusts. (For more information, see also <a href="http://www.irs.gov">www.irs.gov</a> )</p>					
N14	Network - DUNS Number	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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 the unique Data Universal Numbering System (DUNS) number for the network agency named in variable N01: Agency Name. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access <a href="http://www.dunandbradstreet.com">www.dunandbradstreet.com</a> or call 1-866-705-5711. For more information, see the CDC web site at: <a href="http://www.cdc.gov/od/pgo/funding/pubcomm.htm">http://www.cdc.gov/od/pgo/funding/pubcomm.htm</a></p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
N15	Network Agency Type	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*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 variable N01: Agency Name (e.g., CBO, academic institution). Remember that this variable is NOT used to describe the site or setting at which HIV prevention services are delivered.

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.
06	Hospital	An institution that provides medical, surgical, or psychiatric care and treatment to patients on an inpatient or outpatient basis.
89	Other (specify)	An agency type other than specified above.

N15-1	Specify Network Agency Type	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A specification of the type of network agency if 89-Other (specify) was selected in N15.

*Instructions:* Specify the type of network agency if 89-Other (specify) was selected and none of the other value choices in N15 apply.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
N17	Network Service Type	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

*Instructions:* Indicate which types of service(s) this agency provides. These are likely the services provided by this agency to which you may refer clients or from which you are likely to recruit clients (e.g. HIV testing, PS, etc.).

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 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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
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 HIV 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	The service type cannot be identified by the other service types listed.			

N18	Notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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*Definition:* A text field to record any additional information regarding a network agency.

*Instructions:* Use this space to record any additional information regarding an agency in the network that may be helpful for any uses you or your colleagues may have.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
N19	Network Activity Status	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* The agency's current activity status within the network. This is an indication of whether the network agency is one that your agency currently provides referrals to or receives referrals from.

*Instructions:* Indicate the activity status that best describes the current status of a particular agency's participation in the network as either active or inactive. As agencies make decisions to enter and leave networks for various reasons, you may want to confirm their status.

Code	Value Description	Value Definition
1	Active	The network agency is currently an agency that your agency provides referrals to or receives referrals from.
2	Inactive	The network agency is currently not an agency that your agency provides referrals to or receives referrals from.

## Table: P Worker

An agency should complete this table for each paid staff or volunteer who provides HIV prevention services to clients. The entire table is optional, but is used for local programmatic purposes.

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
P01	Worker ID	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*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 Table P and begin entering data about the worker. This ID can then be used if you choose to track worker information related to prevention services that your agency provides.

P02	Local Worker ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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*Definition:* A locally developed identification system used to distinguish between persons within the same agency who are delivering services to clients.

*Instructions:* If your agency has already established a local worker ID, you can use this variable to continue tracking workers by their existing ID numbers. Remember that they will now have two ID numbers if you choose to continue using existing numbers. If this number is used by other departments to identify workers, you may want to communicate to other departments, especially Human Resources, that workers involved in providing services will have two ID numbers.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
P03	First Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> The worker's first name.</p> <p><i>Instructions:</i> Enter the worker's formal first name. If you are using Table P to track worker activity within your agency, this variable must be completed for the record to be saved in PEMS. If it is not feasible to enter the worker's true first name, grantees can use another naming convention (e.g., pseudo-name), as long as it can be used to distinguish this worker from other workers in PEMS.</p>					
P04	Middle Initial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> The first letter of the worker's middle name.</p> <p><i>Instructions:</i> Enter the first letter of the worker's middle name.</p>					
P05	Last Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> The worker's last name.</p> <p><i>Instructions:</i> Enter the worker's last name. If you are using Table P to track worker activity within your agency, this variable must be completed for the record to be saved in PEMS. If it is not feasible to enter the worker's true last name, grantees can use another naming convention (e.g., pseudo-name), as long as it can be used to distinguish this worker from other workers in PEMS.</p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
P06	Worker Type	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*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, educator, test administrator). You can also enter a new category if the worker plays an additional role or if none of the roles in the value list describe the worker type.

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	Partner Services 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 determine 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.
89	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).



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
P06-1	Specify Worker Type	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* A specification of the worker type if 89-Other (specify) was selected in P06.

*Instructions:* Specify the worker type if 89-Other was selected.

P07	Employment Status	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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, volunteer or a contractor.

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.
3	Contractor	Individuals who are contracted by your agency to provide direct HIV prevention services to clients.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
P08	Education Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*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 a worker may have a high school diploma and a bachelor's degree, you would choose bachelor's degree only as the highest education level.

Code	Value Description	Value Definition
1	No schooling completed	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.
66	Not asked	The worker was not asked to provide his or her highest level of education.
7	Post graduate degree	The client received completed a Masters, Doctorate, and/or other professional degrees.
77	Declined to answer	The worker refuses or is unwilling to provide his or her highest level of education.
99	Don't know	The worker does not know or is unsure of his or her highest level of education.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
P09	Prevention Intervention Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

*Instructions:* Indicate the prevention intervention training curriculum the agency worker has completed. You should list all the training each worker has personally been involved in—and not all the training that is offered at your agency or to your agency. For example, if your agency sponsored RAPP and SISTA training sessions, and Worker X only participated in RAPP training, then you should only check RAPP for this variable for Worker X.

Code	Value Description	Value Definition
0	None	The agency worker has not completed a CDC-based training curriculum.
1	Introduction to HIV prevention: "HIV 101"	A training course that introduces the basics of HIV transmission and describes techniques for HIV prevention.
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	A seven-session, HIV prevention intervention for out-of-treatment active injection and non-injection drug users aimed at reducing both high-risk drug use and sexual behaviors. The intervention includes both structured and unstructured psycho-educational activities in group and individual settings.
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.
19	DEBI - Many Men, Many Voices	A six- or seven-session, group level STD/HIV prevention intervention for gay and bisexual men of color.
2	HIV prevention counseling - Basic	A training course that discusses measures of preventing HIV transmission, including testing for HIV infection.

# NHME Variables and Values

Num	Variable Name		Requirements				
			Program	System	Optional	Not Reported	
20	Partner Services						An HIV intervention that includes a broad array of services that can be offered to persons with HIV and their partners. Identifying partners and notifying them of their exposure (i.e., partner notification) are two critical elements of these services. Others include risk reduction counseling; testing for HIV and other STDs; linkage to medical evaluation and treatment; and linkage or referral to other services, such as family planning, prenatal care, substance abuse treatment, social support, housing, and mental health services.
21	Evaluation Guidance						Training designed to provide HIV program managers and their staff with monitoring and evaluation information that can be used for national-level data reporting or to inform local monitoring and evaluation efforts.
22	WILLOW						A four-session intervention for HIV positive, heterosexual women.
23	SiHLE						A four-session intervention designed to lower teen's risk for STDs and teen pregnancy.
24	CLEAR						A three module intervention that is delivered in one-on-one sessions to young people living with HIV.
25	OPTIONS						A clinician-initiated HIV risk reduction intervention for HIV positive persons in clinical care using motivational interviewing techniques.
3	HIV Test administration - Conventional						Training for persons conducting HIV testing using venous blood or oral specimen collection which requires follow-up visits within two weeks of the specimen collection. Conventional testing requires pre- and post-test counseling visits with clients.
4	HIV Test administration - Rapid						Training for persons conducting HIV testing using whole blood or oral specimen collection for point-of-care testing. The rapid HIV testing session incorporates counseling and testing within one visit for most clients and counselors must be prepared to test results within the visit.
5	HIV prevention counseling - Issues for youth						Training for persons conducting HIV counseling and testing with youth at high risk of HIV-infection.
6	HIV prevention counseling - Issues for clients who test positive						Training for persons conducting prevention programs with HIV-infected individuals. Prevention counseling for this population focuses on preventing the spread of HIV transmission and ensuring linkage to medical care and treatment.
7	Supervisory training for HIV CT - Quality assurance						Training for persons conducting HIV testing using conventional or rapid testing methods. Training focuses on conducting testing according to CDC guidelines.
8	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.
89	Other (specify)						A prevention intervention training other than those specified above.
9	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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
P09-1	Specify Prevention Intervention Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> A specification of prevention intervention training if 89-Other (specify) was selected in P09.</p> <p><i>Instructions:</i> Specify the prevention intervention training if 89-Other (specify) was selected and none of the other value choices in P09 apply.</p>					
P10	Certification Start Date	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The date that the agency worker is eligible to start provision of service(s).</p> <p><i>Instructions:</i> For each Worker Type selected in P05: Worker Type, indicate the start date for when the worker is certified or authorized to provide a specific service(s).</p>					
P11	Certification End Date	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The date that the worker is no longer eligible to provide service(s).</p> <p><i>Instructions:</i> For each Worker Type selected in P05: Worker Type, tell us the date that the agency worker is no longer certified or authorized to provide a specific service(s).</p>					
P12	Training Comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> A text field to describe any additional details about the prevention intervention training a worker has received.</p> <p><i>Instructions:</i> Provide any additional comments about the prevention intervention training the worker has received.</p>					
P13	Site Name of Service Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The name of the sites or locations where an agency worker performs HIV prevention service activities.</p> <p><i>Instructions:</i> Select the site(s) where an agency worker performs HIV prevention service activities.</p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
P14	Worker Start Date	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* The date that the agency worker became eligible to work at the agency.

*Instructions:* Enter the date that the worker became eligible to work at the agency.

P15	Worker End Date	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The date that the agency worker became ineligible to work at the agency (for example, contract expired, etc.)

*Instructions:* Enter the date that the worker became ineligible to work at the agency.

## Table: S Site Information

A site is a facility or non-facility based setting (e.g. park, street corner), which serves as a point of service delivery. If an agency has multiple sites, this table is completed for each site. However, if an agency has multiple sites with the same zip code that are of the same site type, the agency may use a single site name and ID for the encompassing locations. For example, a mobile van that rotates to several sites within the same zip code. When entering site information in the PEMS software "is active" must be enabled for sites to appear in modules throughout the system.

### Requirements

Num	Variable Name	Program	System	Optional	Not Reported
S01	Site ID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* A unique code used to distinguish the locations where an agency delivers services.

*Instructions:* The PEMS system will generate a Site ID for every site name that is entered. The Site ID will be used to link prevention services delivered by a particular agency to a specific geographic area and type of setting.

S02	Legacy Site ID	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A unique identification system used to distinguish between publicly funded HIV Counseling and Testing sites.

*Instructions:* If your agency has established legacy site sites, then you have the option of entering your existing CDC Legacy Site ID here.

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# NHME Variables and Values

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Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
S03	Service Delivery Site Name	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The official name of the agency's HIV prevention site of service delivery.

*Instructions:* Enter the official name of the site where your agency provides HIV prevention services. The Site Name must be unique for each site supported by your agency. If your agency's services are delivered at the same place your administrative office is located, then this site will automatically be entered in the PEMS software. Note: Please provide the official name for your agency's HIV prevention site, even though some staff and community residents may refer to it as something other than its official name.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
S04	Site Type	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*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 primary type of services offered at the site named in S03: Site Name of Service Delivery even though a number of services may be offered there. Remember, you can only choose one site type. Select the site type that best represents the primary services that are provided. You may select a primary category (indicated by an asterisk \*) for the site type; however, only one site type may be selected.

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	A health facility that provides medical care to patients that reside within that facility while they are receiving those services.
F01.50	Inpatient - Drug/alcohol treatment	A residential health facility that provides substance abuse treatment and rehabilitation.
F01.88	Inpatient facility - Other	A health facility where services (other than those specified) are provided to patients that reside within that facility while they are receiving those services.
F01.99	Inpatient facility - Unknown	A health facility where services are provided to patients that reside within that facility while they are receiving those services. The type of service that this facility provides is 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.



# NHME Variables and Values

Num	Variable Name		Requirements			
			Program	System	Optional	Not Reported
F02.88	Outpatient facility - Other					
F02.88	Outpatient facility - Other	A health care facility where services (other than those specified) are provided to patients that do not reside within that facility while they are receiving services.				
F02.99	Outpatient facility - Unknown					
F02.99	Outpatient facility - Unknown	A health care facility where services are provided to patients that do not reside within that facility while they are receiving services. The type of service that this facility provides is unknown.				
F03	*Emergency room					
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.				
F04.01	*Blood bank/plasma center					
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					
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					
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					
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					
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					
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					
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					
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					
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					
F06.07	Community setting - Bar/club/adult entertainment	A place of entertainment, typically open at night, usually serves food and alcoholic beverages, and often provides music and space for dancing or having a floor show which may depict, describe, or relate to sexual conduct or sexual excitement.				
F06.08	Community setting - Public area					
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					
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					
F06.10	Community setting - Community center	A facility where the members of a community can gather for social or cultural activities				
F06.12	Community setting - Individual residence					
F06.12	Community setting - 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					
F06.88	Community setting - Other	A defined area, environment or context (other than those already specified) in which a group of people live, work or congregate.				
F07	*Correctional facility					
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				

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
F88	*Other	A site where prevention services are conducted other than those specified above.			
S05	Site - Street Address 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> A part of the official mailing address that indicates the primary street and street number location of the site.</p> <p><i>Instructions:</i> Enter the first part of the official mailing address that indicates the primary street and street number location where the site named in S03: Site Name is located.</p>					
S06	Site - Street Address 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> A part of the mailing address that indicates apartment or suite number if applicable, or other information needed to complete the official mailing address of the site.</p> <p><i>Instructions:</i> Use this second address variable for additional information such as a suite number, room number, or other information for the site you entered for S03: Site Name.</p>					
S07	Site - City	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The city in which the official mailing address for the site is physically located.</p> <p><i>Instructions:</i> Enter the name of the city where the site you entered for variable S03: Site Name is located.</p>					
S08	Site - County	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The county, parish, or municipality where the agency's site of service is physically located.</p> <p><i>Instructions:</i> Select the name of the county where the site you entered for variable S03: Site Name is located.</p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
S09	Site - State	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The state, territory or district in which the official mailing address for the site is physically located.

*Instructions:* Select the name of the state, territory or district where the site you entered for variable S03: Site Name is located. This must represent one of the 50 states, the District of Columbia, the U.S. Virgin Islands, or Puerto Rico.

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

# NHME Variables and Values

Num	Variable Name		Requirements			
			Program	System	Optional	Not Reported
36	NY	New York				
37	NC	North Carolina				
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.				

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
S10	Site - Zip Code	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The postal zip code associated with the site where services are provided.

*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.

S11	Site - Phone Number	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The telephone area code and number for the site's primary contact specified in S14: Contact First Name and S15: Contact Last Name.

*Instructions:* Enter the primary telephone area code and number for the contact named in S14: Contact First Name and S15: Contact Last Name.

S12	Site - Fax Number	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The fax area code and number for the site's primary contact specified in S14: Contact First Name and S15: Contact Last Name.

*Instructions:* Enter the primary fax area code and number for the site's primary contact specified in S14: Contact First Name and S15: Contact Last Name.

S13	Site - Email	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The email address for the site's primary contact specified in S14: Contact First Name and S15: Contact Last Name.

*Instructions:* Enter the primary email address for the site's primary contact specified in S14: Contact First Name and S15: Contact Last Name.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
S14	Site - Contact First Name	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* The legal first name of the primary contact for the site.

*Instructions:* Enter the legal first name of the primary contact for the site named in S03: Site Name. Be sure to determine your agency's protocol for whether or not the contact person is the project director, project manager, or executive director.

S15	Site - Contact Last Name	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The legal last name of the primary contact of the site.

*Instructions:* Enter the legal last name of the primary contact for the site named in S03: Site Name. Be sure to determine your agency's protocol for whether or not the contact person is the project director, project manager, or executive director.

S16	Use of Mobile Unit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*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 (S04: Site Type = F06.01-F06.12), indicate whether or not your agency has a mobile unit that has been customized to provide off-site HIV prevention services. Note: This is different from your agency's van for transporting staff to various field sites.

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.

S17	Other Site Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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*Definition:* A text field to enter other site information if needed.

*Instructions:* Use this variable to help your local staff organize details about a particular site.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

## Program Planning Level

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

This table is required to be completed by all directly and indirectly funded 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	Requirements			
		Program	System	Optional	Not Reported

**D01** Program Name

*Definition:* 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.

*Instructions:* Indicate the name used by the agency to identify this program. If your agency organizes its prevention services into multiple programs (as defined in PEMS), then Table D: Program Name must be completed for each program. The number and organization of Programs is at the discretion of the agency. All services could be organized under one Program Name or divided into multiple Programs, whichever way best meets the agency's needs. Note: Add the year of service delivery to Program Name selected.

**D02** Community Planning Jurisdiction

*Definition:* The CDC-directly funded state, territory, or city health department jurisdiction in which this program is intended to be delivered.

*Instructions:* Select the Community Planning Jurisdiction(s) in which this program is intended to be delivered. If your agency is a directly funded CBO that is funded to serve in more than one Community Planning jurisdiction (e.g., you specified multiple jurisdictions in A02: Community Plan Jurisdiction), select all the Community Planning Jurisdictions in which this program is intended to be delivered. If your agency is a health department or an indirectly funded CBO select only one Community Planning Jurisdiction in which this program is intended to be delivered even if you specified multiple jurisdictions in A02: Community Planning Jurisdiction. Note: Indirectly funded CBOs are required to separate their programs by jurisdiction (i.e., by state, city, or territorial funding streams).

**D03** Community Planning Year

*Definition:* 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.

*Instructions:* Indicate the Community Planning Year (e.g., 2005) in which this program indicated in D01: Program Name will be initiated. If the plan is a multi-year plan (e.g., 2005-2008), indicate the annual period (e.g., 2005) within the plan that guides how the HIV prevention program indicated in D01: Program Name will be implemented in the jurisdiction.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

## 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.

### Requirements

Num	Variable Name	Program	System	Optional	Not Reported
E101	Program Model Name	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Definition:** A Program Model is the scientific or operational rationale (e.g., evidence-base, 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 within the Program which coincides with the Program name listed in D01: Program Name. Each program model within a Program must have a unique name. The name can be the original name of the Program Model (e.g., RAPP or CTR) or any other name determined by the agency. If more than one of the same Program Model will be implemented more than once within a Program (e.g., each with different target populations), then each program model needs a unique name so that it is distinguished from other program models within the Program. Note: Include the year of service delivery after the Program Model Name. For each program model, select either E102, E103, or E104.



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
E102	Evidence Base	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*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 Model Name, select only one of the following categories: Evidence-Based (E102), CDC Recommended Guideline (E103), or Other Basis (E104). If you are a directly funded CBO and were funded to implement a specific program model (e.g., "RAPP") choose the corresponding program model (e.g., "RAPP"). Only use this variable if you plan to implement all of the core elements of the program model. If you plan to either drop or change any of the core elements, choose variable E104: Other Basis for Program Model.

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.
1.10	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	A four-session intervention for HIV positive, heterosexual women.
1.14	SiHLE	A four-session intervention designed to lower teen's risk for STDs and teen pregnancy.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
1.15	CLEAR				A three module intervention that is delivered in one-on-one sessions to young people living with HIV.
1.16	OPTIONS				A clinician-initiated HIV risk reduction intervention for HIV positive persons in clinical care using motivational interviewing techniques.
1.17	Focus on Youth with imPact				A community-based, eight session group intervention that provides youth with the skills and knowledge they need to protect themselves from HIV and other STDs. The curriculum, founded on the Protection Motivation Theory, uses fun, interactive activities such as games, role plays and discussions to convey prevention knowledge and skills.
1.18	MIP				A holistic behavioral intervention for reducing high-risk behaviors for infection and transmission of HIV among intravenous drug users (IDUs).
1.19	D-UP				An adaptation of Popular Opinion Leader (POL) intervention for African-American MSM.
1.20	Sister to Sister				A single-session, skills-building intervention with a group- and individual-level component to increase self-efficacy, condom use skills, and condom negotiation with sex partners among inner-city African American female clinic patients.
1.21	Project START				A multi-session, community re-entry intervention to lower rates of sexual risk behavior among young men who are released from prison
1.22	Connect				A 5-session HIV/STD prevention intervention delivered to heterosexual couples or women alone that emphasizes the importance of communication, negotiating safer sex, and problem-solving skills.
1.23	SHIELD				Self - Health in Eliminating Life-Threatening Disease - A small-group, interactive intervention that relies on peer networks to reduce drug and sex risk behaviors.
1.24	Nia				A video-based motivational skills-building small-group intervention targeting inner-city heterosexually active, African American men.
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.
2.02	Project RESPECT				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.
2.03	NIMH Multisite HIV Prevention Trial Group (1998): Project LIGHT (Living in Good Health Together)				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.
3.01	Cohen (1991): Condom Skills Education				A single, 30-minute group condom skills education session for people waiting in STD clinics.
3.02	Des Jarlais (1992): AIDS/Drug Injection Prevention				A small group intervention to prevent the transition from sniffing heroin to injecting heroin.
3.03	El-Bassel (1992): Skills Building				A small group intervention to reduce sexual risk behavior and HIV transmission for women methadone patients.
3.04	McCusker (1992): Informational and Enhanced AIDS Education				A small group informational and enhanced education intervention on drug- and sex-related HIV risk behaviors for drug abusers.
3.05	Cohen (1992): Group Discussion Condom Promotion				A group video and discussion session about condom use for people waiting in STD clinics.
3.06	Hobfoll (1994): Reducing AIDS Risk Activities				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.
3.07	Kelly (1994): Cognitive-Behavioral Skills Training Group				A small group intervention concerning high-risk behaviors for high-risk women in urban clinics.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
3.08	Wenger (1991): HIV Education, Testing, and Counseling	An education, testing, and one-on-one counseling intervention to reduce high-risk sexual behavior among heterosexuals undergoing HIV Antibody testing.			
3.09	Kelly (1989): Behavioral Self-management and Assertion Skills (Project ARIES)	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.			
3.10	Jemmott (1992): Be Proud! Be Responsible	A small group intervention in which skills building is utilized to increase knowledge of AIDS and sexually transmitted diseases to reduce positive attitudes and intentions toward risky sexual behaviors among African-American male adolescents.			
3.11	Rotheram-Borus (1998): 3-Session and 7-Session Small groups	A brief HIV intervention for adolescents and young adults.			
3.12	Magura (1994): Intensive AIDS Education in Jail	A small group intervention to reduce HIV drug- and sex-related risk behaviors for male adolescent drug users in jail.			
3.13	Sellers (1994): HIV Prevention for Latino Youth	A community intervention delivered to high-risk Latino youth designed to increase awareness of HIV and reduce the risk of infection by increasing condom use by promotion and distributions of condoms.			
3.14	Orr (1996): Brief Behavioral Intervention	Behavioral intervention to increase condom use among high-risk female adolescents.			
3.15	Eldridge (1997): Behavioral Skills Training	A HIV risk reduction intervention for women entering inpatient substance abuse treatment centers.			
3.16	Get Real About AIDS, 1992	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.			
3.17	Stanton (1996): Focus on Kids	A peer network decision-making intervention to increase condom use among sexually active low-income African-American youths.			
3.18	Kirby (1991): Reducing the Risk	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.			
3.19	Get Real About AIDS, 1993	Classroom intervention to postpone the initiation of sexual intercourse and to reduce the number of students engaging in unsafe sex and drug-using behaviors.			
3.20	St. Lawrence (1995): Becoming a Responsible Teen (BART)	An 8-session small group intervention to reduce African-American adolescents' risk for HIV infection.			

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
E103	CDC Recommended Guidelines	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Definition:** A program model for which an official CDC-endorsed document describes the policies, procedures and strategies for implementing specific HIV prevention activities of CTR, PS and CRCS.

**Instructions:** When indicating the basis for the program model identified in E101: Program Model Name, select only one of the following categories: Evidence-Based (E102), CDC Recommended Guideline (E103), or Other Basis (E104). If your agency is funded to implement CTR, PS or CRCS using CDC Guidelines, then select from the list of CDC Recommended Guidelines that were used to design the intervention and activities. If you plan to modify significant aspects of the activities outlined in the guidelines or use other protocols, (e.g., agency or state developed), then choose E104: Other Basis for Program.

Code	Value Description	Value Definition
1.00	Counseling, Testing, and Referral	Revised Guidelines for HIV Counseling, Testing and Referral, 2001 or Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings, 2006
2.00	Comprehensive Risk Counseling Services	HIV Prevention Case Management Guidance, 1997 or Resource Manual and Implementation Guidance for Prevention Case Management, Draft; 2004
4.00	Partner Services	HIV Partner Services Guidance, 1998
5.00	Recommendations for HIV/STD Partner Services	HIV/STD Partner Services Recommendations, 2008

E104	Other Basis for Program Model	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Definition:** 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.

**Instructions:** If neither an Evidence Based model (E102: Evidence Based) nor a CDC Recommended Guideline (E103: CDC Recommended Guideline) serves as the basis for a program model specified in E101: Program Model Name, indicate the scientific, theoretical or operational basis for the program model. If applicable, specify the published article or study upon which this program is modeled. Otherwise, briefly describe the source of the model for the program. If you are directly funded CBO, this variable should not be used to describe a program model funded through a CDC Program Announcement.

Code	Value Description	Value Definition
6.00	Study (specify)	The published article or study upon which this program is modeled.
89	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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
E104-1	Specify Other Basis for Program Model	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><i>Definition:</i> A specification of the rationale for the development of the intervention if 6.00-Study (specify) or 89-Other (specify) is selected in E104.</p> <p><i>Instructions:</i> Specify the rationale for the development of the intervention if 6.00-Study (specify) or 89-Other (specify) was selected in E104.</p>				
E105	Target Population	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 selecting from the list of priority populations that have been generated from the Community Planning Priority Population worksheets (CP-B01) reported for the jurisdiction(s) specified in D02: Community Planning Jurisdiction. If the target population you intend to target is not included in this list, you may add an additional target population.</p>				
E106	Sub-target Population	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<p><i>Definition:</i> A more specific or detailed population embedded within the target population that is being targeted by the intervention.</p> <p><i>Instructions:</i> A text field to indicate and further describe the sub-target populations that your program intends to serve. This is an optional variable.</p>				
E107	Program Model Start Date	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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).</p>				
E108	Program Model End Date	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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).</p>				

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
E109	Proposed Annual Budget	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The estimated annual CDC/DHAP budget for this program model.

*Instructions:* Indicate your agency's estimated annual CDC/DHAP budget to be used specifically for the implementation of this program model. The annual budget is defined by the dates given in E107: Program Model Start Date and E108: Program Model End Date.

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

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.

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
E201	Program Model Name	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*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 Name.

E202	Program Model Status	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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 status of the program model you selected in E201: Program Model Name at the end of the program model year. If the program model will continue in the next year, then choose "Ongoing." If the program model will have been completed as planned at the end of the year and will not continue in the next year, then choose "Completed as Planned." If the program model was stopped before completion at the end of the year and will not continue in the next year, then choose "Terminated Prematurely."

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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
E203	Program Model Termination Date	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*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 Model Status, then indicate the date the program model was terminated.

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

*Instructions:* Indicate the total annual funds expended to carry out the program model during the annual funding period. This includes funds from all sources (e.g., federal, state, private) for program-related expenses such as personnel, supplies, travel and indirect costs if applicable.

E205	Indirect Costs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* 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.)

*Instructions:* Indicate whether the total annual funds expended includes any general administrative costs associated with the program model.

Code	Value Description	Value Definition
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The percentage of total annual funds expended to carry out a program model that came from CDC HIV prevention funds.

*Instructions:* Indicate the percentage of total annual funds expended (as reported in E204: Funds Expended), to carry out this program model that came from CDC HIV prevention funds. For example, suppose the total funds expended for Program Model X equals \$100,000 and includes \$60,000 from CDC funds. You would enter 60% as your response to variable E206 Percent CDC Contribution (60,000/100,000 x 100 = 60%). Note: Indirectly-funded agencies should contact their primary funder(s) to verify this percentage.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

## **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, 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 Services (PS) program models, only one intervention can be associated with each model.

### Requirements

Num	Variable Name	Program	System	Optional	Not Reported
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# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
F01	Intervention Type	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* 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.

*Instructions:* Indicate the type of intervention that will be implemented under the Program Model selected in E101: Program Model Name. If there are multiple interventions associated with the Program Model, then Table F variables should be completed for each intervention. There are six intervention types from which to choose in PEMS: Counseling, Testing and Referral, Health Communication/Public Information (HCPI), Partner Services (PS), Comprehensive Risk Counseling Services (CRCS), Outreach, Health Education/Risk Reduction (HERR). If you are implementing an intervention other than what is listed you may choose "Other" and specify.

Code	Value Description	Value Definition
01	Counseling, Testing, and Referral	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, is provided testing to detect the presence of HIV antibodies, and if positive is referred to appropriate services.
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 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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
89	Other (specify)	<i>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.</i>			
F01-1	Specify Intervention Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Definition:</i> A specification of the type of intervention if 89-Other (specify) was selected in F01.				
	<i>Instructions:</i> Specify the type of intervention if 89-Other (specify) was selected and none of the other value choices in F01 apply.				
F02	Intervention ID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Definition:</i> A PEMS unique ID number that corresponds with each unique intervention name.				
	<i>Instructions:</i> PEMS will generate an intervention ID for every intervention name.				
F02a	Intervention Name	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Definition:</i> The unique name of the intervention as defined by the agency.				
	<i>Instructions:</i> Indicate the unique name of the intervention selected in F01: Intervention Type. Each intervention within a Program Model must have a unique name that will link it to the associated client-service data and distinguish it from other interventions of the same type (e.g., two distinct group level interventions with two distinct curricula, etc.).				

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
F03	HIV+ Intervention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* An intervention that primarily or exclusively targets persons living with HIV/AIDS (PLWHAs) and their sex and/or injection drug using partners.

*Instructions:* If the intervention specified in F02: Intervention Name will primarily or exclusively target persons living with HIV/AIDS (PLWHAs) and their sex and/or injection drug using partners, select "Yes" for this variable. If your intervention serves both HIV-positive and HIV-negative people, you select "No" for this variable.

Code	Value Description	Value Definition
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* An intervention that primarily or exclusively targets pregnant women to reduce the risk of perinatal HIV transmission.

*Instructions:* Indicate "Yes" for this variable only if your organization intends to target the HIV testing of pregnant women primarily or exclusively with this intervention. You would answer "No" to this variable if your intervention serves some pregnant women but targets women who may or may not be pregnant.

Code	Value Description	Value Definition
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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* 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.

*Instructions:* Calculate how many clients your agency will be able to serve with all cycles of this intervention during the Program Model period defined by E107: Program Model Start Date and E108: Program Model End Date (typically one year). To calculate the total number of clients for an intervention delivered to a group, multiply the planned number of cycles (F07: Planned Number of Cycles) by the number of individuals expected to be served in each intervention cycle. Example: If you can see 12 people in each intervention cycle, and you can offer the entire cycle 9 times over the year, then: 12 people x 9 cycles = 108 total annual clients.



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
F06	Sub-Total Target Population	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* 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.

*Instructions:* If you indicated in E105: Target Population that this Program Model serves more than one target population, then you would indicate the total annual number of clients in EACH target population intended to be reached by the intervention in the Program Model period. For example, if you plan to target YMSMs and female sex workers, then you would report a separate total for each population, one for YMSMs and one for female sex workers.

F07	Planned Number of Cycles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The number of times a complete delivery of an intervention will be delivered to its intended audience over the program model period.

*Instructions:* Indicate the number of times planned to deliver the entire intervention over the Program Model period, E107: Program Model Start Date and E108: Program Model End Date. For group-delivered interventions, provide the total number of times planned to deliver all sessions during the year. For individual-delivered interventions, provide the number of individuals expected to receive the intervention. For interventions with potentially large numbers of individual sessions (e.g., CTR, CRCS or PS) the number of cycles should be "ongoing". If interventions are to be delivered continuously, the value should be "ongoing". For outreach, provide the number of discrete episodes workers will conduct (e.g., 4 workers x 5 times/week x 48 weeks = 960 cycles).

Code	Value Description	Value Definition
#####	Number	The specific number of times that the entire intervention is intended to be delivered during the program model period.
9999999	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/Events	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A session consists of one or more activities delivered to clients on a given date. This variable represents the number of sessions planned for in a single cycle of an intervention.

*Instructions:* Indicate the total number of sessions planned for one cycle of an intervention that has a predetermined or targeted number of sessions. If the number of sessions is not pre-determined but will be determined at client service delivery (e.g. CRCS or HERR that involves individual counseling), a response of "unknown" is appropriate. The provider should instead note the number of sessions in variable H02: Intended Number of Sessions for each client enrolled in the intervention.

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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
F09	Unit of Delivery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The category or grouping of intended clients to be seen per session for a unique intervention.

*Instructions:* Indicate how many clients you intend to serve per session. For instance, an intervention may be delivered to an individual, a couple, groups of different sizes, or to an entire community. If you provided a specific number for variable F08: Number of Sessions (e.g., "3 sessions"), then specify the unit of delivery for each session (H22). If you choose "unknown" (e.g., CRCS or individual counseling), for variable F08: Number of Sessions, then specify the unit of delivery at the intervention level (F09) and choose all that apply.

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.¶

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
F10	Activity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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 implementation of this particular intervention session. If you plan to provide multiple sessions for this intervention, then this variable is completed for each session of the intervention. If you are describing an intervention with a known number of sessions then a separate list of activities should be completed for each session (H20). If the number of session equals "unknown" (e.g., CRCS or individual counseling), then this variable is completed once for the entire intervention. Examples of activities include providing information about STDs, demonstrating condom use, or making referrals. Definitions for the major categories of activity types include: 1) Information: The provision or communication of factual knowledge (written or</p>					
Code	Value Description	Value Definition			
01.00	Not collected	Agency currently does not collect or report data on session activities.			
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 Services (PS).			
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 PS. This includes referral lists that only list PS 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.			

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
08.08	Information - Availability of social services				
08.09	Information - Availability of medical services				
08.10	Information - Sexual risk reduction				
08.11	Information - IDU risk reduction				
08.12	Information - IDU risk free behavior				
08.13	Information - Condom/barrier use				
08.14	Information - Negotiation/communication				
08.15	Information - Decision making				
08.16	Information - Disclosure of HIV status				
08.17	Information - Providing prevention services				
08.18	Information - HIV Testing				
08.19	Information - Partner notification				
08.20	Information - HIV medication therapy adherence				
08.21	Information - Alcohol and drug use prevention				
08.22	Information - Sexual health				
08.23	Information - TB Testing				
08.88	Information - Other				

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
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.			
09.88	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.			
10.88	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.			



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
11.03	Discussion - HIV Testing				
11.04	Discussion - Other sexually transmitted diseases				
11.05	Discussion - Disclosure of HIV status				
11.06	Discussion - Partner notification				
11.07	Discussion - HIV medication therapy adherence				
11.08	Discussion - Abstinence/postpone sexual activity				
11.09	Discussion - IDU risk free behavior				
11.10	Discussion - HIV/AIDS transmission				
11.11	Discussion - Viral hepatitis				
11.12	Discussion - Living with HIV/AIDS				
11.13	Discussion - Availability of HIV/STD counseling and testing				
11.14	Discussion - Availability of partner notification and referral services				
11.15	Discussion - Availability of social services				
11.16	Discussion - Availability of medical services				
11.17	Discussion - Condom/barrier use				

# NHME Variables and Values

Num	Variable Name	Requirements				
		Program	System	Optional	Not Reported	
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.
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.
11.24	Discussion - Stage Based Encounters					Facilitation of discussion with individuals or groups using Stage Based Encounters.
11.88	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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
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.			
13.09	Distribution - Dental Dams	Provision of dental dams by handing them out or placing them in a location to be accessed by consumers at no cost to the consumer.			
13.88	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.			
89	Other (specify)	Any HIV prevention activity not captured in other value choices.			

F10-1	Specify Activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A specification of the activity if 89-Other (specify) was selected in F10.

*Instructions:* Specify the activity if 89-Other (specify) was selected and none of the other value choices in F10 apply.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
F11	Delivery Method	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

*Instructions:* Indicate how you plan to deliver the intervention, such as delivering it in person, via the Internet, over the radio, or by video, etc.

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. This is 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. This is 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).
89	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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

F11-1	Specify Delivery Method	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A specification of the type of delivery method if 89-Other (specify) was selected in F11.

*Instructions:* Specify the method of delivery if 89-Other (specify) was selected and none of the other value choices in F11 apply.

F12	Language of Intervention Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
F13	Detailed Behavior Data Collection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*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: Client Behavior Details.

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.

F14	Level of Data Collection	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The type of client service data, (i.e., client-level or aggregate-level), that will be collected during an intervention.

*Instructions:* Indicate if client service data for the intervention will be collected at the aggregate or the individual level. In PEMS, some types of interventions require collecting client demographic and risk data for each client ("client-level data") and some require that this information is gathered for the whole group receiving the intervention ("aggregate-level data").

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. <sup>1</sup>

F15	Duration of Intervention Cycle	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A number that represents the period of time over which the predetermined number of sessions that comprise an intervention is to be delivered.

*Instructions:* Enter the number that represents the period of time over which the predetermined number of sessions in one cycle is to be delivered. Remember that an "intervention cycle" is one complete delivery of an intervention to its intended audience. For this variable, you should describe how long it will take to complete that entire cycle. This variable is not applicable if the selection for F07: Planned Number of Cycles is "Ongoing." Note: For F15: Duration of Intervention Cycle, indicate the number of days or months it takes to complete an intervention cycle. In F16: Unit of Duration select the unit that represents this period of time (days or months).

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
F16	Unit of Duration	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* The measure of time used to describe the duration of the intervention cycle.

*Instructions:* Indicate the specific measure of time in "days" or "months" used to describe the duration of the intervention cycle described in F15: Duration of Intervention Cycle.

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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
F17	Specified Recall Period	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* Indicate the recall period used for the collection of detailed behavior data.

*Instructions:* If variable F13: Detailed Behavioral Data Collection = "Yes", then specify the recall period that will be used during the collection of Table I: Client Behavior Details. A "recall period" is the period of time you want someone to recall certain behavior(s) or situations they have been exposed to. For instance, a client may be asked, "How many times have you had unprotected sex in the last 30 days?" In this example, the recall period is 30 days. You will use the same selected recall period each time you collect Table I data (e.g., intake or first session and final session).

Code	Value Description	Value Definition
01	Local recall 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, 90 days or 12 months. 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).
02	90 days	The recall period used during the collection of Table I: Client Behavior Details will be 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 follow-up).
03	12 months	The recall period used during the collection of Table I: Client Behavior Details will be 12 months. 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).
04	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).
05	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).



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

## Client Level

### Table: CDC CDC Use Variables

This table is for CDC use only. All variables are defined by the CDC for grantee use.

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
CDC01	CDC Variable 1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Definition:** An indication of whether or not an HIV Test was conducted as part of an agency's screening or targeted testing strategies. This variable only applies to HIV Testing.

**Instructions:** This variable may be entered by the agency at the service delivery level (e.g., by the counselor on the HIV test form, during data entry into CPEDS, etc.) or pre-populated before data submission. If an agency is unable to determine at this time whether the testing was conducted in a screening or testing context, the agency should enter '99-Don't Know'.

Code	Value Description	Value Definition
01	Screening	The HIV test was performed as part of an agency's efforts to provide testing to all persons within a generalized population.
02	Targeted testing	The HIV test was performed as part of an agency's efforts to provide HIV testing to a defined population or subpopulation, typically defined on the basis of risk behavior, settings, demographic characteristics, or geographical considerations.
99	Don't know	The agency is currently unable to report this or the provider is unsure whether the test was part of targeted HIV testing or screening.

CDC02	CDC Variable 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Definition:** An indication of whether or not an HIV Test was conducted as part of the Expanded and Integrated Human Immunodeficiency Virus (HIV) Testing for Populations Disproportionately Affected by HIV, Primarily African Americans, Program Announcement 07-768.

**Instructions:** Indicate the 5-digit value, 07768, if the HIV test was conducted under the PS 07-768 program announcement. This variable is only required to be completed by those jurisdictions funded under this announcement.

Code	Value Description	Value Definition
07768	PS 07-768	The program announcement number for the Expanded and Integrated Human Immunodeficiency Virus (HIV) Testing for Populations Disproportionately Affected by HIV, Primarily African Americans.



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
CDC03	CDC Variable 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>Definition:</i> TBD				
	<i>Instructions:</i> TBD				
CDC04	CDC Variable 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>Definition:</i> TBD				
	<i>Instructions:</i> TBD				
CDC05	CDC Variable 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>Definition:</i> TBD				
	<i>Instructions:</i> TBD				
CDC06	CDC Variable 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>Definition:</i> TBD				
	<i>Instructions:</i> TBD				
CDC07	CDC Variable 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>Definition:</i> TBD				
	<i>Instructions:</i> TBD				

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
CDC08	CDC Variable 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>Definition:</i> TBD				
	<i>Instructions:</i> TBD				

CDC09	CDC Variable 9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Definition:</i> This field will be dedicated for Partner Services use. Use is TBD.				
	<i>Instructions:</i> Dedicated for Partner Services				

CDC10	CDC Variable 10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Definition:</i> This field will be dedicated for Partner Services use. Use is TBD.				
	<i>Instructions:</i> Dedicated for Partner Services				

## **Table: EST Outcome Monitoring Variables**

This table should be completed by agencies participating in outcome evaluation projects.

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST101	Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Definition:</i> The client's self-reported age				
	<i>Instructions:</i>				

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST102	Staff ID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Staff identification number.

*Instructions:*

EST103	Data Collection Time Point	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Time point when data is collected (interview with client is conducted).

*Instructions:* Enter the client's data collection time point (e.g. follow-up 1 is conducted 3 months after the baseline interview).

Code	Value Description	Value Definition
01	Baseline	Client's baseline data collection time point.
02	Follow-up 1	Client's follow-up 1 data collection time point.
03	Follow-up 2	Client's follow-up 2 data collection time point.

EST104	Data Collection Method	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The method used to collect the client's information.

*Instructions:* Enter the method used to collect client's information.

Code	Value Description	Value Definition
01	Self-administered by client (handheld or laptop)	Data was entered by client into a handheld device or laptop.
02	Self-administered by client (other)	Data was entered by client using another method (e.g paper).
03	Provider-administered (in person)	Data was collected and entered by a provider during a face-to-face interview with client.
04	Provider-administered (by telephone)	Data was collected and entered by a provider during a telephone interview with client.
89	Other(specify)	Other method used for data collection.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST104-1	Specify other data collection method.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* If EST104=89 Other (specify), specify the data collection method.

*Instructions:* Enter other method used to collect client's information.

EST105	Sexual orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Client's sexual orientation (e.g. bisexual).

*Instructions:* Choose one option to enter client's sexual orientation.

Code	Value Description	Value Definition
01	Gay, homosexual, same gender loving	
02	Bisexual	
03	Heterosexual	
04	Questioning	
77	Declined to answer	
89	Other (specify)	

EST105-1	Specify other sexual orientation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* If EST105= 89 Other (specify), specify the data collection method.

*Instructions:*

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST106	Primary relationship	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* If client lives with someone or is seeing someone a lot, and whom he/she feels a special emotional commitment or call his/her boyfriend/girlfriend.

*Instructions:* Choose on option.

Code	Value Description	Value Definition
00	No	Client is not in a primary relationship with someone.
01	Yes	Client is in a primary relationship with someone.
77	Decline to answer	Client declines to answer

EST107	Sex of primary partner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Sex of client's primary partner. Primary partner would be someone the client lives with or is seeing a lot, and to whom he/she feels a special emotional commitment or call yhis/her boyfriend/girlfriend.

*Instructions:* Choose one option.

Code	Value Description	Value Definition
01	Male	
02	Female	
77	Decline to answer	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST108	Relationship length	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Length of time the client was in a relationship with primary partner (e.g less than 6 months).

*Instructions:* Use variable only if client is in a primary relationship with someone.

Code	Value Description	Value Definition
01	Less than 6 months	Client was in a primary relationship with someone for less than 6 months.
02	6 months to 1 year	Client was in a primary relationship with someone for 6 months to 1 year.
03	1 year to 5 years	Client was in a primary relationship with someone for 1 to 5 years.
04	Longer than 5 years	Client was in a primary relationship with someone for longer than 5 years.
77	Decline to answer	Client declines to answer.

Num	Variable Name	Program	System	Optional	Not Reported
EST109	Employment status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client's self-reported employment status.

*Instructions:* Choose one option.

Code	Value Description	Value Definition
01	Employed full-time	
02	Employed part-time	
03	Unemployed	
77	Decline to answer	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST110	Student	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* If client is currently enrolled in school.

*Instructions:* Choose one option.

Code	Value Description	Value Definition
01	Yes (full-time)	Client is a full-time student.
02	Yes (part-time)	Client is a part-time student.
03	No	Client is not a student.
77	Decline to answer	Client declined to answer.

EST111	Incarceration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* If client has been in jail, prison, or juvenile hall for more than a week in the last 3 months.

*Instructions:* Choose one option.

Code	Value Description	Value Definition
00	No	Client has been incarcerated in the last 3 months for more than a week.
01	Yes	Client has not been incarcerated in the last 3 months for more than a week.
77	Decline to answer	Client declined to answer.



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST112	STD in last 3 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* If client had Syphilis, Gonorrhea or Chlamydia in the last 3 months

*Instructions:* Choose one option.

Code	Value Description	Value Definition
00	No	Client has not had Syphilis, Gonorrhea, or Chlamydia in the last 3 months.
01	Yes	Client has had Syphilis, Gonorrhea, or Chlamydia in the last 3 months.
99	Don't know	Client declined to answer.

EST113	STD notification last 3 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* If client indicated yes STD in last 3 months, was he/she told that he/she had Syphilis, Gonorrhea or Chlamydia by a medical provider or was he/she self-diagnosed

*Instructions:* Use this variable only if the client was diagnosed with Syphilis, Gonorrhea, or Chlamydia in the last 3 months. Choose one option.

Code	Value Description	Value Definition
01	Medical Provider	Client was told by a medical provider that he/she had Syphilis, Gonorrhea, or Chlamydia in the last 3 months.
02	Self-diagnosed	Client was not told by a medical provider that he/she had Syphilis, Gonorrhea, or Chlamydia in the last 3 months.
77	Decline to answer	Client declined to answer.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST114	Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Where client has been living for the last 3 months

*Instructions:* Choose one option.

Code	Value Description	Value Definition
01	Stable housing	Includes apartments, houses, foster homes, dorms, long-term residences, housing for military staff, and boarding homes as long as they are not time-limited and do not involve "couch surfing"
02	Non-stable housing	Includes transient or transitional housing shelters and couch surfing
77	Decline to answer	Client declined to answer.

EST115	Homeless in the last 3 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* If client has slept in a shelter for homeless people, on the streets, or another place not intended for sleeping.

*Instructions:* Choose one option.

