National Minority SA/HIV Prevention Initiative

INDIVIDUAL DOSAGE FORM

**Instructions:** For each program encounter with a participant on an individual (i.e. one-on-one) basis, enter the:

1. **Encounter Date**
2. **Grant ID**
3. Five-digit **Participant ID Number**

For each service type received during the encounter being recorded, circle the appropriate **Individual Service Code** (the list of service codes are provided on the last page of this form). Record the amount of time in minutes the service type lasted (rounded up to the next 5-minute interval) in the corresponding **Duration Code** space. On this form, up to four services can be coded for each encounter date (this form has space for two encounter dates).

The Study Design Group Type (1=intervention group [pre-filled]), and the Administration Format (1=individual/one-on-one format [pre-filled]) boxes are only used in CSAP’s record keeping procedures.

**Encounter Date**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Month** | **Day** | **Year** |  | **Grant ID** |  | Grp.Typ. |  | Adm. Frmt. |  | **Participant ID #** |
|  |  |  |  |  |  | S | P |  |  |  |  |  | 1 | 1 |  |  |  |  |  |
|  |
| **Individual Service Code** |  | **Duration Code** |
| #1 | 01 | 02 | 03 | 03a | 04 | 04a | 05 | 06 | 06a |  |  |  |  |
| 07 | 08 | 09 | 10 | 11 | 11a | 11b | 12 | 13 | *(Round up to next 5-minute interval)* |
| #2 | 01 | 02 | 03 | 03a | 04 | 04a | 05 | 06 | 06a |  |  |  |
| 07 | 08 | 09 | 10 | 11 | 11a | 11b | 12 | 13 | *(Round up to next 5-minute interval)* |
| #3 | 01 | 02 | 03 | 03a | 04 | 04a | 05 | 06 | 06a |  |  |  |
| 07 | 08 | 09 | 10 | 11 | 11a | 11b | 12 | 13 | *(Round up to next 5-minute interval)* |
| #4 | 01 | 02 | 03 | 03a | 04 | 04a | 05 | 