Code	Value Description	Value Definition
00	No	Client has not been homeless in the last 3 months.
01	Yes	Client has been homeless in the last 3 months.
77	Decline to answer	Client declined to answer.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST116	Drug/alcohol use in the last 12 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client's self- reported drug/alcohol use in the last 12 months.

*Instructions:* Choose one option.

Code	Value Description	Value Definition
00	No	Client has not used alcohol or drugs in the past 12 months.
01	Yes	Client reports using alcohol or drugs in the past 12 months.
77	Declined to answer	Client declined to provide alcohol or drug use history.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST117	If yes, substance use in the last 12 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* EST116=Yes, the client used substances , please indicate which substances have been used in the past 12 months

*Instructions:* Use this variable only if client used drugs/ alcohol in the last 12 months.

Code	Value Description	Value Definition
01	Alcohol	
02	Amphetamines	Meth, crystal, ice, or crank
03	Club drugs	Such as GHB and ketamine
04	Cocaine	This includes cocaine that is injected, smoked, or snorted
05	Crack	
06	Downers	Such as Valium, Activan, and Xanax
07	Ecstasy	
08	Hallucinogens	Such as LSD
09	Heroin	This includes heroin that is injected, smoked, or snorted
10	Hormones	Such as Botox, steriods, and silicone
11	Marijuana	
12	Poppers	Amyl nitrate
77	Declined to answer	Client declined to answer
89	Other (specify)	
99	Don't know	

EST117-1	Specify other drug use during the past 12 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* If EST117=89 Other (specify), specify the other drug used.

*Instructions:*

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST118	Drugs injected in the last 12 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The client's self-reported drugs/ substances that he/she has injected in the last 12 months.

*Instructions:* Use this variable only is client reported injection drug use in the last 12 months. Check all that apply.

Code	Value Description	Value Definition
01	Alcohol	
02	Amphetamines	Meth, speed, crystal, ice, or crank
03	Club drugs	Such as GHB, Ketamine
04	Cocaine	Injected, smoked, or snorted
05	Crack	
06	Downers	Such as Valium, Activan, Xanax
07	Ecstasy	
08	Hallucinogens	Such as LSD
09	Heroin	Injected, smoked, or snorted
10	Hormones	Such as Botox, steroids, silicone
11	Marijuana	
12	Poppers	Amyl nitrate
77	Decline to answer	
89	Other Specify	
99	Don't know	

EST118-1	Specify other drug injected in the last 12 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* If EST118= 89 Other (specify), specify the drug used in the last 12 months.

*Instructions:*

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST119	Drug/alcohol use in the last 3 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* If client self-reported drug/alcohol use in the last 3 months (e.g. yes).

*Instructions:* Choose one option.

Code	Value Description	Value Definition
00	No	Client has not used alcohol or drugs in the past 3 months.
01	Yes	Client has used alcohol or drugs in the past 3 months
77	Decline to answer	Client declined to provide alcohol or drug use history.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST120	If yes, drugs used in the last 3 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* If EST119=Yes. The client's self-reported drugs/substances that he/she used in the last 3 months (e.g alcohol).

*Instructions:* Use this variable only is client reported durg/alcohol use in the last 3 months. Select all drugs/ substances used in the last 3 months.

Code	Value Description	Value Definition
01	Alcohol	
02	Amphetamines	Meth, speed, crystal, ice, or crank
03	Club drugs	Such as GHB and Ketamine
04	Cocaine	Injected, smoked, or snorted
05	Crack	
06	Downers	Valium, Activan, Xanax
07	Ecstasy	
08	Hallucinogens	Such as LSD
09	Heroin	Injected, smoked, or snorted
10	Hormones	Botox, steroids, silicone
11	Marijuana	
12	Poppers	Amyl nitrate
77	Decline to answer	
89	Other, specify	
99	Don't know	

EST120-1	Specify other drug used in the last 3 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* If EST120=89 other specify , specify the drug used in the last 3 months.

*Instructions:*

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST121	If yes, drugs injected in last 3 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client's self-reported drugs/substances that he/she injected in the last 3 months.

*Instructions:* Use this variable only if client reports injection drug use in the last 3 months. Select all drugs/substances client injected in the last 3 months.

Code	Value Description	Value Definition
01	Alcohol	
02	Amphetamines	Meth, speed, crystal, ice, or crank
03	Club drugs	Such as GHB and Ketamine
04	Cocaine	Injected, smoked, or snorted
05	Crack	
06	Downers	Such as Valium Activan, Xanax
07	Ecstasy	
08	Hallucinogens	Such as LSD
09	Heroin	Injected, smoked, or snorted
10	Hormones	Such as Botox, steroids, or silicone
11	Marijuana	
12	Poppers	Amyl nitrate
77	Decline to answer	
89	Other specify	
99	Don't know	

EST121-1	Specify other drug injected in last 3 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* If EST121=89 other (specify), specify the other drug injected in the last 3 months.

*Instructions:*



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST122	Needle/syringe sharing frequency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* If client injected drugs in the last 3 months, out of all the times, how often did he/she share needles/syringes with someone else

*Instructions:* Use this variable only if client reported injection drug use in the last 3 months. Choose one option.

Code	Value Description	Value Definition
00	None	Client did not share needles/syringes during injection drugs use in the last 3 months.
01	Almost never	Client reports sharing needles/syringes during injection drug use almost never during the last 3 months.
02	Less than half the time	Client reports sharing needles/syringes during injection drug use less than half the time during the last 3 months.
03	Half the time	Client reports sharing needles/syringes during injection drug use half the time during the last 3 months.
04	More than half the time	Client reports sharing needles/syringes during injection drug use more than half the time during the last 3 months.
05	Almost all the time	Client reports sharing needles/syringes during injection drug use almost all the time during the last 3 months.
06	All the time	Client reports sharing needles/syringes during injection drug use all the time the time during the last 3 months.
77	Decline to answer	Client declined to answer.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST123	Needle/syringe sharing frequency with someone whose HIV status was unknown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* If client injected drugs in the last 3 months, out of all the times, how often did he/she share needles/syringes with someone else whose HIV status was unknown to him/her.

*Instructions:* Use this variable only if client reported injection drug use in the last 3 months. Choose one option.

Code	Value Description	Value Definition
00	None	Client did not share needles/syringes with someone whose HIV status was unknown during injection drug use in the last 3 months.
01	Almost never	Client reports sharing needles/syringes with someone whose HIV status was unknown during injection drug use almost never during the last 3 months.
02	Less than half the time	Client reports sharing needles/syringes with someone whose HIV status was unknown during injection drug use less than half the time during the last 3 months.
03	Half the time	Client reports sharing needles/syringes with someone whose HIV status was unknown during injection drug use half the time during the last 3 months.
04	More than half the time	Client reports sharing needles/syringes with someone whose HIV status was unknown during injection drug use more than half the time during the last 3 months.
05	Almost all the time	Client reports sharing needles/syringes with someone whose HIV status was unknown during injection drug use almost all the time during the last 3 months.
06	All the time	Client reports sharing needles/syringes with someone whose HIV status was unknown during injection drug use all the time during the last 3 months.
77	Decline to answer	Client declined to answer.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST124	Needle sharing in last 3 months with someone whose HIV status was different	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* If client injected drugs in the last 3 months, out of all the times, how often did the client share needles/syringes with someone else whose HIV status was different from their own status

*Instructions:* Use the variable only if client reported injection drug use in the last 3 months. Indicate the frequency of needle sharing in the last 3 months

Code	Value Description	Value Definition
00	None	Client did not share needles/syringes with someone whose HIV status was different from their own during injection drugs use in the last 3 months.
01	Almost never	Client reports sharing needles/syringes with someone whose HIV status was different from their own during injection drug use almost never during the last 3 months.
02	Less than half the time	Client reports sharing needles/syringes with someone whose HIV status was different from their own during injection drug use less than half the time during the last 3 months.
03	Half the time	Client reports sharing needles/syringes with someone whose HIV status was different from their own during injection drug use half the time during the last 3 months.
04	More than half the time	Client reports sharing needles/syringes with someone whose HIV status was different from their own during injection drug use more than half the time during the last 3 months.
05	Almost all the time	Client reports sharing needles/syringes with someone whose HIV status was different from their own during injection drug use almost all the time during the last 3 months.
06	All the time	Client reports sharing needles/syringes with someone whose HIV status was different from their own during injection drug use all the time during the last 3 months.
77	Decline to answer	Client declined to answer.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST125	Additional client risk factors in last 12 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* If the client's risk factors in the past 12 months involve anal or vaginal sexual activity, these are additional factors that further describe the client's sexual risk for HIV exposure and/or transmission.

*Instructions:* Use this variable only if the client reported anal or vaginal sex with male, female, or transgender as one of the client risk factors. For each of those client risk factors identified, indicate additional risk characteristics that describe the client's risk for either being exposed to HIV or transmitting HIV. If the client did not report having anal or vaginal sex with a male, female, or transgender, then do not select any "Additional Client Risk Factors". If the client knows he or she has an "Additional Risk Factor" (e.g., sex "with a person who is an IDU") but he or she does not remember the sex of the person (in this case the ID user), the provider should ask the client for his or her best guess as to whether the partner(s) were male, female, or transgender. The value options for "Exchange sex..." and "While intoxicated

Code	Value Description	Value Definition
00	None	The client does not report any risk or client does not report any of the additional client risk factors noted below.
01	Without a condom	The client has had sex without using a condom.
02	While drunk or high	The client used alcohol and/or illicit drugs before and/or during sex.
03	That you met on the internet	The client had sex with someone that he/she met on the internet
04	So you could get drugs, money, a place to stay, clothing, or something else you needed	The client participated in sex events in exchange for drugs or money or something he/she needed.
05	Who has sex with others so he or she could get drugs, money, a place to stay, clothing, or something else he or she needed	The client has had a sex with a person who he or she knows exchanges sex for drugs/money.
06	Who you knew was an injection drug user	The client has had a sex with a person who he or she knows to be an IDU.
07	Whose HIV status was unknown to you	The client has had sex with a person whose HIV status is unknown to either the client or to the partner.
08	Whose HIV status was different from your own HIV status	The client has had sex with a person whose HIV status is different from his/her own status.
09	Who was anonymous	The client had sex with a person and did not know the person's name or have any way to contact the person in the future
10	Who was a primary partner	The client has had sex with a person who was a primary partner.
11	Who was a non-primary partner	The client has had sex with a person who was a non-primary partner.
12	Who was over age 30	The client has had sex with a person who was over age 30.
13	Who was a hemophiliac/recipient of blood transfusion or transplant	The client has had sex with a person who he or she knows has hemophilia or is a transfusion/transplant recipient.
77	Decline to answer	The client declines or is unwilling to report additional sexual risk factors.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST126	Partner gender last 3 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Gender of partners client reports having sex with in the last 3 months.

*Instructions:* Choose all that apply. Sex refers to anal or vaginal sex.

Code	Value Description	Value Definition
00	None	Client did not have sex in the last 3 months.
01	Male	Client had sex with a male partner in the last 3 months.
02	Female	Client had sex with a female partner in the last 3 months.
03	Transgender	Client had sex with a transgender partner in the last 3 months.
77	Decline to answer	Client declined to answer

EST126A	Number of males client had sex with in the last 3 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Number of male partners client reports having sex with in the last 3 months.

*Instructions:* Use this variable only if client reports having sex with a male partner in the last 3 months. Sex refers to anal sex only.

EST126B	Number of females client had sex with in the last 3 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Number of female partners client reports having sex with in the last 3 months.

*Instructions:* Use this variable only if client reports having sex with a female partner in the last 3 months. Sex refers to anal and vaginal sex only.

EST126C	Number of transgender partners client had sex with in the last 3 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Number of transgender partners client reports having sex with in the last 3 months.

*Instructions:* Use this variable only if client reports having sex with a transgender partner in the last 3 months. Sex refers to anal and vaginal sex only.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

EST127	Gender of partners client had unprotected sex with in the last 3 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Gender of partners client reports having unprotected sex with in the last 3 months.

*Instructions:* Select none (00) if client has not had unprotected sex in the last 3 months. If client reports having unprotected sex, check all that apply.

Code	Value Description	Value Definition
00	None	Client did not have unprotected sex in the last 3 months.
01	Male	Client had unprotected sex with a male partner in the last 3 months.
02	Female	Client had unprotected sex with a female partner in the last 3 months.
03	Transgender	Client had unprotected sex with a transgender partner in the last 3 months.
77	Decline to answer	Client declined to answer.

EST127A	Number of males client had unprotected sex with in the last 3 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Total number of male partners client reports having unprotected sex with in the last 3 months.

*Instructions:* Use this variable only if client reports having sex with a male partner in the last 3 months for variable EST127. Sex refers to anal sex only.

EST127B	Number of female partners client had unprotected sex with in the last 3 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Total number of female partners client reports having unprotected sex with in the last 3 months.

*Instructions:* Use this variable only if client reports having sex with a female partner in the last 3 months for variable EST127. Sex refers to anal and vaginal sex only.

EST127C	Number of transgender partners client had unprotected sex with in the last 3 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Total number of transgender partners client reports having unprotected sex with in the last 3 months.

*Instructions:* Use this variable only if client reports having sex with a transgender partner in the last 3 months for variable EST127. Sex refers to anal and vaginal sex only.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST128	Frequency unprotected sex in the last 3 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Frequency client had unprotected sex in the last 3 months.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months for variable EST127. Sex refers to anal and vaginal sex only. Choose one option.

Code	Value Description	Value Definition
01	Almost never	The client reports having unprotected sex almost never in the last 3 months.
02	Less than half the time	The client reports having unprotected sex less than half the time in the last 3 months.
03	Half the time	The client reports having unprotected sex half the time in the last 3 months.
04	More than half the time	The client reports having unprotected sex more than half the time in the last 3 months.
05	Almost all the time	The client reports having unprotected sex almost all the time in the last 3 months.
06	All the time	The client reports having unprotected sex all the time in the last 3 months.
77	Decline to answer	Client declined to answer.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST129	Frequency client had unprotected sex in the last 3 months with a primary partner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Frequency client had unprotected sex with a primary partner in the last 3 months.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months for variable EST127. Sex refers to anal and vaginal sex only. Choose one option.

Code	Value Description	Value Definition
00	None	Client has not had unprotected sex with a primary partner
01	Almost never	The client reports having unprotected sex with a primary partner almost never in the last 3 months.
02	Less than half the time	The client reports having unprotected sex with a primary partner less than half the time in the last 3 months.
03	Half the time	The client reports having unprotected sex with a primary partner half the time in the last 3 months.
04	More than half the time	The client reports having unprotected sex with a primary partner more than half the time in the last 3 months.
05	Almost all the time	The client reports having unprotected sex with a primary partner almost all the time in the last 3 months.
06	All the time	The client reports having unprotected sex with a primary partner all the time in the last 3 months.
77	Decline to answer	Client declined to answer.



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST130	Frequency client had unprotected sex with a non-primary partner in the last 3 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Frequency client had unprotected sex with a non-primary partner in the last 3 months.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months for variable EST127. Sex refers to anal and vaginal sex only. Choose one option.

Code	Value Description	Value Definition
00	None	Client has not had unprotected sex with a non-primary partner
01	Almost never	The client reports having unprotected sex with a non-primary partner almost never in the last 3 months.
02	Less than half the time	The client reports having unprotected sex with a non-primary partner less than half the time in the last 3 months.
03	Half the time	The client reports having unprotected sex with a non-primary partner half the time in the last 3 months.
04	More than half the time	The client reports having unprotected sex with a non-primary partner more than half the time in the last 3 months.
05	Almost all the time	The client reports having unprotected sex with a non-primary partner almost all the time in the last 3 months.
06	All the time	The client reports having unprotected sex with a non-primary partner all the time in the last 3 months.
77	Decline to answer	Client declined to answer.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST131	Frequency client had unprotected sex with someone whose HIV status was unknown in the last 3 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Frequency client had unprotected sex with someone whose HIV status was unknown in the last 3 months.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months for variable EST127. Sex refers to anal and vaginal sex only. Choose one option.

Code	Value Description	Value Definition
00	None	Client has not had unprotected sex with someone whose HIV status was unknown in the last 3 months.
01	Almost never	The client reports having unprotected sex with someone whose HIV status is unknown almost never in the last 3 months.
02	Less than half the time	The client reports having unprotected sex with someone whose HIV status was unknown less than half the time in the last 3 months.
03	Half the time	The client reports having unprotected sex with someone whose HIV status was unknown half the time in the last 3 months.
04	More than half the time	The client reports having unprotected sex with someone whose HIV status is unknown more than half the time in the last 3 months.
05	Almost all the time	The client reports having unprotected sex with someone whose HIV status is unknown almost all the time in the last 3 months.
06	All the time	The client reports having unprotected sex with someone whose HIV status is unknown all the time in the last 3 months.
77	Decline to answer	Client declined to answer.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST132	Frequency client had unprotected sex with someone whose HIV status was different from their own in the last 3 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Frequency client had unprotected sex with someone whose HIV status was different from their own in the last 3 months (e.g. client is HIV negative and partner is HIV positive).

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months for variable EST127. Sex refers to anal and vaginal sex only. Choose one option.

Code	Value Description	Value Definition
00	None	Client has not had sex with someone whose HIV status was different from their own in the last 3 months.
01	Almost never	The client reports having unprotected sex with someone whose HIV status was different from their own almost never in the last 3 months.
02	Less than half the time	The client reports having unprotected sex with someone whose HIV status was different from their own less than half the time in the last 3 months.
03	Half the time	The client reports having unprotected sex with someone whose HIV status was different from their own half the time in the last 3 months.
04	More than half the time	The client reports having unprotected sex with someone whose HIV status was different from their own more than half the time in the last 3 months.
05	Almost all the time	The client reports having unprotected sex with someone whose HIV status was different from their own almost all the time in the last 3 months.
06	All the time	The client reports having unprotected sex with someone whose HIV status was different from their own all the time in the last 3 months.
77	Decline to answer	Client declined to answer.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST133	Anal or vaginal unprotected sex while drunk or high	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* If client reports having sex while drunk or high in the last 3 months

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months for variable EST127. Sex refers to anal and vaginal sex only. Check all that apply.

Code	Value Description	Value Definition
01	Male	Client reports having unprotected sex with a male partner while drunk or high in the last 3 months.
02	Female	Client reports having unprotected sex with a female partner while drunk or high in the last 3 months.
03	Transgender	Client reports having unprotected sex with a transgender partner while drunk or high in the last 3 months.
77	Decline to answer	Client declined to answer

EST133A	Number of males client had unprotected sex with while drunk or high	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Number of male partners client reports having unprotected sex with while drunk or high in the last 3 months.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months for variable EST127. Sex refers to anal sex only.

EST133B	Number of females client reported having unprotected sex with while drunk or high	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Number of female partners client reports having unprotected sex with while drunk or high in the last 3 months.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months for variable EST127. Sex refers to anal and vaginal sex only.

EST133C	Number of transgender partners client reported having unprotected sex with while drunk or high	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Number of transgender partners client reports having unprotected sex with while drunk or high in the last 3 months.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months for variable EST127. Sex refers to anal and vaginal sex only.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST134	Internet sex partners in the last 3 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* If client reports having unprotected sex with someone that he/she met on the internet in the last 3 months

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months. Sex refers to anal and vaginal sex only. Check all that apply.

Code	Value Description	Value Definition
01	Male	Client reports having unprotected sex with a male partner that he/she met on the internet in the last 3 months.
02	Female	Client reports having unprotected sex with a female partner that he/she met on the internet in the last 3 months.
03	Transgender	Client reports having unprotected sex with a transgender partner that he/she met on the internet in the last 3 months.
77	Decline to answer	Client declined to answer.

EST134A	Number of males client reported having unprotected sex with that he met on the internet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Number of male partners client reports having unprotected sex with that he met on the internet in the last 3 months.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months. Sex refers to anal sex only.

EST134B	Number of females client reported having unprotected sex with that he met on the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Number of female partners client reports having unprotected sex with that he met on the internet in the last 3 months.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months. Sex refers to anal and vaginal sex only.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST134C	Number of transgender partners client reported having unprotected sex with that he/she met on the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Number of transgender partners client reports having unprotected sex with that he met on the internet in the last 3 months.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months. Sex refers to anal and vaginal sex only.

EST135	Partners that clients exchanged sex with for items they needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* If client reports he/she exchanged unprotected sex for drugs, money, a place to stay, clothing, or something else he/she needed.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months. Sex refers to anal and vaginal sex only.

Code	Value Description	Value Definition
00	None	Client did not exchange sex for drugs, money, a place to stay, clothing or something else he/she needed.
01	Male	Client had sex with a male partner in exchange for drugs, money, a place to stay, clothing or something else he/she needed.
02	Female	Client had sex with a female partner in exchange for drugs, money, a place to stay, clothing or something else he/she needed.
03	Transgender	Client had sex with a transgender partner in exchange for drugs, money, a place to stay, clothing or something else he/she needed.
77	Decline to answer	Client declined to answer

EST135A	Number of male sex partners client exchanged sex for items he/she needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Number of male partners client reports having unprotected sex with in exchange for drugs, money, a place to stay, clothing, or something else he/she needed in the last 3 months.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months. Sex refers to anal sex only.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST135B	Number of female sex partners client exchanged sex for items he/she needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Definition:</i> Number of female partners client reports having unprotected sex with in exchange for drugs, money, a place to stay, clothing, or something else he/she needed in the last 3 months.				
	<i>Instructions:</i> Use this variable only if client reports having unprotected sex in the last 3 months. Sex refers to anal and vaginal sex only.				
EST135C	Number of transgender sex partners client exchanged sex for items he/she needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Definition:</i> Number of transgender partners client reports having unprotected sex with in exchange for drugs, money, a place to stay, clothing, or something else he/she needed in the last 3 months.				
	<i>Instructions:</i> Use this variable only if client reports having unprotected sex in the last 3 months. Sex refers to anal and vaginal sex only.				
EST136	Client's sex partners who had sex with others in exchange for items	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Definition:</i> If client reports he/she had unprotected sex with someone who he/she knows exchanges sex for drugs, money, a place to stay, or something else in the last 3 months.				
	<i>Instructions:</i> Use this variable only if client reports having unprotected sex in the last 3 months. Sex refers to anal and vaginal sex only.				

Code	Value Description	Value Definition
00	None	Client did not have unprotected sex with someone who he/she knows exchanged sex for drugs, money, a place to stay, or something else in the last 3 months.
01	Male	Client reports having unprotected sex with a male partner who he/she knows exchanged sex for drugs, money, a place to stay, or something else in the last 3 months.
02	Female	Client reports having unprotected sex with a female partner who he/she knows exchanged sex for drugs, money, a place to stay, or something else in the last 3 months.
03	Transgender	Client reports having unprotected sex with a transgender partner who he/she knows exchanged sex for drugs, money, a place to stay, or something else in the last 3 months.
77	Decline to answer	Client declined to answer.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST136A	Number of male partners who had sex with others in exchange for items	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Definition:</i> In the last 3 months, number of male partners client reports having unprotected sex with who he/she knew exchanged sex for drugs, money, a place to stay, clothing, or something else.				
	<i>Instructions:</i> Use this variable only if client reports having unprotected sex in the last 3 months. Sex refers to anal sex only.				
EST136B	Number of female partners who had sex with others in exchange for items	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Definition:</i> In the last 3 months, number of female partners client reports having unprotected sex with who he/she knew exchanged sex for drugs, money, a place to stay, clothing, or something else.				
	<i>Instructions:</i> Use this variable only if client reports having unprotected sex in the last 3 months. Sex refers to anal and vaginal sex only.				
EST136C	Number of transgender partners who had sex with others in exchange for items	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Definition:</i> In the last 3 months, number of transgender partners client reports having unprotected sex with who he/she knew exchanged sex for drugs, money, a place to stay, clothing, or something else.				
	<i>Instructions:</i> Use this variable only if client reports having unprotected sex in the last 3 months. Sex refers to anal and vaginal sex only.				



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST137	Injection drug user partners	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* If client reports he/she had unprotected sex with someone who he/she knows to be an injection drug user in the last 3 months.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months. Sex refers to anal and vaginal sex only.

Code	Value Description	Value Definition
00	None	Client did not have unprotected sex in the last 3 months with someone who injects drugs.
01	Male	Client reports having unprotected sex in the last 3 months with a male partner who injects drugs.
02	Female	Client reports having unprotected sex in the last 3 months with a female partner who injects drugs.
03	Transgender	Client reports having unprotected sex in the last 3 months with a transgender partner who injects drugs.
77	Decline to answer	Client declined to answer

EST137A	Number of male IDU partners	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* In the last 3 months, number of male partners client reports having unprotected sex with who he/she knew were injection drug users.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months. Sex refers to anal sex only.

EST137B	Number of female IDU partners	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* In the last 3 months, number of female partners client reports having unprotected sex with who he/she knew were injection drug users.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months. Sex refers to anal and vaginal sex only.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST137C	Number of transgender IDU partners	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* In the last 3 months, number of transgender partners client reports having unprotected sex with who he/she knew were injection drug users.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months. Sex refers to anal and vaginal sex only.

EST138	Partner-unknown HIV status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* If client reports he/she had unprotected sex with someone whose HIV status was unknown in the last 3 months.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months. Sex refers to anal and vaginal sex only. Choose all that apply.

Code	Value Description	Value Definition
00	None	Client did not have unprotected sex with someone whose HIV status was unknown in the last 3 months
01	Male	Client reports having sex with a male partner whose HIV status was unknown in the last 3 months.
02	Female	Client reports having sex with a female partner whose HIV status was unknown in the last 3 months.
03	Transgender	Client reports having sex with a transgender partner whose HIV status was unknown in the last 3 months.
77	Decline to answer	Client declined to answer.

EST138A	Number of male partners-unknown HIV status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Number of male partners client reports having sex with whose HIV status was unknown in the last 3 months.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months. Of the total number of males in variable EST127A, indicate how many of those males in the last 3 months had an unknown HIV status. Sex refers to anal sex only.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST138B	Number of female partners-unknown HIV status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Number of female partners client reports having sex with whose HIV status was unknown in the last 3 months.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months. Of the total number of females in variable EST127B, indicate how many of those females in the last 3 months had an unknown HIV status. Sex refers to anal and vaginal sex only.

EST138C	Number of transgender partners-unknown HIV status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Number of transgender partners client reports having sex with whose HIV status was unknown in the last 3 months.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months. Of the total number of transgenders in variable EST127C, indicate how many of those transgenders in the last 3 months had an unknown HIV status. Sex refers to anal and vaginal sex only.

EST139	Partners- HIV status different to client's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* If client reports he/she had unprotected sex with someone whose HIV status was different to their own in the last 3 months.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months. Sex refers to anal and vaginal sex only. Choose all that apply.

Code	Value Description	Value Definition
00	None	Client did not have unprotected sex with someone whose HIV status was different from their own in the last 3 months
01	Male	Client reports having unprotected sex with a male whose HIV status was different from their own in the last 3 months.
02	Female	Client reports having unprotected sex with a female whose HIV status was different from their own in the last 3 months.
03	Transgender	Client reports having unprotected sex with a transgender whose HIV status was different from their own in the last 3 months.
77	Decline to answer	Client declined to answer

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST139A	Number of male partners- HIV status different from client's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><i>Definition:</i> Number of male partners client reports having unprotected sex with whose HIV status was different from their own in the last 3 months.</p> <p><i>Instructions:</i> Use this variable only if client reports having unprotected sex in the last 3 months. Of the total number of males in variable EST127A, indicate how many of those males in the last 3 months were serodiscordant (i.e. male partners who had an HIV serostatus different from the client). Sex refers to anal sex only.</p>				
EST139B	Number of female partners- HIV status different from client's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><i>Definition:</i> Number of female partners client reports having unprotected sex with whose HIV status was different from their own in the last 3 months.</p> <p><i>Instructions:</i> Use this variable only if client reports having unprotected sex in the last 3 months. Of the total number of females in variable EST127B, indicate how many of those females in the last 3 months were serodiscordant (i.e. female partners who had an HIV serostatus different from the client). Sex refers to anal and vaginal sex only.</p>				
EST139C	Number of transgender partners- HIV status different from client's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><i>Definition:</i> Number of transgender partners client reports having unprotected sex with whose HIV status was different from their own in the last 3 months.</p> <p><i>Instructions:</i> Use this variable only if client reports having unprotected sex in the last 3 months. Of the total number of transgenders in variable EST127C, indicate how many of those transgenders in the last 3 months were serodiscordant (i.e. transgender partners who had an HIV serostatus different from the client). Sex refers to vaginal and anal sex only.</p>				

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST140	Partners- anonymous	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* If client reports he/she had unprotected sex with someone who was anonymous ( client did not know the person's name or have no way to contact the person again in the future) in the last 3 months.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months. Sex refers to anal and vaginal sex only. Check all that apply.

Code	Value Description	Value Definition
00	None	Client did not have unprotected sex with and anonymous partner in the last 3 months.
01	Male	Client reports having unprotected sex with and anonymous male partner in the last 3 months.
02	Female	Client reports having unprotected sex with and anonymous female partner in the last 3 months.
03	Transgender	Client reports having unprotected sex with and anonymous transgender partner in the last 3 months.
77	Decline to answer	Client declined to answer.

EST140A	Number of anonymous partners-male	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Number of anonymous male partners client reports having unprotected sex with in the last 3 months.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months. Of the total number of males in variable EST127A, indicate how many of those males in the last 3 months were anonymous. Sex refers to anal sex only.

EST140B	Number of anonymous partners- female	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Number of anonymous female partners client reports having unprotected sex with in the last 3 months.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months. Of the total number of females in variable EST127B, indicate how many of those females in the last 3 months were anonymous. Sex refers to anal and vaginal sex only.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST140C	Number of anonymous partners- transgender	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Number of anonymous transgender partners client reports having unprotected sex with in the last 3 months.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months. Of the total number of transgenders in variable EST127C, indicate how many of those transgenders in the last 3 months were anonymous. Sex refers to anal and vaginal sex only.

EST141	Partners- primary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* If client reports he/she had unprotected sex with someone who was a primary partner ( someone who client lived with or saw a lot or whom they have felt a special emotional commitment or call their boyfriend/girlfriend) in the last 3 months.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months. Sex refers to anal and vaginal sex only. Check all that apply.

Code	Value Description	Value Definition
00	None	Client did not have unprotected sex with a primary partner in the last 3 months.
01	Male	Client had unprotected sex with a male primary partner in the last 3 months.
02	Female	Client had unprotected sex with a female primary partner in the last 3 months.
03	Transgender	Client had unprotected sex with a transgender primary partner in the last 3 months.
77	Decline to answer	Client declined to answer.

EST141A	Number of primary partners-male	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Number of male primary partners client reports having unprotected sex with in the last 3 months.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months. Sex refers to anal sex only. Of the total number of males in variable EST127A, indicate how many of those males in the last 3 months were primary partners.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST141B	Number of primary partners-female	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> Number of female primary partners client reports having unprotected sex with in the last 3 months.</p> <p><i>Instructions:</i> Use this variable only if client reports having unprotected sex in the last 3 months. Of the total number of females in variable EST127B, indicate how many of those females in the last 3 months were primary partners. Sex refers to anal and vaginal sex only.</p>					
EST141C	Number of primary partners-trangender	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> Number of transgender primary partners client reports having unprotected sex with in the last 3 months.</p> <p><i>Instructions:</i> Use this variable only if client reports having unprotected sex in the last 3 months. Of the total number of transgenders in variable EST127C, indicate how many of those transgenders in the last 3 months were primary partners. Sex refers to anal and vaginal sex only.</p>					
EST142	Partners- non-primary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> If client reports he/she had unprotected sex with someone who was a non-primary partner in the last 3 months.</p> <p><i>Instructions:</i> Use this variable only if client reports having unprotected sex in the last 3 months. Sex refers to anal and vaginal sex only. Check all that apply.</p>					

Code	Value Description	Value Definition
00	None	Client did not have unprotected sex with a non- primary partner in the last 3 months.
01	Male	Client had unprotected sex with a male non-primary partner in the last 3 months.
02	Female	Client had unprotected sex with a female non-primary partner in the last 3 months.
03	Transgender	Client had unprotected sex with a transgender non-primary partner in the last 3 months.
77	Decline to answer	Client declined to answer.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST142A	Number of non-primary partners-male	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> Number of male primary partners client reports having unprotected sex with in the last 3 months.</p> <p><i>Instructions:</i> Use this variable only if client reports having unprotected sex in the last 3 months. Of the total number of males in variable EST127A, indicate how many of those males in the last 3 months were non-primary partners. Sex refers to anal and vaginal sex only. Sex refers to anal sex only.</p>					
EST142B	Number of non-primary partners-female	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> Number of female primary partners client reports having unprotected sex with in the last 3 months.</p> <p><i>Instructions:</i> Use this variable only if client reports having unprotected sex in the last 3 months. Of the total number of females in variable EST127B, indicate how many of those females in the last 3 months were non-primary partners. Sex refers to anal and vaginal sex only.</p>					
EST142C	Number of non-primary partners-transgender	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> Number of transgender primary partners client reports having unprotected sex with in the last 3 months.</p> <p><i>Instructions:</i> Use this variable only if client reports having unprotected sex in the last 3 months. Of the total number of transgenders in variable EST127C, indicate how many of those transgenders in the last 3 months were non-primary partners. Sex refers to anal and vaginal sex only.</p>					



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST143	Partners-over age 30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* If client reports he/she had unprotected sex with someone who was over age 30 in the last 3 months.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months. Sex refers to anal and vaginal sex only. Choose all that apply.

Code	Value Description	Value Definition
00	None	Client did not have unprotected sex with someone over age 30 in the last 3 months.
01	Male	Client reports having unprotected sex with a male partner over age 30 in the last 3 months.
02	Female	Client reports having unprotected sex with a female partner over age 30 in the last 3 months.
03	Transgender	Client reports having unprotected sex with a transgender partner over age 30 in the last 3 months.
77	Decline to answer	Client declined to answer.

EST143A	Number of partners over age 30- males	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Number of male partners over age 30 client reports having unprotected sex with in the last 3 months.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months. Of the total number of males in variable EST127A, indicate how many of those males in the last 3 months were over age 30. Sex refers to anal sex only.

EST143B	Number of partners over age 30-females	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Number of female partners over age 30 client reports having unprotected sex with in the last 3 months.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months. Of the total number of females in variable EST127B, indicate how many of those females in the last 3 months were over age 30. Sex refers to anal and vaginal sex only.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST143C	Number of partners over age 30- transgender	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Number of transgender partners over age 30 client reports having unprotected sex with in the last 3 months.

*Instructions:* Use this variable only if client reports having unprotected sex in the last 3 months. Of the total number of transgenders in variable EST127C, indicate how many of those transgenders in the last 3 months were over age 30. Sex refers to anal and vaginal sex only.

EST144	Partners while drunk/high	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Client self-report of partners duing unprotected sex while drunk or high in the last 3 months.

*Instructions:* Use this variable only if client reports using drugs while having unprotected sex in the last 3 months. Sex refers to anal and vaginal sex only. Choose only one.

Code	Value Description	Value Definition
01	Primary partners	Client reports having unprotected sex with primary partners while drunk or high in the last 3 months.
02	Non-primary partners	Client reports having unprotected sex with non-primary partners while drunk or high in the last 3 months.
03	Both	Client reports having unprotected sex with primary and non-primary partners while drunk or high in the last 3 months.
77	Decline to answer	Client declined to answer.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST145	Satisfaction of safer sex- client on bottom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-reported satisfaction when partner is wearing a condom and he (the client) is on the bottom.

*Instructions:* Sex refers to anal sex only. Choose only one.

Code	Value Description	Value Definition
00	Not at all satisfying	Client reports that safer sex is not satisfying when his partner is wearing a condom and he is on the bottom.
01	Slightly satisfying	Client reports that safer sex is slightly satisfying when his partner is wearing a condom and he is on the bottom.
02	Moderately satisfying	Client reports that safer sex is moderately satisfying when his partner is wearing a condom and he is on the bottom.
03	Very satisfying	Client reports that safer sex is very satisfying when his partner is wearing a condom and he is on the bottom.
04	Extremely satisfying	Client reports that safer sex is extremely satisfying when his partner is wearing a condom and he is on the bottom.
77	Decline to answer	Client declined to answer.
99	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST146	Satisfaction of safer sex- partner on bottom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-reported satisfaction when he (the client) is wearing a condom and partner is on the bottom.

*Instructions:* Sex refers to anal sex only. Choose only one.

Code	Value Description	Value Definition
01	Not at all satisfying	Client reports that safer sex is not satisfying when he is wearing a condom and his partner is on the bottom.
02	Slightly satisfying	Client reports that safer sex is slightly satisfying when he is wearing a condom and his partner is on the bottom.
03	Moderately satisfying	Client reports that safer sex is moderately satisfying when he is wearing a condom and his partner is on the bottom.
04	Extremely satisfying	Client reports that safer sex is extremely satisfying when he is wearing a condom and his partner is on the bottom.
77	Decline to answer	Client declined to answer.
99	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST147	Condom use- client on bottom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-reported level of fun when his partner is wearing a condom and he (the client) is on the bottom.

*Instructions:* Recall period: last 3 months. Sex refers to anal sex only. Choose only one.

Code	Value Description	Value Definition
00	None of the fun out of sex	Client reports that using a condom does not take any fun out of sex when his partner is wearing a condom and he is on the bottom.
01	A little of the fun out of sex	Client reports that using a condom takes a little of the fun out of sex when his partner is wearing a condom and he is on the bottom.
02	Some of the fun out of sex	Client reports that using a condom takes a little of the fun out of sex when his partner is wearing a condom and he is on the bottom.
03	A lot of the fun out of sex	Client reports that using a condom takes a lot of the fun out of sex when his partner is wearing a condom and he is on the bottom.
04	A great deal of the fun out of sex	Client reports that using a condom takes a great deal of the fun out of sex when his partner is wearing a condom and he is on the bottom.
77	Decline to answer	Client declined to answer.
99	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST148	Condom use- partner on bottom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-reported level of fun when he (the client) is wearing a condom and his partner is on the bottom.

*Instructions:* Recall period: last 3 months. Sex refers to anal sex only. Choose only one.

Code	Value Description	Value Definition
00	None of the fun out of sex	Client reports that using a condom does not take any fun out of sex when he is wearing a condom and his partner is on the bottom.
01	A little of the fun out of sex	Client reports that using a condom takes a little of the fun out of sex when he is wearing a condom and his partner is on the bottom.
02	Some of the fun out of sex	Client reports that using a condom takes some of the fun out of sex when he is wearing a condom and his partner is on the bottom.
03	A lot of the fun out of sex	Client reports that using a condom takes a lot of fun out of sex when he is wearing a condom and his partner is on the bottom.
04	A great deal of fun out of sex	Client reports that using a condom takes a great deal of fun out of sex when he is wearing a condom and his partner is on the bottom.
77	Decline to answer	Client declined to answer.
99	Don't know	

EST149	Pleasure of safer sex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Client self-report of how pleasurable safer sex is compared to unsafe sex.

*Instructions:* Recall period: last 3 months. Sex refers to anal sex only. Choose only one.

Code	Value Description	Value Definition
01	Much less	Client reports safer sex is much less pleasurable than unsafe sex.
02	A little less	Client reports safer sex is a little less pleasurable than unsafe sex.
03	Equally	Client reports safer sex is equally pleasurable as unsafe sex.
04	A little more	Client reports safer sex is a little more pleasurable than unsafe sex.
05	Much more	Client reports safer sex is much more pleasurable than unsafe sex.
77	Decline to answer	Client declined to answer.
99	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST150	Mood during condom use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report on how much pausing to put on a condom can ruin the sexual mood.

*Instructions:* Recall period: last 3 months. Sex refers to anal sex only. Choose only one.

Code	Value Description	Value Definition
00	Not at all	Client reports that pausing to put on a condom does not ruin the sexual mood at all.
01	A little	Client reports that pausing to put on a condom ruins the sexual mood a little.
02	A moderate amount	Client reports that pausing to put on a condom ruins the sexual mood a moderate amount.
03	A lot	Client reports that pausing to put on a condom ruins the sexual mood a lot.
04	A great deal	Client reports that pausing to put on a condom ruins the sexual mood a great deal.
77	Decline to answer	Client declined to answer
99	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST151	Orgasm difficulty during condom use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report on the level of difficulty to experience an orgasm during sex while using condoms.

*Instructions:* Recall period: last 3 months. Sex refers to anal sex only. Choose only one.

Code	Value Description	Value Definition
00	Not difficult at all	Client reports it is not at difficult to have an orgasm while using condoms.
01	Slightly difficult	Client reports that it is slightly difficult to have an orgasm while using condoms.
02	Moderately difficult	Client reports that it is moderately difficult to have an orgasm while using condoms.
03	Very difficult	Client reports that it is very difficult to have an orgasm while using condoms.
04	Extremely difficult	Client reports that it is extremely difficult to have an orgasm while using condoms.
77	Decline to answer	Client declined to answer.



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST152	Erection difficulty during condom use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report of difficulty keeping an erection when wearing a condom during sex.

*Instructions:* Recall period: last 3 months. Sex refers to anal sex only. Choose only one.

Code	Value Description	Value Definition
00	Not difficult at all	Client reports keeping an erection is not difficult at all when wearing a condom.
01	Slightly difficult	Client reports keeping an erection is slightly difficult when wear a condom.
02	Moderately difficult	Client reports keeping an erection is moderately difficult when wear a condom.
03	Very difficult	Client reports keeping an erection is very difficult when wear a condom.
04	Extremely difficult	Client reports keeping an erection is extremely difficult when wear a condom.
77	Decline to answer	Client declined to answer.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST153	Difficulty stopping during sex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report on how difficult it is for him to stop their partner if their partner starts to do something unsafe sexually.

*Instructions:* Recall period: last 3 months. Sex refers to anal sex only. Choose only one.

Code	Value Description	Value Definition
00	Not at all	Client reports that it is not at all difficult to stop their partner if his partner start to do something unsafe sexually.
01	Slightly difficult	Client reports that it is slightly difficult to stop his partner if his partner starts to do something unsafe sexually.
02	Moderately difficult	Client reports that it is moderately difficult to stop his partner if his partner starts to do something unsafe sexually.
03	Very difficult	Client reports that it is very difficult to stop his partner if his partner starts to do something unsafe sexually.
04	Extremely difficult	Client reports that it is extremely difficult to stop his partner if his partner starts to do something unsafe sexually.
77	Decline to answer	Client declined to answer
99	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST154	Difficulty using a condom if really turned on	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report on difficulty using condom if he is really turned on.

*Instructions:* Recall period: last 3 months. Sex refers to anal sex only. Choose only one.

Code	Value Description	Value Definition
00	Not difficult at all	Client reports it is not difficult at all to use a condom if he is really turned on.
01	Slightly difficult	Client reports that it is slightly difficult to use a condom if he is really turned on.
02	Moderately difficult	Client reports that it is moderately difficult to use a condom if he is really turned on.
03	Very difficult	Client reports that it is very difficult to use a condom if he is really turned on.
04	Extremely difficult	Client reports that it is extremely difficult to use a condom if he is really turned on.
77	Decline to answer	Client declined to answer.
99	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST155	Difficulty telling male partner not to do something risky	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report of difficulty telling male partner no to do something risky.

*Instructions:* Recall period: last 3 months. Sex refers to anal sex only. Choose only one.

Code	Value Description	Value Definition
00	Not difficult at all	Client reports that it is not difficult at all to tell his male partner not to do something risky.
01	Slightly difficult	Client reports that it is slightly difficult to tell his male partner not to do something risky.
02	Moderately difficult	Client reports that it is moderately difficult to tell his male partner not to do something risky.
03	Very difficult	Client reports that it is very difficult to tell his male partner not to do something risky.
04	Extremely difficult	Client reports that it is extremely difficult to tell his male partner not to do something risky.
77	Decline to answer	Client declined to answer.
99	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST156	Difficulty of practicing safer sex with male partner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report of difficulty telling male partner that he wants to practice safer sex.

*Instructions:* Recall period: last 3 months. Sex refers to anal sex only. Choose only one.

Code	Value Description	Value Definition
00	Not difficult at all	Client reports that it is not difficult at all to tell his male partner that he wants to practice safer sex.
01	Slightly difficult	Client reports that it is slightly difficult to tell him male partner that he wants to practice safer sex.
02	Moderately difficult	Client reports that it is moderately difficult to tell him male partner that he wants to practice safer sex.
03	Very difficult	Client reports that it is very difficult to tell him male partner that he wants to practice safer sex.
04	Extremely difficult	Client reports that it is extremely difficult to tell him male partner that he wants to practice safer sex.
77	Decline to answer	Client declined to answer.
99	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST157	Friends -condom use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report on the amount of their gay/bi/transgender friends who always use condoms when having anal sex with new partners.

*Instructions:* Recall period: last 3 months. Sex refers to anal sex only but can include both male and female partners. Choose only one.

Code	Value Description	Value Definition
00	None	Client reports that none of their gay/bi/transgender friends use condoms when having anal sex with new partners.
01	Less than half	Client reports that less than half of their gay/bi/transgender friends use condoms when having anal sex with new partners.
02	About half	Client reports that about half of their gay/bi/transgender friends use condoms when having anal sex with new partners.
03	More than half	Client reports that more than half of their gay/bi/transgender friends use condoms when having anal sex with new partners.
04	All	Client reports that all of their gay/bi/transgender friends use condoms when having anal sex with new partners.
05	I don't have gay/bi/transgender friends	Client does not have gay/bi/transgender friends.
77	Decline to answer	Client declined to answer.
99	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST158	Friends-importance of using a condom with new partner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report on how important his gay/bi/transgender friends think it is to use a condom when having sex with a new male partner

*Instructions:* Recall period: last 3 months. Sex refers to anal sex only but includes male and partners. Choose only one.

Code	Value Description	Value Definition
01	Not important at all	Client reports that it is not at all important to their gay/bi/transgender friends to use a condom when having sex with a new male partner.
02	Slightly important	Client reports that it is slightly important to their gay/bi/transgender friends to use a condom when having sex with a new male partner.
03	Moderately important	Client reports that it is moderately important to their gay/bi/transgender friends to use a condom when having sex with a new male partner.
04	Very important	Client reports that it is very important to their gay/bi/transgender friends to use a condom when having sex with a new male partner.
05	Extremely important	Client reports that it is extremely important to their gay/bi/transgender friends to use a condom when having sex with a new male partner.
77	Decline to answer	Client declined to answer.
99	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST159	Friends- engaging in safe sex practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report on the amount of his gay/bi/transgender friends who only engage in safe sex practices.

*Instructions:* Recall period: last 3 months. Sex refers to anal sex only but includes male and partners. Choose only one.

Code	Value Description	Value Definition
00	None	Client reports none of his gay/bi/transgender friends engage in safe sex practices.
01	Less than half	Client reports less than half of his gay/bi/transgender friends engage in safe sex practices.
02	About half	Client reports about half of his gay/bi/transgender friends engage in safe sex practices.
03	More than half	Client reports more than half of his gay/bi/transgender friends engage in safe sex practices.
04	All	Client reports all of his gay/bi/transgender friends engage in safe sex practices.
77	Decline to answer	Client declined to answer.
99	Don't know	



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST160	Friends-advice about protected anal sex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report on the amount of his friends that think he should always have protected anal sex.

*Instructions:* Recall period: last 3 months. Sex refers to anal sex only but includes male and partners. Choose only one.

Code	Value Description	Value Definition
00	None	Client reports that none of his friends think that he should always have anal sex with a condom.
01	Less than half	Client reports that less than half of his friends think that he should always have anal sex with a condom.
02	About half	Client reports that about half of his friends think that he should always have anal sex with a condom.
03	More than half	Client reports that more than half of his friends think that he should always have anal sex with a condom.
04	All	Client reports that all of his friends think that he should always have anal sex with a condom.
77	Decline to answer	
99	Don't know	

EST161	Number of times talking about importance of safer sex with friends	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Client self-report on the number of times his gay/bi/transgender friends talked to with him about the importance of safer sex.

*Instructions:* Choose only one.

Code	Value Description	Value Definition
01	####	
7777	Decline to answer	
9999	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST162	Number of times shared ideas about how to avoid unsafe sex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report on the number of times in the last 3 months he shared ideas about how to avoid unsafe sex with his gay/bi/transgender friends.

*Instructions:* Choose only one.

Code	Value Description	Value Definition
01	####	
7777	Decline to answer	Client declined to answer
9999	Don't know	

EST163	Number of times encouraged each other to practice safer sex.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Client self-report on the number of times in the last 3 months he and his gay/bi/transgender friends encouraged each other to practice safer sex.

*Instructions:* Choose only one.

Code	Value Description	Value Definition
01	####	
7777	Decline to answer	Client declined to answer.
9999	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST164	Number of times told each other that you practice safer sex.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report on the number of times in the last 3 months he and his gay/bi/transgender friends told each other that they practice safer sex.

*Instructions:* Choose only one.

Code	Value Description	Value Definition
01	####	
7777	Decline to answer	Client declined to answer
9999	Don't know	

EST165	Number of times client talked about negotiating safer sex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Client self-report on the number of times in the last 3 months he and his gay/bi/transgender friends talked about negotiating safer sex.

*Instructions:* Choose one.

Code	Value Description	Value Definition
01	####	
7777	Decline to answer	Client declined to answer
9999	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST166	Number of times given each other condoms or safer sex literature	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report on the number of times in the last 3 months he and his gay/bi/transgender friends gave each other condoms or safer sex literature.

*Instructions:* Choose one.

Code	Value Description	Value Definition
01	####	
7777	Decline to answer	Client declined to answer
9999	Don't know	

EST167	Number of times encouraged each other to get tested for HIV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Client self-report on the number of times in the last 3 months he and his gay/bi/transgender friends encouraged each other to get tested for HIV.

*Instructions:* Choose one.

Code	Value Description	Value Definition
01	####	
7777	Decline to answer	Client declined to answer
9999	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST168	Number of times talked about having taken the HIV antibody test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report on the number of times in the last 3 months he and his gay/bi/transgender friends talked about having taken the HIV antibody test.

*Instructions:* Choose one.

Code	Value Description	Value Definition
01	####	
7777	Decline to answer	Client declined to answer
9999	Don't know	

EST169	Internalized homophobia: religious beliefs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Client self-report on how guilty his religious beliefs make him feel about having sex with other men.

*Instructions:* Choose one.

Code	Value Description	Value Definition
00	No guilt at all	Client reports that his religious beliefs do not make him feel any guilt about having sex with other men.
01	A little guilt	Client reports that his religious beliefs make him feel a little guilt about having sex with other men.
02	A moderate amount of guilt	Client reports that his religious beliefs make him feel a moderate amount of guilt about having sex with other men.
03	A lot of guilt	Client reports that his religious beliefs make him feel a lot of guilt about having sex with other men.
04	A great deal of guilt	Client reports that his religious beliefs make him feel a great deal of guilt about having sex with other men.
77	Decline to answer	Client declined to answer.
99	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST170	Internalized homophobia: dislike	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report on how whether having sex with other men makes him dislike himself, and if so, how much.

*Instructions:* Choose one.

Code	Value Description	Value Definition
00	Not at all	Client reports that having sex with other men does not make him dislike himself at all.
01	A little	Client reports that having sex with other men makes him dislike himself a little.
02	A moderate amount	Client reports that having sex with other men makes him dislike himself a moderate amount.
03	A lot	Client reports that having sex with other men makes him dislike himself a lot.
04	A great deal	Client reports that having sex with other men makes him dislike himself a great deal.
77	Decline to answer	Client declined to answer.
99	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST171	Internalized homophobia: attraction to women	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report on whether he wished he was only attracted to women, and if so, how much.

*Instructions:* Choose one.

Code	Value Description	Value Definition
00	Not at all	Client reports that he does not wish he was attracted to women only.
01	A little	Client reports that he wished he was only attracted to women a little.
02	A moderate amount	Client reports that he wished he was only attracted to women a moderate amount.
03	A lot	Client reports that he wished he was only attracted to women a lot.
04	A great deal	Client reports that he wished he was only attracted to women a great deal.
77	Decline to answer	Client declined to answer
99	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST172	Gay pride: happiness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report on whether he is happy about being gay or bisexual, and if so, how happy.

*Instructions:* Choose one.

Code	Value Description	Value Definition
00	Not at all	Client reports that he is not at all happy that he is gay or bisexual.
01	A little	Client reports that he feels a little happiness about being gay or bisexual.
02	A moderate amount	Client reports that he feels a moderate amount of happiness about being gay or bisexual.
03	A lot	Client reports that he feels a lot of happiness about being gay or bisexual.
04	A great deal	Client reports that he feels a great deal of happiness about being gay or bisexual.
77	Decline to answer	Client declined to answer.
99	Don't know	



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST173	Gay pride: pride	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report on whether feels pride about being gay or bisexual, and if so, how much.

*Instructions:* Choose one.

Code	Value Description	Value Definition
00	Not at all	Client reports that he does not feel any pride about being gay or bisexual.
01	A little	Client reports he feels a little pride about being gay or bisexual.
02	A moderate amount	Client reports he feels a moderate amount of pride about being gay or bisexual.
03	A lot	Client reports he feels a lot of pride about being gay or bisexual.
04	A great deal	Client reports he feels a great deal of pride about being gay or bisexual.
77	Decline to answer	Client declined to answer.
99	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST174	Gay pride: comfort	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report on whether he feels comfortable about being gay or bisexual, and if so, how much.

*Instructions:* Choose one.

Code	Value Description	Value Definition
00	Not comfortable at all	Client reports that he does not feel comfortable at all about being gay or bisexual.
01	Slightly comfortable	Client reports that he feels slightly comfortable about being gay or bisexual.
02	Moderately comfortable	Client reports that he feels moderately comfortable about being gay or bisexual.
03	Very comfortable	Client reports that he feels very comfortable about being gay or bisexual.
04	Extremely comfortable	Client reports that he feels extremely comfortable about being gay or bisexual.
77	Decline to answer	Client declined to answer.
99	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST175	Support: help when needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report regarding whether he disagrees or agrees that his friends really try to help him if he needs it.

*Instructions:* Choose one.

Code	Value Description	Value Definition
01	Disagree strongly	Client reports that he strongly disagrees that his friends really try to help him if he needs it.
02	Disagree moderately	Client reports that he moderately disagrees that his friends really try to help him if he needs it.
03	Disagree slightly	Client reports that he slightly disagrees that his friends really try to help him if he needs it.
04	Agree slightly	Client reports that he slightly agrees that his friends really try to help him if he needs it.
05	Agree moderately	Client reports that he moderately agrees that his friends really try to help him if he needs it.
06	Agree strongly	Client reports that he strongly agrees that his friends really try to help him if he needs it.
77	Decline to answer	Client declined to answer.
99	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST176	Support: when things go wrong	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report on whether he disagrees or agrees that he can count on his friends when things go wrong.

*Instructions:* Choose one.

Code	Value Description	Value Definition
01	Disagree strongly	Client reports that he strongly disagrees that he can count on his friends when things go wrong.
02	Disagree moderately	Client reports that he moderately disagrees that he can count on his friends when things go wrong.
03	Disagree slightly	Client reports that he slightly disagrees that he can count on his friends when things go wrong.
04	Agree slightly	Client reports that he slightly agrees that he can count on his friends when things go wrong.
05	Agree moderately	Client reports that he moderately agrees that he can count on his friends when things go wrong.
06	Agree strongly	Client reports that he strongly agrees that he can count on his friends when things go wrong.
77	Decline to answer	Client declined to answer.
99	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST177	Support: during joys and sorrows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report regarding whether he agrees or disagrees that he has friends with whom he can share joys and sorrows.

*Instructions:* Choose one.

Code	Value Description	Value Definition
01	Disagree strongly	Client reports that he strongly disagrees that he has friends with whom he can share joys and sorrows.
02	Disagree moderately	Client reports that he moderately disagrees that he has friends with whom he can share joys and sorrows.
03	Disagree slightly	Client reports that he slightly disagrees that he has friends with whom he can share joys and sorrows.
04	Agree slightly	Client reports that he slightly agrees that he has friends with whom he can share joys and sorrows.
05	Agree moderately	Client reports that he moderately agrees that he has friends with whom he can share joys and sorrows.
06	Agree strongly	Client reports that he strongly agrees that he has friends with whom he can share joys and sorrows.
77	Decline to answer	Client declined to answer
99	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST178	Support:talk about problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report regarding whether he agrees or disagrees that he can talk about his problems with his friends.

*Instructions:* Choose one.

Code	Value Description	Value Definition
01	Disagree strongly	Client reports that he strongly disagrees that he can talk about his problems with his friends.
02	Disagree moderately	Client reports that he moderately disagrees that he can talk about his problems with his friends.
03	Disagree slightly	Client reports that he slightly disagrees that he can talk about his problems with his friends.
04	Agree slightly	Client reports that he slightly agrees that he can talk about his problems with his friends.
05	Agree moderately	Client reports that he moderately agrees that he can talk about his problems with his friends.
06	Agree strongly	Client reports that he strongly agrees that he can talk about his problems with his friends.
77	Decline to answer	Client declined to answer.
99	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST179	Support: being with friends	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report regarding whether he agrees or disagrees that being with his gay/bi/transgender friends helps him to feel good about himself.

*Instructions:* Choose one.

Code	Value Description	Value Definition
01	Disagree strongly	Client reports that he strongly disagrees that being with his gay/bi/transgender friends helps him to feel good about himself.
02	Disagree moderately	Client reports that he moderately disagrees that being with his gay/bi/transgender friends helps him to feel good about himself.
03	Disagree slightly	Client reports that he slightly disagrees that being with his gay/bi/transgender friends helps him to feel good about himself.
04	Agree slightly	Client reports that he slightly agrees that being with his gay/bi/transgender friends helps him to feel good about himself.
05	Agree moderately	Client reports that he moderately agrees that being with his gay/bi/transgender friends helps him to feel good about himself.
06	Agree strongly	Client reports that he strongly agrees that being with his gay/bi/transgender friends helps him to feel good about himself.
77	Decline to answer	Client declined to answer.
99	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST180	Support: helpful information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report regarding whether he agrees or disagrees that being with his gay/bi/transgender friends provide him with helpful information or advice.

*Instructions:* Choose one.

Code	Value Description	Value Definition
01	Disagree strongly	Client reports that he strongly disagrees that his gay/bi/transgender friends provide him with helpful information or advice.
02	Disagree moderately	Client reports that he moderately disagrees that his gay/bi/transgender friends provide him with helpful information or advice.
03	Disagree slightly	Client reports that he slightly disagrees that his gay/bi/transgender friends provide him with helpful information or advice.
04	Agree slightly	Client reports that he slightly agrees that his gay/bi/transgender friends provide him with helpful information or advice.
05	Agree moderately	Client reports that he moderately agrees that his gay/bi/transgender friends provide him with helpful information or advice.
06	Agree strongly	Client reports that he strongly agrees that his gay/bi/transgender friends provide him with helpful information or advice.
77	Decline to answer	Client declined to answer.
99	Don't know	



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST181	Support:problem solving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report regarding whether he agrees or disagrees that his gay/bi/transgender friends are good at helping him solve problems.

*Instructions:* Choose one.

Code	Value Description	Value Definition
01	Disagree strongly	Client reports that he strongly disagrees that his gay/bi/transgender friends are good at helping him solve problems.
02	Disagree moderately	Client reports that he moderately disagrees that his gay/bi/transgender friends are good at helping him solve problems.
03	Disagree slightly	Client reports that he slightly disagrees that his gay/bi/transgender friends are good at helping him solve problems.
04	Agree slightly	Client reports that he slightly agrees that his gay/bi/transgender friends are good at helping him solve problems.
05	Agree moderately	Client reports that he moderately agrees that his gay/bi/transgender friends are good at helping him solve problems.
06	Agree strongly	Client reports that he strongly agrees that his gay/bi/transgender friends are good at helping him solve problems.
77	Decline to answer	Client declined to answer.
99	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST182	Support: relationship	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report regarding whether he agrees or disagrees he has a deep sharing relationship with is gay/bi/transgender friends.

*Instructions:* Choose one.

Code	Value Description	Value Definition
01	Disagree strongly	Client reports that he strongly disagrees that he has a deep sharing relationship with his gay/bi/transgender friends.
02	Disagree moderately	Client reports that he moderately disagrees that he has a deep sharing relationship with his gay/bi/transgender friends.
03	Disagree slightly	Client reports that he slightly disagrees that he has a deep sharing relationship with his gay/bi/transgender friends.
04	Agree slightly	Client reports that he slightly agrees that he has a deep sharing relationship with his gay/bi/transgender friends.
05	Agree moderately	Client reports that he moderately agrees that he has a deep sharing relationship with his gay/bi/transgender friends.
06	Agree strongly	Client reports that he strongly agrees that he has a deep sharing relationship with his gay/bi/transgender friends.
77	Decline to answer	Client declined to answer.
99	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST183	Exposure to messages in last 3 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report of exposure experiences in the last 3 months.

*Instructions:* Check all that apply. Refer to local name of Mpowerment Project at individual project sites.

Code	Value Description	Value Definition
00	I have not experienced any of these in the last 3 months	Client reports that he has not experienced any of the events in the last 3 months.
01	Saw an ad encouraging me to be safe or to use condoms, or an ad promoting local HIV prevention activities	Client reports that in the last 3 months he saw an ad encouraging him to be safe or use condoms, or an ad promoting local HIV prevention activities
02	Saw HIV prevention outreach in a local bar or other community location	Client reports that in the last 3 months he saw HIV prevention outreach in a local bar or other community location
03	Had a discussion about HIV prevention, safer sex, HIV testing, or received condoms from a local outreach worker.	Client reports that in the last 3 months he had a discussion about HIV prevention, safer sex, HIV testing, or received condoms from a local outreach worker.
04	Picked up free condoms and/or lube	Client reports that in the last 3 months he picked up free condoms and/or lube
05	Asked someone or searched for information about HIV/AIDS	Client reports that in the last 3 months he asked someone or searched for information about HIV/AIDS.
06	Saw an Mpowerment Project advertisement	Client reports that in the last 3 months he saw an Mpowerment Project advertisement.
07	Visited the Mpowerment Project website	Client reports that in the last 3 months he visited the Mpowerment Project website.
77	Decline to answer	Client declined to answer.
99	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST184	Number of times volunteered with local HIV prevention effort	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report on the number of times he volunteered with a local prevention effort in the last 3 months.

*Instructions:* Choose one.

Code	Value Description	Value Definition
01	####	
7777	Decline to answer	Client declined to answer.
9999	Don't know	

EST185	Number of times participated in a small-group discussion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Client self-report on the number of times he participated in a small-group discussion about safer sex or HIV prevention in the last 3 months.

*Instructions:* Choose one.

Code	Value Description	Value Definition
01	####	
7777	Decline to answer	Client declined to answer.
9999	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST186	Number of times volunteered for the Mpowerment Project	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report on the number of times he volunteered for the Mpowerment Project in the last 3 months.

*Instructions:* Choose one. Refer to local name of Mpowerment Project at individual project sites.

Code	Value Description	Value Definition
01	####	
7777	Decline to answer	Client declined to answer.
9999	Don't know	

EST187	Number of times attended an Mpowerment Project event	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Client self-report on the number of times he attended an Mpowerment Project event in the last 3 months.

*Instructions:* Choose one. Refer to local name of Mpowerment Project at individual project sites.

Code	Value Description	Value Definition
01	####	
7777	Decline to answer	Client declined to answer.
9999	Don't know	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
EST188	Number of times visited the Mpowerment Project space	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* Client self-report on the number of times he visited the Mpowerment Project space in the last 3 months.

*Instructions:* Choose one. Refer to local name of Mpowerment Project at individual project sites.

Code	Value Description	Value Definition
01	####	
7777	Decline to answer	Client declined to answer.
9999	Don't know	

## 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. CRCS).

It is also required for most effective behavioral interventions delivered to groups and some outreach.

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G101	Date Collected	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The date on which client demographic data are collected. For reporting to CDC, this should be the intake date or the date of the first session before the intervention begins.

*Instructions:* Enter the date that client demographic data are collected. This should be the intake date or the date of the first session before the intervention begins.

G102	PEMS Client ID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 receiving HIV prevention services. This code enables PEMS to manage client-level data while protecting the client's confidentiality. It is a randomly generated number and is not created by combining parts of other PEMS variables. If a single client is served by multiple agencies, he or she will have a different PEMS Client Unique Key in each agency. Your agency can also use a locally-developed client key. See G103: Local Client Unique Key.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G103	Local Client ID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> A locally developed client unique key used to distinguish an individual client receiving multiple services within an agency.</p> <p><i>Instructions:</i> If your agency has chosen to use a locally generated or developed client key other than one assigned by PEMS (G102: PEMS Client Unique Key), then enter that code. This code can be shared and used by more than one agency throughout a city, territory or state. This code should not contain personal information that is organized in a way that can be easily deciphered (e.g., birth date, month and year). G103 is only program required if G102 is not used.</p>					
G104	Local Partner Services ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> This variable allows PS programs to link information on a particular client from their own databases to the PEMS HIV program data. For example, the STD MIS Patient ID could be entered here.</p> <p><i>Instructions:</i> If you have a local identification system for PS clients, enter the local ID here.</p>					
G105	Last Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> The client's last name.</p> <p><i>Instructions:</i> Enter the client's last name. This information will not be reported to CDC.</p>					
G106	First Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> The client's formal first name.</p> <p><i>Instructions:</i> Enter the client's formal first name. This information will not be reported to CDC.</p>					
G107	Middle Initial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> The first letter of the client's middle name.</p> <p><i>Instructions:</i> Enter the first letter of the client's middle name. This information will not be reported to CDC.</p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G108	Nick Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*Definition:* An alternative name for a client that is often descriptive and familiar to the client.

*Instructions:* If the client has a nickname that is used to identify the client and distinguish the client from other clients, enter that name. The nickname can be a name used to assist in identifying the client for post-intervention follow-up or may just be a name the client reports they prefer (e.g., shorter version of the client's first name such as "Joe" for "Joseph"). This information will not be reported to CDC.

G109	Aliases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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*Definition:* An alternative or fictitious name for a client that is typically used instead of the person's legal name. An alias bears no relation to the person's legal or actual name.

*Instructions:* Enter the client's aliases if available. (For instance, a person named Sonya Smith may use an alias of Sara Steele instead of her legal name.) This information will not be reported to CDC.

G110	Date of Birth - Month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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*Definition:* The calendar month in which the client was born.

*Instructions:* Enter the month in which the client was born. This information will not be reported to CDC.

G111	Date of Birth - Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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*Definition:* The calendar day on which the client was born.

*Instructions:* Enter the day in which the client was born. This information will not be reported to CDC.

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

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



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G113	Calculated Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The client's age at the time of data collection. This variable is system generated and only appears within the PEMS extracts.

*Instructions:* The system will generate the client's age at the time client demographic data were collected based on the date of data collection (G101: Date Collected) and the client's year of birth (G112: Date of Birth - Year).

G114	Ethnicity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 or Latino or not Hispanic or Latino.

Code	Value Description	Value Definition
77	Declined to answer	The client declines or is unwilling to report his or her ethnicity.
99	Don't know	The client reports that he or she is unaware of his or her 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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G115	Ethnicity Expanded	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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" in G114 is "Hispanic or Latino," then the "Ethnicity Expanded" field should be used when the client provides a more detailed description of his/her ethnic background. For example, this variable can differentiate a person of Mexican descent from a person whose ethnic background is Puerto Rican. If the client does not provide a more detailed description of his/her ethnic background, the value field for this variable can be left blank. The complete list of "Ethnicity Expanded" codes can be found in the document titled, "CDC Race & Ethnicity Code Sets" at [http://www.cdc.gov/nedss/DataModels/Race\\_Ethnicity\\_CodeSet.pdf](http://www.cdc.gov/nedss/DataModels/Race_Ethnicity_CodeSet.pdf) on CDC's National Electronic Disease Surveillance webpage: <http://www.cdc.gov/nedss/DataModels/>.

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	Castilian	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	Mexican	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

# NHME Variables and Values

Num	Variable Name		Requirements			
			Program	System	Optional	Not Reported
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				
E1.04.010	South American Indian	Source = OMB Ethnicity Codes				
E1.04.011	Criollo	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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Definition:** A client's self-reported classification or classifications of the biological heritage with which they most closely identify. Standard OMB race codes are applied.

**Instructions:** Indicate the client's self reported race(s) using standard OMB race codes. Record all race categories that the client reports.

Code	Value Description	Value Definition
77	Declined to answer	The client declines or is unwilling to report his or her race.
99	Don't know	The client reports that he or 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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G117	Race Expanded	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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 reported in G116: Race, select an expanded race value using the expanded OMB race codes. For example, if variable G116: Race = "Asian", a person might be further categorized here as being of Korean descent (e.g., G117: Race Expanded = "Korean"). If the client does not provide a more detailed description of their racial background, the value field for this variable should be left blank.

Code	Value Description	Value Definition
R1.01	American Indian	Source = OMB Ethnicity Codes
R1.01.001	Abenaki	Source = OMB Ethnicity Codes
R1.01.002	Algonquian	Source = OMB Ethnicity Codes
R1.01.003	Apache	Source = OMB Ethnicity Codes
R1.01.003.001	Chiricahua	Source = OMB Ethnicity Codes
R1.01.003.002	Fort Sill Apache	Source = OMB Ethnicity Codes
R1.01.003.003	Jicarilla Apache	Source = OMB Ethnicity Codes
R1.01.003.004	Lipan Apache	Source = OMB Ethnicity Codes
R1.01.003.005	Mescalero Apache	Source = OMB Ethnicity Codes
R1.01.003.006	Oklahoma Apache	Source = OMB Ethnicity Codes
R1.01.003.007	Payson Apache	Source = OMB Ethnicity Codes
R1.01.003.008	San Carlos Apache	Source = OMB Ethnicity Codes
R1.01.003.009	White Mountain Apache	Source = OMB Ethnicity Codes
R1.01.004	Arapaho	Source = OMB Ethnicity Codes
R1.01.004.001	Northern Arapaho	Source = OMB Ethnicity Codes
R1.01.004.002	Southern Arapaho	Source = OMB Ethnicity Codes
R1.01.004.003	Wind River Arapaho	Source = OMB Ethnicity Codes
R1.01.005	Arikara	Source = OMB Ethnicity Codes
R1.01.006	Assiniboine	Source = OMB Ethnicity Codes
R1.01.007	Assiniboine Sioux	Source = OMB Ethnicity Codes
R1.01.007.001	Fort Peck Assinibone Sioux	Source = OMB Ethnicity Codes
R1.01.008	Bannock	Source = OMB Ethnicity Codes
R1.01.009	Blackfeet	Source = OMB Ethnicity Codes
R1.01.010	Brotherton	Source = OMB Ethnicity Codes
R1.01.011	Burt Lake Band	Source = OMB Ethnicity Codes
R1.01.012	Caddo	Source = OMB Ethnicity Codes
R1.01.012.001	Oklahoma Caddo	Source = OMB Ethnicity Codes
R1.01.013	Cahuilla	Source = OMB Ethnicity Codes
R1.01.013.001	Agua Caliente Cahuilla	Source = OMB Ethnicity Codes
R1.01.013.002	Augustine	Source = OMB Ethnicity Codes
R1.01.013.003	Cabazon	Source = OMB Ethnicity Codes

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
R1.01.013.004	Los Coyotes	Source = OMB Ethnicity Codes			
R1.01.013.005	Morongo	Source = OMB Ethnicity Codes			
R1.01.013.006	Santa Rosa Cahuilla	Source = OMB Ethnicity Codes			
R1.01.013.007	Torres-Martinez	Source = OMB Ethnicity Codes			
R1.01.014	California Tribes	Source = OMB Ethnicity Codes			
R1.01.014.001	Cahto	Source = OMB Ethnicity Codes			
R1.01.014.002	Chimariko	Source = OMB Ethnicity Codes			
R1.01.014.003	Coast Miwok	Source = OMB Ethnicity Codes			
R1.01.014.004	Digger	Source = OMB Ethnicity Codes			
R1.01.014.005	Kawaiisu	Source = OMB Ethnicity Codes			
R1.01.014.006	Kern River	Source = OMB Ethnicity Codes			
R1.01.014.007	Mattole	Source = OMB Ethnicity Codes			
R1.01.014.008	Red Wood	Source = OMB Ethnicity Codes			
R1.01.014.009	Santa Rosa	Source = OMB Ethnicity Codes			
R1.01.014.010	Takelma	Source = OMB Ethnicity Codes			
R1.01.014.011	Wappo	Source = OMB Ethnicity Codes			
R1.01.014.012	Yana	Source = OMB Ethnicity Codes			
R1.01.014.013	Yuki	Source = OMB Ethnicity Codes			
R1.01.015	Canadian & Latin American Indian	Source = OMB Ethnicity Codes			
R1.01.015.001	Canadian Indian	Source = OMB Ethnicity Codes			
R1.01.015.002	Central American Indian	Source = OMB Ethnicity Codes			
R1.01.015.003	French American Indian	Source = OMB Ethnicity Codes			
R1.01.015.004	Mexican American Indian	Source = OMB Ethnicity Codes			
R1.01.015.005	South American Indian	Source = OMB Ethnicity Codes			
R1.01.015.006	Spanish American Indian	Source = OMB Ethnicity Codes			
R1.01.016	Catawba	Source = OMB Ethnicity Codes			
R1.01.017	Cayuse	Source = OMB Ethnicity Codes			
R1.01.018	Chehalis	Source = OMB Ethnicity Codes			
R1.01.019	Chemakuan	Source = OMB Ethnicity Codes			
R1.01.019.001	Hoh	Source = OMB Ethnicity Codes			
R1.01.019.002	Quileute	Source = OMB Ethnicity Codes			
R1.01.020	Chemehuevi	Source = OMB Ethnicity Codes			
R1.01.021	Cherokee	Source = OMB Ethnicity Codes			
R1.01.021.001	Cherokee Alabama	Source = OMB Ethnicity Codes			
R1.01.021.002	Cherokees of Northeast Alabama	Source = OMB Ethnicity Codes			
R1.01.021.003	Cherokees of Southeast Alabama	Source = OMB Ethnicity Codes			
R1.01.021.004	Eastern Cherokee	Source = OMB Ethnicity Codes			
R1.01.021.005	Echota Cherokee	Source = OMB Ethnicity Codes			
R1.01.021.006	Etowah Cherokee	Source = OMB Ethnicity Codes			

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
R1.01.021.007	Northern Cherokee	Source = OMB Ethnicity Codes			
R1.01.021.008	Tuscola	Source = OMB Ethnicity Codes			
R1.01.021.009	United Keetowah Band of Cherokee	Source = OMB Ethnicity Codes			
R1.01.021.010	Western Cherokee	Source = OMB Ethnicity Codes			
R1.01.022	Cherokee Shawnee	Source = OMB Ethnicity Codes			
R1.01.023	Cheyenne	Source = OMB Ethnicity Codes			
R1.01.023.001	Northern Cheyenne	Source = OMB Ethnicity Codes			
R1.01.023.002	Southern Cheyenne	Source = OMB Ethnicity Codes			
R1.01.024	Cheyenne-Arapaho	Source = OMB Ethnicity Codes			
R1.01.025	Chickahominy	Source = OMB Ethnicity Codes			
R1.01.025.001	Eastern Chickahominy	Source = OMB Ethnicity Codes			
R1.01.025.002	Western Chickahominy	Source = OMB Ethnicity Codes			
R1.01.026	Chickasaw	Source = OMB Ethnicity Codes			
R1.01.027	Chinook	Source = OMB Ethnicity Codes			
R1.01.027.001	Clatsop	Source = OMB Ethnicity Codes			
R1.01.027.002	Columbia River Chinook	Source = OMB Ethnicity Codes			
R1.01.027.003	Kathlamet	Source = OMB Ethnicity Codes			
R1.01.027.004	Upper Chinook	Source = OMB Ethnicity Codes			
R1.01.027.005	Wakiakum Chinook	Source = OMB Ethnicity Codes			
R1.01.027.006	Willapa Chinook	Source = OMB Ethnicity Codes			
R1.01.027.007	Wishram	Source = OMB Ethnicity Codes			
R1.01.028	Chippewa	Source = OMB Ethnicity Codes			
R1.01.028.001	Bad River	Source = OMB Ethnicity Codes			
R1.01.028.002	Bay Mills Chippewa	Source = OMB Ethnicity Codes			
R1.01.028.003	Bois Forte	Source = OMB Ethnicity Codes			
R1.01.028.004	Burt Lake Chippewa	Source = OMB Ethnicity Codes			
R1.01.028.005	Fond du Lac	Source = OMB Ethnicity Codes			
R1.01.028.006	Grand Portage	Source = OMB Ethnicity Codes			
R1.01.028.007	Grand Traverse Band of Ottawa/Chippewa	Source = OMB Ethnicity Codes			
R1.01.028.008	Keweenaw	Source = OMB Ethnicity Codes			
R1.01.028.009	Lac Courte Oreilles	Source = OMB Ethnicity Codes			
R1.01.028.010	Lac Du Flambeau	Source = OMB Ethnicity Codes			
R1.01.028.011	Lac Vieux Desert Chippewa	Source = OMB Ethnicity Codes			
R1.01.028.012	Lake Superior	Source = OMB Ethnicity Codes			
R1.01.028.013	Leech Lake	Source = OMB Ethnicity Codes			
R1.01.028.014	Little Shell Chippewa	Source = OMB Ethnicity Codes			
R1.01.028.015	Mille Lacs	Source = OMB Ethnicity Codes			
R1.01.028.016	Minnesota Chippewa	Source = OMB Ethnicity Codes			
R1.01.028.017	Ontonagon	Source = OMB Ethnicity Codes			

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
R1.01.028.018	Red Cliff Chippewa	Source = OMB Ethnicity Codes			
R1.01.028.019	Red Lake Chippewa	Source = OMB Ethnicity Codes			
R1.01.028.020	Saginaw Chippewa	Source = OMB Ethnicity Codes			
R1.01.028.021	St. Croix Chippewa	Source = OMB Ethnicity Codes			
R1.01.028.022	Sault Ste. Marie Chippewa	Source = OMB Ethnicity Codes			
R1.01.028.023	Sakoagon Chippewa	Source = OMB Ethnicity Codes			
R1.01.028.024	Turtle Mountain	Source = OMB Ethnicity Codes			
R1.01.028.025	White Earth	Source = OMB Ethnicity Codes			
R1.01.029	Chippewa Cree	Source = OMB Ethnicity Codes			
R1.01.029.001	Rocky Boy's Chippewa Cree	Source = OMB Ethnicity Codes			
R1.01.030	Chitimacha	Source = OMB Ethnicity Codes			
R1.01.031	Choctaw	Source = OMB Ethnicity Codes			
R1.01.031.001	Clifton Choctaw	Source = OMB Ethnicity Codes			
R1.01.031.002	Jena Choctaw	Source = OMB Ethnicity Codes			
R1.01.031.003	Mississippi Choctaw	Source = OMB Ethnicity Codes			
R1.01.031.004	Mowa Band of Choctaw	Source = OMB Ethnicity Codes			
R1.01.031.005	Okalahoma Choctaw	Source = OMB Ethnicity Codes			
R1.01.032	Chumash	Source = OMB Ethnicity Codes			
R1.01.032.001	Santa Ynez	Source = OMB Ethnicity Codes			
R1.01.033	Clear Lake	Source = OMB Ethnicity Codes			
R1.01.034	Coeur D'Alene	Source = OMB Ethnicity Codes			
R1.01.035	Coharie	Source = OMB Ethnicity Codes			
R1.01.036	Colorado River	Source = OMB Ethnicity Codes			
R1.01.037	Colville	Source = OMB Ethnicity Codes			
R1.01.038	Comanche	Source = OMB Ethnicity Codes			
R1.01.038.001	Okalahoma Comanche	Source = OMB Ethnicity Codes			
R1.01.039	Coos, Lower Umpqua, Siuslaw	Source = OMB Ethnicity Codes			
R1.01.040	Coos	Source = OMB Ethnicity Codes			
R1.01.041	Coquilles	Source = OMB Ethnicity Codes			
R1.01.042	Costanoan	Source = OMB Ethnicity Codes			
R1.01.043	Coushatta	Source = OMB Ethnicity Codes			
R1.01.043.001	Alabama Coushatta	Source = OMB Ethnicity Codes			
R1.01.044	Cowlitz	Source = OMB Ethnicity Codes			
R1.01.045	Cree	Source = OMB Ethnicity Codes			
R1.01.046	Creek	Source = OMB Ethnicity Codes			
R1.01.046.001	Alabama Creek	Source = OMB Ethnicity Codes			
R1.01.046.002	Alabama Quassarte	Source = OMB Ethnicity Codes			
R1.01.046.003	Eastern Creek	Source = OMB Ethnicity Codes			
R1.01.046.004	Eastern Muscogee	Source = OMB Ethnicity Codes			

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
R1.01.046.005	Kialegee	Source = OMB Ethnicity Codes			
R1.01.046.006	Lower Muscogee	Source = OMB Ethnicity Codes			
R1.01.046.007	Machis Lower Creek Indian	Source = OMB Ethnicity Codes			
R1.01.046.008	Poarch Band	Source = OMB Ethnicity Codes			
R1.01.046.009	Principal Creek Indian Nation	Source = OMB Ethnicity Codes			
R1.01.046.010	Star Clan of Muscogee Creeks	Source = OMB Ethnicity Codes			
R1.01.046.011	Thlopthlocco	Source = OMB Ethnicity Codes			
R1.01.046.012	Tuckabachee	Source = OMB Ethnicity Codes			
R1.01.047	Croatan	Source = OMB Ethnicity Codes			
R1.01.048	Crow	Source = OMB Ethnicity Codes			
R1.01.049	Cupeno	Source = OMB Ethnicity Codes			
R1.01.049.001	Agua Caliente	Source = OMB Ethnicity Codes			
R1.01.050	Delaware	Source = OMB Ethnicity Codes			
R1.01.050.001	Eastern Delaware	Source = OMB Ethnicity Codes			
R1.01.050.002	Lenni-Lenape	Source = OMB Ethnicity Codes			
R1.01.050.003	Munsee	Source = OMB Ethnicity Codes			
R1.01.050.004	Okalahoma Delaware	Source = OMB Ethnicity Codes			
R1.01.050.005	Rampough Mountain	Source = OMB Ethnicity Codes			
R1.01.050.006	Sand Hill	Source = OMB Ethnicity Codes			
R1.01.051	Diegueno	Source = OMB Ethnicity Codes			
R1.01.051.001	Campo	Source = OMB Ethnicity Codes			
R1.01.051.002	Capitan Grande	Source = OMB Ethnicity Codes			
R1.01.051.003	Cuyapaipe	Source = OMB Ethnicity Codes			
R1.01.051.004	La Posta	Source = OMB Ethnicity Codes			
R1.01.051.005	Manzanita	Source = OMB Ethnicity Codes			
R1.01.051.006	Mesa Grande	Source = OMB Ethnicity Codes			
R1.01.051.007	San Pasqual	Source = OMB Ethnicity Codes			
R1.01.051.008	Santa Ysabel	Source = OMB Ethnicity Codes			
R1.01.051.009	Sycuan	Source = OMB Ethnicity Codes			
R1.01.052	Eastern Tribes	Source = OMB Ethnicity Codes			
R1.01.052.001	Attacapa	Source = OMB Ethnicity Codes			
R1.01.052.002	Biloxi	Source = OMB Ethnicity Codes			
R1.01.052.003	Georgetown	Source = OMB Ethnicity Codes			
R1.01.052.004	Moor	Source = OMB Ethnicity Codes			
R1.01.052.005	Nansemond	Source = OMB Ethnicity Codes			
R1.01.052.006	Natchez	Source = OMB Ethnicity Codes			
R1.01.052.007	Nausu Waiwash	Source = OMB Ethnicity Codes			
R1.01.052.008	Nipmuc	Source = OMB Ethnicity Codes			
R1.01.052.009	Paugussett	Source = OMB Ethnicity Codes			



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
R1.01.052.010	Pocomoke Acohonock	Source = OMB Ethnicity Codes			
R1.01.052.011	Southeastern Indians	Source = OMB Ethnicity Codes			
R1.01.052.012	Susquehanock	Source = OMB Ethnicity Codes			
R1.01.052.013	Tunica Biloxi	Source = OMB Ethnicity Codes			
R1.01.052.014	Waccamaw-Siouxan	Source = OMB Ethnicity Codes			
R1.01.052.015	Wicomico	Source = OMB Ethnicity Codes			
R1.01.053	Esselen	Source = OMB Ethnicity Codes			
R1.01.054	Fort Belknap	Source = OMB Ethnicity Codes			
R1.01.055	Fort Berthold	Source = OMB Ethnicity Codes			
R1.01.056	Fort McDowell	Source = OMB Ethnicity Codes			
R1.01.057	Fort Hall	Source = OMB Ethnicity Codes			
R1.01.058	Gabrieleno	Source = OMB Ethnicity Codes			
R1.01.059	Grande Ronde	Source = OMB Ethnicity Codes			
R1.01.060	Gros Ventres	Source = OMB Ethnicity Codes			
R1.01.060.001	Atsina	Source = OMB Ethnicity Codes			
R1.01.061	Haliwa	Source = OMB Ethnicity Codes			
R1.01.062	Hidatsa	Source = OMB Ethnicity Codes			
R1.01.063	Hoopa	Source = OMB Ethnicity Codes			
R1.01.063.001	Trinity	Source = OMB Ethnicity Codes			
R1.01.063.002	Whilkut	Source = OMB Ethnicity Codes			
R1.01.064	Hoopa Extension	Source = OMB Ethnicity Codes			
R1.01.065	Houma	Source = OMB Ethnicity Codes			
R1.01.066	Inaja-Cosmit	Source = OMB Ethnicity Codes			
R1.01.067	Iowa	Source = OMB Ethnicity Codes			
R1.01.067.001	Iowa of Kansas-Nebraska	Source = OMB Ethnicity Codes			
R1.01.067.002	Iowa of Okalahoma	Source = OMB Ethnicity Codes			
R1.01.068	Iroquois	Source = OMB Ethnicity Codes			
R1.01.068.001	Cayuga	Source = OMB Ethnicity Codes			
R1.01.068.002	Mohawk	Source = OMB Ethnicity Codes			
R1.01.068.003	Oneida	Source = OMB Ethnicity Codes			
R1.01.068.004	Onondaga	Source = OMB Ethnicity Codes			
R1.01.068.005	Seneca	Source = OMB Ethnicity Codes			
R1.01.068.006	Seneca Nation	Source = OMB Ethnicity Codes			
R1.01.068.007	Seneca-Cayuga	Source = OMB Ethnicity Codes			
R1.01.068.008	Tonawanda Seneca	Source = OMB Ethnicity Codes			
R1.01.068.009	Tuscarora	Source = OMB Ethnicity Codes			
R1.01.068.010	Wyandotte	Source = OMB Ethnicity Codes			
R1.01.069	Juaneno	Source = OMB Ethnicity Codes			
R1.01.070	Kalispel	Source = OMB Ethnicity Codes			

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
R1.01.071	Karuk	Source = OMB Ethnicity Codes			
R1.01.072	Kaw	Source = OMB Ethnicity Codes			
R1.01.073	Kickapoo	Source = OMB Ethnicity Codes			
R1.01.073.001	Oklahoma Kickapoo	Source = OMB Ethnicity Codes			
R1.01.073.002	Texas Kickapoo	Source = OMB Ethnicity Codes			
R1.01.074	Kiowa	Source = OMB Ethnicity Codes			
R1.01.074.001	Oklahoma Kiowa	Source = OMB Ethnicity Codes			
R1.01.075	Klallam	Source = OMB Ethnicity Codes			
R1.01.075.001	Jamestown	Source = OMB Ethnicity Codes			
R1.01.075.002	Lower El Wha	Source = OMB Ethnicity Codes			
R1.01.075.003	Port Gamble Klallam	Source = OMB Ethnicity Codes			
R1.01.076	Klamath	Source = OMB Ethnicity Codes			
R1.01.077	Konkow	Source = OMB Ethnicity Codes			
R1.01.078	Kootenai	Source = OMB Ethnicity Codes			
R1.01.079	Lassik	Source = OMB Ethnicity Codes			
R1.01.080	Long Island	Source = OMB Ethnicity Codes			
R1.01.080.001	Matinecock	Source = OMB Ethnicity Codes			
R1.01.080.002	Montauk	Source = OMB Ethnicity Codes			
R1.01.080.003	Poospatuck	Source = OMB Ethnicity Codes			
R1.01.080.004	Setauket	Source = OMB Ethnicity Codes			
R1.01.081	Luiseno	Source = OMB Ethnicity Codes			
R1.01.081.001	La Jolla	Source = OMB Ethnicity Codes			
R1.01.081.002	Pala	Source = OMB Ethnicity Codes			
R1.01.081.003	Pauma	Source = OMB Ethnicity Codes			
R1.01.081.004	Pechanga	Source = OMB Ethnicity Codes			
R1.01.081.005	Soboba	Source = OMB Ethnicity Codes			
R1.01.081.006	Twenty-Nine Palms	Source = OMB Ethnicity Codes			
R1.01.081.007	Temecula	Source = OMB Ethnicity Codes			
R1.01.082	Lumbee	Source = OMB Ethnicity Codes			
R1.01.083	Lummi	Source = OMB Ethnicity Codes			
R1.01.084	Maidu	Source = OMB Ethnicity Codes			
R1.01.084.001	Mountain Maidu	Source = OMB Ethnicity Codes			
R1.01.084.002	Nishinam	Source = OMB Ethnicity Codes			
R1.01.085	Makah	Source = OMB Ethnicity Codes			
R1.01.086	Maliseet	Source = OMB Ethnicity Codes			
R1.01.087	Mandan	Source = OMB Ethnicity Codes			
R1.01.088	Mattaponi	Source = OMB Ethnicity Codes			
R1.01.089	Menominee	Source = OMB Ethnicity Codes			
R1.01.090	Miami	Source = OMB Ethnicity Codes			

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
R1.01.090.001	Illinois Miami	Source = OMB Ethnicity Codes			
R1.01.090.002	Indiana Miami	Source = OMB Ethnicity Codes			
R1.01.090.003	Oklahoma Miami	Source = OMB Ethnicity Codes			
R1.01.091	Miccosukee	Source = OMB Ethnicity Codes			
R1.01.092	Micmac	Source = OMB Ethnicity Codes			
R1.01.092.001	Aroostook	Source = OMB Ethnicity Codes			
R1.01.093	Mission Indians	Source = OMB Ethnicity Codes			
R1.01.094	Miwok	Source = OMB Ethnicity Codes			
R1.01.095	Modoc	Source = OMB Ethnicity Codes			
R1.01.096	Mohegan	Source = OMB Ethnicity Codes			
R1.01.097	Mono	Source = OMB Ethnicity Codes			
R1.01.098	Nanticoke	Source = OMB Ethnicity Codes			
R1.01.099	Narragansett	Source = OMB Ethnicity Codes			
R1.01.100	Navajo	Source = OMB Ethnicity Codes			
R1.01.100.001	Alamo Navajo	Source = OMB Ethnicity Codes			
R1.01.100.002	Canoncito Navajo	Source = OMB Ethnicity Codes			
R1.01.100.003	Ramah Navajo	Source = OMB Ethnicity Codes			
R1.01.101	Nez Perce	Source = OMB Ethnicity Codes			
R1.01.102	Nomalaki	Source = OMB Ethnicity Codes			
R1.01.103	Northwest Tribes	Source = OMB Ethnicity Codes			
R1.01.103.001	Alsea	Source = OMB Ethnicity Codes			
R1.01.103.002	Celilo	Source = OMB Ethnicity Codes			
R1.01.103.003	Columbia	Source = OMB Ethnicity Codes			
R1.01.103.004	Kalapuya	Source = OMB Ethnicity Codes			
R1.01.103.005	Molala	Source = OMB Ethnicity Codes			
R1.01.103.006	Talakamish	Source = OMB Ethnicity Codes			
R1.01.103.007	Tenino	Source = OMB Ethnicity Codes			
R1.01.103.008	Tillamook	Source = OMB Ethnicity Codes			
R1.01.103.009	Wenatchee	Source = OMB Ethnicity Codes			
R1.01.103.010	Yahooskin	Source = OMB Ethnicity Codes			
R1.01.104	Omaha	Source = OMB Ethnicity Codes			
R1.01.105	Oregon Athabaskan	Source = OMB Ethnicity Codes			
R1.01.106	Osage	Source = OMB Ethnicity Codes			
R1.01.107	Otoe-Missouria	Source = OMB Ethnicity Codes			
R1.01.108	Ottawa	Source = OMB Ethnicity Codes			
R1.01.108.001	Burt Lake Ottawa	Source = OMB Ethnicity Codes			
R1.01.108.002	Michigan Ottawa	Source = OMB Ethnicity Codes			
R1.01.108.003	Oklahoma Ottawa	Source = OMB Ethnicity Codes			
R1.01.109	Paiute	Source = OMB Ethnicity Codes			

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
R1.01.109.001	Bishop	Source = OMB Ethnicity Codes			
R1.01.109.002	Bridgeport	Source = OMB Ethnicity Codes			
R1.01.109.003	Burns Paiute	Source = OMB Ethnicity Codes			
R1.01.109.004	Cedarville	Source = OMB Ethnicity Codes			
R1.01.109.005	Fort Bidwell	Source = OMB Ethnicity Codes			
R1.01.109.006	Fort Independence	Source = OMB Ethnicity Codes			
R1.01.109.007	Kaibab	Source = OMB Ethnicity Codes			
R1.01.109.008	Las Vegas	Source = OMB Ethnicity Codes			
R1.01.109.009	Lone Pine	Source = OMB Ethnicity Codes			
R1.01.109.010	Lovelock	Source = OMB Ethnicity Codes			
R1.01.109.011	Malheur Paiute	Source = OMB Ethnicity Codes			
R1.01.109.012	Moapa	Source = OMB Ethnicity Codes			
R1.01.109.013	Northern Paiute	Source = OMB Ethnicity Codes			
R1.01.109.014	Owens Valley	Source = OMB Ethnicity Codes			
R1.01.109.015	Pyramid Lake	Source = OMB Ethnicity Codes			
R1.01.109.016	San Juan Southern Paiute	Source = OMB Ethnicity Codes			
R1.01.109.017	Southern Paiute	Source = OMB Ethnicity Codes			
R1.01.109.018	Summit Lake	Source = OMB Ethnicity Codes			
R1.01.109.019	Utu Utu Gwaitu Paiute	Source = OMB Ethnicity Codes			
R1.01.109.020	Walker River	Source = OMB Ethnicity Codes			
R1.01.109.021	Yerington Paiute	Source = OMB Ethnicity Codes			
R1.01.110	Pamunkey	Source = OMB Ethnicity Codes			
R1.01.111	Passamaquoddy	Source = OMB Ethnicity Codes			
R1.01.111.001	Indian Township	Source = OMB Ethnicity Codes			
R1.01.111.002	Pleasant Point Passanmaquoddy	Source = OMB Ethnicity Codes			
R1.01.112	Pawnee	Source = OMB Ethnicity Codes			
R1.01.112.001	Okalahoma Pawnee	Source = OMB Ethnicity Codes			
R1.01.113	Penobscot	Source = OMB Ethnicity Codes			
R1.01.114	Peoria	Source = OMB Ethnicity Codes			
R1.01.114.001	Oklahoma Peoria	Source = OMB Ethnicity Codes			
R1.01.115	Pequot	Source = OMB Ethnicity Codes			
R1.01.115.001	Marshantucket Pequot	Source = OMB Ethnicity Codes			
R1.01.116	Pima	Source = OMB Ethnicity Codes			
R1.01.116.001	Gila River Pima-Maricopa	Source = OMB Ethnicity Codes			
R1.01.116.002	Salt River Pima-Maricopa	Source = OMB Ethnicity Codes			
R1.01.117	Piscataway	Source = OMB Ethnicity Codes			
R1.01.118	Pit River	Source = OMB Ethnicity Codes			
R1.01.119	Pomo	Source = OMB Ethnicity Codes			
R1.01.119.001	Central Pomo	Source = OMB Ethnicity Codes			

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
R1.01.119.002	Dry Creek	Source = OMB Ethnicity Codes			
R1.01.119.003	Eastern Pomo	Source = OMB Ethnicity Codes			
R1.01.119.004	Kashia	Source = OMB Ethnicity Codes			
R1.01.119.005	Northern Pomo	Source = OMB Ethnicity Codes			
R1.01.119.006	Scotts Valley	Source = OMB Ethnicity Codes			
R1.01.119.007	Stonyford	Source = OMB Ethnicity Codes			
R1.01.119.008	Sulphur Bank	Source = OMB Ethnicity Codes			
R1.01.120	Ponca	Source = OMB Ethnicity Codes			
R1.01.120.001	Nebraska Ponca	Source = OMB Ethnicity Codes			
R1.01.120.002	Oklahoma Ponca	Source = OMB Ethnicity Codes			
R1.01.121	Potawatomi	Source = OMB Ethnicity Codes			
R1.01.121.001	Citizen Band Potawatomi	Source = OMB Ethnicity Codes			
R1.01.121.002	Forest County	Source = OMB Ethnicity Codes			
R1.01.121.003	Hannahville	Source = OMB Ethnicity Codes			
R1.01.121.004	Huron Potawatomi	Source = OMB Ethnicity Codes			
R1.01.121.005	Pokagon Potawatomi	Source = OMB Ethnicity Codes			
R1.01.121.006	Prairie Band	Source = OMB Ethnicity Codes			
R1.01.121.007	Wisconsin Potawatomi	Source = OMB Ethnicity Codes			
R1.01.122	Powhatan	Source = OMB Ethnicity Codes			
R1.01.123	Pueblo	Source = OMB Ethnicity Codes			
R1.01.123.001	Acoma	Source = OMB Ethnicity Codes			
R1.01.123.002	Arizona Tewa	Source = OMB Ethnicity Codes			
R1.01.123.003	Cochiti	Source = OMB Ethnicity Codes			
R1.01.123.004	Hopi	Source = OMB Ethnicity Codes			
R1.01.123.005	Isleta	Source = OMB Ethnicity Codes			
R1.01.123.006	Jemez	Source = OMB Ethnicity Codes			
R1.01.123.007	Keres	Source = OMB Ethnicity Codes			
R1.01.123.008	Laguna	Source = OMB Ethnicity Codes			
R1.01.123.009	Nambe	Source = OMB Ethnicity Codes			
R1.01.123.010	Picuris	Source = OMB Ethnicity Codes			
R1.01.123.011	Piro	Source = OMB Ethnicity Codes			
R1.01.123.012	Pojoaque	Source = OMB Ethnicity Codes			
R1.01.123.013	San Felipe	Source = OMB Ethnicity Codes			
R1.01.123.014	San Ildefonso	Source = OMB Ethnicity Codes			
R1.01.123.015	San Juan Pueblo	Source = OMB Ethnicity Codes			
R1.01.123.016	San Juan De	Source = OMB Ethnicity Codes			
R1.01.123.017	San Juan	Source = OMB Ethnicity Codes			
R1.01.123.018	Sandia	Source = OMB Ethnicity Codes			
R1.01.123.019	Santa Ana	Source = OMB Ethnicity Codes			

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
R1.01.123.020	Santa Clara	Source = OMB Ethnicity Codes			
R1.01.123.021	Santo Domingo	Source = OMB Ethnicity Codes			
R1.01.123.022	Taos	Source = OMB Ethnicity Codes			
R1.01.123.023	Tesuque	Source = OMB Ethnicity Codes			
R1.01.123.024	Tewa	Source = OMB Ethnicity Codes			
R1.01.123.025	Tigua	Source = OMB Ethnicity Codes			
R1.01.123.026	Zia	Source = OMB Ethnicity Codes			
R1.01.123.027	Zuni	Source = OMB Ethnicity Codes			
R1.01.124	Puget Sound Salish	Source = OMB Ethnicity Codes			
R1.01.124.001	Duwamish	Source = OMB Ethnicity Codes			
R1.01.124.002	Kikiallus	Source = OMB Ethnicity Codes			
R1.01.124.003	Lower Skagit	Source = OMB Ethnicity Codes			
R1.01.124.004	Muckleshoot	Source = OMB Ethnicity Codes			
R1.01.124.005	Nisqually	Source = OMB Ethnicity Codes			
R1.01.124.006	Nooksack	Source = OMB Ethnicity Codes			
R1.01.124.007	Port Madison	Source = OMB Ethnicity Codes			
R1.01.124.008	Puyallup	Source = OMB Ethnicity Codes			
R1.01.124.009	Samish	Source = OMB Ethnicity Codes			
R1.01.124.010	Sauk-Suiattle	Source = OMB Ethnicity Codes			
R1.01.124.011	Skokomish	Source = OMB Ethnicity Codes			
R1.01.124.012	Skykomish	Source = OMB Ethnicity Codes			
R1.01.124.013	Snohomish	Source = OMB Ethnicity Codes			
R1.01.124.014	Snoqualmie	Source = OMB Ethnicity Codes			
R1.01.124.015	Squaxin Island	Source = OMB Ethnicity Codes			
R1.01.124.016	Steilacoom	Source = OMB Ethnicity Codes			
R1.01.124.017	Stillaguamish	Source = OMB Ethnicity Codes			
R1.01.124.018	Suquamish	Source = OMB Ethnicity Codes			
R1.01.124.019	Swinomish	Source = OMB Ethnicity Codes			
R1.01.124.020	Tulalip	Source = OMB Ethnicity Codes			
R1.01.124.021	Upper Skagit	Source = OMB Ethnicity Codes			
R1.01.125	Quapaw	Source = OMB Ethnicity Codes			
R1.01.126	Quinault	Source = OMB Ethnicity Codes			
R1.01.127	Rappahannock	Source = OMB Ethnicity Codes			
R1.01.128	Reno-Sparks	Source = OMB Ethnicity Codes			
R1.01.129	Round Valley	Source = OMB Ethnicity Codes			
R1.01.130	Sac & Fox	Source = OMB Ethnicity Codes			
R1.01.130.001	Iowa Sac & Fox	Source = OMB Ethnicity Codes			
R1.01.130.002	Missouri Sac & Fox	Source = OMB Ethnicity Codes			
R1.01.130.003	Oklahoma Sac & Fox	Source = OMB Ethnicity Codes			

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
R1.01.131	Salinan	Source = OMB Ethnicity Codes			
R1.01.132	Salish	Source = OMB Ethnicity Codes			
R1.01.133	Salish & Kootenai	Source = OMB Ethnicity Codes			
R1.01.134	Schaghticoke	Source = OMB Ethnicity Codes			
R1.01.135	Scott Valley	Source = OMB Ethnicity Codes			
R1.01.136	Seminole	Source = OMB Ethnicity Codes			
R1.01.136.001	Big Cypress	Source = OMB Ethnicity Codes			
R1.01.136.002	Brighton	Source = OMB Ethnicity Codes			
R1.01.136.003	Florida Seminole	Source = OMB Ethnicity Codes			
R1.01.136.004	Hollywood Seminole	Source = OMB Ethnicity Codes			
R1.01.136.005	Oklahoma Seminole	Source = OMB Ethnicity Codes			
R1.01.137	Serrano	Source = OMB Ethnicity Codes			
R1.01.137.001	San Manual	Source = OMB Ethnicity Codes			
R1.01.138	Shasta	Source = OMB Ethnicity Codes			
R1.01.139	Shawnee	Source = OMB Ethnicity Codes			
R1.01.139.001	Absentee Shawnee	Source = OMB Ethnicity Codes			
R1.01.139.002	Eastern Shawnee	Source = OMB Ethnicity Codes			
R1.01.140	Shinnecock	Source = OMB Ethnicity Codes			
R1.01.141	Shoalwater Bay	Source = OMB Ethnicity Codes			
R1.01.142	Shoshone	Source = OMB Ethnicity Codes			
R1.01.142.001	Battle Mountain	Source = OMB Ethnicity Codes			
R1.01.142.002	Duckwater	Source = OMB Ethnicity Codes			
R1.01.142.003	Elko	Source = OMB Ethnicity Codes			
R1.01.142.004	Ely	Source = OMB Ethnicity Codes			
R1.01.142.005	Goshute	Source = OMB Ethnicity Codes			
R1.01.142.006	Panamint	Source = OMB Ethnicity Codes			
R1.01.142.007	Ruby Valley	Source = OMB Ethnicity Codes			
R1.01.142.008	Skull Valley	Source = OMB Ethnicity Codes			
R1.01.142.009	South Fork Shoshone	Source = OMB Ethnicity Codes			
R1.01.142.010	Te-Moak Western Shoshone	Source = OMB Ethnicity Codes			
R1.01.142.011	Timbi-Sha Shoshone	Source = OMB Ethnicity Codes			
R1.01.142.012	Washakie	Source = OMB Ethnicity Codes			
R1.01.142.013	Wind River Shoshone	Source = OMB Ethnicity Codes			
R1.01.142.014	Yomba	Source = OMB Ethnicity Codes			
R1.01.143	Shoshone Paiute	Source = OMB Ethnicity Codes			
R1.01.143.001	Duck Valley	Source = OMB Ethnicity Codes			
R1.01.143.002	Fallon	Source = OMB Ethnicity Codes			
R1.01.143.003	Fort McDermitt	Source = OMB Ethnicity Codes			
R1.01.144	Siletz	Source = OMB Ethnicity Codes			

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
R1.01.145	Sioux	Source = OMB Ethnicity Codes			
R1.01.145.001	Blackfoot Sioux	Source = OMB Ethnicity Codes			
R1.01.145.002	Brule Sioux	Source = OMB Ethnicity Codes			
R1.01.145.003	Cheyenne River Sioux	Source = OMB Ethnicity Codes			
R1.01.145.004	Crow Creek Sioux	Source = OMB Ethnicity Codes			
R1.01.145.005	Dakota Sioux	Source = OMB Ethnicity Codes			
R1.01.145.006	Flandreau Sioux	Source = OMB Ethnicity Codes			
R1.01.145.007	Fort Peck	Source = OMB Ethnicity Codes			
R1.01.145.008	Lake Traverse Sioux	Source = OMB Ethnicity Codes			
R1.01.145.009	Lower Brule Sioux	Source = OMB Ethnicity Codes			
R1.01.145.010	Lower Sioux	Source = OMB Ethnicity Codes			
R1.01.145.011	Mdewakanton Sioux	Source = OMB Ethnicity Codes			
R1.01.145.012	Miniconjou	Source = OMB Ethnicity Codes			
R1.01.145.013	Oglala Sioux	Source = OMB Ethnicity Codes			
R1.01.145.014	Pine Ridge Sioux	Source = OMB Ethnicity Codes			
R1.01.145.015	Pipestone Sioux	Source = OMB Ethnicity Codes			
R1.01.145.016	Prairie Island Sioux	Source = OMB Ethnicity Codes			
R1.01.145.017	Prior Lake Sioux	Source = OMB Ethnicity Codes			
R1.01.145.018	Rosebud Sioux	Source = OMB Ethnicity Codes			
R1.01.145.019	Sans Arc Sioux	Source = OMB Ethnicity Codes			
R1.01.145.020	Santee Sioux	Source = OMB Ethnicity Codes			
R1.01.145.021	Sisseton-Wahpeton	Source = OMB Ethnicity Codes			
R1.01.145.022	Sisseton Sioux	Source = OMB Ethnicity Codes			
R1.01.145.023	Spirit Lake Sioux	Source = OMB Ethnicity Codes			
R1.01.145.024	Standing Rock Sioux	Source = OMB Ethnicity Codes			
R1.01.145.025	Teton Sioux	Source = OMB Ethnicity Codes			
R1.01.145.026	Two Kettle Sioux	Source = OMB Ethnicity Codes			
R1.01.145.027	Upper Sioux	Source = OMB Ethnicity Codes			
R1.01.145.028	Wahpekute Sioux	Source = OMB Ethnicity Codes			
R1.01.145.029	Wahpeton Sioux	Source = OMB Ethnicity Codes			
R1.01.145.030	Wazhaza Sioux	Source = OMB Ethnicity Codes			
R1.01.145.031	Yankton Sioux	Source = OMB Ethnicity Codes			
R1.01.145.032	Yanktonai Sioux	Source = OMB Ethnicity Codes			
R1.01.146	Siuslaw	Source = OMB Ethnicity Codes			
R1.01.147	Spokane	Source = OMB Ethnicity Codes			
R1.01.148	Stewart	Source = OMB Ethnicity Codes			
R1.01.149	Stockbridge	Source = OMB Ethnicity Codes			
R1.01.150	Susanville	Source = OMB Ethnicity Codes			
R1.01.151	Tohono O'Odham	Source = OMB Ethnicity Codes			



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
R1.01.151.001	Ak-Chin	Source = OMB Ethnicity Codes			
R1.01.151.002	Gila Bend	Source = OMB Ethnicity Codes			
R1.01.151.003	San Xavier	Source = OMB Ethnicity Codes			
R1.01.151.004	Sells	Source = OMB Ethnicity Codes			
R1.01.152	Tolowa	Source = OMB Ethnicity Codes			
R1.01.153	Tonkawa	Source = OMB Ethnicity Codes			
R1.01.154	Tygh	Source = OMB Ethnicity Codes			
R1.01.155	Umatilla	Source = OMB Ethnicity Codes			
R1.01.156	Umpqua	Source = OMB Ethnicity Codes			
R1.01.156.001	Cow Creek Umpqua	Source = OMB Ethnicity Codes			
R1.01.157	Ute	Source = OMB Ethnicity Codes			
R1.01.157.001	Allen Canyon	Source = OMB Ethnicity Codes			
R1.01.157.002	Uintah Ute	Source = OMB Ethnicity Codes			
R1.01.157.003	Ute Mountain Ute	Source = OMB Ethnicity Codes			
R1.01.158	Wailaki	Source = OMB Ethnicity Codes			
R1.01.159	Walla-Walla	Source = OMB Ethnicity Codes			
R1.01.160	Wampanoag	Source = OMB Ethnicity Codes			
R1.01.160.001	Gay Head Wampanoag	Source = OMB Ethnicity Codes			
R1.01.160.002	Mashpee Wampanoag	Source = OMB Ethnicity Codes			
R1.01.161	Warm Springs	Source = OMB Ethnicity Codes			
R1.01.162	Wascopum	Source = OMB Ethnicity Codes			
R1.01.163	Washoe	Source = OMB Ethnicity Codes			
R1.01.163.001	Alpine	Source = OMB Ethnicity Codes			
R1.01.163.002	Carson	Source = OMB Ethnicity Codes			
R1.01.163.003	Dresslerville	Source = OMB Ethnicity Codes			
R1.01.164	Wichita	Source = OMB Ethnicity Codes			
R1.01.165	Wind River	Source = OMB Ethnicity Codes			
R1.01.166	Winnebago	Source = OMB Ethnicity Codes			
R1.01.166.001	Ho-chunk	Source = OMB Ethnicity Codes			
R1.01.166.002	Nebraska Winnebago	Source = OMB Ethnicity Codes			
R1.01.167	Winnemucca	Source = OMB Ethnicity Codes			
R1.01.168	Wintun	Source = OMB Ethnicity Codes			
R1.01.169	Wiyot	Source = OMB Ethnicity Codes			
R1.01.169.001	Table Bluff	Source = OMB Ethnicity Codes			
R1.01.170	Yakama	Source = OMB Ethnicity Codes			
R1.01.171	Yakama Cowlitz	Source = OMB Ethnicity Codes			
R1.01.172	Yaqui	Source = OMB Ethnicity Codes			
R1.01.172.001	Barrio Libre	Source = OMB Ethnicity Codes			
R1.01.172.002	Pascua Yaqui	Source = OMB Ethnicity Codes			

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
R1.01.173	Yavapai Apache	Source = OMB Ethnicity Codes			
R1.01.174	Yokuts	Source = OMB Ethnicity Codes			
R1.01.174.001	Chuckchansi	Source = OMB Ethnicity Codes			
R1.01.174.002	Tachi	Source = OMB Ethnicity Codes			
R1.01.174.003	Tule River	Source = OMB Ethnicity Codes			
R1.01.175	Yuchi	Source = OMB Ethnicity Codes			
R1.01.176	Yuman	Source = OMB Ethnicity Codes			
R1.01.176.001	Cocopah	Source = OMB Ethnicity Codes			
R1.01.176.002	Havasupai	Source = OMB Ethnicity Codes			
R1.01.176.003	Hualapai	Source = OMB Ethnicity Codes			
R1.01.176.004	Maricopa	Source = OMB Ethnicity Codes			
R1.01.176.005	Mohave	Source = OMB Ethnicity Codes			
R1.01.176.006	Quechan	Source = OMB Ethnicity Codes			
R1.01.176.007	Yavapai	Source = OMB Ethnicity Codes			
R1.01.177	Yurok	Source = OMB Ethnicity Codes			
R1.01.177.001	Coast Yurok	Source = OMB Ethnicity Codes			
R1.02	Alaska Native	Source = OMB Ethnicity Codes			
R1.02.001	Alaska Indian	Source = OMB Ethnicity Codes			
R1.02.001.001	Alaskan Athabascan	Source = OMB Ethnicity Codes			
R1.02.001.001.001	Ahtna	Source = OMB Ethnicity Codes			
R1.02.001.001.002	Alatna	Source = OMB Ethnicity Codes			
R1.02.001.001.003	Alexander	Source = OMB Ethnicity Codes			
R1.02.001.001.004	Allakaket	Source = OMB Ethnicity Codes			
R1.02.001.001.005	Alanvik	Source = OMB Ethnicity Codes			
R1.02.001.001.006	Anvik	Source = OMB Ethnicity Codes			
R1.02.001.001.007	Arctic	Source = OMB Ethnicity Codes			
R1.02.001.001.008	Beaver	Source = OMB Ethnicity Codes			
R1.02.001.001.009	Birch Creek	Source = OMB Ethnicity Codes			
R1.02.001.001.010	Cantwell	Source = OMB Ethnicity Codes			
R1.02.001.001.011	Chalkyitsik	Source = OMB Ethnicity Codes			
R1.02.001.001.012	Chickaloon	Source = OMB Ethnicity Codes			
R1.02.001.001.013	Chistochina	Source = OMB Ethnicity Codes			
R1.02.001.001.014	Chitina	Source = OMB Ethnicity Codes			
R1.02.001.001.015	Circle	Source = OMB Ethnicity Codes			
R1.02.001.001.016	Cook Inlet	Source = OMB Ethnicity Codes			
R1.02.001.001.017	Copper Center	Source = OMB Ethnicity Codes			
R1.02.001.001.018	Copper River	Source = OMB Ethnicity Codes			
R1.02.001.001.019	Dot Lake	Source = OMB Ethnicity Codes			
R1.02.001.001.020	Doyon	Source = OMB Ethnicity Codes			

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
R1.02.001.001.021	Eagle	Source = OMB Ethnicity Codes			
R1.02.001.001.022	Eklutna	Source = OMB Ethnicity Codes			
R1.02.001.001.023	Evansville	Source = OMB Ethnicity Codes			
R1.02.001.001.024	Fort Yukon	Source = OMB Ethnicity Codes			
R1.02.001.001.025	Gakona	Source = OMB Ethnicity Codes			
R1.02.001.001.026	Galena	Source = OMB Ethnicity Codes			
R1.02.001.001.027	Grayling	Source = OMB Ethnicity Codes			
R1.02.001.001.028	Gulkana	Source = OMB Ethnicity Codes			
R1.02.001.001.029	Healy Lake	Source = OMB Ethnicity Codes			
R1.02.001.001.030	Holy Cross	Source = OMB Ethnicity Codes			
R1.02.001.001.031	Hughes	Source = OMB Ethnicity Codes			
R1.02.001.001.032	Huslia	Source = OMB Ethnicity Codes			
R1.02.001.001.033	Iliamna	Source = OMB Ethnicity Codes			
R1.02.001.001.034	Kaltag	Source = OMB Ethnicity Codes			
R1.02.001.001.035	Kluti Kaah	Source = OMB Ethnicity Codes			
R1.02.001.001.036	Knik	Source = OMB Ethnicity Codes			
R1.02.001.001.037	Koyukuk	Source = OMB Ethnicity Codes			
R1.02.001.001.038	Lake Minchumina	Source = OMB Ethnicity Codes			
R1.02.001.001.039	Lime	Source = OMB Ethnicity Codes			
R1.02.001.001.040	McGrath	Source = OMB Ethnicity Codes			
R1.02.001.001.041	Manley Hot Springs	Source = OMB Ethnicity Codes			
R1.02.001.001.042	Mentasta Lake	Source = OMB Ethnicity Codes			
R1.02.001.001.043	Minto	Source = OMB Ethnicity Codes			
R1.02.001.001.044	Nenana	Source = OMB Ethnicity Codes			
R1.02.001.001.045	Nikolai	Source = OMB Ethnicity Codes			
R1.02.001.001.046	Ninilchik	Source = OMB Ethnicity Codes			
R1.02.001.001.047	Nondalton	Source = OMB Ethnicity Codes			
R1.02.001.001.048	Northway	Source = OMB Ethnicity Codes			
R1.02.001.001.049	Nulato	Source = OMB Ethnicity Codes			
R1.02.001.001.050	Pedro Bay	Source = OMB Ethnicity Codes			
R1.02.001.001.051	Rampart	Source = OMB Ethnicity Codes			
R1.02.001.001.052	Ruby	Source = OMB Ethnicity Codes			
R1.02.001.001.053	Salamatof	Source = OMB Ethnicity Codes			
R1.02.001.001.054	Seldovia	Source = OMB Ethnicity Codes			
R1.02.001.001.055	Slana	Source = OMB Ethnicity Codes			
R1.02.001.001.056	Shageluk	Source = OMB Ethnicity Codes			
R1.02.001.001.057	Stevens	Source = OMB Ethnicity Codes			
R1.02.001.001.058	Stony River	Source = OMB Ethnicity Codes			
R1.02.001.001.059	Takotina	Source = OMB Ethnicity Codes			

# NHME Variables and Values

Num	Variable Name	Program	Requirements		
			System	Optional	Not Reported
R1.02.001.001.060	Tanacross	Source = OMB Ethnicity Codes			
R1.02.001.001.061	Tanaina	Source = OMB Ethnicity Codes			
R1.02.001.001.062	Tanana	Source = OMB Ethnicity Codes			
R1.02.001.001.063	Tanana Chiefs	Source = OMB Ethnicity Codes			
R1.02.001.001.064	Tazlina	Source = OMB Ethnicity Codes			
R1.02.001.001.065	Telida	Source = OMB Ethnicity Codes			
R1.02.001.001.066	Tetlin	Source = OMB Ethnicity Codes			
R1.02.001.001.067	Tok	Source = OMB Ethnicity Codes			
R1.02.001.001.068	Tyonek	Source = OMB Ethnicity Codes			
R1.02.001.001.069	Venetie	Source = OMB Ethnicity Codes			
R1.02.001.001.070	Wiseman	Source = OMB Ethnicity Codes			
R1.02.001.002	Southeast Alaska	Source = OMB Ethnicity Codes			
R1.02.001.002.001	Tlingit-Haida	Source = OMB Ethnicity Codes			
R1.02.001.002.001	Angoon	Source = OMB Ethnicity Codes			
R1.02.001.002.001	Central Council of Tlingit & Haida Tribes	Source = OMB Ethnicity Codes			
R1.02.001.002.001	Chilkat	Source = OMB Ethnicity Codes			
R1.02.001.002.001	Chilkoot	Source = OMB Ethnicity Codes			
R1.02.001.002.001	Craig	Source = OMB Ethnicity Codes			
R1.02.001.002.001	Douglas	Source = OMB Ethnicity Codes			
R1.02.001.002.001	Haida	Source = OMB Ethnicity Codes			
R1.02.001.002.001	Hoonah	Source = OMB Ethnicity Codes			
R1.02.001.002.001	Hydaburg	Source = OMB Ethnicity Codes			
R1.02.001.002.001	Ketchikan	Source = OMB Ethnicity Codes			
R1.02.001.002.001	Tanakee Springs	Source = OMB Ethnicity Codes			
R1.02.001.002.001	Sitka	Source = OMB Ethnicity Codes			
R1.02.001.002.001	Saxman	Source = OMB Ethnicity Codes			
R1.02.001.002.001	Petersburg	Source = OMB Ethnicity Codes			
R1.02.001.002.001	Klawock	Source = OMB Ethnicity Codes			
R1.02.001.002.001	Kenaitze	Source = OMB Ethnicity Codes			
R1.02.001.002.001	Kasaan	Source = OMB Ethnicity Codes			
R1.02.001.002.001	Kake	Source = OMB Ethnicity Codes			
R1.02.001.002.001	Pelican	Source = OMB Ethnicity Codes			
R1.02.001.002.001	Tlingit	Source = OMB Ethnicity Codes			
R1.02.001.002.001	Wrangell	Source = OMB Ethnicity Codes			
R1.02.001.002.001	Yakutat	Source = OMB Ethnicity Codes			
R1.02.001.002.002	Tsimshian	Source = OMB Ethnicity Codes			
R1.02.001.002.002	Metlakatla	Source = OMB Ethnicity Codes			
R1.02.002	Eskimo	Source = OMB Ethnicity Codes			
R1.02.002.001	Greenland Eskimo	Source = OMB Ethnicity Codes			

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
R1.02.002.002	Inupiat Eskimo	Source = OMB Ethnicity Codes			
R1.02.002.002.001	Ambler	Source = OMB Ethnicity Codes			
R1.02.002.002.002	Anaktuvuk	Source = OMB Ethnicity Codes			
R1.02.002.002.003	Anaktuvuk Pass	Source = OMB Ethnicity Codes			
R1.02.002.002.004	Arctic Slope Inupiat	Source = OMB Ethnicity Codes			
R1.02.002.002.005	Arctic Slope Corporation	Source = OMB Ethnicity Codes			
R1.02.002.002.006	Atkasuk	Source = OMB Ethnicity Codes			
R1.02.002.002.007	Barrow	Source = OMB Ethnicity Codes			
R1.02.002.002.008	Bering Straits Inupiat	Source = OMB Ethnicity Codes			
R1.02.002.002.009	Brevig Mission	Source = OMB Ethnicity Codes			
R1.02.002.002.010	Buckland	Source = OMB Ethnicity Codes			
R1.02.002.002.011	Chinik	Source = OMB Ethnicity Codes			
R1.02.002.002.012	Council	Source = OMB Ethnicity Codes			
R1.02.002.002.013	Deering	Source = OMB Ethnicity Codes			
R1.02.002.002.014	Elim	Source = OMB Ethnicity Codes			
R1.02.002.002.015	Glovin	Source = OMB Ethnicity Codes			
R1.02.002.002.016	Inalik Dromede	Source = OMB Ethnicity Codes			
R1.02.002.002.017	Inupiaq	Source = OMB Ethnicity Codes			
R1.02.002.002.018	Kaktovik	Source = OMB Ethnicity Codes			
R1.02.002.002.019	Kawerak	Source = OMB Ethnicity Codes			
R1.02.002.002.020	Kiana	Source = OMB Ethnicity Codes			
R1.02.002.002.021	Kivalina	Source = OMB Ethnicity Codes			
R1.02.002.002.022	Kobuk	Source = OMB Ethnicity Codes			
R1.02.002.002.023	Kotzebue	Source = OMB Ethnicity Codes			
R1.02.002.002.024	Koyuk	Source = OMB Ethnicity Codes			
R1.02.002.002.025	Kwiguk	Source = OMB Ethnicity Codes			
R1.02.002.002.026	Mauneluk Imupiat	Source = OMB Ethnicity Codes			
R1.02.002.002.027	Nana Inupiat	Source = OMB Ethnicity Codes			
R1.02.002.002.028	Noatak	Source = OMB Ethnicity Codes			
R1.02.002.002.029	Nome	Source = OMB Ethnicity Codes			
R1.02.002.002.030	Noorvik	Source = OMB Ethnicity Codes			
R1.02.002.002.031	Nuiqsut	Source = OMB Ethnicity Codes			
R1.02.002.002.032	Point Hope	Source = OMB Ethnicity Codes			
R1.02.002.002.033	Point Lay	Source = OMB Ethnicity Codes			
R1.02.002.002.034	Selawik	Source = OMB Ethnicity Codes			
R1.02.002.002.035	Shaktolik	Source = OMB Ethnicity Codes			
R1.02.002.002.036	Shishmaref	Source = OMB Ethnicity Codes			
R1.02.002.002.037	Shungnak	Source = OMB Ethnicity Codes			
R1.02.002.002.038	Solomon	Source = OMB Ethnicity Codes			

# NHME Variables and Values

Num	Variable Name	Program	Requirements		
			System	Optional	Not Reported
R1.02.002.002.039	Teller	Source = OMB Ethnicity Codes			
R1.02.002.002.040	Unalakleet	Source = OMB Ethnicity Codes			
R1.02.002.002.041	Wainwright	Source = OMB Ethnicity Codes			
R1.02.002.002.042	Wales	Source = OMB Ethnicity Codes			
R1.02.002.002.043	White Mountain	Source = OMB Ethnicity Codes			
R1.02.002.002.044	White Mountain Inupiat	Source = OMB Ethnicity Codes			
R1.02.002.002.045	Mary's Igloo	Source = OMB Ethnicity Codes			
R1.02.002.003	Siberian Eskimo	Source = OMB Ethnicity Codes			
R1.02.002.003.001	Gambell	Source = OMB Ethnicity Codes			
R1.02.002.003.002	Savoonga	Source = OMB Ethnicity Codes			
R1.02.002.003.003	Siberian Yupik	Source = OMB Ethnicity Codes			
R1.02.002.004	Yupik Eskimo	Source = OMB Ethnicity Codes			
R1.02.002.004.001	Akiachak	Source = OMB Ethnicity Codes			
R1.02.002.004.002	Akiak	Source = OMB Ethnicity Codes			
R1.02.002.004.003	Alakanuk	Source = OMB Ethnicity Codes			
R1.02.002.004.004	Aleknagik	Source = OMB Ethnicity Codes			
R1.02.002.004.005	Andreafsky	Source = OMB Ethnicity Codes			
R1.02.002.004.006	Aniak	Source = OMB Ethnicity Codes			
R1.02.002.004.007	Atmautluak	Source = OMB Ethnicity Codes			
R1.02.002.004.008	Bethel	Source = OMB Ethnicity Codes			
R1.02.002.004.009	Bill Moore's Slough	Source = OMB Ethnicity Codes			
R1.02.002.004.010	Bristol Bay Yupiak	Source = OMB Ethnicity Codes			
R1.02.002.004.011	Calista Yupik	Source = OMB Ethnicity Codes			
R1.02.002.004.012	Chefornak	Source = OMB Ethnicity Codes			
R1.02.002.004.013	Chevak	Source = OMB Ethnicity Codes			
R1.02.002.004.014	Chuathbaluk	Source = OMB Ethnicity Codes			
R1.02.002.004.015	Clark's Point	Source = OMB Ethnicity Codes			
R1.02.002.004.016	Crooked Creek	Source = OMB Ethnicity Codes			
R1.02.002.004.017	Dillingham	Source = OMB Ethnicity Codes			
R1.02.002.004.018	Eek	Source = OMB Ethnicity Codes			
R1.02.002.004.019	Ekuok	Source = OMB Ethnicity Codes			
R1.02.002.004.020	Ekwok	Source = OMB Ethnicity Codes			
R1.02.002.004.021	Emmonak	Source = OMB Ethnicity Codes			
R1.02.002.004.022	Goodnews Bay	Source = OMB Ethnicity Codes			
R1.02.002.004.023	Hooper Bay	Source = OMB Ethnicity Codes			
R1.02.002.004.024	Iqurmut (Russian Mission)	Source = OMB Ethnicity Codes			
R1.02.002.004.025	Kalskag	Source = OMB Ethnicity Codes			
R1.02.002.004.026	Kasigluk	Source = OMB Ethnicity Codes			
R1.02.002.004.027	Kipnuk	Source = OMB Ethnicity Codes			

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
R1.02.002.004.028	Koliganek	Source = OMB Ethnicity Codes			
R1.02.002.004.029	Kongiganar	Source = OMB Ethnicity Codes			
R1.02.002.004.030	Kotlik	Source = OMB Ethnicity Codes			
R1.02.002.004.031	Kwethluk	Source = OMB Ethnicity Codes			
R1.02.002.004.032	Kwiggilingok	Source = OMB Ethnicity Codes			
R1.02.002.004.033	Levelock	Source = OMB Ethnicity Codes			
R1.02.002.004.034	Lower Kalskag	Source = OMB Ethnicity Codes			
R1.02.002.004.035	Manokotak	Source = OMB Ethnicity Codes			
R1.02.002.004.036	Mashall	Source = OMB Ethnicity Codes			
R1.02.002.004.037	Mekoryuk	Source = OMB Ethnicity Codes			
R1.02.002.004.038	Mountain Village	Source = OMB Ethnicity Codes			
R1.02.002.004.039	Naknek	Source = OMB Ethnicity Codes			
R1.02.002.004.040	Napaumute	Source = OMB Ethnicity Codes			
R1.02.002.004.041	Napakiak	Source = OMB Ethnicity Codes			
R1.02.002.004.042	Napaskiak	Source = OMB Ethnicity Codes			
R1.02.002.004.043	Newhalen	Source = OMB Ethnicity Codes			
R1.02.002.004.044	New Stuyahok	Source = OMB Ethnicity Codes			
R1.02.002.004.045	Newtok	Source = OMB Ethnicity Codes			
R1.02.002.004.046	Nightmute	Source = OMB Ethnicity Codes			
R1.02.002.004.047	Nunapitchukv	Source = OMB Ethnicity Codes			
R1.02.002.004.048	Oscarville	Source = OMB Ethnicity Codes			
R1.02.002.004.049	Pilot Station	Source = OMB Ethnicity Codes			
R1.02.002.004.050	Pitkas Point	Source = OMB Ethnicity Codes			
R1.02.002.004.051	Platinum	Source = OMB Ethnicity Codes			
R1.02.002.004.052	Portage Creek	Source = OMB Ethnicity Codes			
R1.02.002.004.053	Quinhagak	Source = OMB Ethnicity Codes			
R1.02.002.004.054	Red Devil	Source = OMB Ethnicity Codes			
R1.02.002.004.055	St. Michael	Source = OMB Ethnicity Codes			
R1.02.002.004.056	Scammon Bay	Source = OMB Ethnicity Codes			
R1.02.002.004.057	Sheldon's Point	Source = OMB Ethnicity Codes			
R1.02.002.004.058	Sleetmute	Source = OMB Ethnicity Codes			
R1.02.002.004.059	Stebbins	Source = OMB Ethnicity Codes			
R1.02.002.004.060	Togiak	Source = OMB Ethnicity Codes			
R1.02.002.004.061	Toksook	Source = OMB Ethnicity Codes			
R1.02.002.004.062	Tulukskak	Source = OMB Ethnicity Codes			
R1.02.002.004.063	Tuntutuliak	Source = OMB Ethnicity Codes			
R1.02.002.004.064	Tununak	Source = OMB Ethnicity Codes			
R1.02.002.004.065	Twin Hills	Source = OMB Ethnicity Codes			
R1.02.002.004.066	Georgetown	Source = OMB Ethnicity Codes			



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
R1.02.002.004.067	St. Mary's	Source = OMB Ethnicity Codes			
R1.02.002.004.068	Umkumiate	Source = OMB Ethnicity Codes			
R1.02.003	Aleut	Source = OMB Ethnicity Codes			
R1.02.003.001	Alutiiq Aleut	Source = OMB Ethnicity Codes			
R1.02.003.001.001	Tatitlek	Source = OMB Ethnicity Codes			
R1.02.003.001.002	Ugashik	Source = OMB Ethnicity Codes			
R1.02.003.002	Bristol Bay Aleut	Source = OMB Ethnicity Codes			
R1.02.003.002.001	Chignik	Source = OMB Ethnicity Codes			
R1.02.003.002.002	Chignik Lake	Source = OMB Ethnicity Codes			
R1.02.003.002.003	Egegik	Source = OMB Ethnicity Codes			
R1.02.003.002.004	Igiugig	Source = OMB Ethnicity Codes			
R1.02.003.002.005	Ivanof Bay	Source = OMB Ethnicity Codes			
R1.02.003.002.006	King Salmon	Source = OMB Ethnicity Codes			
R1.02.003.002.007	Kikhanok	Source = OMB Ethnicity Codes			
R1.02.003.002.008	Perryville	Source = OMB Ethnicity Codes			
R1.02.003.002.009	Pilot Point	Source = OMB Ethnicity Codes			
R1.02.003.002.010	Port Heiden	Source = OMB Ethnicity Codes			
R1.02.003.003	Chugach Aleut	Source = OMB Ethnicity Codes			
R1.02.003.003.001	Chenega	Source = OMB Ethnicity Codes			
R1.02.003.003.002	Chugach Corporation	Source = OMB Ethnicity Codes			
R1.02.003.003.003	English Bay	Source = OMB Ethnicity Codes			
R1.02.003.003.004	Port Graham	Source = OMB Ethnicity Codes			
R1.02.003.004	Eyak	Source = OMB Ethnicity Codes			
R1.02.003.005	Koniag Aleut	Source = OMB Ethnicity Codes			
R1.02.003.005.001	Akhiok	Source = OMB Ethnicity Codes			
R1.02.003.005.002	Agdaagux	Source = OMB Ethnicity Codes			
R1.02.003.005.003	Karluk	Source = OMB Ethnicity Codes			
R1.02.003.005.004	Kodiak	Source = OMB Ethnicity Codes			
R1.02.003.005.005	Larsen Bay	Source = OMB Ethnicity Codes			
R1.02.003.005.006	Old Harbor	Source = OMB Ethnicity Codes			
R1.02.003.005.007	Ouzinkie	Source = OMB Ethnicity Codes			
R1.02.003.005.008	Port Lions	Source = OMB Ethnicity Codes			
R1.02.003.006	Sugpiaq	Source = OMB Ethnicity Codes			
R1.02.003.007	Suqpigaaq	Source = OMB Ethnicity Codes			
R1.02.003.008	Unangan Aleut	Source = OMB Ethnicity Codes			
R1.02.003.008.001	Akutan	Source = OMB Ethnicity Codes			
R1.02.003.008.002	Aleut Corporation	Source = OMB Ethnicity Codes			
R1.02.003.008.003	Aleutian	Source = OMB Ethnicity Codes			
R1.02.003.008.004	Aleutian Islander	Source = OMB Ethnicity Codes			



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
R1.02.003.008.005	Atka	Source = OMB Ethnicity Codes			
R1.02.003.008.006	Belkofski	Source = OMB Ethnicity Codes			
R1.02.003.008.007	Chignik Lagoon	Source = OMB Ethnicity Codes			
R1.02.003.008.008	King Cove	Source = OMB Ethnicity Codes			
R1.02.003.008.009	False Pass	Source = OMB Ethnicity Codes			
R1.02.003.008.010	Nelson Lagoon	Source = OMB Ethnicity Codes			
R1.02.003.008.011	Nikolski	Source = OMB Ethnicity Codes			
R1.02.003.008.012	Pauloff Harbor	Source = OMB Ethnicity Codes			
R1.02.003.008.013	Qagan Toyagungin	Source = OMB Ethnicity Codes			
R1.02.003.008.014	Qawalangin	Source = OMB Ethnicity Codes			
R1.02.003.008.015	St. George	Source = OMB Ethnicity Codes			
R1.02.003.008.016	St. Paul	Source = OMB Ethnicity Codes			
R1.02.003.008.017	Sand Point	Source = OMB Ethnicity Codes			
R1.02.003.008.018	South Naknek	Source = OMB Ethnicity Codes			
R1.02.003.008.019	Unalaska	Source = OMB Ethnicity Codes			
R1.02.003.008.020	Unga	Source = OMB Ethnicity Codes			
R2.01	Asian Indian	Source = OMB Ethnicity Codes			
R2.02	Bangladeshi	Source = OMB Ethnicity Codes			
R2.03	Bhutanese	Source = OMB Ethnicity Codes			
R2.04	Burmese	Source = OMB Ethnicity Codes			
R2.05	Cambodian	Source = OMB Ethnicity Codes			
R2.06	Chinese	Source = OMB Ethnicity Codes			
R2.07	Taiwanese	Source = OMB Ethnicity Codes			
R2.08	Filipino	Source = OMB Ethnicity Codes			
R2.09	Hmong	Source = OMB Ethnicity Codes			
R2.10	Indonesian	Source = OMB Ethnicity Codes			
R2.11	Japanese	Source = OMB Ethnicity Codes			
R2.12	Korean	Source = OMB Ethnicity Codes			
R2.13	Laotian	Source = OMB Ethnicity Codes			
R2.14	Malaysian	Source = OMB Ethnicity Codes			
R2.15	Okinawan	Source = OMB Ethnicity Codes			
R2.16	Pakistani	Source = OMB Ethnicity Codes			
R2.17	Sri Lankan	Source = OMB Ethnicity Codes			
R2.18	Thai	Source = OMB Ethnicity Codes			
R2.19	Vietnamese	Source = OMB Ethnicity Codes			
R2.20	Iwo Jima	Source = OMB Ethnicity Codes			
R2.21	Maldivian	Source = OMB Ethnicity Codes			
R2.22	Nepalese	Source = OMB Ethnicity Codes			
R2.23	Singaporean	Source = OMB Ethnicity Codes			

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
R2.24	Madagascar	Source = OMB Ethnicity Codes			
R3.01	Black	Source = OMB Ethnicity Codes			
R3.02	African American	Source = OMB Ethnicity Codes			
R3.03	African	Source = OMB Ethnicity Codes			
R3.03.001	Botswanan	Source = OMB Ethnicity Codes			
R3.03.002	Ethiopian	Source = OMB Ethnicity Codes			
R3.03.003	Liberian	Source = OMB Ethnicity Codes			
R3.03.004	Namibian	Source = OMB Ethnicity Codes			
R3.03.005	Nigerian	Source = OMB Ethnicity Codes			
R3.03.006	Zairean	Source = OMB Ethnicity Codes			
R3.04	Bahamian	Source = OMB Ethnicity Codes			
R3.05	Barbadian	Source = OMB Ethnicity Codes			
R3.06	Dominican	Source = OMB Ethnicity Codes			
R3.07	Dominica Islander	Source = OMB Ethnicity Codes			
R3.08	Haitian	Source = OMB Ethnicity Codes			
R3.09	Jamaican	Source = OMB Ethnicity Codes			
R3.10	Tobagoan	Source = OMB Ethnicity Codes			
R3.11	Trinidadian	Source = OMB Ethnicity Codes			
R3.12	West Indian	Source = OMB Ethnicity Codes			
R4.01	Polynesian	Source = OMB Ethnicity Codes			
R4.01.001	Native Hawaiian	Source = OMB Ethnicity Codes			
R4.01.002	Samoan	Source = OMB Ethnicity Codes			
R4.01.003	Tahitian	Source = OMB Ethnicity Codes			
R4.01.004	Tongan	Source = OMB Ethnicity Codes			
R4.01.005	Tokelauan	Source = OMB Ethnicity Codes			
R4.02	Micronesian	Source = OMB Ethnicity Codes			
R4.02.001	Guamanian or Chamorro	Source = OMB Ethnicity Codes			
R4.02.002	Guamanian	Source = OMB Ethnicity Codes			
R4.02.003	Chamorro	Source = OMB Ethnicity Codes			
R4.02.004	Mariana Islander	Source = OMB Ethnicity Codes			
R4.02.005	Marshallese	Source = OMB Ethnicity Codes			
R4.02.006	Palauan	Source = OMB Ethnicity Codes			
R4.02.007	Carolinian	Source = OMB Ethnicity Codes			
R4.02.008	Kosraean	Source = OMB Ethnicity Codes			
R4.02.009	Pohnpeian	Source = OMB Ethnicity Codes			
R4.02.010	Saipanese	Source = OMB Ethnicity Codes			
R4.02.011	Kiribati	Source = OMB Ethnicity Codes			
R4.02.012	Chuukese	Source = OMB Ethnicity Codes			
R4.02.013	Yapese	Source = OMB Ethnicity Codes			

# NHME Variables and Values

Num	Variable Name		Requirements			
			Program	System	Optional	Not Reported
R4.03	Melanesian	Source = OMB Ethnicity Codes				
R4.03.001	Fijian	Source = OMB Ethnicity Codes				
R4.03.002	Papua New Guinean	Source = OMB Ethnicity Codes				
R4.03.003	Solomon Islander	Source = OMB Ethnicity Codes				
R4.03.004	New Hebrides	Source = OMB Ethnicity Codes				
R4.04	Other Pacific Islander	Source = OMB Ethnicity Codes				
R5.01	European	Source = OMB Ethnicity Codes				
R5.01.001	Armenian	Source = OMB Ethnicity Codes				
R5.01.002	English	Source = OMB Ethnicity Codes				
R5.01.003	French	Source = OMB Ethnicity Codes				
R5.01.004	German	Source = OMB Ethnicity Codes				
R5.01.005	Irish	Source = OMB Ethnicity Codes				
R5.01.006	Italian	Source = OMB Ethnicity Codes				
R5.01.007	Polish	Source = OMB Ethnicity Codes				
R5.01.008	Scottish	Source = OMB Ethnicity Codes				
R5.02	Middle Eastern or North African	Source = OMB Ethnicity Codes				
R5.02.001	Assyrian	Source = OMB Ethnicity Codes				
R5.02.002	Egyptian	Source = OMB Ethnicity Codes				
R5.02.003	Iranian	Source = OMB Ethnicity Codes				
R5.02.004	Iraqi	Source = OMB Ethnicity Codes				
R5.02.005	Labanese	Source = OMB Ethnicity Codes				
R5.02.006	Palestinian	Source = OMB Ethnicity Codes				
R5.02.007	Syrian	Source = OMB Ethnicity Codes				
R5.02.008	Afghanistani	Source = OMB Ethnicity Codes				
R5.02.009	Israeli	Source = OMB Ethnicity Codes				
R5.03	Arab	Source = OMB Ethnicity Codes				

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G118	More Than One Race (system generated)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* A system generated variable that is used to identify if a client has reported more than one race in variable G116: Race. This variable appears only within the PEMS extracts.

*Instructions:* The system will generate the value for this variable based on information entered in G116: Race. If more than one race is reported in that variable (G116: Race), then the system will populate G118: More Than One Race with a value of "Yes".

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 reports more than one of the racial categories specified in G116: Race.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G119	Birth Country	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* The country in which the client was born.

*Instructions:* Indicate the client's country of birth.

Code	Value Description	Value Definition
050	Baker Island	
074	Swan Island	
075	Pacific Trust Territories	
100	Howland Island	
150	Jarvis Island	
200	Johnston Atoll	
250	Kingman Reef	
300	Midway Islands	
334	Europa Island	
350	Navassa Islands	
400	Palmyra Atoll	
450	Wake Island	
763	St. Christopher	
832	Spanish North Africa	
88	Country Other	
889	Tromelin Island	
99	Don't Know	
ABW	Aruba	
AFG	Afghanistan	
AGO	Angola	
AIA	Anguilla	
ALB	Albania	
AND	Andorra	
ANT	Netherlands Antilles	
ARE	United Arab Emirates	
ARG	Argentina	
ARM	Armenia	
ASM	American Samoa	
ATA	Antarctica	
ATG	Antigua and Barbuda	
AUS	Australia	
AUT	Austria	



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
AZE	Azerbaijan				
BDI	Burundi				
BEL	Belgium				
BEN	Benin				
BFA	Burkina Faso				
BGD	Bangladesh				
BGR	Bulgaria				
BHR	Bahrain				
BHS	Bahamas				
BIH	Bosnia and Herzegovina				
BLR	Belarus				
BLZ	Belize				
BMU	Bermuda				
BOL	Bolivia				
BRA	Brazil				
BRB	Barbados				
BRN	Brunei Darussalam				
BTN	Bhutan				
BVT	Bouvet Island				
BWA	Botswana				
CAF	Central African Republic				
CAN	Canada				
CHE	Switzerland				
CHL	Chile				
CHN	China				
CIV	Cote d'Ivoire (Ivory Coast)				
CMR	Cameroon				
COD	Congo, the Democratic Republic of the (Zaire)				
COG	Congo				
COK	Cook Islands				
COL	Colombia				
COM	Comoros				
CPV	Cape Verde				
CRI	Costa Rica				
CUB	Cuba				
CYM	Cayman Islands				
CYP	Cyprus				
CZE	Czech Republic				
DEU	Germany				

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
DJI	Djibouti				
DMA	Dominica				
DNK	Denmark				
DOM	Dominican Republic				
DZA	Algeria				
ECU	Ecuador				
EGY	Egypt				
ERI	Eritrea				
ESH	Western Sahara				
ESP	Spain				
EST	Estonia				
ETH	Ethiopia				
FIN	Finland				
FJI	Fiji				
FLK	Falkland Islands (Malvinas)				
FRA	France				
FRO	Faroe Islands				
FSM	Micronesia, Federated States of				
GAB	Gabon				
GBR	United Kingdom				
GEO	Georgia				
GHA	Ghana				
GIB	Gibraltar				
GIN	Guinea				
GLP	Guadeloupe				
GMB	Gambia				
GNB	Guinea-Bissau				
GNQ	Equatorial Guinea				
GRC	Greece				
GRD	Grenada				
GRL	Greenland				
GTM	Guatemala				
GUF	French Guiana				
GUM	Guam				
GUY	Guyana				
HKG	Hong Kong				
HMD	Heard Island and McDonald Islands				
HND	Honduras				
HRV	Croatia				

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
HTI	Haiti				
HUN	Hungary				
IDN	Indonesia				
IND	India				
IOT	British Indian Ocean Territory				
IRL	Ireland				
IRN	Iran, Islamic Republic of				
IRQ	Iraq				
ISL	Iceland				
ISR	Israel				
ITA	Italy				
JAM	Jamaica				
JOR	Jordan				
JPN	Japan				
KAZ	Kazakhstan				
KEN	Kenya				
KGZ	Kyrgyzstan				
KHM	Cambodia				
KIR	Kiribati				
KNA	Saint Kitts and Nevis				
KOR	Korea, Republic of (South)				
KWT	Kuwait				
LAO	Lao People's Democratic Republic				
LBN	Lebanon				
LBR	Liberia				
LBY	Libyan Arab Jamahiriya				
LCA	Saint Lucia				
LIE	Liechtenstein				
LKA	Sri Lanka				
LSO	Lesotho				
LTU	Lithuania				
LUX	Luxembourg				
LVA	Latvia				
MAC	Macao				
MAR	Morocco				
MCO	Monaco				
MDA	Moldova, Republic of				
MDG	Madagascar				
MDV	Maldives				



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
MEX	Mexico				
MHL	Marshall Islands				
MKD	Macedonia, the Former Yugoslav Republic of				
MLI	Mali				
MLT	Malta				
MMR	Myanmar (Burma)				
MNG	Mongolia				
MNP	Northern Mariana Islands				
MOZ	Mozambique				
MRT	Mauritania				
MSR	Montserrat				
MTQ	Martinique				
MUS	Mauritius				
MWI	Malawi				
MYS	Malaysia				
MYT	Mayotte				
NAM	Namibia				
NCL	New Caledonia				
NER	Niger				
NFK	Norfolk Island				
NGA	Nigeria				
NIC	Nicaragua				
NIU	Niue				
NLD	Netherlands				
NOR	Norway				
NPL	Nepal				
NRU	Nauru				
NZL	New Zealand				
OMN	Oman				
PAK	Pakistan				
PAN	Panama				
PCN	Pitcairn				
PER	Peru				
PHL	Phillippines				
PLW	Palau				
PNG	Papua New Guinea				
POL	Poland				
PRI	Puerto Rico				
PRK	Korea, Democratic People's Republic of (North)				

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
PRT	Portugal				
PRY	Paraguay				
PSE	Palestinian Territory, Occupied				
PYF	French Polynesia				
QAT	Quatar				
REU	Reunion				
ROU	Romania				
RUS	Russian Federation				
RWA	Rwanda				
SAU	Saudi Arabia				
SDN	Sudan				
SEN	Senegal				
SGP	Singapore				
SHN	Saint Helena				
SJM	Svalbard and Jan Mayen				
SLB	Solomon Islands				
SLE	Sierra Leone				
SLV	El Salvador				
SMR	San Marino				
SOM	Somalia				
SPM	Saint Pierre and Miquelon				
STP	Sao Tome and Principe				
SUR	Suriname				
SVK	Slovakia				
SVN	Slovenia				
SWE	Sweden				
SWZ	Swaziland				
SYC	Seychelles				
SYR	Syrian Arab Republic				
TCA	Turks and Caicos Islands				
TCD	Chad				
TGO	Togo				
THA	Thailand				
TJK	Tajikistan				
TKL	Tokelau				
TKM	Turkmenistan				
TLS	Timor Leste				
TON	Tonga				
TTO	Trinidad and Tobago				

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
TUN	Tunisia				
TUR	Turkey				
TUV	Tuvalu				
TWN	Taiwan, Province of China				
TZA	Tanzania, United Republic of				
UGA	Uganda				
UKR	Ukraine				
UMI	U.S. Minor Outlying Areas				
URY	Uruguay				
USA	United States of America				
UZB	Uzbekistan				
VAT	Holy See (Vatican City State)				
VCT	Saint Vincent and the Grenadines				
VEN	Venezuela				
VGB	Virgin Islands, British				
VIR	Virgin Islands, U.S.				
VNM	Viet Nam				
VUT	Vanuatu				
WLF	Wallis and Futuna				
WSM	Samoa				
XX1	U.S. Misc Carribbean				
XX2	U.S. Misc Pacific #1				
YEM	Yemen				
YUG	Yugoslavia				
ZAF	South Africa				
ZMB	Zambia				
ZWE	Zimbabwe				

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G120	State/Territory of Residence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

*Instructions:* Select the state, territory or district where the client lives at the time services are delivered. In some cases, the state/territory/district where the client lives may not be the same as the state/territory/district where the client is receiving HIV prevention services. For example, a person could reside in one state but drive to another state to receive HIV counseling and testing out of fear of having their privacy or confidentiality exposed.

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

# NHME Variables and Values

Num	Variable Name		Requirements			
			Program	System	Optional	Not Reported
36	NY	New York				
37	NC	North Carolina				
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.				
88	Other	Client does not currently reside in a US state, territory, or district.				

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G121	English Speaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G122	Primary Language	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

*Instructions:* Specify the primary language that is most often used by the client. If G121: English Speaking = "No", then the client's primary language cannot be English.

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.
89	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.

G122-1	Specify Primary Language	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A specification of the client's primary language if 89-Other (specify) was selected in G122.

*Instructions:* Specify the primary language of the client if 89-Other (specify) was selected and none of the other value choices in G122 apply.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G123	Assigned Sex at Birth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*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., being born with male or female genitalia). This variable is not required for HIV Testing or Partner Services.

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.
77	Declined to answer	The client declines or is unwilling to report his or her assigned sex at birth.

G124	Current Gender Identity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The client's current self-reported gender identity. This may include one's social status, self-identification, legal status, and biology.

*Instructions:* Select the variable value that most closely describes the client's current, self-reported gender identity.

Code	Value Description	Value Definition
01	Male	A person who identifies as a male and whose behavioral, cultural, or psychological traits are typically associated with the male sex.
02	Female	A person who identifies as a female and whose behavioral, cultural, or psychological traits are 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. 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. FTM = female to male
05	Transgender - Unspecified	Individuals whose physical or birth sex is male or female but whose gender expression and/or gender identity differs from that which was documented at birth.
77	Declined to answer	The individual declines to self report his or her current gender identity.
89	Additional (specify)	The individual reports a current gender other than those specified above.



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G124a	Specify Current Gender Identity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The additional specification of Current Gender Identity if G124 = 89 "Additional (specify)".

*Instructions:* Specify the current gender identity if G124 = 89 "Additional (specify)".

G125	Physical Description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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*Definition:* Distinguishing characteristics or physical description of the client that might help you later in identifying the client for intervention follow-up, such as height, weight, eye color or other distinguishing characteristics.

*Instructions:* Indicate any distinguishing characteristics or physical description of the client that might help you later in identifying the client for intervention follow-up, such as height, weight, eye color or other distinguishing characteristics. This information will not be reported to CDC.

G126	Relationship Status	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A description of the client's current relationship.

*Instructions:* Indicate the client's current relationship status (e.g., single and never married, married divorced).

Code	Value Description	Value Definition
01	Single and never married	The state of never being part of a married couple.
02	Married or partnered	The state of being a part of a married couple; includes common-law marriage.
03	Married, separated	The state of being legally married but to stop living together as spouses.
04	Divorced	The legal dissolution of a marriage.
05	Widowed	The state of being single due to death of a spouse.
66	Not asked	The provider did not ask the client about his or her relationship status.
77	Declined to answer	The client declines or is unwilling to report his or her relationship status.
99	Don't know	The client reports that he or she is unaware or unsure of his or her relationship status.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G127	Level of Education	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* The level of formal education last completed by the client.

*Instructions:* Indicate the highest level of education that the client has completed.

Code	Value Description	Value Definition
1	No schooling completed	The client has not received any formal schooling.
2	8th grade or less	The highest grade that the client completed was eighth grade or a lower grade.
3	Some high school	The client completed some grades of high school but did not graduate or receive a GED or equivalent.
4	High school graduate, GED or equivalent	The client graduated from high school or received a GED or equivalent.
5	Some college	The client received an associate or technical degree or attended a college or university but did not receive a bachelor's degree.
6	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.
66	Not asked	The provider did not ask the client about his or her level of education.
7	Post graduate degree	The client received completed a Masters, Doctorate, and/or other professional degrees.
77	Declined to answer	The client refuses or is unwilling to report his or her level of education.
99	Don't know	The client reports that he or she is unaware or unsure of his or her level of education.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G128	Address Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*Definition:* A term used to describe or characterize the type of address where the client can be located (e.g., home or work).

*Instructions:* This information can be used by agencies to help locate clients for services or follow-up. Indicate whether the locating address for the client is a work address, home address or other type of address. This information will not be reported to CDC.

Code	Value Description	Value Definition
01	House/home	The address is for the location of a single person or single family residential structure or unit where the client lives.
02	Apartment/dorm	The address is for the location of a residential structure or building which contain multiple dwelling units.
03	Business/office	The address is for the location of a place of business where professional or occupational duties are performed.
04	Postal address/mailing	The address is for the location of a post office box typically located on the premises of a postal office where people can receive mail.
05	Nursing home	A facility that provides care to a person who is not able to remain home alone due to physical health problems, mental health problems or functional disabilities.
06	Correctional facility/jail	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.
07	Migrant camp	Temporary living quarters that house individuals who travel from place to place to work.
89	Other (specify)	The individual reports an address type other than those specified above.

G128-1	Specify Address Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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*Definition:* A specification of the type of address if 89-Other (specify) was selected in G128.

*Instructions:* Specify the type of address if 89-Other (specify) was selected and none of the other value choices in G128 apply.

G129	Client Street Address 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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*Definition:* The part of the client's locating address that indicates the street and street number.

*Instructions:* Indicate the part of the client's address that includes the street and street number. This information will not be reported to CDC.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G130	Client Street Address 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*Definition:* The part of the client's locating address that indicates the apartment or suite number, if applicable, or other information needed to complete the specific location, excluding city, state, and zip code.

*Instructions:* Indicate the apartment number or suite number portion of the client's address. For example if a client lives at "4134-C Swann Street". Enter "4134 Swann Street" in G129: Street Address 1 and enter "C" here in G130: Street Address 2. This information will not be reported to CDC.

G131	Client - City	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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*Definition:* The city of the client's locating address.

*Instructions:* Indicate the city of the client's locating address. This information will not be reported to CDC.

G132	Client - County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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*Definition:* The county, parish, or municipality of the client's locating address.

*Instructions:* Select the name of the county where the client's address is located. This information will not be reported to CDC.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G133	Client - State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*Definition:* The state, territory or district of the client's locating address.

*Instructions:* Select the name of the state, territory or district of the client's locating address. This information will not be reported to CDC.

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



# NHME Variables and Values

Num	Variable Name		Requirements			
			Program	System	Optional	Not Reported
36	NY	New York				
37	NC	North Carolina				
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.				

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G134	Client - Zip Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*Definition:* The postal zip code for the client's locating address.

*Instructions:* Enter the postal zip code of the client's locating address. This information will not be reported to CDC.

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

G135	Client - Phone Number (Day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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*Definition:* The seven-digit phone number and area code where the client can be reached during the day.

*Instructions:* Enter the telephone number where the client can be reached during the day. This information will not be reported to CDC.

G136	Client - Phone Number (Evening)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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*Definition:* The seven-digit phone number and area code where the client can be reached during the evening.

*Instructions:* Enter the telephone number where the client can be reached during the evening. This information will not be reported to CDC.

G137	Primary Occupation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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*Definition:* The client's type of work or job title, if applicable.

*Instructions:* Enter the client's primary type of work or job title. This information will not be reported to CDC.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G138	Employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*Definition:* The name of the company, organization or individual for whom the client works or by whom the client is employed.

*Instructions:* Enter the name of the company, organization, or entity where the client is employed. This information will not be reported to CDC.

G139	Notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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*Definition:* A text field to record any additional information regarding the client. This could include additional information to help locate the client.

*Instructions:* Enter any additional information about the referral if needed. This would include any information regarding the referral that would be helpful in making additional referrals, following up on referrals or planning future services. This information will not be reported to CDC.

## Table: G2 Client Characteristics-Risk Profile

This table is required to be completed by all agencies when data are collected on individual clients. This could be part of interventions delivered individually or as CRCS, or delivered in groups as part of effective behavioral interventions.

Requirements

Num	Variable Name	Program	System	Optional	Not Reported
G200	Date Collected	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The date client risk profile data are collected. For reporting to CDC, this should be the intake date or the date of the first session before the intervention begins.

*Instructions:* Enter the date on which these risk profile data are collected. This should be the intake date or the date of the first session before the intervention begins.



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G201	Incarcerated	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* In the past 12 months 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 past 12 months, (i.e., 12 months prior to the date specified in G200: Date Collected).

Code	Value Description	Value Definition
0	No	The client has not been incarcerated in the past 12 months.
1	Yes	The client has been incarcerated in the past 12 months.
66	Not asked	The provider did not ask the client whether he or she had been incarcerated in the past 12 months.
77	Declined to answer	The client declines or is unwilling to report if he or she has been incarcerated in the past 12 months.

G202	Sex Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* In the past 12 months prior to data collection, has the client has derived some or part of his or her income or received other compensation (e.g., drugs, housing, etc.) 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.

*Instructions:* Indicate whether the client has derived some or part of his or her income or compensation from engaging in sexual intercourse (e.g., sex with paying clients) in the past 12 months (i.e., 12 months prior to the date specified in G200: Date Collected). The intent of this variable is to assess the extent to which a client identifies themselves as a sex worker.

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 or she had engaged in sexual intercourse with paying clients.
77	Declined to answer	The client declines or is unwilling to report whether he or she engaged in sexual intercourse with paying clients.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G203	Housing Status	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* The type(s) of living arrangement(s) in which the client has resided (e.g., short-term facility, community residence, house, apartment, homeless), in the past 12 months.

*Instructions:* Specify the type(s) of living arrangements that the client has had in the past 12 months (i.e., 12 months prior to the date specified in G200: Date Collected). It is valid to check more than one housing option because the client may have had more than one living arrangement during the past 12 months. If a client is living in housing on a month-to-month or limited-time lease, record his or her housing status as "Permanent." While these situations are, technically, time limited, they do not represent 'transient' housing.

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.
04	Correctional facility	Includes jail, prison, penitentiary, a or detention center.
66	Not asked	The provider did not ask the client about his or her housing status.
77	Declined to answer	The client declines or is unwilling to report his or her housing status.
88	Other	The client reports a housing status other than what is described in the categories above.
99	Don't know	The client reports that he or she are unaware or unsure of his or her housing status.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G204	Previous HIV test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The client's self-report of having had at least one prior HIV test before these data were collected.

*Instructions:* Indicate if the client reports having at least one prior HIV test before these data were collected.

Code	Value Description	Value Definition
0	No	The client reports that he or she has never had an HIV test.
1	Yes	The client reports that he or she has had at least one previous HIV test.
66	Not asked	The provider did not ask the client about having a prior HIV test.
77	Declined to answer	The client declines or is unwilling to report if he or she has had a previous HIV test.
99	Don't know	The client reports that he or she is unaware if he or she has had a previous HIV test.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G205	Self Reported HIV Test Result	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The client's self-reported test result from his/her most recent HIV test.

*Instructions:* If the client reports having had a previous HIV test (i.e. G204: Previous HIV Test = "Yes"), then indicate the client's self-reported HIV test result at the time that information is being collected from the client. If you have laboratory-confirmed HIV test results for this client, you may also complete Table G3: Confirmed HIV Status. When asking about the "Self-Reported Test Result" it is very important that the provider ask about the test result from the most recent HIV test because this is the result that will reflect the client's current HIV serostatus. Ensure that the client understands that he or she is being asked to report his or her test results and not what he or she believes their status is to be.

Code	Value Description	Value Definition
01	Positive	The client reports that his or her HIV serostatus is positive based on a confirmatory test result.
02	Negative	The client reports that his or her HIV serostatus is negative.
03	Preliminary positive	The client reports that he or 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).
04	Indeterminate	The client reports that he or she received an "Indeterminate" test result (i.e., the client received results but those results did not conclusively indicate whether he or she is HIV-positive or HIV-negative).
66	Not asked	The provider did not ask the client about his or her HIV serostatus.
77	Declined to answer	The client declines or is unwilling to report his or her HIV serostatus.
99	Don't know	The client reports that he or she is unaware of his or her HIV serostatus.

G206	Date of Last HIV Negative Test (only if HIV-)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The self-reported date of the client's most recent HIV negative test.

*Instructions:* If the client's self reported HIV serostatus is negative (G205: Self-Reported HIV Status = "Negative"), indicate the date of the client's most recent HIV negative test.

G207	Date of First HIV Positive Test (only if HIV+)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The self-reported date of the client's first positive HIV test.

*Instructions:* If the client's self-reported HIV serostatus is positive (G205: Self-Reported HIV Test = "Positive"), indicate the date of the client's first HIV positive test.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G208	In HIV Medical Care/Treatment (only if HIV+)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The client's self-report of currently receiving HIV medical care and treatment through antiretroviral therapy or prophylactic treatment for opportunistic infections.

*Instructions:* If the client's self-reported HIV serostatus is positive (G205: Self-Reported HIV Status = "Positive"), indicate if the client is currently receiving medical care for HIV. HIV medical care means that a physician/medical doctor is monitoring the client's health status regardless of whether he or she is receiving treatment (e.g., antiretroviral or prophylactic medication).

Code	Value Description	Value Definition
0	No	The client reports that he or she is not currently receiving medical care or treatment for HIV infection or AIDS.
1	Yes	The client reports he or she is currently receiving medical care or treatment for HIV infection or AIDS.
66	Not asked	The provider did not ask the client if he or she was currently receiving medical care or treatment for HIV infection or AIDS.
77	Declined to answer	The client declines or is unwilling to report if he or she is currently receiving medical care/treatment for HIV infection or AIDS.
99	Don't know	The client reports that he or she is unaware if he or she is receiving medical care or treatment for HIV infection or AIDS.

G209	Pregnant (only if female)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The self-reported pregnancy status of the client.

*Instructions:* If the client is female (G123: Assigned Sex at Birth = "Female"), then indicate whether she is pregnant.

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	Declined 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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G210	In Prenatal Care (only if pregnant)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The self-reported status of the pregnant client's receipt of regular health care during pregnancy.

*Instructions:* If the client is pregnant (G209: Pregnant = "Yes"), indicate whether she is receiving prenatal care.

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	Declined 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.

G210a	Local Recall Period	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The fixed time period defined by the agency within which the client is asked to remember the frequency of engaging in a specific behavior. A recall period is defined as the length of time into the past for which the client is asked to remember or recall certain information.

*Instructions:* If your agency has decided on a recall period in addition to 12 months, enter the number of days of that recall period here.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G211	Client Risk Factors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> A description of the risk factor(s) that placed the client at potential risk for HIV exposure and/or transmission within the past 12 months of data collection. It is critical 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 and ensures that clients receive appropriate services.</p> <p><i>Instructions:</i> Select all of the activities that the client has been involved in within the last 12 months that would place him or her at risk of either being exposed to HIV or transmitting HIV. The sexual risk factors in this section ("Sex with transgender", "Sex with female", and "Sex with male") apply only to anal and vaginal sex, and should include both unprotected and protected sex. If the client reports "Sex with transgender", "Sex with female", and/or "Sex with male" then complete G212 "Additional Client Risk Factors". "No risk identified" is selected when the client was asked about "Risk Factors," but reports none of the risk factors listed. "Declined" is selected when the client refuses or is unwilling to talk about all of the "Risk Factors" listed. "Not asked" is checked when none of the "Risk Factors" were asked by the provider.</p>					
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 or 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 that none of the listed risk factors may have placed the client at potential risk for HIV exposure and/or transmission.			
08	Share injection drug equipment	The client has shared hypodermic needles, syringes, or other injection equipment. This should only be indicated if client reported injection drug use.			
09	Oral sex with male (optional)	The client has had protected or unprotected oral sex with a male partner. Oral sex is sexual activity in which the mouth is used to stimulate the genitals of the sex partner. This value is optionally reported.			
10	Oral sex with female (optional)	The client has had protected or unprotected oral sex with a female partner. Oral sex is sexual activity in which the mouth is used to stimulate the genitals of the sex partner. This value is optionally reported.			
66	Not asked	The provider did not ask the client about his or her risk factors.			
77	Declined to answer	The client declined or was unwilling to report his or her risk factors.			
89	Other (specify)	The client reports risk factors other than what is described in the categories above. These include risk factors such as being a hemophiliac or transfusion/transplant recipient.			

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# NHME Variables and Values

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Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G211-1	Specify Client Risk Factor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* A specification of the risk identified in G211 if 89-Other (specify) was selected.

*Instructions:* Specify the risk identified in G211 if 89-Other (specify) was selected and none of the other value choices in G211 apply.



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G211a	Local Recall Client Risk Factors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Definition:** A description of the risk factor(s) that placed the client at potential risk for HIV exposure and/or transmission within a recall period other than the past 12 months or 90 days of data collection. 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 and ensures that clients receive appropriate services.

**Instructions:** Use this variable only if you named a Local Recall Period in G210a: Local Recall Period. These risk factors are the same as those found in G211: Client Risk Factors. This time, select all of the activities the client has been involved in during the locally specified recall period that would place the client at risk of either being exposed to or transmitting HIV. The sexual risk factors in this section ("Sex with transgender", "Sex with female", and "Sex with male") apply only to anal and vaginal sex, and should include both unprotected and protected sex. If the client reports "Sex with transgender", "Sex with female", and/or "Sex with male" then complete G212a "Local Recall Additional Client Risk Factors". "No risk identified" is selected when the client was asked about "Risk Factors," but reports none of the risk

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 or 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 that none of the listed risk factors may have placed the client at potential risk for HIV exposure and/or transmission.
08	Share injection drug equipment	The client reports sharing hypodermic needles, syringes, or other injection equipment. This should only be indicated if client reported injection drug use.
09	Oral sex with male	The client has had protected or unprotected oral sex with a male partner. Oral sex is sexual activity in which the mouth is used to stimulate the genitals of the sex partner.
10	Oral sex with female	The client has had protected or unprotected oral sex with a female partner. Oral sex is sexual activity in which the mouth is used to stimulate the genitals of the sex partner.
66	Not asked	The provider did not ask the client about his or her risk factors.
77	Declined to answer	The client declines or is unwilling to report his or her risk factors.
89	Other (specify)	The client reports risk factors other than what is described in the categories above. These include risk factors such as being a hemophiliac or transfusion/transplant recipient.

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# NHME Variables and Values

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Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G211a-1	Specify Local Recall Client Risk Factor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* A specification of the risk identified in G211a if 89-Other (specify) was selected.

*Instructions:* Specify the risk identified in G211a if 89-Other (specify) was selected and none of the other value choices in G211a apply.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G211b	90 Day Recall Client Risk Factors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> A description of the risk factor(s) that placed the client at potential risk for HIV exposure and/or transmission within the past 90 days of data collection. 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 and ensures that clients receive appropriate services.</p> <p><i>Instructions:</i> Select all of the activities that the client has been involved in within the last 90 days that would place him or her at risk of either being exposed to HIV or transmitting HIV. The sexual risk factors in this section ("Sex with transgender", "Sex with female", and "Sex with male") apply only to anal and vaginal sex, and should include both unprotected and protected sex. If the client reports "Sex with transgender", "Sex with female", and/or "Sex with male" then complete G212b "90 Day Recall Additional Client Risk Factors". "No risk identified" is selected when the client was asked about "Risk Factors," but reports none of the risk factors listed. "Declined" is selected when the client refuses or is unwilling to talk about all of the "Risk Factors" listed. "Not asked" is checked when none of the "Risk Factors" was asked by the</p>					
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 or 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 that none of the listed risk factors may have placed the client at potential risk for HIV exposure and/or transmission.			
08	Share injection drug equipment	The client has shared hypodermic needles, syringes, or other injection equipment. This should only be indicated if client reported injection drug use.			
09	Oral sex with male	The client has had protected or unprotected oral sex with a male partner. Oral sex is sexual activity in which the mouth is used to stimulate the genitals of the sex partner.			
10	Oral sex with female	The client has had protected or unprotected oral sex with a female partner. Oral sex is sexual activity in which the mouth is used to stimulate the genitals of the sex partner.			
66	Not asked	The provider did not ask the client about his or her risk factors.			
77	Declined to answer	The client declined or was unwilling to report his or her risk factors.			
89	Other (specify)	The client reports risk factors other than what is described in the categories above. These include risk factors such as being a hemophiliac or transfusion/transplant recipient.			

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G211b-1	Specify 90 Day Recall Client Risk Factor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* A specification of the risk identified in G211b if 89-Other (specify) was selected.

*Instructions:* Specify the risk identified in G211b if 89-Other (specify) was selected and none of the other value choices in G211b apply.

G212	Additional Client Risk Factors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* If the client's risk factors in the past 12 months involve anal or vaginal sexual activity, these are additional factors that further describe the client's sexual risk for HIV exposure and/or transmission.

*Instructions:* Use this variable only if the client reported anal or vaginal sex with male, female, or transgender as one of the G211: Client Risk Factors. For each of those client risk factors identified, indicate additional risk characteristics that describe the client's risk for either being exposed to HIV or transmitting HIV. If the client did not report having anal or vaginal sex with a male, female, or transgender in G211:Client Risk Factors, then do not select any "Additional Client Risk Factors". If the client knows he or she has an "Additional Risk Factor" (e.g., sex "with a person who is an IDU") but he or she does not remember the sex of the person (in this case the ID user), the provider should ask the client for his or her best guess as to whether the partner(s) were male, female, or transgender. The value options for "Exchange

Code	Value Description	Value Definition
00	No additional risk information specified	The client does not report any risk or client does not report any of the additional client risk factors noted below.
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 or she knows to be an IDU.
04	With person who is HIV positive	The client has had a sex with a person who he or she knows 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 or she knows exchanges sex for drugs/money.
07	With person who is an 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 or she knows has hemophilia or is a transfusion/transplant recipient.
10	Without using a condom	The client has had sex without using a condom.
66	Not asked	The provider did not ask the client about additional sexual risk factors.
77	Declined to answer	The client declines or is unwilling to report additional sexual risk factors.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G212a	Local Recall Additional Client Risk Factors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Definition:** If the client's risk factors involve anal or vaginal sexual activity, these are additional factors that further describe the client's sexual risk for HIV exposure and/or transmission within the locally specified recall period.

**Instructions:** Use this variable only if you named a local recall period in G210a: Local Recall Period. These risk factors are the same as those found in G212: Additional Client Risk Factors, only this time, you would indicate additional risk characteristics that describe the client's risk for either being exposed to HIV or transmitting HIV during the locally specified recall period. The client reported anal or vaginal sex with male, female, or transgender as one of the G211a: Local Recall Client Risk Factors. For each of those client risk factors identified, indicate additional risk characteristics that describe the client's risk for either being exposed to HIV or transmitting HIV. If the client did not report having anal or vaginal sex with a male, female, or transgender in the G211a: Local Recall Client Risk Factors, then do not select

Code	Value Description	Value Definition
00	No additional risk information specified	The client reports 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 or she knows to be an IDU.
04	With person who is HIV positive	The client has had a sex with a person who he or she knows 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 or she knows exchanges sex for drugs/money.
07	With person who is an 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 or she knows has hemophilia or is a transfusion/transplant recipient.
10	Without using a condom	The client has had sex without using a condom.
66	Not asked	The provider did not ask the client about additional sexual risk factors.
77	Declined to answer	The client declines or is unwilling to report additional sexual risk factors.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G212b	90 Day Recall Additional Client Risk Factors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* If the client's risk factors in the past 90 days involve anal or vaginal sexual activity, these are additional factors that further describe the client's sexual risk for HIV exposure and/or transmission.

*Instructions:* Use this variable only if the client reported anal or vaginal sex with male, female, or transgender as one of the G211b: 90 Day Recall Client Risk Factors. For each of those client risk factors identified, indicate additional risk characteristics that describe the client's risk for either being exposed to HIV or transmitting HIV. If the client did not report having anal or vaginal sex with a male, female, or transgender in G211b: 90 Day Recall Client Risk Factors, then do not select any "Additional Client Risk Factors". If the client knows he or she has an "Additional Risk Factor" (e.g., sex "with a person who is an IDU") but he or she does not remember the sex of the person (in this case the ID user), the provider should ask the client for his or her best guess as to whether the partner(s) were male, female, or

Code	Value Description	Value Definition
00	No additional risk information specified	The client reports 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 or she knows to be an IDU.
04	With person who is HIV positive	The client has had a sex with a person who he or she knows 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 or she knows exchanges sex for drugs/money.
07	With person who is an 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 or she knows has hemophilia or is a transfusion/transplant recipient.
10	Without using a condom	The client has had sex without using a condom.
66	Not asked	The provider did not ask the client about additional sexual risk factors.
77	Declined to answer	The client declines or is unwilling to report additional sexual risk factors.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G213	Recent STD (Not HIV)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The client's self-reported or laboratory confirmed status of having been diagnosed with an STD (e.g. syphilis, gonorrhea, or Chlamydia) in the past 12 months.

*Instructions:* Indicate if the client has been diagnosed with an STD (e.g. syphilis, gonorrhea, or Chlamydia) in the past 12 months. This can be either a self-reported STD diagnosis or one confirmed through laboratory results.

Code	Value Description	Value Definition
00	No	The client reports that he or she has not been diagnosed with syphilis, gonorrhea, or Chlamydia.
01.01	Yes - Self report	The client reports that he or 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 or she had been diagnosed with syphilis, gonorrhea, or Chlamydia.
77	Declined to answer	The client declines or is unwilling to provide information on whether or not he or she has been diagnosed with syphilis, gonorrhea, or Chlamydia.
99	Don't know	The client reports that he or she is unaware of being diagnosed with syphilis, gonorrhea, or Chlamydia.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G214	Injection Drugs/Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* The client's self-reported drugs/substances that they have injected in the past 12 months.

*Instructions:* If the client's risk includes injection drug use (G211: Client Risk Factors = "Injection Drug Use"), indicate which drugs or substances have been injected by the client in the past 12 months.

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	



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G214a	Local Recall Injection Drugs/Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* The client's self-reported drugs/substances that they have injected in the locally specified recall period.

*Instructions:* If the client's risk includes injection drug use (G211a: Local Recall Client Risk Factors = "Injection Drug Use"), indicate which drugs or substances have been injected by the client in the locally specified recall period.

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	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G214b	90 Day Recall Injection Drugs/Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*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 (G211b: 90 Day Recall Client Risk Factors = "Injection Drug Use"), indicate which drugs or substances have been injected by the client in the past 90 days.

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	
09	Silicone	
10	Botox	
11	Other medical substances	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G215	Internet Sex Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* The client's self report of having had sex with someone in the past 12 months that they met initially on the Internet.

*Instructions:* Indicate whether the client has had sex within the past 12 months with someone who they met on the Internet.

Code	Value Description	Value Definition
0	No	The client reports that he or she did not initially meet a sex partner on the Internet.
1	Yes	The client reports that he or she initially met a sex partner on the Internet.
66	Not asked	The client was not asked about internet sex partners.
77	Declined to answer	The client declines or is unwilling to report if he or she initially met a sex partner on the Internet.
99	Don't know	The client reports that he or she is unaware of initially meeting a sex partner on the Internet.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

## 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.

### Requirements

Num	Variable Name	Program	System	Optional	Not Reported
G301	Confirmed HIV Test Result	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Definition:** 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. This variable is only required for Partner Services.

**Instructions:** If you have documentation of the client's previous HIV test with confirmed test results, then use this variable to indicate the client's confirmed HIV serostatus. The confirmation could be through lab results from another agency or from HIV test results provided within your agency. This variable is independent of G205: Self-reported HIV status and is only required for Partner Services.

Code	Value Description	Value Definition
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	NAAT - 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).

G302	HIV Test Date	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Definition:** The date of the confirmatory HIV test.

**Instructions:** Indicate the date that the confirmatory HIV test was conducted.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
G303	Confirmed Documentation Source	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* The source of the confirmed HIV test result.

*Instructions:* Indicate the source of the documentation that confirms the client's HIV test result.

Code	Value Description	Value Definition
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The date the confirmed HIV test result was received by your agency (not the date the test was conducted).

*Instructions:* Indicate the date that the confirmed HIV test result was received by your agency.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

## Table: H Client Intervention Characteristics

This table is required to be completed for all interventions in which client level data are collected. This includes HIV prevention interventions delivered individually to clients (e.g. HIV counseling and testing, CRCS, PS) and 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).

### Requirements

Num	Variable Name	Program	System	Optional	Not Reported
H01	Intervention ID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* An identification number used to uniquely identify an intervention. This should correspond with the Intervention set up in F02a.

*Instructions:* For users of the PEMS software, this number will be automatically generated when an intervention name is entered.

H01a	Intervention Name	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The unique name of the intervention as defined by the agency.

*Instructions:* Select from a list of Intervention Names generated from variable F02a: Intervention Name. When using the PEMS software, the list of interventions you entered in Table F will appear as a list that you can choose from for this variable.

H02	Intended Number of Sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* 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.

*Instructions:* Use this variable in cases where F08: Number of Sessions = "Unknown." Variable H02: Intended Number of Sessions provides a means of recording the number of intended sessions for interventions that do not have a pre-determined number of sessions and are instead determined at client service delivery based on the specific needs of individual clients. For example, the intended number of sessions is entered at the beginning of a CRCS intervention for each client (i.e. at the first session or soon thereafter) and is entered only once.

Code	Value Description	Value Definition
###	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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
H03	Cycle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The cycle number for a particular intervention with a designated program model about which data are being entered for this client.</p> <p><i>Instructions:</i> Enter the number that represents the cycle for which the client is enrolled for a particular intervention. This variable is relevant to all interventions for which a planned number of cycles was specified in variable F07: Planned Number of Cycles. It is not applicable if the selection for F07: Planned Number of Cycles is "Ongoing."</p>					
H04a	Form ID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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. This is system and program required for HIV Testing and optional for other interventions.</p> <p><i>Instructions:</i> If you use a standardized form to collect data for the intervention specified in H01: Intervention Name/ID, enter the Form ID. The Form ID is used to uniquely identify data collected on this form. This variable is most often used for data collected on the CDC HIV Testing form or locally developed CT forms.</p>					
H04b	Case Number	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> A number to uniquely identify a PS case within an agency. This number is system-generated when establishing a PS 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 PS case number that has been assigned to this PS case within your agency. This number is selected from a drop-down menu that has been populated with the case numbers established in Table PS1: Case. This number will link the index client with his/her sex and/or needle sharing partners while maintaining the confidentiality of both parties. This variable is only used for PS (i.e., F01: Intervention Type = "PS").</p>					
H05	Session Number	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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 intervention cycle for each client. If you are implementing interventions that only have one session, this number will always be "1". If you are recording information about the 2nd session of a 3 session intervention, you would enter "2" here.</p>					
H06	Session Date	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The calendar date (month, day, and year) on which the session was delivered to the client.</p> <p><i>Instructions:</i> Enter the month, day, and year during which this session was delivered to the client.</p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
H09	PEMS Worker ID	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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(s) who provided the prevention services during this session. When using the PEMS software, you will be able to select from the list of Worker IDs generated when Table P: Worker was completed. If you are entering a new worker you will be given the option to add the worker(s) to Table P and enter the worker(s) here.</p>					
H09a	Local Worker ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> A locally developed identification system used to distinguish between persons who are delivering services to clients.</p> <p><i>Instructions:</i> If your agency has established a local worker ID for the worker(s) who provided the prevention services during this session, enter that ID.</p>					
H10	Site Name/ID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The official name of the agency's site of HIV prevention service delivery where the session took place.</p> <p><i>Instructions:</i> Indicate the site where the session took place by selecting from a list of sites established in Table S: Site. If the session took place at a site that you did not note when completing Table S: Site, you will be given the option to add the site to Table S and enter the site here. If you are conducting a session of PS, then the Site Name should be that of your primary agency. NOTE: Site Name only applies to PEMS application users.</p>					
H11	Duration of Session	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The amount of time in minutes that the session lasted.</p> <p><i>Instructions:</i> Indicate the actual number of minutes that the session lasted.</p>					



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
H13	Recruitment Source	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Definition:** 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.

**Instructions:** Select the variable value that describes how the client became aware of or entered the intervention (e.g., through an agency referral, walk-in, partner recommendation). This information only needs to be entered once per a given client's enrollment into an intervention or program model. For PS, this variable is only used for the index client and not for his or her partners, (unless the partner participates in an intervention independent of their involvement with the index client).

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 PS.
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 PS 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 PS 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 PS.
89	Other (specify)	A recruitment source cannot be identified by any of the other categories.
99	Don't know	The client reports that he or she is unaware of how he or she became aware of and/or initially entered the intervention.

H13-1	Specify Recruitment Source	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Definition:** A specification of how the client became aware of and/or entered into the intervention if 89-Other (specify) was selected in H13.

**Instructions:** Specify how the client became aware of or entered the intervention if 89-Other (specify) was selected and none of the other value choices in H13 apply.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
H14	Recruitment Source - Linkage Code	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* The referral code provided by the agency that referred the client.

*Instructions:* If client is referred from another agency and has a referral code, enter that code here.

H15	Recruitment Source - Network Agency Name	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The name of the agency (other than your own) that referred the client to the intervention, if applicable. Variables H15-H19 are only applicable if the recruitment source is an agency that is not your own.

*Instructions:* If H13: Recruitment Source = "Agency", then select the name of the agency that made the referral of the client you are describing. When using the PEMS software, you will be able to select from the list of agencies you listed in Table N: Network Agency. If the referral was from a new agency or agency that was not previously entered in Table N, you will be given the option to add the agency to Table N and enter the agency here.

H16	Recruitment Source - Linkage DUNS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The Data Universal Numbering System (DUNS) number of the network agency specified in H15: Network Agency Name. The DUNS number is a unique nine-digit identification which uniquely identifies business entities. It is provided by the commercial company Dun & Bradstreet.

*Instructions:* If H13: Recruitment Source = "Agency", enter the recruitment source agency's DUNS number.

H17	Recruitment Source - Program/Intervention Name	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The name of the program/intervention that the agency was providing when the client was referred to the current intervention.

*Instructions:* If H13: Recruitment Source = "Agency", provide the name of the agency's intervention/program that referred the client to the current service. If client was referred from within your own agency, enter the name of the intervention/program name from which they were referred.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
H18	Recruitment Source - Service/Intervention Type (only 1st session, and if agency referral)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* If the client entered an intervention 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.

*Instructions:* If H13: Recruitment Source = "Agency", indicate the type of service or intervention the agency was providing when the client was referred to your agency. If you provided a program or intervention name for H17: Recruitment Source – Program/ Intervention Name, the type of service that was being delivered when the client was referred to you should correspond to this program/intervention.

Code	Value Description	Value Definition
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 Services	The client was referred to this intervention from a Partner Services (PS) intervention.
04	Comprehensive Risk Counseling Services	The client was referred to this intervention from a Comprehensive Risk Counseling Services (CRCS) 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 or she is unaware of the type of intervention that he or she was receiving at the time he or she was provided with information or a referral to this intervention.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
H19	Recruitment Source - Site Type (if agency referral)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*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 the agency's site of service delivery from which the referral was given. You may select a primary category (indicated by an asterisk \*) for the site type; however, only one site type may be selected.

Code	Value Description	Value Definition
F01	*Inpatient facility	A health facility where services are provided to patients that reside within that facility while they are receiving those services.
F01.01	Inpatient - Hospital	A health facility that provides medical care to patients that reside within that facility while they are receiving those services.
F01.50	Inpatient - Drug/alcohol treatment	A residential health facility that provides substance abuse treatment and rehabilitation.
F01.88	Inpatient facility - Other	A health facility where services (other than those specified) are provided to patients that reside within that facility while they are receiving those services.
F01.99	Inpatient facility - Unknown	A health facility where services are provided to patients that reside within that facility while they are receiving those services. The type of service that this facility provides is 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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
F02.88	Outpatient facility - Other				
F02.99	Outpatient facility - Unknown				
F03	*Emergency room				
F04.01	*Blood bank/plasma center				
F04.05	*HIV counseling and 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				
F07	*Correctional facility				
F89	Other (specify)				

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# NHME Variables and Values

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Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
H19-1	Specify Recruitment Source - Site Type	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* A specification of the setting where the referral was given if 89-Other (specify) was selected in H19.

*Instructions:* Specify the setting where the referral was given if 89-Other (specify) was selected and none of the other value choices in H19 apply.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
H20	Activity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The specific actions or components of an intervention in which the client participated or in which they received during this particular session.</p> <p><i>Instructions:</i> Select all of the activities that occurred during this session. Describe what was actually delivered, regardless of what you planned to deliver in Table F (F10: Activity). If you are providing multiple sessions for an intervention (H02: Number of Sessions &gt;1), then this variable will be completed for each session of the intervention. When using the PEMS software, you will be able to select from the list of activities you listed in F10: Activity. You will also be able to add new activities that are not already on that list. Examples of activities include doing HIV testing, providing information about STDs, demonstrating condom use, or making referrals. Definitions for the major categories of activity types include: 1) Information: The provision or communication of factual knowledge (written or oral) about HIV</p>					
Code	Value Description	Value Definition			
01.00	Not collected	Agency currently does not collect or report data on session activities.			
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 Services (PS).			
08.01	Information - HIV/AIDS transmission	Any general information, written or verbal, given to an individual, group, or couple on HIV/AIDS and how it is transmitted.			
08.02	Information - Abstinence/postpone sexual activity	Any information, written or verbal, given to an individual, group, or couple 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, group, or couple 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, written or verbal, given to an individual, group, or couple 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, group, or couple 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, group, or couple about where and how to access partner notification services. The availability information provided is exclusive to PS. This includes referral lists that only list PS sites.			

# NHME Variables and Values

Num	Variable Name		Requirements			
			Program	System	Optional	Not Reported
08.07	Information - Living with HIV/AIDS					Any information, written or verbal, given to an individual, group, or couple 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, group, or couple 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, group, or couple 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, group, or couple 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, group, or couple 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, group, or couple 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, group, or couple 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, group, or couple 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, group, or couple 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, group, or couple 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, group, or couple 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, group, or couple 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, group, or couple 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, group, or couple 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, group, or couple 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.



# NHME Variables and Values

Num	Variable Name		Requirements			
			Program	System	Optional	Not Reported
08.22	Information - Sexual health	Any information, written or verbal, given to an individual, group, or couple on reproductive health, sexuality, sexual development and similar topics.				
08.23	Information - TB Testing	Any information, written or verbal, given to an individual, group, or couple on TB, how it is transmitted, and/or how to reduce risk for transmission or infection, or treatment options				
08.88	Information - Other	Any information, written or verbal, given to an individual, group, or couple 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.				
09.88	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.				
10.88	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.				

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
11.01	Discussion - Sexual risk reduction				
11.02	Discussion - IDU risk reduction				
11.03	Discussion - HIV Testing				
11.04	Discussion - Other sexually transmitted diseases				
11.05	Discussion - Disclosure of HIV status				
11.06	Discussion - Partner notification				
11.07	Discussion - HIV medication therapy adherence				
11.08	Discussion - Abstinence/postpone sexual activity				
11.09	Discussion - IDU risk free behavior				
11.10	Discussion - HIV/AIDS transmission				
11.11	Discussion - Viral hepatitis				
11.12	Discussion - Living with HIV/AIDS				
11.13	Discussion - Availability of HIV/STD counseling and testing				
11.14	Discussion - Availability of partner notification and referral services				

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
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.			
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.			
11.24	Discussion - Stage Based Encounter	Facilitation of discussion with individuals or groups using Stage Based Encounters.			
11.88	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.			

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
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.			
13.09	Distribution - Dental Dams	Provision of dental dams by handing them out or placing them in a location to be accessed by consumers at no cost to the consumer.			
13.88	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.			
89	Other (specify)	Any HIV prevention activity not captured in other value choices.			

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
H20-1	Specify Activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* A specification of activities if 89-Other (specify) was selected in H20.

*Instructions:* Specify activities if 89-Other (specify) was selected and none of the other value choices in H20 apply.

H21	Incentive Provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 participating in the session (e.g., voucher for transportation, food, money, other small items, etc.).

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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
H22	Unit of Delivery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*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 describes whether this intervention was delivered to just one person, to a small or large group, or to the broader community.

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).

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
H23	Delivery Method	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*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, over the internet, etc.) Select all that apply.

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), or 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. This is typically used to promote practices (such as safer sex), services (such as counseling and testing), or 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. This is 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).
89	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.

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# NHME Variables and Values

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Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
H23-1	Specify Delivery Method	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* A specification of the type of delivery method if 89-Other (specify) was selected in H23.

*Instructions:* Specify the method of delivery if 89-Other (specify) was selected and none of the other value choices in H23 apply.

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# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

## Table I Client Behavior Details

This table provides additional information for risk factors identified in Table G2. Agencies may choose to use these variables if they need more detail about client risk or if an agency plans to collect follow-up risk data to monitor behavior change.

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

101	Behavior Recall Period	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Definition:** The time period for which the client is asked to remember engaging in a specific behavior. This serves as the recall period for the remaining variables.

**Instructions:** Indicate each recall period you intend to use in the collection of variables in Table I: Client Behavior Details for the intervention specified in H01: Intervention Name/ID. For any intervention, according to your programmatic needs, you may choose to collect client behavioral detail variables, using a 12 month recall period or additional recall periods, at intake/first session, during the intervention, at the conclusion of the intervention, or at follow-up time periods. In the PEMS software, client behavioral detail variables must be completed separately for each recall period.

Code	Value Description	Value Definition
01	Local recall 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, 90 days or 12 months. The recall period chosen should be used at each point of data collection (e.g., midpoint or post-intervention).
02	90 days	The recall period used during the collection of Table I: Client Behavior Details will be 90 days. The recall period chosen can 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	12 months	The recall period used during the collection of Table I: Client Behavior Details will be 12 months. The recall period chosen can be used at intake, the final session and any other point of data collection for the intervention (e.g., midpoint or post-intervention).
04	15 days	The recall period used during the collection of Table I: Client Behavior Details will be 15 days. The recall period chosen can be used at intake, the final session and any other point of data collection for the intervention (e.g., midpoint or post-intervention).
-5	30 days	The recall period used during the collection of Table I: Client Behavior Details will be 30 days. The recall period chosen can be used at intake, the final session and any other point of data collection for the intervention (e.g., midpoint or post-intervention).

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
I02	Client Risk Factors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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 period specified in I01: Behavioral Recall Period that would place him or her at risk of either being exposed to HIV or transmitting HIV.

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	The client has had anal or vaginal intercourse (protected or unprotected) with a person known to him or 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 that none of the listed risk factors may have placed the client at potential risk for HIV exposure and/or transmission.
08	Share injection drug equipment	The client reports sharing hypodermic needles, syringes, or other injection equipment. This should only be indicated if client reported injection drug use.
09	Oral sex with male	The client has had protected or unprotected oral sex with a male partner. Oral sex is sexual activity in which the mouth is used to stimulate the genitals of the sex partner.
10	Oral sex with female	The client has had protected or unprotected oral sex with a female partner. Oral sex is sexual activity in which the mouth is used to stimulate the genitals of the sex partner.
66	Not asked	The provider did not ask the client about his or her risk factors.
77	Declined to answer	The client declines or is unwilling to report his or her risk factors.
89	Other (specify)	The client reports risk factors other than what is described in the categories above. These include risk factors such as being a hemophiliac or transfusion/transplant recipient.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
I02-1	Specify Client Risk Factors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* A specification of the risk identified in I02 if 89-Other (specify) was selected.

*Instructions:* Specify the risk identified in I02 if 89-Other (specify) was selected and none of the other value choices apply.

I03	Number of Sex Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The number of partners with whom the client has had anal or vaginal sex in a specified behavioral recall period.

*Instructions:* If the client indicated that she or he has had sex with a male, female or transgender in variable I02: Client Risk Factors, indicate the number of partners with whom the client has had anal or vaginal sex within the specified recall period (I01: Behavioral Recall Period). The provider may have to use probes in helping the client with recall. If the client is unable to remember the number of sex partners then he/she should make his/her best guess, otherwise the provider should select "Don't Know." Select "Declined" if the client is unwilling to report this number.

Code	Value Description	Value Definition
	###	
77	Declined to answer	The client declines or is unwilling to report his or her number of sex partners.
99	Don't know	The client reports that he or she is unaware of his or her number of sex partners.

I04	Number of Sex Partners with Serodiscordant or HIV Status Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* 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 whose HIV serostatus the client did not know.

*Instructions:* Of the number of sex partners identified in I03: Number of Sex Partners, indicate how many of those partners during the recall period (I01: Behavioral Recall Period) were serodiscordant (i.e., partners who had an HIV serostatus different from the client) or whose HIV serostatus was unknown to the client at the time they had sex. If a client has had both serodiscordant and HIV status unknown partners, you will enter the total of BOTH types of partners.

Code	Value Description	Value Definition
	####	
77	Declined to answer	The client declines or is unwilling to report his or her number of sex partners with serodiscordant or unknown HIV status.
99	Don't know	The client reports that he or she is unaware of his or her number of sex partners with serodiscordant or unknown HIV status.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

105	Number of HIV Status Unknown Sex Partners that were Anonymous	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The number of sex partners whose HIV serostatus the client did not know and whose identity was also unknown to the client.

*Instructions:* Of the number of sex partners identified in I04: Number of Sex Partners with serodiscordant or HIV status unknown, indicate how many of those partners whose HIV status was unknown were also anonymous to the client during the recall period.

Code	Value Description	Value Definition
	####	
77	Declined to answer	The client declines or is unwilling to report his or her number of sex partners with unknown HIV status that were anonymous.
99	Don't know	The client reports that he or she is unaware of his or her number of sex partners with unknown HIV status that were anonymous.

106	Total Number of Sex Events	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The number of times that the client had anal or vaginal sex (protected and unprotected) in a specified behavioral recall period.

*Instructions:* If the client indicated that she or he has had sex with a male, female or transgender in the specified recall period in variable I02: Client Risk Factors, then indicate the total number of times the client has had anal or vaginal sex within the recall period. The provider may have to use probes in helping the client with recall. If the client is unable to remember the number of sex events then he/she should make his/her best guess, otherwise the provider should select "Don't Know." Select "Declined" if the client is unwilling to report this number.

Code	Value Description	Value Definition
	####	
77	Declined to answer	The client declines or is unwilling to report his or her number of sex events.
99	Don't know	The client reports that he or she is unaware of his or her number of sex events.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

107	Number of Sex Events with Serodiscordant or HIV Status Unknown Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* 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.

*Instructions:* Indicate the number of times the client has had anal or vaginal sex (both protected and unprotected) within the recall period with a person who had an HIV serostatus different from the client or whose HIV serostatus was unknown to the client at the time they had sex.

Code	Value Description	Value Definition
	####	
77	Declined to answer	The client declines or is unwilling to report his or her number of sex events with a serodiscordant or unknown HIV status partner.
99	Don't know	The client reports that he or she is unaware of his or her number of sex events with a serodiscordant or unknown HIV status partner.

108	Number of Unprotected Sex Events	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The number of times that the client had unprotected anal or vaginal sex with any partner in a specified behavioral recall period.

*Instructions:* Indicate the total number of times the client had unprotected anal or vaginal sex within the recall period. The provider may have to use probes in helping the client with recall. If the client is unable to remember the number of unprotected sex events then he/she should make his/her best guess, otherwise the provider should select "Don't Know." Select "Declined" if the client is unwilling to report this number.

Code	Value Description	Value Definition
	####	
77	Declined to answer	The client declines or is unwilling to report his or her number of unprotected sex events.
99	Don't know	The client reports that he or she is unaware of his or her number of unprotected sex events.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

109	Number of Unprotected Sex Events with a Serodiscordant or HIV Status Unknown Partner (Total)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* 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.

*Instructions:* Of the number of sex events identified in I08: Number of Unprotected Sex Events, indicate how many were with partners who were serodiscordant with the client (e.g., one sex partner is HIV negative and the other is HIV positive), or whose HIV status was unknown in the specified behavioral recall period.

Code	Value Description	Value Definition
	####	
77	Declined to answer	The client declines or is unwilling to report his or her number of unprotected sex events with a serodiscordant or HIV status unknown partner.
99	Don't know	The client reports that he or she is unaware of his or her number of unprotected sex events with a serodiscordant or HIV status unknown partner.

110	Number of Unprotected Sex Events with a Serodiscordant or HIV Status Unknown Partner (Male)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* 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 a male partner whose HIV status was unknown in a specified behavioral recall period.

*Instructions:* Of the number of sex events identified in I09: Number of Unprotected Sex Events with a serodiscordant or HIV status unknown partner, indicate how many of them were with male partners who were serodiscordant with the client (e.g., one sex partner is HIV negative and the other sex partner is HIV positive), or whose HIV status was unknown in the specified behavioral recall period. The client may have difficulty remembering the exact number of unprotected sex events. The provider may have to provide assistance or use probes in helping the client with recall (e.g., bringing up an earlier discussion the provider had with the client). If the client is still unable to remember the number of unprotected sex events then he/she should be asked to make his/her best guess. If the client is unable to make a

Code	Value Description	Value Definition
	####	
77	Declined to answer	The client declines or is unwilling to report his or her number of unprotected sex events with a serodiscordant or HIV status unknown male partner.
99	Don't know	The client reports that he or she is unaware of his or her number of unprotected sex events with a serodiscordant or HIV status unknown male partner.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

111	Number of Unprotected Sex Events with a Serodiscordant or HIV Status Unknown Partner (Female)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* 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.

*Instructions:* Of the number of sex events identified in I09: Number of Unprotected Sex Events with a serodiscordant or HIV status unknown partner, indicate how many of them were with female partners who were serodiscordant with the client (e.g., one sex partner is HIV negative and the other sex partner is HIV positive), or whose HIV status was unknown in the specified behavioral recall period.

Code	Value Description	Value Definition
	####	
77	Declined to answer	The client declines or is unwilling to report his or her number of unprotected sex events with a serodiscordant or HIV status unknown female partner.
99	Don't know	The client reports that he or she is unaware of his or 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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* 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.

*Instructions:* Of the number of sex events identified in I09: Number of Unprotected Sex Events with a serodiscordant or HIV status unknown partner, indicate how many of them were with transgender partners who were serodiscordant with the client (e.g., one sex partner is HIV negative and the other sex partner is HIV positive), or whose HIV status was unknown in the specified behavioral recall period.

Code	Value Description	Value Definition
	####	
77	Declined to answer	The client declines or is unwilling to report his or her number of unprotected sex events with a serodiscordant or HIV status unknown transgender partner.
99	Don't know	The client reports that he or she is unaware of his or her number of unprotected sex events with a serodiscordant or HIV status unknown transgender partner.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

I13	Number of Unprotected Sex Events with Injection Drug User	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The number of times that the client had unprotected sex with a partner who is an injection drug user in a specified behavioral recall period.

*Instructions:* Indicate the number of times the client had unprotected anal or vaginal intercourse with an injection drug user during the recall period (I01: Behavioral Recall Period). These may be the same partners referenced in I10-I12.

Code	Value Description	Value Definition
	####	
77	Declined to answer	The client declines or is unwilling to report his or her number of unprotected sex events with an injection drug user.
99	Don't know	The client reports that he or she is unaware of his or her number of unprotected sex events with an injection drug user.

I14	Number of Unprotected Sex Events with Partner Who Exchanged Sex for Drugs or Money	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The number of times that the client had unprotected sex with a partner who is known to exchange sex for money or drugs in a specified behavioral recall period.

*Instructions:* Indicate the number of times during the recall period (I01: Behavioral Recall Period) that the client had unprotected anal or vaginal intercourse with a partner who exchanges sex for drugs or money.

Code	Value Description	Value Definition
	####	
77	Declined to answer	The client declines or is unwilling to report his or her number of unprotected sex events with a partner who exchanged sex for drugs or money.
99	Don't know	The client reports that he or she is unaware of his or her number of unprotected sex events with a partner who exchanged sex for drugs or money.



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
115	Number of Unprotected Sex Events while Intoxicated and/or High on Non-injection Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* 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 to identify 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.

*Instructions:* Indicate the number of times during the recall period (I01: Behavioral Recall Period) that the client had unprotected anal or vaginal intercourse while intoxicated and/or high on non-injection illicit drugs.

Code	Value Description	Value Definition
	####	
77	Declined to answer	The client declines or is unwilling to report the number of unprotected sex events while intoxicated and/or high on non-injection drugs.
99	Don't know	The client reports that he or she is unaware of his or her number of unprotected sex events while intoxicated and/or high on non-injection drugs.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
I16	What Drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* 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.

*Instructions:* If the client indicates that he or she did have sex while high on non-injection drugs (I15: Number of Unprotected Sex Events while intoxicated and/or high on non-injection drugs > 0), indicate what drugs were used but not injected by the client before or during unprotected anal or vaginal intercourse.

Code	Value Description	Value Definition
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	Declined to answer	The client declines or is unwilling to report the types of non-injection drugs used before or during a sex event.
89	Other (specify)	The client reports having unprotected sex while high on non-injection drugs other than what is described in the categories above.
99	Don't know	The client reports that he or she is unaware of the types of non-injection drugs used before or during a sex event.

I16-1	Specify Other Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A specification of other non-injection drugs that the client used before or during unprotected sex events if 89-Other (specify) was selected in I16.

*Instructions:* Specify the drugs that were used but not injected by the client before or during unprotected sex if 89-Other (specify) was selected and if none of the other value choices in I16 apply.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
I17	Number of Needle Sharing Events	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* The number of times that the client shared hypodermic needles, syringes, or other injection equipment in a specified behavioral recall period.

*Instructions:* If the client indicated that he or she has used injection drugs during the recall period in variable I02: Client Risk Factors = "Injection Drug Use," indicate the number of times the client shared a hypodermic needle, syringe, or other injection equipment during the recall period. The provider may have to use probes in helping the client with recall. If the client is unable to remember the number of needle sharing events then he/she should make his/her best guess, otherwise the provider should select "Don't Know." Select "Declined" if the client is unwilling to report this number.

Code	Value Description	Value Definition
	####	
77	Declined to answer	The client declines or is unwilling to report his or her number of needle sharing events.
99	Don't know	The client reports that he or she is unaware of his or her number of needle sharing events.

I18	Number of Needle Sharing Events with a Serodiscordant or HIV Status Unknown Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The number of times that the client shared hypodermic needles, syringes, or other injection equipment 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.

*Instructions:* Of the number of times the client shared a hypodermic needle, syringe or other injection equipment during the recall period (I17: Number of Needle Sharing Events), indicate the number of times hypodermic needles, syringes or other injection equipment were shared with a partner whose HIV serostatus was different from the client or unknown to the client.

Code	Value Description	Value Definition
	####	
77	Declined to answer	The client declines or is unwilling to report his or her number of needle sharing events with a serodiscordant or HIV status unknown partner.
99	Don't know	The client reports that he or she is unaware of his or her number of needle sharing events with a serodiscordant or HIV status unknown partner.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

## Table: LV Local Variables

This table is OPTIONAL and for local agency use only. Variables are defined at the local level.

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
LV01	Local Variable 01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*Definition:* A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.

*Instructions:* Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.

LV02	Local Variable 02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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*Definition:* A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.

*Instructions:* Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.

LV03	Local Variable 03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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*Definition:* A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.

*Instructions:* Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.

LV04	Local Variable 04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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*Definition:* A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.

*Instructions:* Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
LV05	Local Variable 05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.</p> <p><i>Instructions:</i> Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.</p>					
LV06	Local Variable 06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.</p> <p><i>Instructions:</i> Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.</p>					
LV07	Local Variable 07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.</p> <p><i>Instructions:</i> Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.</p>					
LV08	Local Variable 08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.</p> <p><i>Instructions:</i> Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.</p>					
LV09	Local Variable 09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.</p> <p><i>Instructions:</i> Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.</p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
LV10	Local Variable 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.</p> <p><i>Instructions:</i> Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.</p>					
LV11	Local Variable 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.</p> <p><i>Instructions:</i> Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.</p>					
LV12	Local Variable 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.</p> <p><i>Instructions:</i> Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.</p>					
LV13	Local Variable 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.</p> <p><i>Instructions:</i> Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.</p>					
LV14	Local Variable 14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.</p> <p><i>Instructions:</i> Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.</p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
LV15	Local Variable 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.</p> <p><i>Instructions:</i> Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.</p>					
LV16	Local Variable 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.</p> <p><i>Instructions:</i> Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.</p>					
LV17	Local Variable 17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.</p> <p><i>Instructions:</i> Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.</p>					
LV18	Local Variable 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.</p> <p><i>Instructions:</i> Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.</p>					
LV19	Local Variable 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.</p> <p><i>Instructions:</i> Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.</p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
LV20	Local Variable 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.</p> <p><i>Instructions:</i> Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.</p>					
LV21	Local Variable 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.</p> <p><i>Instructions:</i> Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.</p>					
LV22	Local Variable 22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.</p> <p><i>Instructions:</i> Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.</p>					
LV23	Local Variable 23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.</p> <p><i>Instructions:</i> Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.</p>					
LV24	Local Variable 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.</p> <p><i>Instructions:</i> Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.</p>					



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
LV25	Local Variable 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.</p> <p><i>Instructions:</i> Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.</p>					
LV26	Local Variable 26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.</p> <p><i>Instructions:</i> Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.</p>					
LV27	Local Variable 27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.</p> <p><i>Instructions:</i> Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.</p>					
LV28	Local Variable 28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.</p> <p><i>Instructions:</i> Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.</p>					
LV29	Local Variable 29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.</p> <p><i>Instructions:</i> Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.</p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
LV30	Local Variable 30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*Definition:* A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.

*Instructions:* Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.

LV31	Local Variable 31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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*Definition:* A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.

*Instructions:* Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.

LV32	Local Variable 32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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*Definition:* A local variable to be used for local agency purposes. Each agency may decide what values are stored in this variable and how often this variable should be collected and entered.

*Instructions:* Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters.

## Table: PCRS-1 Partner Services Case

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

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
PCR101	Case Number	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* A number to uniquely identify a PS case within an agency. This number is system-generated when establishing a PS 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).

*Instructions:* Select the system-generated PS case number or enter the locally-defined case number (e.g., interview record number).

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
PCR102	Intervention ID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* A unique Intervention ID that was generated by PEMS in Table F: Program/ Intervention Plan.

*Instructions:* This is a PEMS generated number.

PCR102a	Intervention Name	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A unique Intervention Name that was entered by your agency in Table F: Program/Intervention Plan.

*Instructions:* Select from a list of Intervention Names generated from variable F02a: Intervention Name. When using the PEMS software, the list of interventions you entered in Table F will appear as a list that you can choose from for this variable.

PCR103	Case Open Date	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The calendar date on which the PS case was opened at this agency.

*Instructions:* Enter the date on which the PS case was opened at this agency.

PCR104	Case Close Date	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The calendar date on which the PS case was closed at this agency.

*Instructions:* Enter the date on which the PS case was closed at this agency.

PCR105	Case Close Reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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*Definition:* A free-text field to indicate the reason(s) for closing the PS case.

*Instructions:* Enter the reason(s) for closing the PS case. For example, the partners were located, notified and referred for HIV testing or the index client refused to provide locating information on partners.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
PCR106	eHARS ID	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* A system-generated unique ID of the electronic HIV/AIDS Reporting System (eHARS) only generated at the time an HIV case (or HIV-infected person) is first reported to the health department's Surveillance Program.

*Instructions:* Enter the system-generated unique ID of the electronic HIV/AIDS Reporting System (eHARS) for the index client.

PCR107	HARS ID	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The state-assigned identifier applied to each HIV case, newly reported to the health department's Surveillance Program. This variable is a combination of REP\_ST and STATENO in the HIV/AIDS Reporting System (HARS).

*Instructions:* Enter the state-assigned identifier for the index client, applied to each HIV case, newly reported to the health department's Surveillance Program.

PCR108	Date of Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The date on which an index client was newly reported to surveillance as being infected with HIV. Persons reported to surveillance have not previously been reported to the same health department surveillance unit.

*Instructions:* Enter the date on which an index client was newly reported to surveillance as being infected with HIV. This would be the date linked to the HARS or eHARS ID.

PCR109	Reported to Surveillance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* An indication of whether or not the index client's HIV case was reported to surveillance.

*Instructions:* The date on which an index client was newly reported to surveillance as being infected with HIV. Persons reported to surveillance have not previously been reported to the same health department surveillance unit. The report may occur before or after PS has been completed with the client.

Code	Value Description	Value Definition
0	No	The index client's HIV case was not reported to the health department's surveillance department.
1	Yes	The index client's HIV case was reported to the health department's surveillance department.
99	Unknown	It is not known whether or not the index client's HIV case has been reported to surveillance.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

## Table: PCRS-2 Partner Services Partner

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

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
PCR200	Date Collected	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The date on which information about the partner is initially collected. Information includes partner type, demographic and risk behaviors of the partner.

*Instructions:* Indicate the initial date (mm/dd/yyyy) that information was provided about the partner.

PCR201	Case Number	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A number to uniquely identify a PS case within an agency. This number is system-generated when establishing a PS 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).

*Instructions:* Select the applicable PS case number that has been assigned to this PS case within your agency. In the PEMS software this number is selected from a drop-down menu that has been populated with the case numbers your agency has established in Table PS1: Case. This number will link the index client with his or her sex and/or needle sharing partners while maintaining the confidentiality of both parties.

PCR202	Partner Unique Key	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A system-generated code that is used to uniquely identify and distinguish between partners of an index case for PS interventions within a particular agency. This variable is used to link partners to a specific PS case number (PCR101: Case Number). Each Partner Unique Key is associated with a specific PS case number.

*Instructions:* The system will generate a unique, non-identifying code to represent each partner of an index case receiving PS within a particular agency. This code is a randomly generated number and is not created by parts of other PEMS variables. This variable is used to link partners to a specific PS case number (PCR101: Case Number).

PCR202a	Local PS ID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* This variable is unique to each partner. Each local PS ID is associated with a specific PS case number (PCR101). PCR202a is only program required if PCR202 is not used.

*Instructions:* If you have a local identification system for PS partners, enter the local ID here. For example, a partner ID from STD\*MIS could be entered here.

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# NHME Variables and Values

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Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
PCR203	Last Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*Definition:* The partner's last name.

*Instructions:* Enter the partner's last name. This information will not be reported to CDC.

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PCR204	First Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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*Definition:* The partner's first name.

*Instructions:* Enter the partner's formal first name. This information will not be reported to CDC.

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PCR205	Middle Initial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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*Definition:* The first letter of the partner's middle name.

*Instructions:* Enter the first letter of the partner's middle name. This information will not be reported to CDC.

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PCR206	Nickname	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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*Definition:* An alternative name for the partner that is often descriptive and familiar to the partner.

*Instructions:* If the partner has a nickname that is used to identify the partner and distinguish that partner from other partners, enter that name. The nickname can be a name used to assist in identifying the partner for post-intervention follow-up or may just be the name the partner prefers (e.g., shorter version of the person's first name such as "Joe" for "Joseph"). This information will not be reported to CDC.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
PCR207	Partner Type	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* 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 the index client and partner are either social contacts or associates.

*Instructions:* For each partner identified, indicate whether the partner and client are sex partners, needle-sharing partners, both sex and needle-sharing partners, social contacts, or associates.

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.
05	Social contact	A person who is named by an infected person (e.g., the original patient or an infected partner).
06	Associate	A person who is named by an uninfected partner.

PCR208	Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The partner is legally married (i.e., the husband or wife) to the index client.

*Instructions:* Indicate if the partner is the spouse of the index client.

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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
PCR209	Notification Plan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The method that will be used to inform the partner that he or she has been potentially exposed to HIV.

*Instructions:* Indicate the planned method agreed upon by the index client and PS provider for notifying this partner of his or her potential exposure to HIV.

Code	Value Description	Value Definition
01	Provider notification	The PS 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 notification	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 notification	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 PS provider.
04	Contract	The PS 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.
05	Third-party notification	A notification strategy whereby the partner would be notified by a professional other than the health department provider (e.g., a private physician).

PCR210	Date of Birth - Month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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*Definition:* The calendar month in which the partner was born.

*Instructions:* Enter the month in which the partner was born. This information will not be reported to CDC.

PCR211	Date of Birth - Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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*Definition:* The calendar day on which the partner was born.

*Instructions:* Enter the day on which the partner was born. This information will not be reported to CDC.



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
PCR212	Date of Birth - Year	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The calendar year in which the partner was born.

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

PCR213	Calculated Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The partner's age at the time of data collection.

*Instructions:* Enter the partner's age at the time of data collection. This variable is system-generated if the date the partner's information was collected (PCR200: Partner Information Date Collected) and the partner's year of birth (PCR212 : Date of Birth - Year) were both entered.

PCR214	Ethnicity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The partner's self report of whether they are of Hispanic or Latino origin.

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

Code	Value Description	Value Definition
77	Declined to answer	The partner declines or is unwilling to report his or her ethnicity.
99	Don't know	The partner reports that he or she is 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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
PCR215	Race	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* A partner's self-reported classification or classification(s) of the biological heritage with which they most closely identify. Standard OMB race codes are applied.

*Instructions:* Indicate the partner's self reported race using standard OMB race codes. Record all race categories that the partner reports.

Code	Value Description	Value Definition
77	Declined to answer	The partner declines or is unwilling to report his or her race.
99	Don't know	The partner reports that he or 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.

PCR215a	Assigned Sex at Birth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*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., being born with male or female genitalia).

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.
77	Declined to answer	The partner declines or is unwilling to report his or her assigned sex at birth.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
PCR216	Current Gender Identity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The partner's current self-reported gender identity. This may include one's social status, self-identification, legal status, and biology.

*Instructions:* Select the variable value that most closely describes the partner's current, self-reported sexual identity.

Code	Value Description	Value Definition
01	Male	A person who identifies as a male and whose behavioral, cultural, or psychological traits are typically associated with the male sex.
02	Female	A person who identifies as a female and whose behavioral, cultural, or psychological traits are 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.
05	Transgender - Unspecified	Individuals whose physical or birth sex is different from their current gender expression and/or gender identity. This value should only be chosen if the client does not specify MTF or FTM, but does identify as transgender.
77	Declined to answer	The individual declines to self report his or her current gender identity.
89	Additional (specify)	The individual reports a current gender other than those specified above.

PCR216a	Specify Current Gender Identity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The additional specification of Current Gender Identity from PCR216--89 Additional (specify).

*Instructions:* Specify the current gender identity of the partner if PCR216 is 89 Additional (specify).

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
PCR217	English Speaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*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.
99	Don't know	The provider does not know whether or not the client speaks English.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
PCR218	Primary Language	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

*Instructions:* Specify the primary language or language most often used by the partner. If PCR217: English Speaking = "No", then the partner's primary language can't be English.

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.
89	Other (specify)	If the language primarily or most often used by the partner is a language other than the languages specified in the categories above, specify the language.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
PCR218-1	Specify Primary Language	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> A specification of the primary language spoken by the partner if 89-Other (specify) was selected in PCR218.</p> <p><i>Instructions:</i> Specify the primary language of the partner if 89-Other (specify) was selected and none of the other value choices in PCR218 apply.</p>					
PCR219	Physical Description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> Distinguishing characteristics or physical description of the partner that might help you later in identifying the partner for intervention follow-up, such as height, weight, eye color or other distinguishing characteristics.</p> <p><i>Instructions:</i> Indicate any distinguishing characteristics or physical description of the partner that might help you later in identifying the partner for intervention follow-up, such as height, weight, eye color or other distinguishing characteristics. This information will not be reported to CDC.</p>					
PCR220	Address Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> Indicate whether the locating address for the partner is a work address, home address or other type of address.</p> <p><i>Instructions:</i> Indicate whether the locating address for the partner is a work address, home address or other type of address. This information will not be reported to CDC.</p>					
PCR221	Street Address 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> The part of the partner's locating address that indicates the street and street number.</p> <p><i>Instructions:</i> Indicate the part of the partner's locating address that includes the street and street number. This information will not be reported to CDC.</p>					
PCR222	Street Address 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> The part of the partner's locating address that indicates apartment or suite number if applicable.</p> <p><i>Instructions:</i> Indicate the apartment number or suite number portion of the partner's locating address. For example if a partner lives at "4134-C Swann Street". Enter "4134 Swann Street" in G129 and enter "C" here in G130. This information will not be reported to CDC.</p>					

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# NHME Variables and Values

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Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
PCR223	City	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*Definition:* The city for the partner's locating address.

*Instructions:* Indicate the city of the partner's locating address. This information will not be reported to CDC.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
PCR224	State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*Definition:* The state, territory or district of the partner's locating address.

*Instructions:* Select the state, territory or district of the partner's locating address. This information will not be reported to CDC.

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



# NHME Variables and Values

Num	Variable Name		Requirements			
			Program	System	Optional	Not Reported
36	NY	New York				
37	NC	North Carolina				
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.				

PCR225    Zip Code               

*Definition:* The postal zip code for the partner's locating address.

*Instructions:* Enter the postal zip code of the partner's locating address. This information will not be reported to CDC.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
PCR226	Phone Number (Day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> The seven-digit phone number and area code where the partner can be reached during the day.</p> <p><i>Instructions:</i> Enter the telephone number where the partner can be reached during the day. This information will not be reported to CDC.</p>					
PCR227	Phone Number (Evening)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> The seven-digit phone number and area code where the partner can be reached during the evening.</p> <p><i>Instructions:</i> Enter the telephone number where the partner can be reached during the evening. This information will not be reported to CDC.</p>					
PCR228	Primary Occupation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> The partner's type of work or job title, if applicable.</p> <p><i>Instructions:</i> Enter the partner's primary type of work or job title. This information will not be reported to CDC.</p>					
PCR229	Employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> The name of the company, organization or individual for whom the partner works or by whom the partner is employed.</p> <p><i>Instructions:</i> Enter the name of the company, organization, or entity where the partner is employed. This information will not be reported to CDC.</p>					
PCR230	Session Date	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The date the partner participated in the session.</p> <p><i>Instructions:</i> Indicate the date the partner participated in the session.</p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
PCR231	Worker ID	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*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 provided the prevention services during this session. When using the PEMS software, you will be able to select from the list of Worker IDs generated when Table P: Worker was completed. If you are entering a new worker you will be given the option to add the worker(s) to Table P and enter the worker(s) here.

PCR232	Local Worker ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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*Definition:* A locally developed identification system used to distinguish between persons who are delivering services to clients.

*Instructions:* If your agency has established a local worker ID for the worker(s) who provided the prevention services during this session, enter that ID.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
PCR233	Activity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The specific actions or components of an intervention in which the partner participated or received during this particular session.</p> <p><i>Instructions:</i> Select all of the activities that occurred during this session. Describe what was actually delivered, regardless of what you planned to deliver in Table F (F10: Activities). When using the PEMS software, you will be able to select from the list of activities you listed in F10: Activities. You will also be able to add new activities that are not already on that list. Examples of activities include doing HIV testing, providing information about STDs, demonstrating condom use, or making referrals. Definitions for the major categories of activity types include: 1) Information: The provision or communication of factual knowledge (written or oral) about HIV prevention and other related topics for an individual or a group; 2) Demonstration: The illustration or provision of an example of a skill or technique accompanied by</p>					
Code	Value Description	Value Definition			
01.00	Not collected	Agency currently does not collect or report data on session activities.			
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.			
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 Services (PS).			
08.01	Information - HIV/AIDS transmission	Any general information, written or verbal, given to an individual, couple, or 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, couple, or 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, couple, or 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, written or verbal, given to an individual, couple, or group 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, couple, or 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, couple, or group about where and how to access partner notification services. The availability information provided is exclusive to PS. This includes referral lists that only list PS sites.			
08.07	Information - Living with HIV/AIDS	Any information, written or verbal, given to an individual, couple, or 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, couple, or group about how and where to access social services. This could include a referral list that only includes social services agencies or providers.			

# NHME Variables and Values

Num	Variable Name		Requirements			
			Program	System	Optional	Not Reported
08.09	Information - Availability of medical services					Any information, written or verbal, given to an individual, couple, or 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, couple, or 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, couple, or 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, couple, or 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, couple, or 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, couple, or 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, couple, or 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, couple, or 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, couple, or 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, couple, or 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, couple, or 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, couple, or 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, couple, or 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
08.88	Information - Other					Any information, written or verbal, given to an individual, couple, or group that cannot be captured in any of the other information codes.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
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.			
09.88	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.			
10.88	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.			

# NHME Variables and Values

Num	Variable Name	Requirements				
		Program	System	Optional	Not Reported	
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.
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.

# NHME Variables and Values

Num	Variable Name		Requirements			
			Program	System	Optional	Not Reported
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.
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.
11.24	Discussion - Stage Based Encounter					Facilitation of discussion with individuals or groups using Stage Based Encounters.
11.88	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.



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
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.			
13.09	Distribution - Dental Dams	Provision of dental dams by handing them out or placing them in a location to be accessed by consumers at no cost to the consumer.			
13.88	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.			
89	Other (specify)	Any HIV prevention activity not captured in other value choices.			

PCR234	Site ID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Definition:** The official name of the agency's site of HIV prevention service delivery where the session took place.

**Instructions:** Select the site name used to identify your primary agency. Please note that when conducting PS, the site name identified as the site of service delivery should always be the site name of your primary agency even if the session took place at a different location/site of HIV prevention service delivery. The site name of the primary agency is used to protect the index client and/or partner's confidentiality.

PCR234a	Local Recall Period	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Definition:** The fixed time period defined by the agency within which the partner is asked to remember the frequency of engaging in a specific behavior. A recall period is defined as the length of time into the past for which the partner is asked to remember or recall certain information.

**Instructions:** If your agency has decided on a recall period in addition to 90 days, enter the number of days of that recall period here.



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
PCR235	Partner Risk Factors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* A description of the risk factor(s) within the last 12 months that placed the partner at potential risk for HIV exposure and/or transmission.

*Instructions:* Select all of the activities that the partner has been involved in within the last 12 months that would place him or her at risk of either being exposed to HIV or transmitting HIV. The sexual risk factors in this section apply only to anal and vaginal sex, and should include both unprotected and protected sex. "No risk identified" is selected when the partner was asked about "Risk Factors," but reports none of the risk factors listed. "Declined to answer" is selected when the partner refuses or is unwilling to talk about all of the "Risk Factors" listed. "Not asked" is checked when none of the "Risk Factors" was asked by the provider.

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 partner has had anal or vaginal intercourse (protected or unprotected) with a person known to him or 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.
08	Share injection drug equipment	The partner reports sharing hypodermic needles, syringes, or other injection equipment. This should only be indicated if client reported injection drug use.
09	Oral sex with male (optional)	The client has had protected or unprotected oral sex with a male partner. Oral sex is sexual activity in which the mouth is used to stimulate the genitals the sex partner. This value is optionally reported.
10	Oral sex with female (optional)	The client has had protected or unprotected oral sex with a female partner. Oral sex is sexual activity in which the mouth is used to stimulate the genitals the sex partner. This value is optionally reported.
66	Not asked	The provider did not ask the partner about his or her risk factors.
77	Declined to answer	The partner declines or is unwilling to report his or her risk factors.
89	Other (specify)	The partner reports 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.

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# NHME Variables and Values

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Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
PCR235-1	Specify Partner Risk Factor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* A specification of the risk identified in PCR235 if 89--Other (specify) was selected.

*Instructions:* Specify the risk identified in PCR235 if 89-Other (specify) was selected and none of the other value choices in PCR235 apply.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
PCR235a	Local Recall Partner Risk Factors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

**Instructions:** Use this variable only if you named a Local Recall Period in PCR234a: Local Recall Period. Select all of the activities that the partner has been involved in within the locally specified recall period that would place him or her at risk of either being exposed to HIV or transmitting HIV. The sexual risk factors in this section apply only to anal and vaginal sex, and should include both unprotected and protected sex. "No risk identified" is selected when the partner was asked about "Risk Factors," but reports none of the risk factors listed. "Declined to answer" is selected when the partner refuses or is unwilling to talk about all of the "Risk Factors" listed. "Not asked" is checked when none of the "Risk Factors" was asked by the provider.

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 partner has had anal or vaginal intercourse (protected or unprotected) with a person known to him or 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.
08	Share injection drug equipment	The partner reports sharing hypodermic needles, syringes, or other injection equipment. This should only be indicated if client reported injection drug use.
09	Oral sex with male	The client has had protected or unprotected oral sex with a male partner. Oral sex is sexual activity in which the mouth is used to stimulate the genitals the sex partner.
10	Oral sex with female	The client has had protected or unprotected oral sex with a female partner. Oral sex is sexual activity in which the mouth is used to stimulate the genitals the sex partner.
66	Not asked	The provider did not ask the partner about his or her risk factors.
77	Declined to answer	The partner declines or is unwilling to report his or her risk factors.
89	Other (specify)	The partner reports 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.

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# NHME Variables and Values

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Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
PCR235a-1	Specify Local Recall Partner Risk Factors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* A specification of the risk identified in PCR235a if 89--Other (specify) was selected.

*Instructions:* Specify the risk identified in PCR235a if 89-Other (specify) was selected and none of the other value choices apply.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
PCR236	Additional Partner Risk Factors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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 12 month recall period.</p> <p><i>Instructions:</i> Use this variable only if the partner reported sex with male, female, or transgender as one of the PCR235: Partner Risk Factors. For each of those partner risk factors identified, indicate additional risk characteristics that describe the partner's risk for either being exposed to HIV or transmitting HIV. If the partner knows he/she has an "Additional Risk Factor" (e.g., sex "with a person who is an IDU") but he/she does not remember the sex of the person (in this case the ID user), the provider should ask the partner for his/her best guess as to whether his/her partner(s) were male, female, or transgender. The first two "Additional risk factors" (e.g., "In exchange..." and "While intoxicated and/or high on drugs") refer to the partner being interviewed. All other "Additional Risk Factors" refer to the sex partner(s) of the</p>					
Code	Value Description	Value Definition			
00	No additional risk information specified	The partner reports no additional risk or does not report any of the additional partner risk factors noted below.			
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 or she knows was an IDU.			
04	With person who is HIV positive	The partner has had a sex with a person who he or she knows 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 or she knows exchanges sex for drugs/money.			
07	With person who is an 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 or she knows has hemophilia or is a transfusion/transplant recipient.			
10	Without using a condom	The client has had sex without using a condom.			
66	Not asked	The provider did not ask the partner about additional sexual risk factors.			
77	Declined to answer	The partner declines or is unwilling to report additional sexual risk factors.			

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
PCR236a	Local Recall Additional Partner Risk Factors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* 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 locally specified recall period.

*Instructions:* Use this variable only if the partner reported sex with male, female, or transgender as one of the PCR235a: Local Recall Partner Risk Factors. These risk factors are the same as those found in PCR236:Additional Partner Risk Factors, only this time, you would indicate additional risk characteristics that describe the client's risk for either being exposed to HIV or transmitting HIV during the locally specified recall period. If the partner knows he/she has an "Additional Risk Factor" (e.g., sex "with a person who is an IDU") during the locally defined recall period but he/she does not remember the sex of the person (in this case the ID user), the provider should ask the partner for his/her best guess as to whether his/her partner(s) were male, female, or transgender. The first two "Additional partner risk

Code	Value Description	Value Definition
00	No additional risk information specified	The partner reports no additional risk or additional information about his or 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 or she knows was an IDU.
04	With person who is HIV positive	The partner has had a sex with a person who he or she knows 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 or 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 or she knows has hemophilia or is a transfusion/transplant recipient.
10	Without using a condom	The client has had sex without using a condom.
66	Not asked	The provider did not ask the partner about additional sexual risk factors.
77	Declined to answer	The partner declines or is unwilling to report additional sexual risk factors.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

**Table: X-1 HIV Test**

This table is completed for each HIV antibody test conducted for a client. This table includes variables from the legacy CT form and for the revised HIV Test Form implemented January 1, 2008.  
 Intervention type = CT  
 Activity = HIV testing

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

X101	Test Sequence Number	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A number assigned to each test to indicate the order of tests within a testing intervention cycle where multiple tests are performed.

*Instructions:* Indicate the sequence number within this testing intervention cycle that is assigned to this HIV test.

X102	Test ID number	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* 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.

*Instructions:* Indicate the rapid test identification number or a laboratory identifier for this test.

X103	Test Technology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A description of the type of test or test methods used to screen for HIV antibodies.

*Instructions:* Indicate the type of HIV test technology used for this test.

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.



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X104	HIV Test Election	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* An indication of whether the test is linked to a name or is anonymous.

*Instructions:* Indicate if the written test record is linked to the client's name.

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.
66	Test not offered	The HIV test was not offered to the client.
77	Declined testing	The client declined or is unwilling to take an HIV test.

X105	Sample Date	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The calendar date (month, day, year) on which the specimen for the HIV test was collected.

*Instructions:* Indicate the month, day, and year that the specimen for the HIV test was collected.

X108	Confirmatory Test	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* An HIV test designed to confirm the results of a preliminary positive screening test.

*Instructions:* Indicate if the HIV test is a confirmatory test following a preliminary positive test.

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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X109	Specimen Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The type of biological material or sample used to test for HIV antibodies.

*Instructions:* Indicate the type of specimen (e.g., blood, oral, urine) used for this HIV test.

Code	Value Description	Value Definition
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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X110	Test Result	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The outcome of the current HIV test.

*Instructions:* Indicate the result of this HIV test.

Code	Value Description	Value Definition
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	NAAT - 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).

X111	Result Provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The act of informing the client of his or her HIV test result.

*Instructions:* Indicate whether the result of this HIV test was provided to the client.

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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X112	Date Provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The calendar date (month, day, year) in which the client's HIV test result was provided to the client.

*Instructions:* Indicate the month, day, and year in which the client was provided the result of this HIV test.

X115	If Result Not Provided, Why	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* An explanation for why the HIV test result was not provided to the client.

*Instructions:* Select the reason why the HIV test result was not provided to the client.

Code	Value Description	Value Definition
01	Refused notification	The client refuses to accept notification of his or her HIV test result from the provider.
02	Did not return/could not locate	The client did not return for his or her HIV test result or could not be located to administer the test result.
03	Obtained results from another agency	The client received his or her HIV test results from another agency.
88	Other	The result of the HIV test was not provided to client for some other reason not listed above.

X115a	Specify Reason Result Not Provided Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A specification of reason result not provided in X115 if 89-Other (specify) was selected.

*Instructions:* Specify the reason HIV result was not provided in X115 if 89-Other(specify) was selected.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

X116	If Rapid Reactive, Did Client Provide Confirmatory Sample	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* An indication of whether the client provided another sample for confirmatory testing of a reactive result from a positive test.

*Instructions:* If the type of HIV test used for this test was a rapid test (X103: Test Technology = "Rapid") and the test result was positive/reactive (X110: HIV Test Result = "Positive/Reactive"), indicate if the client provided a confirmatory sample. This variable is used only if the HIV test was a rapid test and the HIV test result was positive/reactive.

Code	Value Description	Value Definition
01	Yes	Client provided a confirmatory sample based on a previous reactive test.
2.01	Client declined confirmatory test	Client declined to provide a confirmatory sample based on a previous reactive test.
2.02	Referred to another agency	Client was referred to another agency to provide a confirmatory sample based on a previous reactive test.
2.03	Did not return/could not locate	Client did not return or could not be located to provide a confirmatory sample based on a previous reactive test.
88	Other	Client did not provide confirmatory sample for some other reason not listed above.

X117	Date Of Last Test - Month	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The self-reported month of the client's most recent HIV test.

*Instructions:* Indicate the month of the client's most recent HIV test.

X118	Date Of Last Test - Year	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The self-reported year of the client's most recent HIV test.

*Instructions:* Indicate the year of the client's most recent HIV test.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X134	During The Visit, Was Risk Reduction Plan Developed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* A risk reduction plan was developed with the client to reduce the risk of HIV exposure and/or transmission. Developing a risk reduction plan includes defining HIV risk-reduction priorities, strategies, and concrete steps for making behavioral changes. The plan may also track psychosocial and medical services needed.

*Instructions:* Indicate whether a risk reduction plans was developed for the client during the HIV testing session.

Code	Value Description	Value Definition
0	No	A risk reduction plan was not developed with the client to reduce the risk of HIV exposure and/or transmission.
1	Yes	A plan was developed with the client to reduce the risk of HIV exposure and/or transmission.

X135	Worker ID	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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 provided the prevention services during this session. When using the PEMS software, you will be able to select from the list of Worker IDs generated when Table P: Worker was completed. If you are entering a new worker you will be given the option to add the worker(s) to Table P and enter the worker(s) here.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

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

This table collects HIV test history for incidence modeling. Only grantees that are directly funded through surveillance are required to report on these data. These data are reported directly to surveillance. Collect these data for each client accessing counseling and testing services.  
 Intervention type = CT  
 Activity = HIV Testing History Survey

**Requirements**

Num	Variable Name	Program	System	Optional	Not Reported
X202	Pre/Post Test Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* Indicate if this survey information is obtained through a pre-test or post-test questionnaire.

*Instructions:* Remember that a reactive (positive) result on a rapid HIV test is not confirmed. Therefore collecting this survey information after a reactive rapid HIV test, but before that test is confirmed is considered collection at "Pre-test (HIV status unknown)."

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Indicate the date (month, day, year) of the survey.

*Instructions:* Enter the month, day, and year that the survey was administered.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X204	Reason Why Tested...Reason for Current Test	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Definition:** 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.

**Instructions:** Select all reasons that apply. If the client reports that the reason he/she is being tested is to confirm a reactive rapid HIV test then the provider should inquire about, and record as the reason for testing, the reason that the client gives for having sought the rapid HIV test because it was the rapid HIV test that started the testing process. If the client reports that he/she is being tested because a blood center screen of a blood donation was positive, then "Because there is some other reason..." should be selected and the provider should specify the reason.

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 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 insurance, the military, a court order, or for some other reason?	Asks if the test is not the client's idea, but rather is a requirement of some other entity.
77	Declined to answer	The client declines or is unwilling to report his or her reason for current test.
89	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	The client does not know his or her reason for being tested.



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X205	Ever Positive HIV Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*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 not counted as a previous positive test. A positive result on a screening test for blood donations is also not considered a positive test result. Reactive rapid HIV tests as well as positive screens must be confirmed before they are considered positive results.

Code	Value Description	Value Definition
0	No	The client has not had a prior test with an HIV-positive result.
1	Yes	The client has had a prior test with an HIV-positive result.
77	Declined to answer	The client declines or is unwilling to report if he or she has ever had a positive HIV test result.
99	Don't know	The client does not know if he or she has ever received a positive test result.

X205a	Date First Positive Test Available	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Indicate if the date of the first positive test is available.

*Instructions:* Indicate whether the date of the first positive HIV test is available

Code	Value Description	Value Definition
0	No	The client reports that the date of the first positive test is not available.
1	Yes	The client reports that the date of the first positive test is available.
66	Not asked	The client was not asked if the date of the first positive test is available.
77	Declined to answer	The client declines or is unwilling to report if the date of the first positive test is available.
99	Don't know	The client does not know if the date of first positive test is available.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X206	Date of First Positive HIV Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* 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.

*Instructions:* If the client reports that he/she has had a confirmed rapid HIV test, the test date to be recorded is the date the specimen was collected for the rapid HIV test, not the date of specimen collection for the confirmatory test.

X207	Anonymous test	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* 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.

*Instructions:* Indicate whether the client's first positive HIV test was anonymous.

Code	Value Description	Value Definition
0	No	The client's first ever positive test was not an anonymous test. He or she was required to provide a name in order to be tested. He or 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 or she was not required to provide a name in order to be tested and he or she received a code or some other unique identifier that was used to receive test results.
77	Declined to answer	The client declines or is unwilling to report if his or her first positive test was anonymous.
99	Don't know	The client does not know if his or 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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The name of the agency that provided the positive HIV test.

*Instructions:* Enter the name of the agency where the client received his/her first positive HIV test. If the client was tested on a mobile van or through another form of outreach, the name of the place tested would refer to the agency that provided the test, not to the physical location of the outreach setting.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X209	State Where First Tested Positive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*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:* Select the name of the state, territory or district where the client received his or her most recent positive HIV test.

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

# NHME Variables and Values

Num	Variable Name		Requirements			
			Program	System	Optional	Not Reported
35	NM	New Mexico				
36	NY	New York				
37	NC	North Carolina				
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				

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X210	Site Type of First Positive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

*Instructions:* Select the site type from the list provided that best represents the setting and/or type of service offered at the site in which the client received his or her first HIV positive test.

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	A health facility that provides medical care to patients that reside within that facility while they are receiving those services.
F01.50	Inpatient - Drug/alcohol treatment	A residential health facility that provides substance abuse treatment and rehabilitation.
F01.88	Inpatient facility - Other	A health facility where services (other than those specified) are provided to patients that reside within that facility while they are receiving those services.
F01.99	Inpatient facility - Unknown	A health facility where services are provided to patients that reside within that facility while they are receiving those services. The type of service that this facility provides is 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.

# NHME Variables and Values

Num	Variable Name		Requirements			
			Program	System	Optional	Not Reported
F02.88	Outpatient facility - Other					A health care facility where services (other than those specified) are provided to patients that do not reside within that facility while they are receiving services.
F02.99	Outpatient facility - Unknown					A health care facility where services are provided to patients that do not reside within that facility while they are receiving services. The type of service that this facility provides is 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.
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					A place of entertainment, typically open at night, usually serves food and alcoholic beverages, and often provides music and space for dancing or having a floor show which may depict, describe, or relate to sexual conduct or sexual excitement.
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					A defined area, environment or context (other than those already specified) in which a group of people live, work or congregate.
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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
F89	Other (specify)	The site type cannot be identified by the other site types. If chosen, please specify the site type.			

X211	Reason Why Tested...Reason for First Positive Test	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Definition:** 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.

**Instructions:** Select all reasons that apply. If the client reports that the reason he/she is being tested is to confirm a reactive rapid HIV test then the provider should inquire about, and record as the reason for testing, the reason that the client gives for having sought the rapid HIV test because it was the rapid HIV test that started the testing process. If the client reports that he/she is being tested because a blood center screen of a blood donation was positive, then the "...some other reason..." box should be marked and the provider should write in the reason in the appropriate box.

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 insurance, the military, a court order, or for some other reason?	Asks if the test is not the client's idea, but rather is a requirement of some other entity.
77	Declined to answer	The client declines or is unwilling to report his or her reason for test.
89	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	The client does not know the reason why he or she was tested.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X212	Has Client Ever Tested Negative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*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:* Indicate whether the client has had a previous HIV test and received a negative HIV test result.

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	Declined to answer	The client declines or is unwilling to report if he or she received a negative test result.
99	Don't know	The client does not know if he or she has ever received a negative test result.

X212a	Date Last Negative Test Available	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Indicate if the date of the last negative test is available.

*Instructions:* Indicate whether the date of the last HIV negative test is available.

Code	Value Description	Value Definition
0	No	The client reports that the date of the last negative test is not available.
1	Yes	The client reports that the date of the last negative test is available.
66	Not asked	The client was not asked if the date of the last negative test is available.
77	Declined to answer	The client declines or is unwilling to report if the date of the last negative test is available.
99	Don't know	The client does not know if the date of last negative test is available.



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X213	Date of Last Negative Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><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.</p> <p><i>Instructions:</i> If the client reports that he or she has had a negative rapid HIV test, the test date to be recorded in this question is the date the specimen was collected for the rapid HIV test. Remember that a negative rapid HIV test completes the testing sequence and it is not required to be confirmed.</p>				
X214	What Was the Name of the Place Where Client Had Last Negative Test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<p><i>Definition:</i> The name of the agency that provided the client's most recent HIV negative test result.</p> <p><i>Instructions:</i> Enter the name of the agency where the client received his/her most recent negative HIV test. If the client were tested on a mobile van or through another form of outreach, the name of the place tested would refer to that agency, not to the physical location of the outreach setting.</p>				

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X215	State Where Last Tested Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*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:* Select the name of the state, territory or district where the client received his or her most recent negative HIV test.

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

# NHME Variables and Values

Num	Variable Name		Requirements			
			Program	System	Optional	Not Reported
35	NM	New Mexico				
36	NY	New York				
37	NC	North Carolina				
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				

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X216	Site Type of Last Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* The setting that best describes where the most recent HIV negative test was performed.

*Instructions:* Select the site type from the list provided that best represents the setting and/or type of service offered at the site in which the client received his or her last HIV negative test.

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	A health facility that provides medical care to patients that reside within that facility while they are receiving those services.
F01.50	Inpatient - Drug/alcohol treatment	A residential health facility that provides substance abuse treatment and rehabilitation.
F01.88	Inpatient facility - Other	A health facility where services (other than those specified) are provided to patients that reside within that facility while they are receiving those services.
F01.99	Inpatient facility - Unknown	A health facility where services are provided to patients that reside within that facility while they are receiving those services. The type of service that this facility provides is 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.

# NHME Variables and Values

Num	Variable Name		Requirements			
			Program	System	Optional	Not Reported
F02.88	Outpatient facility - Other					A health care facility where services (other than those specified) are provided to patients that do not reside within that facility while they are receiving services.
F02.99	Outpatient facility - Unknown					A health care facility where services are provided to patients that do not reside within that facility while they are receiving services. The type of service that this facility provides is 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.
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					A place of entertainment, typically open at night, usually serves food and alcoholic beverages, and often provides music and space for dancing or having a floor show which may depict, describe, or relate to sexual conduct or sexual excitement.
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					A defined area, environment or context (other than those already specified) in which a group of people live, work or congregate.
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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
F89	Other (specify)	The site type cannot be identified by the other site types. If chosen, please specify the site type.			

X216-1	Specify Site Type of Last Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A specification of the setting where the most recent HIV negative test was performed if 89-Other (specify) was selected in X216.

*Instructions:* Specify the setting where the most recent HIV negative test was performed if 89-Other (specify) was selected and none of the other value choices in X216 apply.

X217	Number of Times Tested for HIV in Past 2 Years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*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 current or first positive test in the count of HIV tests. Thus, if the current test is the client's first ever test, then the number of tests in the past two years is "1." Likewise, if the client's first test ever resulted in an HIV diagnosis, the number of tests in the two years prior to the first positive test is "1." A completed test includes an EIA and a Western Blot if the result to be given is positive, and an EIA only if the result is negative. Additionally, HIV tests include only those that the client sought out, therefore screens at blood donation centers are not counted. Thus, a rapid HIV test with a negative result would be counted in this number, but a rapid HIV test with a reactive result would only be counted if it were also confirmed. Finally, a rapid

X218	Date First Time Tested Available	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* Indicate if the date of the first HIV test is available.

*Instructions:* Indicate whether the date of the first HIV test is available.

Code	Value Description	Value Definition
0	No	The client reports that the date of the first HIV test is not available.
1	Yes	The client reports that the date of the first HIV test is available.
66	Not asked	The client was not asked if the date of the first HIV test is available.
77	Declined to answer	The client declines or is unwilling to report if the date of the first HIV test is available.
99	Don't know	The client does not know if the date of the first HIV test is available.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X218a	First Time Ever Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* The month and year of the very first time the client ever sought, and received an HIV test.

*Instructions:* Only a test that the client sought, and received, is documented here. For example, the provider would not write the date of the first time the client donated blood because, while the donation center screens the blood for HIV, the client did not seek out an HIV test. However, a court ordered test or one that was required for another purpose would be documented because although the client might not have gone to the test willingly, the client's intent was to be tested.

X219	Client Used/Currently Using ARV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The client's self-report of having taken any medications to treat or try to prevent HIV or hepatitis infection.

*Instructions:* Indicate whether the client self-reports having taken any medications to treat or try to prevent HIV or hepatitis infection.

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	Declined to answer	The client declines or is unwilling to report if he or she has used or is currently using ARV.
99	Don't know	The client does not know if he or she has used or is currently using ARV.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X220	If Yes, Specify Antiretroviral Medication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*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 include a medication chart, and/or the provider might ask about the color, size, or shape of the medication, or whether it was a liquid or had to be refrigerated.

Code	Value Description	Value Definition
01	Videx (didanosine, ddl)	
02	Hivid (zalcitabine, ddC)	
03	Epivir (lamivudine, 3TC)	
04	Zerit (stavudine, d4T)	
05	Viramune (nevirapine, NVP)	
06	Crixivan (indinavir, IDV)	
07	Norvir (ritonavir, RTV)	
08	Saquinavir (Fortavase, Invirase)	
09	Rescriptor (delavirdine, DLV)	
10	Fuzeon (enfuvirtide, T20)	
11	Emtriva (emtricitabine, FTC)	
12	Viread (tenofovir DF, TDF)	
13	Trizivir (abacavir/lamivudine/zidovudine, ABC/3TC, AZT)	
14	Videx EC (didanosine, ddl)	
15	Reyataz (atazanavir, ATV)	
16	Kaletra (lopinavir/ritonavir)	
17	Viracept (nelfinavir, NFV)	
18	Invirase (saquinavir, SQV)	
19	Hepsera (adefovir)	
20	Ziagen (abacavir, ABC)	
21	Sustiva (efavirenz, EFV)	
22	Agenerase (amprenavir)	
23	Hydroxyurea	
24	Combivir (lamivudine/zidovudine, 3TC/AZT)	
25	Fortovase (saquinavir, SQV)	
26	Retrovir (zidovudine, ZDV, AZT)	
27	Truvada (tenofovir DF/emtricitabine, TDF/FTC)	
28	Epzicom (abacavir/lamivudine, ABC/3TC)	
30	Aptivus (tipranavir, TPV)	
31	Lexiva (fosamprenavir, 908)	
32	Atripla (efavirenz/emtricitabine/tenofovir DF)	
33	Prezista (darunavir, DRV)	





# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
89	Other (specify)				
99	Unspecified				

X220-1	Other Antiretroviral Medication - Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A specification of other antiretroviral medication if 89-Other (specify) was selected in X220.

*Instructions:* Specify antiretroviral medication if 89-Other (specify) was selected and none of the other value choices in X220 apply.

X221	Date ARV Began	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The date of when the client first started taking antiretroviral medication.

*Instructions:* Enter the date (month, day, year) of when the client first started taking antiretroviral medication.

X222	Currently on Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The client reports currently taking antiretroviral medication.

*Instructions:* Indicate whether the client reports currently taking antiretroviral medication.

Code	Value Description	Value Definition
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 or she is currently taking antiretroviral medication.
99	Don't know	The client reports that he or she is unaware if he or she is currently taking antiretroviral medication.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X223	Date of Last ARV Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The date of the last day on which the client took antiretroviral medication.

*Instructions:* Enter the date (month, day, year) of the last day on which the client took antiretroviral medication. If the client previously answered "Yes" to the question regarding whether he or 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 or 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.

## 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 PS, it may be used optionally for any intervention. Intervention type = PS

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X301	Locate Method	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*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), indicate the method used.

Code	Value Description	Value Definition
01	Field	The PS 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 PS provider delivered PS 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 PS provider made an attempt to locate the index client or the partner by telephone.
04	Internet	The PS provider made an attempt to locate the index client or partner through use of the Internet (e.g., chat rooms).
05	Mail	The PS provider made an attempt to locate the index client or partner through electronic or ground mail.
88	Other	The PS provider made an attempt to locate the index client or partner through another method not described by the other options.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X301-1	Specify Locate Method	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:*

*Instructions:*

X302	Attempt to Locate Outcome	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The result of a PS 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, indicate the result of the attempt to locate.

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.

X303	Reason for Unsuccessful Attempt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The explanation for why the location attempt was not achieved.

*Instructions:* If the attempt to locate the index client or index client's partner was unsuccessful (X302: Attempt to Locate Outcome = "Unable to Locate"), indicate why the client or partner was unable to be located.

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.
03	Domestic violence risk	The index client or partner was not located or notified of his or her exposure to HIV because there was a documented concern about domestic violence.
89	Other (specify)	The index client or partner was not located due to another reason not listed.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X303a	Specify Reason for Unsuccessful Attempt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* A specification for why the client was not located if X303--89 Other (specify) is selected.

*Instructions:* Specify the reason why the client was unable to be located.

X304	Attempt Date	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The date on which the attempt to locate the index client or index client's partner was made.

*Instructions:* Indicate the date the attempt to locate the index client or index client's partner was made.

X305	Worker ID	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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 who made the attempt to locate the index client or index client's partner on the date specified in X304: Attempt Date. When using the PEMS software, you will be able to select from the list of Worker IDs generated when Table P was completed. If the worker is new or not previously entered into Table P, you will be given the option to add new workers to Table P and to enter the worker here.

X306	Enrollment Status	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The decision made by the index client or the index client's partner to enroll in PS.

*Instructions:* If X302: Attempt to Locate Outcome = "Locate", indicate if the index client or index client's partner accepted or declined enrollment into PS.

Code	Value Description	Value Definition
01	Accepted	The index client or partner enrolled in PS.
02	Declined	The index client or partner chose not to enroll in PS.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X307	Reason for Service Refusal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*Definition:* The reason why the index client or index client's partner refused PS services.

*Instructions:* If the index client or index client's partner refused PS services, (X306: Enrollment Status = "Refused"), enter comments about why they refused PS services. This variable should be used at the local level to determine if the person should be re-considered for enrollment into PS at a later time.

X308	Intervention Name	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The name of the intervention in which the index client or partner was enrolled.

*Instructions:* Select the name of the intervention in which the client was enrolled. Select from a list of Intervention Names generated from variable F02: Intervention Name/ID. When using the PEMS software, the list of interventions you entered in Table F will appear as a list that you can choose from for this variable. The intervention selected is not limited to PS interventions.

## Table: X-5 Elicit partners

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

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X501	Partner Information Provided	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*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 information about their sex and/or needle-sharing partners or social network contacts.

Code	Value Description	Value Definition
01	Yes	The index client provided locating information about his or her sex and/or needle sharing partners or social network contacts.
02	No - Elicit again	The index client did not provide locating information about his or 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.
03	No - Closed	The index client did not provide locating information about his or her sex and/or needle sharing partners or social network contacts because this information does not exist or is not available.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X502	Time Period for Recall (in months)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> 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.</p> <p><i>Instructions:</i> Indicate 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.</p>					
X503	Total Number of Partners Claimed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The total number of sex or needle-sharing partners reported by the client over a specified recall period. This would include anonymous partners and partners for which there is sufficient information to locate and notify.</p> <p><i>Instructions:</i> Enter the total number of partners identified by the index client. This includes all anonymous, male, female, and transgender partners. If the client provided a breakout of partners by gender, this number should equal the total of X503a+X503b+X503c+X504. This number should not include the number of social network contacts (X505: Number of Social Network Contacts).</p>					
X503a	Number of Male Partners Claimed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The number of male 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, indicate the total number who were male.</p>					
X503b	Number of Female Partners Claimed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The number of female 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, indicate the total number who were female.</p>					
X503c	Number of Transgender Partners Claimed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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, indicate the total number who were transgender.</p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X504	Number of Anonymous Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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, indicate the total number whose identities were unknown to the client.</p>					
X505	Number of Social Network Contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The number of persons that are not direct sex and/or needle-sharing partners of the index client but who are part of a group of individuals who share social relationships involving sex or drug use.</p> <p><i>Instructions:</i> Indicate the number of persons not identified by the client as direct sex and/or needle sharing partners but who are part of a group of individuals who share social relationships involving sex or drug use. This number should not be included in X503: Total Number of Partners.</p>					
X506	Venue Elicitation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The client provided information about sex and/or needle sharing events that occurred at a particular location, event or setting.</p> <p><i>Instructions:</i> Indicate whether the index client provided information about sex and/or needle sharing activity that occurred at a particular location, event or setting.</p>					

Code	Value Description	Value Definition
0	No	The client did not provide information about a particular location, event or setting at which sex and/or needle sharing events were conducted.
1	Yes	The client did provide information about a particular location, event or setting at which sex and/or needle sharing events were conducted.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X507	Day of Week - Venue	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* The day of the week that the client engaged in sex or needle-sharing events at the venue.

*Instructions:* If the client provided information about sex and/or needle-sharing events conducted at a venue (X506: Venue Elicitation = "Yes"), enter the day of the week the client was at the venue.

Code	Value Description	Value Definition
01	Sunday	The index client participated in a venue-based sex and/or needle sharing event on a Sunday.
02	Monday	The index client participated in a venue-based sex and/or needle sharing event on a Monday.
03	Tuesday	The index client participated in a venue-based sex and/or needle sharing event on a Tuesday.
04	Wednesday	The index client participated in a venue-based sex and/or needle sharing event on a Wednesday.
05	Thursday	The index client participated in a venue-based sex and/or needle sharing event on a Thursday.
06	Friday	The index client participated in a venue-based sex and/or needle sharing event on a Friday.
07	Saturday	The index client participated in a venue-based sex and/or needle sharing event on a Saturday.



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X508	Time of Day - Venue	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* The time of day that the client engaged in sex or needle-sharing events at the venue.

*Instructions:* If the client provided information about sex and/or needle-sharing events conducted at a venue (X506: Venue Elicitation = "Yes"), enter the time of day the client was at the venue.

Code	Value Description	Value Definition
01	6:01 AM - 9 AM	
02	9:01 AM - 12 PM	
03	12:01 PM - 3 PM	
04	3:01 PM - 6 PM	
05	6:01 PM - 9 PM	
06	9:01 PM - 12 AM	
07	12:01 AM - 3 AM	
08	3:01 AM - 6 AM	

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X509	Venue Type	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* The type of location, setting, or event where the client engaged in sex or needle-sharing events.

*Instructions:* If the client provided information about sex and/or needle-sharing events conducted at a venue (X506: Venue Elicitation = "Yes"), indicate the type of the location, setting or event where the client engaged in sex or needle-sharing events.

Code	Value Description	Value Definition
01	Internet	The Internet is the publicly available worldwide system of interconnected computer networks that carry various information and services, such as electronic mail, online chat and the interlinked web pages and other documents of the World Wide Web. ¶
02	Bar/club	Bars are establishments licensed to sell alcoholic beverages to be consumed on the premises. Clubs are indoor establishments, typically with a bar that also host musical entertainment/performances or have a dance floor. These may also be referred to as night clubs or dance clubs.
03	Cruising area	An area in which people walk or drive in pursuit of a partner for quick often anonymous sex.
04	Adult bookstore	An establishment which sells printed materials, pictures, slides, records, audiotapes, videotapes or motion picture film that depict various sexual activities. They are generally not open to the public generally excluding any minor by reason of age. Adult bookstores are commonly used to refer to sex shops that sell or rent pornographic videos, books, and magazines.
05	Bath house, sex club or sex resort	Bath houses are saunas or steam baths where men can go to have sex with other men. Customers pay only for the use of the facilities; sexual activity, if it occurs, is not provided as a service by staff of the establishment, but is between customers, and no money is exchanged. Sex Clubs are nightclubs where people can have sexual intercourse with one another, either in private rooms or in public areas; they may also have the facilities of an ordinary nightclub such as a bar and a dance floor. Sex resorts are private establishments/areas that typically have hotels or other forms of lodging where people go for relaxation, recreation and sexual entertainment.
06	Private sex party	A gathering in someone's home or private residence of a group of people who all participate in sexual activity with each other.
07	Circuit party or rave	A circuit party is one of many large events, open to anyone but popular primarily among gay men, that take place annually at various popular travel destinations. Each circuit party is a large dance party, extending through a night and into the following day, almost always with a number of related events in the days surrounding the main event. Circuit parties charge admission, with some being run for-profit and others benefiting charities, generally those which benefit the G/L/B community and/or people with HIV. Circuit parties resemble underground rave parties in some respects, but differ in that circuit parties are highly publicized and professionally produced, and tend to attract people from a wider age range and a broader geographic area.
88	Other	A venue that cannot be described by the other venue types listed.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X510	Venue Characteristics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> A description of any distinctive qualities, factors, or features of the venue that may help to identify its location.</p> <p><i>Instructions:</i> If the client provided information about sex and/or needle-sharing events conducted at a venue (X506: Venue Elicitation = "Yes"), record additional information to describe any distinctive qualities, factors or features of the venue that may help to identify its location.</p>					
X511	Total Number of Named Partners	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The total number of partners for which there is sufficient identifying and locating information.</p> <p><i>Instructions:</i> Indicate the total number of partners named for which there is sufficient information to identify and locate the partner. The total number of named partners should be equal to X511a+X511b+X511c.</p>					
X511a	Total Number of Named Male Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The total number of male partners for which there is sufficient identifying and locating information.</p> <p><i>Instructions:</i> Indicate the total number of male partners for which there is sufficient identifying and locating information.</p>					
X511b	Total Number of Named Female Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The total number of female partners for which there is sufficient identifying and locating information.</p> <p><i>Instructions:</i> Indicate the total number of female partners for which there is sufficient identifying and locating information.</p>					
X511c	Total Number of Named Transgender Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The total number of transgender partners for which there is sufficient identifying and locating information.</p> <p><i>Instructions:</i> Indicate the total number of transgender partners for which there is sufficient identifying and locating information.</p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

## Table: X-6 Notification of Exposure

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

Intervention type = PS

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X600	Partner Notifiability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Definition:** An indication of whether or not a named partner is determined to be eligible for notification of exposure. Partners that are found to be previously positive, deceased, or for which there is a risk of domestic violence are not considered to be notifiable.

**Instructions:** For each partner named, indicate whether or not he or she is able to be notified of his or her exposure to HIV.

Code	Value Description	Value Definition
01	No - Partner is deceased	The partner is no longer alive.
02	No - Partner is out of jurisdiction	The partner resides outside of the jurisdiction in which the provider is authorized to provide services.
03	No - Partner has a risk of domestic violence	The provider has assessed that notifying the partner of his or her exposure to HIV could pose a risk of domestic violence to the partner.
04	Yes - Partner is notifiable	The partner is able to be notified of his or her exposure to HIV.
88	Other	The partner was not notified due to another reason not listed.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X601	Actual Notification Method	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The actual method used to notify each identified partner that they have been exposed to HIV. This outcome may differ from the notification plan (PCR209).

*Instructions:* Indicate the method used to notify each notifiable partner identified in X511: Total Number of Claimed Partners that they have been exposed to HIV.

Code	Value Description	Value Definition
01	Client notification	The index client informed his or her partner of their possible exposure to HIV and referred them to counseling, testing, and other support services.
02	Partner notification	The PS provider informed the partner of his or her possible exposure to HIV and referred them to counseling, testing, and other support services.
03	Dual notification	The index client informed the partner of his or her serostatus in the presence of the PS provider.
05	Refused notification	The index client's partner refused to be informed of his or her possible exposure to HIV.
06	Third-party notification	A notification strategy whereby the partner was notified by a professional other than the health department provider (e.g., a private physician) of his or her possible exposure to HIV.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X602	Previous HIV test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The partner's self-report of having had at least one prior HIV test before these data were collected.

*Instructions:* Indicate if the partner reports having a previous HIV test.

Code	Value Description	Value Definition
0	No	The index client's partner reports that he or she has never had an HIV test.
1	Yes	The index client's partner reports 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	Declined to answer	The index client's partner declines or is unwilling to report if he or she has had a previous HIV test.
99	Don't know	The index client's partner reports that he or she is unaware if he or she has had a previous HIV test.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X603	Self-Reported HIV Test Result	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The client's self-reported test result from his/her most recent HIV test prior to notification.

*Instructions:* If the partner reports having had a previous HIV test (i.e. X602: Previous HIV Test = "Yes"), then indicate the partner's self-reported HIV test result at the time of notification. When asking about the "Self-Reported Test Result" it is very important that the provider ask about the test result from the most recent HIV test because this is the result that will reflect the partner's current HIV serostatus. Ensure that the partner understands that he/she is being asked to report his/her test results and not what he/she believes their status is.

Code	Value Description	Value Definition
01	Positive	The index client's partner reports that his or her HIV status is positive based on a confirmatory test result.
02	Negative	The index client's partner reports that his or her HIV status is negative.
03	Preliminary positive	The index client's partner reports that he or she received 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).
04	Indeterminate	The client reports that he or she received an "Indeterminate" test result (i.e., the client received results but those results did not conclusively indicate whether he or she is HIV-positive or HIV-negative).
66	Not asked	The provider did not ask the client about his or her HIV status.
77	Declined 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 he or she is unaware of his or her HIV status.

X604	Date of Last HIV Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The date of the partner's last HIV test.

*Instructions:* If the partner reports having a previous HIV test (X602: Previous HIV test = "Yes"), indicate the date of the partner's last HIV test.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

## Table: X-7 Referral

This table is completed for all clients receiving a referral.

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X701	PEMS Referral Code	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*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. It should be hand-keyed by the provider. A referral code should be assigned to each referral service type made even if you are making an internal referral (a referral to another service delivery site within your agency). If multiple referrals are made for a client, each referral should be assigned a unique referral code. However, if a referral to a single service type (e.g., CTR) is made to multiple network agencies, then only one referral code is used and assigned to track the referral made to each agency.

X701a	Local Referral Code	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A locally generated code used by the agency to track a specific client referral to another agency.

*Instructions:* If your agency uses a locally developed referral code other than the one assigned by PEMS (X701:PEMS Referral Code), then enter that code. This code should be unique within an agency.

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

*Instructions:* Indicate the date on which the referral was made. In the PEMS software this is a system-generated variable that is pre-populated based on the date of the session when the referral was made for the client (X702: Referral Date = H06 Session Month, Day, and Year).

X702a	Reason Client Not Referred to Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The reason why a referral to medical care on HIV-positive client was not made.

*Instructions:* Complete this variable if a client tests positive for HIV during a testing event but is not referred to medical care.

Code	Value Description	Value Definition
01	Client already in care	Client was not referred to HIV medical care because he or she is already receiving care.
02	Client declined care	Client was offered a referral to HIV medical care but client declined.



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X703	Referral Service Type	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

*Instructions:* Select the service to which client was referred (e.g., HIV Testing, substance abuse services, STD screening).

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 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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
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	Referral was made to another type of service not listed.			

X703a	Internal Referral Site ID	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Definition:** 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.

**Instructions:** If you are referring a client to a service delivery site that is a part of your agency, indicate the site by selecting from a list of sites established in Table S. If you are referring the client to a site that is new or not previously established in Table S, you will be given the option to add it to Table S and then select the new site here.

X704	Network Agency Name(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Definition:** The name of the agency to which the client is being referred.

**Instructions:** If you are referring a client to an agency that is listed as one of your Network Agencies, select the name of the agency from the list of network agencies established in Table N. If you are referring the client to multiple agencies, select or enter the name of each agency. If you are referring the client to an agency that is new or not previously established in Table N, you will be given the option to first add it to Table N and then to select the network agency here.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X705	Referral Follow-up Method	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* The method that will be used to verify that the client accessed the services to which he or she was referred.

*Instructions:* Indicate the method that will be used to determine whether the client accessed the service to which he or she was referred.

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).

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X706	Referral Outcome	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The current status of the referral based on activities to verify that the service was accessed.

*Instructions:* Select the value that reflects the current status of this referral follow-up. The system will automatically mark the referral outcome as "Lost to follow-up" if a referral has not been verified within 60 days of the referral date (X702: Referral Date > 60 days).

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.

X706a	Confirmed Internal Referral Site Name	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* 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.

*Instructions:* If the client accessed the referred service at a site within your agency, indicate the site by selecting from a list of sites previously selected in X703a: Internal Referral Site ID. If the client accessed the referral from a site that is not previously selected in X703a, you will be given the option to select another Internal Site ID from Table S.

X707	Confirmed Network Agency Name	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The name of the agency where the client accessed the service to which they were referred.

*Instructions:* If the client accessed the service to which they were referred from an agency listed as one of your Network Agencies, indicate the name of the agency by selecting from a list of agencies previously selected in X705: Network Agency Name. If the client accessed the referral from an agency that was not previously established in X704, you will be given the option to select another Network Agency from Table N and enter it here.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X708	Confirmed Network Agency EIN	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The employer identification number (EIN) of the agency where the client accessed the service to which they were referred. The EIN is a federal tax identification number that is used to identify a business entity.</p> <p><i>Instructions:</i> Enter the EIN number for the Network Agency specified in X707: Confirmed Network Agency Name, where the client accessed the referred service.</p>					
X709	Confirmed Network Agency DUNS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The DUNS number of the agency where the client accessed the service to which they were referred. The Data Universal Numbering System (DUNS) number is a 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 the DUNS number for the Network Agency specified in X707: Confirmed Network Agency Name where the client accessed the referred service.</p>					
X710	Referral Close Date	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The date when the outcome of the referral was confirmed or lost to follow-up. <input type="checkbox"/></p> <p><i>Instructions:</i> Within 60 days of the date entered in X702: Referral Date, indicate the date when you either confirmed that the client did or did not access the referred service or when the client was "lost to follow-up" (X706: Referral Outcome). The system will automatically calculate this variable if the referral has not been verified within 60 days of the referral date. For example, if the referral has not been confirmed (X706: Referral Outcome = "Pending") within 60 days of the referral date specified in X702: Referral Date, the system will mark the referral as "lost to follow-up" and automatically close the referral by entering a referral close date (e.g., X710: Referral Close Date = 61st day). The field can still be edited by user after 60 days.</p>					
X711	Notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>Definition:</i> A text field to record any additional information regarding the referral.</p> <p><i>Instructions:</i> Enter any additional information about the referral if needed. This would include any information regarding the referral that would be helpful in making additional referrals, following up on referrals or planning future services. This information will not be reported to CDC.</p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X712	HIV Test Performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* A client received an HIV test as a result of a referral from PS to CTR. This variable is required for PS referrals only.

*Instructions:* If the client was referred to CTR from PS, indicate if the client was tested for HIV. If X703: Referral Service Type = "CTR" and X706: Referral Outcome = "Accessed service", indicate if the client received an HIV test.

Code	Value Description	Value Definition
0	No	The client did not receive an HIV test as a result of a referral from PS to this agency/site for CTR.
1	Yes	The client received an HIV test as a result of a referral from PS to this agency/site for CTR.

X713	HIV Test Result	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The confirmed outcome of an HIV test conducted on the partner as a result of a referral to HIV testing through Partner Services. This variable is required for PS only.

*Instructions:* If the client received an HIV test (X712: HIV Test Performed = "Yes"), as a result of referral from PS to CTR, indicate the result of the HIV test.

Code	Value Description	Value Definition
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).

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X714	Confirmatory Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* An HIV test designed to confirm the results of a preliminary positive screening test. This variable applies to PS only.

*Instructions:* Indicate if the HIV test (X712: HIV Test Performed) is a confirmatory test following a preliminary positive test.

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.

X714a	HIV Test Results Provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The act of informing the client of his or her HIV test result.

*Instructions:* Indicate whether or not the result of this HIV test was provided to the partner.

Code	Value Description	Value Definition
0	No	The result of this HIV test was not provided to the partner.
1	Yes	The result of this HIV test was provided to the partner.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X715	HIV Test Verification	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* The process or method by which the result of an HIV test was determined. This variable applies to PS only.

*Instructions:* Indicate whether the HIV test result (H713: HIV Test Result) was verified by the provider or by client self report.

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.

X716	Date of Birth - Year	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The self-reported year of birth of the referred client.

*Instructions:* If this referral is being made during an intervention in which you are collecting aggregate data using Table AG or HC, then indicate the self-reported year of birth of the referred client.

X717	Ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The client's self report of whether they are of Hispanic or Latino origin.

*Instructions:* If this referral is being made during an intervention in which you are collecting aggregate data using Table AG or HC, then select from a list of values to indicate the self-reported ethnicity of the referred client.

Code	Value Description	Value Definition
77	Declined to answer	The client declines or is unwilling to report his or her ethnicity.
99	Don't know	The client reports that he or 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.



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X718	Race	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* A client's self-reported classification of the biological heritage with which they most closely identify. Standard OMB race codes are applied.

*Instructions:* If this referral is being made during an intervention in which you are collecting aggregate data using Table AG or HC, then select from a list of values to indicate the self-reported race of the referred client.

Code	Value Description	Value Definition
77	Declined	The client declines or is unwilling to report his or her race.
99	Don't know	The client reports that he or she is unaware of his or her 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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X719	Current Gender Identity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* The client's current self-reported gender identity. This may include one's social status, self-identification, legal status, and biology.

*Instructions:* If this referral is being made during an intervention in which you are collecting aggregate data using Table AG or HC, then select from a list of values to indicate the self-reported current gender identity of the referred client.

Code	Value Description	Value Definition
01	Male	Persons who identify as male and whose behavioral, cultural, or psychological traits are typically associated with the male sex.
02	Female	Persons who identify as female and whose behavioral, cultural, or psychological traits are 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.
77	Declined to answer	The individual declines to self report his or her current gender identity.
89	Additional (specify)	The individual reports a current gender other than those specified above.

X719a	Specify Current Gender Identity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The additional specification of Current Gender Identity from X719 = 89 "Additional (specify)".

*Instructions:* Specify the current gender identity if X719 = 89 "Additional (specify)".

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X720	Risk Category	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* A type of sex or drug using behavior that places an individual at risk for HIV infection or transmission.

*Instructions:* If this referral is being made during an intervention in which you are collecting aggregate data using Table AG or HC, then select from a list of values to identify the risk category of the referred client based on his/her self-reported risk for HIV infection or transmission.

Code	Value Description	Value Definition
01	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).
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	Sexual contact involving transgender	Men and women who are at risk through unprotected sexual contact involving transgenders.
04	Male to male sexual contact	Men who are at risk through unprotected sex with another male.
05	Unsafe drug injection practices	Men and women who are at risk through unsafe drug injection practices (e.g., sharing needles, using dirty needles).
06	Heterosexual contact	Men and women who are at risk through unprotected heterosexual sex with an HIV infected partner.
88	Other	Men and women who are at risk through some other behavior not categorized above.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X721	Self Reported HIV Test Result	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* The client's self-reported test result from his/her most recent HIV test.

*Instructions:* If this referral is being made during an intervention for which there is not a Table G1 (i.e. you are collecting aggregate data using Table AG), then specify the self-reported HIV test result of the referred client. When asking about the "Self-Reported Test Result" it is very important that the provider ask about the test result from the most recent HIV test because this is the result that will reflect the client's current HIV serostatus. Ensure that the client understands that he/she is being asked to report his/her test results and not what he/she believes their status is.

Code	Value Description	Value Definition
01	Positive	The client reports that his or her HIV status is positive.
02	Negative	The client reports that his or her HIV status is negative.
03	Preliminary positive	The client reports that he or she received 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).
04	Indeterminate	The client reports that he or she received an "Indeterminate" test result (i.e., the client received results but those results did not conclusively indicate whether he or she is HIV-positive or HIV-negative).
66	Not asked	The provider did not ask the client about his or her HIV status.
77	Declined to answer	The client declines or is unwilling to report his or her HIV status.
99	Don't know	The client reports that he or she is unaware of his or her HIV status.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X722	Reason Referral Not Accessed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* The client's explanation for why the referral was not completed.

*Instructions:* Select the reason(s) why the service to which the client was referred was not accessed. You may also specify reasons that are not listed by selecting "other" and providing an explanation.

Code	Value Description	Value Definition
01	No reason/just didn't try	The client reports that he or she did not attempt to access the referral or did not provide a reason for why the referral was not accessed.
02	No time/too busy/put it off	The client reports that he or she did not access the referral because he or she was too busy or did not have time to follow through on the referral.
03	Did not like agency referred to	The client reported that he or she did not access the referral because he or she did not like the agency to which he or she was referred.
04	Agency hours not good	The client reported that he/she did not access the referral because the agency's hours of operation were inconvenient, problematic or not feasible for the client to attend.
05	Never filled out forms	The client reports that he or she did not access the referral because he or she did not complete the required enrollment/intake/ eligibility forms at the agency to which he or she was referred.
06	Not enough information on availability of service or location	The client reports that he or she did not access the referral because he or she did not have enough information on the service or the location of the agency to which he or she was referred.
07	No transportation	The client reports that he or she did not access the referral because he or she did not have transportation to the agency/service to which he or she was referred.
08	Tried, but not eligible	The client reports that he or she did not access the referral because he or she was ineligible to receive services at the agency to which he or she was referred.
09	Put on hold/complicated voicemail	The client reports that he or she did not access the referral because he or she was put on hold or did not understand the voicemail message at the agency to which he or she was referred.
10	Fear/anxiety	The client reported that he or she did not access the referral because he or she had fear or anxiety about enrolling in the referred service or in taking the next steps to contact the agency to which he or she was referred.
11	Wait list/no appointment soon enough	The client reports that he or she did not access the referral because the agency's waiting list was too long or the next available appointment was too far in the future.
12	Services not at referred agency	The client reports that he or she did not access the referral because the agency to which he or she was referred did not provide the referred service.
13	Given incorrect information	The client reported that he or she did not access the referral because he or she was given incorrect information about the service or the agency to which he or she was referred (e.g., service is provided at a different location/setting, the agency no longer exists, incorrect hours of operation/contact information).

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
14	No phone/regular address	The client reports that he or she did not access the referral because the agency providing the service does not have a phone or permanent address (e.g., service is provided in various outreach settings or in a mobile van).			
15	Staff was rude/insensitive	The client reports that he or she did not access the referral because the staff at the agency to which he or she was referred were rude, insensitive or non-responsive to the client's needs.			
16	Language barrier	The client reports that he or she did not access the referral because the staff at the agency to which he or she was referred did not speak the same language as the client.			
17	Intake process too complicated	The client reports that he or she did not access the referral because the intake or enrollment process used by the agency to which he or she was referred was too difficult/complicated.			
18	Too long a wait	The client reports that he or she did not access the referral because he or she had to wait too long before receiving services.			
19	Missed appointment	The client reports that he or she did not access the referral because he or she missed his or her scheduled appointment.			
20	Too much trouble/work	The client reports that he or she did not access the referral because it was too much work or required too much effort (e.g., location was remote/inconvenient, complex enrollment/eligibility process).			
21	Confidentiality issues	The client reported that he or she did not access the referral because he or she was afraid his or her confidentiality would not be protected.			
22	Too ill to go	The client reports that he or she did not access the referral because he or she was too sick/ill.			
23	Felt well/did not need service	The client reported that he or she did not access the referral because he or she felt he or she did not need the service.			
24	Lack of trust in provider	The client reports that he or she did not access the referral because he or she did not trust the provider to whom he or she was referred.			
25	No health insurance	The client reports that he or she did not access the referral because he or she did not have health insurance.			
26	Too expensive	The client reports that he or she did not access the referral because the cost to receive the service was too expensive.			
89	Other (specify)	The client reports not accessing referral for some other reason not listed above.			

X722-1 Specify Reason Referral Not Accessed

**Definition:** A specification of the client's explanation for why the referral was not completed if 89-Other (specify) was selected in X722.

**Instructions:** Specify the reason(s) why the service to which the client was referred was not accessed if 89-Other (specify) was selected and none of the other value choices in X722 apply.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X723	Other Referral Facilitation Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* Additional activities performed by the worker to assist the client in accessing the referral.

*Instructions:* Select the actions performed by the worker to facilitate referral access. This would include actions in addition to those indicated in X705: Referral Follow Up, (e.g., active referral or a passive referral with client or agency verification). You may also specify actions that are not listed by selecting "other (specify)" and provide an explanation.

Code	Value Description	Value Definition
02	Made an appointment for client	The worker made an appointment for the client at the agency/for the service to which they were referred.
03	Sat w/client while telephoned agency	The worker provided support to the client by sitting with him or her while he or she called the referred agency to make an appointment.
04	Provided general referral agency info	The worker provided information to the client about where to receive various services/resources in the community.
05	Provided referral slip	The worker provided the client with a referral slip that listed information about the referred agency, referred service or both.
06	Provided referral to specific agency/person	The worker provided the client with the name and/or contact information of a specific provider at the agency where he or she was referred.
07	Discussed service options w/client	The worker spoke with the client about various options and alternatives for seeking additional services.
08	Arranged for social worker to assist	The worker arranged for a social worker or case manager to assist the client in accessing the referral.
09	Provided transportation voucher	The worker provided the client with a voucher (e.g., ticket, coupon, bus token), to assist with transportation to the service or agency to which he or she was referred.
10	Help client complete forms	The worker assisted the client in completing the required enrollment, intake or eligibility forms needed to access the referred service.
11	Provided agency location info/map	The worker provided the client with a map, chart or diagram to illustrate the location of the service/agency where he or she was referred.
89	Other (specify)	The worker facilitated some other referral activity other than the activities listed.

X723-1	Specify Other Referral Facilitation Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A specification of the additional activities performed by the worker to assist the client in accessing the referral if 89-Other (specify) was selected in X723.

*Instructions:* Specify the actions performed by the worker to facilitate referral access if 89-Other (specify) was selected and none of the other value choices in X723 apply.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

## Table: X-8 Other STD, TB, and Viral Hepatitis Testing

This table is completed for other STD, TB, and hepatitis testing. It should be completed for each test, other than HIV, given to the client.

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X801	Other Test Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Definition:** An indication of whether or not a test other than HIV was given and the type of testing conducted with the client on the session date. A test was used to diagnose tuberculosis (TB), syphilis, gonorrhea, hepatitis B, hepatitis C, gonorrhea, or chlamydia.

**Instructions:** Complete this variable for each test, other than an HIV test, that is given to the client at service delivery on the specified session date.

Code	Value Description	Value Definition
01	TB	Provision of testing to determine infection with tuberculosis.
02	Syphilis	Provision of testing to determine infection with syphilis at any stage of disease.
03	Gonorrhea	Provision of testing to determine infection with <i>Neisseria gonorrhoeae</i> or gonorrhea.
04	Chlamydia	Provision of testing to determine infection with <i>chlamydia trachomatis</i> or chlamydia.
05	Hepatitis B	Provision of testing to determine infection with the Hepatitis B virus.
06	Hepatitis C	Provision of testing to determine infection with the Hepatitis C virus.



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
X802	Other Test Type Result	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The outcome of the test given to determine infection with tuberculosis, syphilis, gonorrhea, chlamydia, Hepatitis B, or Hepatitis C.

*Instructions:* Indicate the confirmed outcome of testing provided to determine infection with tuberculosis, syphilis, gonorrhea, chlamydia, Hepatitis B, or Hepatitis C.

Code	Value Description	Value Definition
01	Positive	The test result for other STD (syphilis, gonorrhea, chlamydia), TB, or viral hepatitis (B or C) testing was confirmed positive.
02	Negative	The test result for other STD (syphilis, gonorrhea, chlamydia), TB, or viral hepatitis (B or C) testing was negative.
66	Test not offered	Other STD (syphilis, gonorrhea, chlamydia), TB, or viral hepatitis (B or C) testing was not offered to the client.
99	Results unknown	The results of the STD (syphilis, gonorrhea, chlamydia), TB, or viral hepatitis (B or C) test are unknown.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

## 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 for which individual level data are not collected. Data are reported in aggregate. Data specific to clients may be entered as count or percentage (AG8a-AG13c).

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
AG00	Intervention Name/ID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*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 Name/ID. When using the PEMS software, the list of interventions you entered in Table F will appear as a list that you can choose from for this variable.

AG01	Session Number	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The session number within a particular intervention cycle about which data for this session or event are being entered.

*Instructions:* Indicate the session or event number in this particular intervention cycle. For interventions with more than one session/event, enter the session/event number within the intervention cycle. If you are implementing interventions that have only one session/event, this number will always be "1". If you are recording information about the 2nd session/event of a 3 session/event intervention, you would enter "2" here.

AG02	Date of Session/Event	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The calendar date on which the event or session was delivered to clients.

*Instructions:* Enter the date on which the event or session occurred.

AG03	Duration of Session/Event	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The amount of time (in minutes) the session or event lasted.

*Instructions:* Indicate the actual number of minutes that the session or event lasted.

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# NHME Variables and Values

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Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
AG04	Number of Client Contacts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* 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.

*Instructions:* Enter the total number of clients attending the HE/RR session or number of outreach contacts made during the event specified in AG01: Session/Event Number.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
AG05a	Delivery Method	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*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, over the internet, etc.).

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), or 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. This is 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. This is typically used to promote practices (such as safer sex), services (such as counseling and testing), or 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).
89	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.

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# NHME Variables and Values

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Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
AG05a-1	Specify Delivery Method	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* A specification of the type of delivery method if 89-Other (specify) was selected in AG05a.

*Instructions:* Specify the method of delivery if 89-Other (specify) was selected and none of the other value choices in AG05a apply.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
AG05b	Activity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 what was actually delivered, regardless of what you planned to deliver in Table F (F10: Activities). When using the PEMS software, you will be able to select from the list of activities you listed in F10: Activities. You will also be able to add new activities that are not already on that list. Examples of activities include doing HIV testing, providing information about STDs, demonstrating condom use, or making referrals. Definitions for the major categories of activity types include: 1) Information: The provision or communication of factual knowledge (written or oral) about HIV prevention and other related topics for an individual or a group; 2) Demonstration: The illustration or provision of an example of a skill or technique accompanied by

Code	Value Description	Value Definition
01.00	Not collected	Agency currently does not collect or report data on session activities.
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, couple, or 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, couple, or 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, couple, or 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, written or verbal, given to an individual, couple, or group 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, couple, or 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, couple, or group about where and how to access partner notification services. The availability information provided is exclusive to PS. This includes referral lists that only list PS sites.
08.07	Information - Living with HIV/AIDS	Any information, written or verbal, given to an individual, couple, or 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, couple, or 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, couple, or 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, couple, or 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, couple, or group on how to reduce injection drug use risk for HIV transmission or infection.

# NHME Variables and Values

Num	Variable Name		Requirements			
			Program	System	Optional	Not Reported
08.12	Information - IDU risk free behavior	Any information, written or verbal, given to an individual, couple, or 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, couple, or 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, couple, or 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, couple, or 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, couple, or 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, couple or 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, couple, or 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, couple, or 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, couple, or 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, couple, or 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				
08.88	Information - Other	Any information, written or verbal, given to an individual, couple, 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).				

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
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.
09.88	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.
10.88	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.



# NHME Variables and Values

Num	Variable Name	Requirements				
		Program	System	Optional	Not Reported	
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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
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				
11.24	Discussion - Stage Based Encounter				
11.88	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				

# NHME Variables and Values

Num	Variable Name	Requirements				
		Program	System	Optional	Not Reported	
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.
13.09	Distribution - Dental Dams					Provision of dental dams by handing them out or placing them in a location to be accessed by consumers at no cost to the consumer.
13.88	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.
89	Other (specify)					Any HIV prevention activity not captured in other value choices.

AG05c	Incentive Provided (only for HE/RR)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 participating in the session (e.g., voucher for transportation, food, money, other small items, etc.). This variable is used for HE/RR interventions only.

AG06	Site Name/ID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The official name of the agency's site of HIV prevention service delivery where the session or event took place.

*Instructions:* Indicate the site where the session or event took place by selecting from a list of sites established in Table S: Site. If the session or event took place at a site that you did not note when completing Table S: Site, you will be given the option to add the site to Table S and then select the site name here.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
AG07	Worker ID	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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(s) who provided the prevention services during this session. When using the PEMS software, you will be able to select from the list of Worker IDs generated when Table P: Worker was completed. If you are entering a new worker you will be given the option to add the worker(s) to Table P and enter the worker(s) here.</p>					
AG08a	Client Primary Risk - MSM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of the total number of clients who had male-to-male sexual contact (MSM) as a primary risk for HIV exposure or transmission.</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indicate the estimated number of clients who had male-to-male sexual contact (MSM) as a primary risk for HIV exposure or transmission.</p>					
AG08b	Client Primary Risk - IDU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of the total number of clients who had injection drug use (IDU) as a primary risk for HIV exposure or transmission.</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indicate the estimated number of clients who had injection drug use (IDU) as a primary risk for HIV exposure or transmission.</p>					
AG08c	Client Primary Risk - MSM/IDU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of the total number of clients who had both male-to-male sexual contact (MSM) and injection drug use (IDU) as a primary risk for HIV exposure or transmission.</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indicate the estimated number of clients who had both male-to-male sexual contact (MSM) and injection drug use (IDU) as a primary risk for HIV exposure or transmission.</p>					
AG08d	Client Primary Risk - Sex Involving Transgender	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of the total number of clients who had sexual contact with transgenders as a primary risk for HIV exposure or transmission.</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indicate the numbers of clients who had sexual contact with transgenders as a primary risk for HIV exposure or transmission.</p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
AG08e	Client Primary Risk - Heterosexual Contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of the total number of clients who had male to female sexual contact as a primary risk for HIV exposure or transmission.</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indicate the estimated number of clients who had male to female sexual contact as a primary risk for HIV exposure or transmission.</p>					
AG08f	Client Primary Risk - Other/Risk Not Identified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of the total number of clients whose primary risk for HIV exposure or transmission was unknown or who had a risk behavior other than what is listed in the categories above.</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indicate the estimated number whose primary risk for HIV exposure or transmission was either not known or who had a risk behavior not identified in AG08a through AG08e.</p>					
AG09a	Client Gender - Male	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of the total number of clients whose gender was male.</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indicate the estimated number of clients whose gender was male.</p>					
AG09b	Client Gender - Female	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of the total number of clients whose gender was female.</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indicate the estimated number of clients whose gender was female.</p>					
AG09c	Client Gender -Transgender MTF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of the total number of clients whose gender was transgender - male to female (MTF).</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indicate the estimate number of clients whose gender was transgender - male to female (MTF).</p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
AG09d	Client Gender - Transgender FTM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of the total number of clients whose gender was transgender - female to male (FTM).</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indicate the estimated number of clients whose gender was transgender - female to male (FTM).</p>					
AG09e	Client Gender – Transgender Unspecified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of the total number of clients whose gender was transgender-unspecified. This variable should be populated when Transgender status is not specified in AG09c 'Client Gender – Transgender MTF' or AG09d 'Client Gender – Transgender FTM'.</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indicate the estimated number of clients whose gender was Transgender – unspecified. This variable should be populated when Transgender status is not specified in AG09c 'Client Gender – Transgender MTF' or AG09d 'Client Gender – Transgender FTM'.</p>					
AG10a	Client Ethnicity - Hispanic or Latino	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of the total number of clients who were Hispanic or Latino.</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indicate the estimated number of clients who were Hispanic or Latino.</p>					
AG10b	Client Ethnicity - Not Hispanic or Latino	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of the total number of clients who were not Hispanic or Latino.</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indicate the estimated number of clients who were not Hispanic or Latino.</p>					
AG11a	Client Race- American Indian or Alaska Native	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of the total number of clients who were American Indian or Alaska Native.</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indicate the estimated number of clients who were American Indian or Alaska Native.</p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
AG11b	Client Race - Asian	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of the total number of clients who were Asian.</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indicate the estimated number of clients who were Asian.</p>					
AG11c	Client Race - Black or African American	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of the total number of clients who were African-American.</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indicate the estimated number of clients who were African-American.</p>					
AG11d	Client Race - Native Hawaiian or Other Pacific Islander	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of the total number of clients who were Native Hawaiian or Other Pacific Islander.</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indicate the estimated number of clients who were Native Hawaiian or Other Pacific Islander.</p>					
AG11e	Client Race - White	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of the total number of clients who were White.</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indicate the estimated number of clients who were White.</p>					
AG11f	Client Race - Multiracial	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of the total number of clients who were multiracial.</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indicate the estimated number of clients who were multiracial.</p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
AG12a	Client Age - Under 13 years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of the total number of clients who were less than 13 years of age.</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indicate the estimated number of clients who were less than 13 years of age.</p>					
AG12b	Client Age - 13-18 years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of the total number of clients who 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, indicate the estimated number of clients who were between 13-18 years of age.</p>					
AG12c	Client Age - 19-24 years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of the total number of clients who 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, indicate the estimated number of clients who were between 19-24 years of age.</p>					
AG12d	Client Age - 25-34 years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of the total number of clients who 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, indicate the estimated number of clients who were between 25-34 years of age.</p>					
AG12e	Client Age - 35-44 years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of the total number of clients who 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, indicate the estimated number of clients who were between 35-44 years of age.</p>					



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
AG12f	Client Age - 45 years and over	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of the total number of clients who 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, indicate the estimated number of clients who were between 45 years of age or over.</p>					
AG13a	HIV Status - Positive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of the total number of clients who were HIV positive.</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indicate the estimated number of clients who were HIV positive.</p>					
AG13b	HIV Status - Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of the total number of clients who were HIV negative.</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indicate the estimated number of clients who were HIV negative.</p>					
AG13c	HIV Status - Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of the total number of clients whose HIV status was unknown.</p> <p><i>Instructions:</i> Of the total number of clients reported in AG04: Number of Client Contacts, indicate the estimated number of clients whose HIV status was unknown.</p>					
AG14a	Materials Distributed - Male Condoms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The number of male condoms distributed to clients during this session or event.</p> <p><i>Instructions:</i> If you indicated that male condoms were distributed during this intervention (AG05b: Activities = "Distribution-Male Condoms"), provide the estimated number of male condoms distributed to clients during this session or event.</p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
AG14b	Materials Distributed - Female Condoms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The number of female condoms distributed to clients during this session or event.</p> <p><i>Instructions:</i> If you indicated that female condoms were distributed during this intervention (AG05b: Activities = "Distribution-Female Condoms"), provide the estimated number of female condoms distributed to clients during this session or event.</p>					
AG14c	Materials Distributed - Bleach or Safer injection Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of bleach or safer injection kits distributed to clients during this session or event.</p> <p><i>Instructions:</i> If you indicated that bleach or safer injection kits were distributed during this intervention (AG05b: Activities = "Distribution-Bleach or Safer Injection Kits"), provide the estimated number that were distributed to clients during this session or event.</p>					
AG14d	Materials Distributed - Education Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of educational brochures/pamphlets or other educational materials distributed to clients during this session or event.</p> <p><i>Instructions:</i> If you indicated that educational materials were distributed during this intervention (AG05b: Activities = "Distribution-Education materials"), provide the estimated number of educational brochures, pamphlets, or other educational materials distributed to clients during this session or event.</p>					
AG14e	Materials Distributed - Safe Sex Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of safe sex kits distributed to clients during this session or event.</p> <p><i>Instructions:</i> If you indicated that safer sex kits were distributed during this intervention (AG05b: Activities = "Distribution-Safe Sex Kits"), provide the estimated number distributed to clients during this session or event.</p>					
AG14f	Materials Distributed - Referral lists	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of referral lists distributed to clients during this session or event.</p> <p><i>Instructions:</i> If you indicated that referral lists were distributed during this intervention (AG05b: Activities = "Distribution-referral lists"), provide the estimated number of referral lists distributed to clients during this session or event.</p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
AG14g	Materials Distributed - Role Model Stories	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of role model stories distributed to clients during this session or event.</p> <p><i>Instructions:</i> If you indicated that role model stories were distributed during this intervention (AG05b: Activities = 13.01-“Distribution-role model stories”), provide the estimated number of role model stories distributed to clients during this session or event.</p>					
AG14h	Materials Distributed - Other (specify)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of other HIV prevention materials distributed to clients during this session or event.</p> <p><i>Instructions:</i> If you indicated that other materials were distributed during this intervention (AG05b: Activities = “Distribution - other”), provide the estimated number of other HIV prevention materials distributed to clients during this session or event and specify the types of materials distributed.</p>					
AG14i	Materials Distributed - Dental Dams	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of dental dams distributed to clients during this session or event.</p> <p><i>Instructions:</i> If you indicated that dental dams were distributed during this intervention (AG05b: Activities = “Distribution - dental dams”), provide the estimated number of dental dams distributed during this session or event.</p>					
AG15	Aggregate Data Collection Method	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The method of aggregate client demographics data collection.</p> <p><i>Instructions:</i> Indicate the method of which the aggregate client demographics were collected and reported.</p>					

Code	Value Description	Value Definition
01	Service provider estimate	Service provider has estimated the demographics of the clients that have attended the session.
02	Anonymous - client self-report	Session participants self reported demographics anonymously.
88	Other	The participant demographic estimates for the session was based on some other information.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

## **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 intervention (e.g. hotline, website). Data are reported in aggregate.

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
HC01	Intervention Name/ID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* An Intervention Name/ID that was entered by your agency in your program planning data (Table F).

*Instructions:* Select from a list of Intervention Names generated from variable F02: Intervention Name/ID. When using the PEMS software, the list of interventions you entered in Table F will appear as a list that you can choose from for this variable.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
HC02	HC Delivery Method	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*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, over the internet, etc.) If an HC/PI intervention has multiple delivery methods, this table is to be completed for each type of delivery method used.

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. This is 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. This is 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).
89	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.

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# NHME Variables and Values

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Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
HC02-1	Specify HC Delivery Method	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* A specification of the type of delivery method if 89-Other (specify) was selected in HC02.

*Instructions:* Specify the method of delivery if 89-Other (specify) was selected and none of the other value choices in HC02 apply.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
HC03	HC Activity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The specific actions or components of an intervention in which the clients participated in or received during this particular event.</p> <p><i>Instructions:</i> Select all of the activities that occurred during this event. Describe what was actually delivered, regardless of what you planned to deliver in Table F (F10: Activities). When using the PEMS software, you will be able to select from the list of activities you listed in Table F (F10: Activities). You will also be able to add new activities that are not already on that list. Examples of activities include doing HIV testing, providing information about STDs, demonstrating condom use, or making referrals. Definitions for the major categories of activity types include: 1) Information: The provision or communication of factual knowledge (written or oral) about HIV prevention and other related topics for an individual or a group; 2) Demonstration: The illustration or provision of an example of a skill or technique</p>					
Code	Value Description	Value Definition			
01.00	Not collected	Agency currently does not collect or report data on session activities.			
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 PS. This includes referral lists that only list PS 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.			

# NHME Variables and Values

Num	Variable Name		Requirements			
			Program	System	Optional	Not Reported
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).				
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.				



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
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.
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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
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 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.			
11.24	Discussion - Stage Based Encounter	Facilitation of discussion with individuals or groups using Stage Based Encounters.			
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.			

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
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 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.			
13.09	Distribution - Dental Dams	Provision of dental dams by handing them out or placing them in a location to be accessed by consumers at no cost to the consumer.			
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.			
89	Other (specify)	Any HIV prevention activity not captured in other value choices.			

HC03-1      Specify HC Activity                       

*Definition:* A specification of activities received during the event if 89-Other (specify) was selected in HC03.

*Instructions:* Specify activities if 89-Other (specify) was selected and none of the other value choices in HC03 apply.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
HC04	Key Message	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The primary message(s) contained in the event.</p> <p><i>Instructions:</i> Indicate the primary message(s) contained in the event. This is a free field text.</p>					
HC05	Event Start Date	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The calendar date on which the event began.</p> <p><i>Instructions:</i> Indicate the date on which the intervention began.</p>					
HC06	Event End Date	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The calendar date on which the event ended.</p> <p><i>Instructions:</i> Indicate the date on which the event ended.</p>					
HC06a	Data Reported as of Date	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The date on which the data collected and entered for this event was last updated.</p> <p><i>Instructions:</i> Indicate the date on which the data collected and entered for this event was last updated. Data for interventions that are "ongoing" can be entered and updated at any point in the life of the HC/PI intervention.</p>					
HC07	Total Number of Airings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The number of times the key message for the event aired via radio or television during the event period.</p> <p><i>Instructions:</i> If the delivery method used for this event was either radio or television (HC02: HC/PI Delivery Method = "Radio" or "Television"), indicate the number of times that the message aired during the event period defined in HC05 and HC06 (Event Start and End Date).</p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
HC07a	Total Number of Airings - Radio	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> If the delivery method used for this event was either radio or television (HC02: HC/PI Delivery Method = "Radio" ), indicate the number of times that the message aired during the event period defined in HC05 and HC06 (Event Start and End Date).</p> <p><i>Instructions:</i> The number of times the key message for the event aired via radio during the event period.</p>					
HC07b	Total Number of Airings - Television	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The number of times the key message for the event aired via television during the event period.</p> <p><i>Instructions:</i> If the delivery method used for this event was either radio or television (HC02: HC/PI Delivery Method = "Television"), indicate the number of times that the message aired during the event period defined in HC05 and HC06 (Event Start and End Date).</p>					
HC08	Estimated Total Exposures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated number of persons exposed to the radio broadcast, televised event or to the printed materials distributed during the event period.</p> <p><i>Instructions:</i> If the delivery method used for this event was either radio, television or printed materials (HC02: HC/PI Delivery Method = "Radio" or "Television" or "Video"), indicate the estimated number of people who were exposed to the message during the event period defined in HC05 and HC06 (Event Start and End Date).</p>					
HC09	Number of Materials Distributed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The number of print materials (e.g., educational materials or role model stories) distributed during the event period.</p> <p><i>Instructions:</i> If one of the activities performed during the event was the distribution of educational materials or role model stories (HC03: Activity = "Distribution-Educational Materials" or "Distribution-Role Model Stories), indicate the number of print materials distributed during the event period defined in HC05 and HC06 (Event Start and End Date).</p>					
HC10	Total Number of Web Hits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The number of web hits during the event period.</p> <p><i>Instructions:</i> If the delivery method used for this event was an Internet web site (HC02: HC/PI Delivery Method = "Internet"), indicate the total number of web hits to this web site during the event period defined in HC05 and HC06 (Event Start and End Date).</p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
HC11	Total Number of Attendees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The number of individuals attending the event.</p> <p><i>Instructions:</i> If the delivery method used for this event was in person (HC02: HC/PI Delivery Method = "In person"), indicate the number of individuals attending this event. This variable is typically used if the event is a presentation, lecture, health fair, social event, circuit party or similar activity.</p>					
HC12	Number of Callers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The number of callers who received HIV prevention information from a hotline.</p> <p><i>Instructions:</i> If the delivery method used for this event was a telephone or hotline (HC02: HC/PI Delivery Method = "Telephone"), indicate the number of callers who received HIV prevention information from the telephone or hotline.</p>					
HC13	Number of Callers Referred	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The number of callers defined in variable HC12: Number of Callers who were referred to other services through the hotline.</p> <p><i>Instructions:</i> Of the number of callers defined in HC12: Number of Callers, indicate the number who were referred to other services through the hotline.</p>					
HC14	Distribution - Male Condoms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The number of male condoms that were distributed during the event.</p> <p><i>Instructions:</i> If one of the activities performed during the event was the distribution of male condoms (HC03: Activity = "Distribution-Male condoms"), indicate the number of male condoms that were distributed during this event.</p>					
HC15	Distribution - Female Condoms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The number of female condoms that were distributed during the event.</p> <p><i>Instructions:</i> If one of the activities performed during the event was the distribution of female condoms (HC03: Activity = "Distribution-Female condoms"), indicate the number of female condoms that were distributed during this event.</p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
HC16	Distribution - Lubricants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The number of lubricants that were distributed during the event.</p> <p><i>Instructions:</i> If one of the activities performed during the event was the distribution of lubricants, (HC03: Activity = "Distribution-Lubricants"), indicate the number of lubricants that were distributed during this event.</p>					
HC17	Distribution - Bleach or Safer Injection Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The number of bleach or safer injection kits that were distributed during the event.</p> <p><i>Instructions:</i> If one of the activities performed during the event was the distribution of bleach or safer injection kits (HC03: Activity = "Distribution-Safer injection/bleach kits"), indicate the number of safer injection or bleach kits that were distributed during this event.</p>					
HC18	Distribution - Referral Lists	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The number of referral lists that were distributed during the event.</p> <p><i>Instructions:</i> If one of the activities performed during the event was the distribution of referral lists (HC03: Activity = "Distribution-Referral lists"), indicate the number of referral lists that were distributed during this event.</p>					
HC19	Distribution - Safe Sex Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The number of safe sex kits that were distributed during the event.</p> <p><i>Instructions:</i> If one of the activities performed during the event was the distribution of safe sex kits (HC03: Activity = "Distribution-Safe sex kits"), indicate the number of safe sex kits that were distributed during this event.</p>					
HC20	Distribution - Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The number of other items that were distributed during the event.</p> <p><i>Instructions:</i> If one of the activities performed during the event was the distribution of other materials (HC03: Activity = "Distribution - other (specify)"), indicate the number of other items that were distributed during this event.</p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
HC21	Site Name/ID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The official name of the agency's site of HIV prevention service delivery where the session or event took place.</p> <p><i>Instructions:</i> Indicate the site where the session or event took place by selecting from a list of sites established in Table S: Site. If the session or event took place at a site that you did not note when completing Table S: Site, you will be given the option to add the site to Table S and then select the site name here.</p>					
HC22	Worker ID	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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(s) who provided the prevention services during this session. When using the PEMS software, you will be able to select from the list of Worker IDs generated when Table P: Worker was completed. If you are entering a new worker you will be given the option to add the worker(s) to Table P and enter the worker(s) here.</p>					
HC23	Distribution - Role Model Stories	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The number of role model stories that were distributed during the event.</p> <p><i>Instructions:</i> If one of the activities performed during the event was the distribution of role model stories (HC03: Activity = "Distribution - Role model stories"), indicate the number of role model stories that were distributed during this event.</p>					
HC24	Distribution - Dental dams	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The number of dental dams that were distributed during the event.</p> <p><i>Instructions:</i> If one of the activities performed during the event was the distribution of dental dams (HC03: Activity = "Distribution - Dental dams"), indicate the number of dental dams that were distributed during this event.</p>					



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# NHME Variables and Values

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Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

*Community Planning Level*

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# NHME Variables and Values

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Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

**Table: CP-A Jurisdiction**

This table is completed by directly funded state and city health departments.

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
CP-A01	Name of HIV Prevention CPG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The state, city or territorial jurisdiction that an HIV Prevention Community Planning Group represents.

*Instructions:* Select the name of the state, city or territorial jurisdiction that your Community Planning Group represents.

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

# NHME Variables and Values

Num	Variable Name		Requirements			
			Program	System	Optional	Not Reported
36	NY	New York				
37	NC	North Carolina				
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	Chicago Health Department				
85	Philadelphia, PA	City of Philadelphia Health Department				

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
CP-A02	Community Plan Year	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The annual period within the Comprehensive HIV Prevention Community Plan that guides how the HIV prevention program indicated in the program name field will be implemented in the jurisdiction.

*Instructions:* Indicate the Community Planning Year (e.g., 2005, 2006) in which the priority populations and interventions for HIV prevention programs implemented in the jurisdiction will be proposed. If the jurisdiction's Comprehensive HIV Prevention Community Plan is a multi-year plan (e.g., 2004-2008), indicate the annual period within the plan in which priority populations and interventions for HIV prevention programs implemented in the jurisdiction will be proposed.

## Table: CP-B Priority Population

This table is completed by directly funded state and city health departments for each priority population identified by the CPG.

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
CP-B01	Priority Population	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The specific name for the priority population as given by the Community Planning Group.

*Instructions:* Enter the name for the priority population as given by the Community Planning Group.

CP-B02	Rank	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The relative priority of this population in relationship to the other priority populations identified by the Community Planning Group. In PEMS, HIV-positive populations should be ranked as the number one priority population.

*Instructions:* Enter the number (i.e., 1-99) that represents the relative priority of the population specified in CP-B01: Priority Population in relationship to the other priority populations identified by the Community Planning Group. In PEMS, HIV positive populations should be ranked as the number one priority population.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
CP-B03	CP- Age	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The age category that describes the priority population.

*Instructions:* Select the age category that describes the priority population specified in CP-B01: Priority Population.

Code	Value Description	Value Definition
00	Not age focused	The priority population is not characterized by one or more of the age categories.
01	<13 years	The age category of the priority population is less than 13 years of age.
02	13-18 years	The age category of the priority population is between 13 years and 18 years of age.
03	19-24 years	The age category of the priority population is between 19 and 24 years of age.
04	25-34 years	The age category of the priority population is between 25 and 34 years of age.
05	35-44 years	The age category of the priority population is between 35 and 44 years of age.
06	45+ years	The age category of the priority population is 45 years of age and higher.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
CP-B04	CP - Gender	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The gender category that describes the priority population.

*Instructions:* Select the gender category that describes the priority population specified in CP-B01: Priority Population.

Code	Value Description	Value Definition
00	Not gender focused	The priority population is not characterized by one or more of the gender categories.
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	Individuals whose physical or birth sex is male or female but whose gender expression and/or gender identity is the opposite of their birth sex.

CP-B05	CP - Ethnicity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The ethnic category that describes the priority population.

*Instructions:* Select the ethnic category that describes the priority population specified in CP-B01: Priority Population.

Code	Value Description	Value Definition
00	No ethnic focus	The priority population is not characterized by an ethnic category.
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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
CP-B06	CP - Race	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The racial category that describes the priority population.

*Instructions:* Select the racial category that describes the priority population.

Code	Value Description	Value Definition
00	Not race focused	The priority population is not characterized by one or more of the racial categories.
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.

CP-B07	HIV Status	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The predominant HIV serostatus of the priority population.

*Instructions:* Indicate the predominant HIV serostatus of the priority population specified in CP-B01 : Priority Population.

Code	Value Description	Value Definition
01	Positive	The priority population consists of people who are already HIV-infected.
02	Positive and their partners	The priority population consists of people who are already HIV-infected and their sex and/or needle sharing partners.
03	Negative/unknown	The priority population consists of people who are not currently infected or whose serostatus is unknown.
04	Mixed	The priority population consists of people who are already HIV-infected and who are negative or whose serostatus is unknown.



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
CP-B08	Geo Location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The primary geographic areas in which the priority population resides and will be reached with HIV prevention activities.

*Instructions:* Indicate the primary geographic area(s) in which the priority population resides and will be reached with HIV prevention activities.

Code	Value Description	Value Definition
01	Urban, metropolitan	An area with a total population of at least 100,000, (large city, densely populated such as New York, Los Angeles, Houston).
02	Urban, non metropolitan	An area with a population of at least 2,500, (small to mid-size city).
03	Suburban	A residential area around or outlying a city.
04	Rural	An area with a population of less than 2,500 located outside of a larger urban area.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
CP-B09	Transmission Risk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Definition:** A type of sex or drug using behavior that places the priority population at potential risk for HIV infection or transmission.

**Instructions:** Select the primary risk factor that places the priority population specified in CP-B01: Priority Population at potential risk for HIV infection or transmission.

Code	Value Description	Value Definition
00	Not risk focused	The priority population is not characterized by a primary risk factor.
01	Sexual contact with transgender and unsafe injection drug practices	Men and women who are at risk from both unprotected sexual contact with transgenders and unsafe injection drug practices (e.g., sharing needles, using dirty needles).
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	Sexual contact with transgender	Men and women who are at risk through unprotected sexual contact with transgenders.
04	Male to male sexual contact	Men who are at risk through unprotected sex with another male.
05	Unsafe drug injection practices	Men and women who are at risk through unsafe drug injection practices (e.g., sharing needles, using dirty needles) including narcotics, hormones, silicone, etc.
06	Heterosexual contact	Men and women who are at risk through unprotected heterosexual sex with an HIV infected partner.
89	Other (specify)	Men and women who are at risk for HIV infection or transmission because of hemophilia, a blood transfusion, perinatal exposure or whose risk is unknown or not identified.

CP-B09-1	Specify Transmission Risk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Definition:** A specification of the behavior that places the priority population at potential risk for HIV infection or transmission if 89-Other (specify) was selected in CP-B09.

**Instructions:** Specify the primary risk factor that places the priority population at risk for HIV transmission if 89-Other (specify) was selected and none of the other value choices in CP-B09 apply.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
CP-B10	Priority Population Size	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> The estimated total number of persons in the priority population within the jurisdiction.</p> <p><i>Instructions:</i> Provide an estimate of the total number of persons in the priority population (CP-B01: Priority Population) who are present within the jurisdiction.</p>					
CP-B11	Priority Population Size that is Reachable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> An estimate of the proportion of the total size of the priority population who might feasibly be reached by HIV prevention interventions/activities within the jurisdiction.</p> <p><i>Instructions:</i> Provide an estimate (number) of the total number of persons described in CP-B10: Priority Population Size who might feasibly be reached by HIV prevention interventions/activities within the jurisdiction. This number is typically a fraction of the total number reported in CP-B10: Priority Population Size.</p>					
CP-B12	HIV/AIDS Prevalence	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> A description of the level of HIV/AIDS disease among persons in the priority population.</p> <p><i>Instructions:</i> Describe the HIV or AIDS prevalence rates among persons in the priority population specified in CP-B01: Priority Population.</p>					
CP-B13	Prevalence of Risky Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> An estimate of the frequency of occurrence or amount of HIV risk behaviors in the priority population.</p> <p><i>Instructions:</i> Describe the prevalence of HIV risk behaviors in the priority population specified in CP-B01: Priority Population. HIV risk behaviors would include any behaviors that place individuals in the priority population at risk for HIV exposure or transmission (e.g., male-to-male sex, injection drug use).</p>					
CP-B14	Description of Community's input on priority population	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><i>Definition:</i> A description of the Community Planning Group's feedback on the perceived HIV prevention needs of the priority population (e.g., access to services, cultural/language barriers, special health care needs).</p> <p><i>Instructions:</i> Describe the Community Planning Group's input on the perceived HIV prevention needs of the priority population specified in CP-B01: Priority Population. This might include special health care needs, access to services or cultural/language barriers.</p>					

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported

## Table: CP-C Prevention Activity/Intervention

This table is completed by directly funded state and city health departments for each prevention intervention proposed for each priority population.

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
CP-C01	Name of the Prevention Activity/Intervention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* The name of the HIV prevention intervention or supporting activity that was given by the Community Planning Group.

*Instructions:* Enter the name of the HIV prevention intervention or supporting activity that was given by the Community Planning Group.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
CP-C02	Prevention Activity/Intervention Type	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* A taxonomy of HIV prevention interventions/activities that differentiate broad categories of prevention services.

*Instructions:* Select the HIV prevention intervention or supporting activity proposed for the priority population specified in CP-B01: Priority Population.

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 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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
07	Capacity building	One or more activities that contribute to an increase in the quantity, quality, and efficiency of program services and the infrastructure and organizational systems that support these program services. These activities 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.			
08	Needs assessment	A process for obtaining and analyzing information to determine the current status and service needs of a defined population or geographic area.			
88	Other	An HIV prevention intervention/activity that is not listed as one of the categories above but may include structural interventions, network interventions, and policy interventions.			

CP-C03	Scale and Significance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* An estimate of the number of members of the priority population that would need to be reached by the HIV prevention intervention/activity in order to have a measurable and positive impact on the HIV/AIDS epidemic.

*Instructions:* Provide an estimate of the numbers of people in the priority population who would need to be reached by the HIV prevention intervention specified in CP-C01: Name of the Prevention Intervention/Activity in order to have a measurable and positive impact on the HIV/AIDS epidemic in the priority population specified in CP-B01: Priority Population. If the Comprehensive HIV Prevention Community Plan in the jurisdiction is a multi-year plan, this number should relate to the number of people to be reached during the course of that multi-year period.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
CP-C04	Evidence Base	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

*Instructions:* Select the name of the program model that the recommended HIV prevention intervention specified in CP-C01: Name of the Prevention Activity/Intervention will replicate.

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	A four-session intervention for HIV positive, heterosexual women.
1.14	SiHLE	A four-session intervention designed to lower teen's risk for STDs and teen pregnancy.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
1.15	CLEAR				A three module intervention that is delivered in one-on-one sessions to young people living with HIV.
1.16	OPTIONS				A clinician-initiated HIV risk reduction intervention for HIV positive persons in clinical care using motivational interviewing techniques.
1.17	Focus on Youth with imPact				A community-based, eight session group intervention that provides youth with the skills and knowledge they need to protect themselves from HIV and other STDs. The curriculum, founded on the Protection Motivation Theory, uses fun, interactive activities such as games, role plays and discussions to convey prevention knowledge and skills.
1.18	MIP				A holistic behavioral intervention for reducing high-risk behaviors for infection and transmission of HIV among intravenous drug users (IDUs).
1.19	D-UP				An adaptation of Popular Opinion Leader (POL) intervention for African-American MSM.
1.20	Sister to Sister				A single-session, skills-building intervention with a group- and individual-level component to increase self-efficacy, condom use skills, and condom negotiation with sex partners among inner-city African American female clinic patients.
1.21	Project START				A multi-session, community re-entry intervention to lower rates of sexual risk behavior among young men who are released from prison
1.22	Connect				A 5-session HIV/STD prevention intervention delivered to heterosexual couples or women alone that emphasizes the importance of communication, negotiating safer sex, and problem-solving skills.
1.23	SHIELD				Self - Health in Eliminating Life-Threatening Disease - A small-group, interactive intervention that relies on peer networks to reduce drug and sex risk
1.24	Nia				A video-based motivational skills-building small-group intervention targeting inner-city heterosexually active, African American men.
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.
2.02	Project RESPECT				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.
2.03	NIMH Multisite HIV Prevention Trial Group (1998): Project LIGHT (Living in Good Health Together)				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. ¶
3.01	Cohen (1991): Condom Skills Education				A single, 30-minute group condom skills education session for people waiting in STD clinics.
3.02	Des Jarlais (1992): AIDS/Drug Injection Prevention				A small group intervention to prevent the transition from sniffing heroin to injecting heroin.¶
3.03	El-Bassel (1992): Skills Building				A small group intervention to reduce sexual risk behavior and HIV transmission for women methadone patients.
3.04	McCusker (1992): Informational and Enhanced AIDS Education				A small group informational and enhanced education intervention on drug- and sex-related HIV risk behaviors for drug abusers.
3.05	Cohen (1992): Group Discussion Condom Promotion				A group video and discussion session about condom use for people waiting in STD clinics.
3.06	Hobfoll (1994): Reducing AIDS Risk Activities				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.¶
3.07	Kelly (1994): Cognitive-Behavioral Skills Training Group				A small group intervention concerning high-risk behaviors for high-risk women in urban clinics.



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
3.08	Wenger (1991): HIV Education, Testing, and Counseling	An education, testing, and one-on-one counseling intervention to reduce high-risk sexual behavior among heterosexuals undergoing HIV Antibody testing.			
3.09	Kelly (1989): Behavioral Self-management and Assertion Skills (Project ARIES)	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.			
3.1	Jemmott (1992): Be Proud! Be Responsible	A small group intervention in which skills building is utilized to increase knowledge of AIDS and sexually transmitted diseases to reduce positive attitudes and intentions toward risky sexual behaviors among African-American male adolescents.			
3.11	Rotheram-Borus (1998): 3-Session and 7-Session Small groups	A brief HIV intervention for adolescents and young adults.			
3.12	Magura (1994): Intensive AIDS Education in Jail	A small group intervention to reduce HIV drug- and sex-related risk behaviors for male adolescent drug users in jail.¶			
3.13	Sellers (1994): HIV Prevention for Latino Youth	A community intervention delivered to high-risk Latino youth designed to increase awareness of HIV and reduce the risk of infection by increasing condom use by promotion and distribution of condoms.			
3.14	Orr (1996): Brief Behavioral Intervention	Behavioral intervention to increase condom use among high risk female adolescents.			
3.15	Eldridge (1997): Behavioral Skills Training	A HIV risk reduction intervention for women entering inpatient substance abuse treatment centers.			
3.16	Get Real About AIDS, 1992	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.¶			
3.17	Stanton (1996): Focus on Kids	A peer network decision-making intervention to increase condom use among sexually active low-income African-American youths.¶			
3.18	Kirby (1991): Reducing the Risk	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.			
3.19	Get Real About AIDS, 1993	Classroom intervention to postpone the initiation of sexual intercourse and to reduce the number of students engaging in unsafe sex and drug-using behaviors.			
3.2	St. Lawrence (1995): Becoming a Responsible Teen (BART)	A 8-session small group intervention to reduce African-American adolescents' risk for HIV infection.¶			

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
CP-C05	CDC Recommended Guidelines	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Definition:* An official CDC-endorsed document that describes the policies, procedures and strategies for implementing specific HIV prevention activities of CTR, PS and CRCS.

*Instructions:* If an Evidence Based model cannot be considered the basis for a program model, then select the CDC Recommended Guideline that will be used in implementing the recommended HIV prevention intervention specified in CP-C01: Name of the Prevention Activity/Intervention.

Code	Value Description	Value Definition
1.00	Counseling, Testing, and Referral	Revised Guidelines for HIV Counseling, Testing and Referral, 2001
2.00	Comprehensive Risk Counseling Services	HIV Prevention Case Management Guidance, 1997 or Resource Manual and Implementation Guidance for Prevention Case Management, Draft; 2004
4.00	Partner Services	HIV Partner Services Guidance, 1998

CP-C06	Other Basis for Intervention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* 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.

*Instructions:* If an Evidence Base model or a CDC Recommended Guideline cannot be considered as the basis for a program model, indicate the scientific, theoretical or operational basis for the HIV prevention intervention specified in CP-C01: Name of the Prevention Activity/Intervention. If applicable, specify the published article or study upon which the recommended HIV prevention intervention is based.

Code	Value Description	Value Definition
6.00	Study (specify)	The published article or study upon which this program is modeled.
89	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 CP-C04: Evidence Based or CP-C05: CDC Recommended Guideline and if there is not a specific study or published article supporting it.

CP-C06-1	Specify Other Basis for Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A specification of the rationale for the development of the intervention if 89-Other (specify) was selected in CP-C06.

*Instructions:* Specify the rationale for the development of the intervention if 89-Other (specify) was selected and the other value choice in CP-C06 does not apply.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
CP-C07	CP Activity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Definition:** The specific actions or components that are proposed to occur during the implementation of the HIV prevention intervention/activity.

**Instructions:** If the basis for the HIV prevention intervention specified in CP-C01: Name of the Prevention Activity/Intervention is CP-C06: Other Basis for Intervention, indicate the activities that are intended to take place during the HIV prevention intervention specified in CP-C01: Name of the Prevention Activity/Intervention. Examples of activities include doing HIV testing, providing information about STDs, demonstrating condom use, or making referrals. Select "Not collected" if no activities are defined for this intervention. This variable is not reported to CDC if CP-C04: Evidence Base or CP-C05: CDC Recommended Guideline is selected as the basis for the intervention.

Code	Value Description	Value Definition
01.00	Not collected	Agency currently does not collect or report data on session activities.
03.00	HIV Test	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 of identifying, acknowledging and discussing a client's personal risks for acquiring or transmitting HIV.
06.00	Elicit partners	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.
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 Services (PS).
08.00	Information sessions	The provision or communication of factual knowledge (written or oral) about HIV prevention and other related topics for an individual or a group.
08.01	Information - HIV/AIDS transmission	Any general information, written or verbal, given to an individual, group, or couple on HIV/AIDS and how it is transmitted.
08.02	Information - Abstinence/postpone sexual activity	Any information, written or verbal, given to an individual, group, or couple 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, group, or couple 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, written or verbal, given to an individual, group, or couple 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, group, or couple 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.

# NHME Variables and Values

Num	Variable Name		Requirements			
			Program	System	Optional	Not Reported
08.06	Information - Availability of partner notification and referral services	Any information, written or verbal, given to an individual, group, or couple about where and how to access partner notification services. The availability information provided is exclusive to PS. This includes referral lists that only list PS sites.				
08.07	Information - Living with HIV/AIDS	Any information, written or verbal, given to an individual, group, or couple 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, group, or couple 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, group, or couple 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, group, or couple 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, group, or couple 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, group, or couple 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, group, or couple 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, group, or couple 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, group, or couple 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, group, or couple 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, group, or couple 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, group, or couple 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, group, or couple 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, group, or couple regarding HIV medication therapy, benefits and risk, medical therapy alternatives, and importance of adhering to medication therapy for HIV.				

# NHME Variables and Values

Num	Variable Name		Requirements			
			Program	System	Optional	Not Reported
08.21	Information - Alcohol and drug use prevention					Any information, written or verbal, given to an individual, group, or couple 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, group, or couple on reproductive health, sexuality, sexual development and similar topics.
08.88	Information - Other					Any information, written or verbal, given to an individual, group, or couple that cannot be captured in any of the other information codes.
09.00	Demonstration sessions					A demonstration shows individuals how to use a skill or technique to decrease vulnerability to HIV transmission or infection or an example of it being done accompanied by instruction. Demonstration can be done with the demonstrator physically present or through a recording (e.g., a video clip). ¶¶
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.
09.88	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.
10.00	Practice sessions					An opportunity to rehearse or use skills or techniques designed to decrease vulnerability to HIV transmission or infection. Practice must occur in the presence of the provider or during an intervention session.
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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
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.
10.88	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.
11.00	Counseling				A process where a person or group can receive assistance in sorting out issues and reaching decisions appropriate to their life circumstances. The process involves thorough exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions; and decision-making.
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.
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.

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
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.			
11.22	Discussion - Sexual health	Facilitation of discussion with individuals or groups on reproductive health, sexuality, sexual development, and similar topics.			
11.24	Discussion - Stage Based Encounter	Facilitation of discussion with individuals or groups using Stage Based Encounters.			
11.88	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.			



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
12.00	Other testing	Non-HIV related diagnostic procedures to screen for other disease conditions such as STD, viral hepatitis, or pregnancy.			
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.			
13.00	Materials distribution	The act of dispersing or disseminating free materials or supplies to consumers to help them 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, or by sending materials to consumers electronically or by land mail.			
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.			
13.09	Distribution - Dental Dams	Provision of dental dams by handing them out or placing them in a location to be accessed by consumers at no cost to the consumer.			
13.88	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.			



# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
14.02	Post-intervention booster session				
15.00	HIV testing history survey				
89	Other (specify)				

CP-C07-1	Specify CP Activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Definition:* A specification of the type of activity if 89-Other (specify) was selected in CP-C07.

*Instructions:* Specify activities if 89-Other (specify) was selected and none of the other value choices in CP-C07 apply.

CP-C08	Frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The intended number of times that members of the priority population will take part in the prevention intervention/activity (i.e., one session or multiple sessions).

*Instructions:* If the basis for the HIV prevention intervention specified in CP-B01: Name of the Prevention Activity/Intervention is CP-C06: Other Basis for Intervention, indicate if this is an intervention clients will participate in once (e.g., one-time event or one session intervention), or more than once (e.g., more than one/recurring event or multiple session intervention). This variable is not reported to CDC if CP-C04: Evidence Base or CP-C05: CDC Recommended Guideline is selected as the basis for the intervention.

Code	Value Description	Value Definition
1	One-time event	An intervention in which a client will take part only once (e.g., one event or one session).
2	Recurring event	An intervention in which a client will take part more than once (e.g., more than one event or multiple sessions).

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
CP-C09	Unit of Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* The category or grouping of clients to be seen per session for this prevention intervention/activity.

*Instructions:* If the basis for the HIV prevention intervention specified in CP-B01: Name of the Prevention Activity/Intervention is CP-C06: Other Basis for Intervention, indicate the number of clients intended to be served during each session of the intervention. This variable is not reported to CDC if CP-C04: Evidence Base or CP-C05: CDC Recommended Guideline is selected as the basis for the intervention.

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.

CP-C10	Duration	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Definition:* The length of time that clients will be exposed to the intervention during each session of this prevention intervention/activity.

*Instructions:* If the basis for the HIV prevention intervention specified in CP-B01: Name of the Prevention Activity/Intervention is CP-C06: Other Basis for Intervention, indicate whether the session is intended to be relatively brief (<30 minutes) or a longer session (>30 minutes). This variable is not reported to CDC if CP-C04: Evidence Base or CP-C05: CDC Recommended Guideline is selected as the basis for the intervention.

Code	Value Description	Value Definition
01	Brief (< 30 minutes)	The estimated duration of each session/event of the intervention will be less than 30 minutes.
02	Extended (> 30 minutes)	The estimated duration of each session/event of the intervention will be more than 30 minutes.
NA	N/A	The estimated duration of each session/event of the intervention is unknown or non-applicable (e.g., HC/PI).

# NHME Variables and Values

Num	Variable Name	Requirements			
		Program	System	Optional	Not Reported
CP-C11	Rationale for Other Supporting Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Definition:* The reason or justification that best reflects the Community Planning Group's decision to propose one of the HIV prevention supporting activities (e.g., capacity building, needs assessment), for the priority population.

*Instructions:* If the type of HIV prevention intervention or supporting activity selected in CP-C02: Prevention Activity/Intervention Type = "Capacity Building" or "Needs Assessment" or "Other", indicate the reason(s) why the supporting activity is recommended for the priority population specified in CP-B01: Priority Population.

Code	Value Description	Value Definition
01	More information is needed about apparent at-risk population(s)	The HIV prevention intervention/activity is proposed because more information about the HIV prevention service needs of the priority population is needed.
02	Organizations need assistance in developing organizational infrastructure (e.g., board development, accounting, grant-writing)	The HIV prevention intervention/activity is proposed because organizations are in need of training and assistance in developing organizational infrastructure (e.g., board development, accounting, grant-writing).
03	Organizations need assistance in developing capacity for intervention planning and implementation	The HIV prevention intervention/activity is proposed because organizations are in need of training and assistance in developing their capacity for intervention planning and implementation.
04	Organizations need assistance in developing capacity for evaluation, data collection and management, and reporting	The HIV prevention intervention/activity is proposed because organizations are in need of training and assistance in developing their capacity for evaluation, data collection and management, and reporting.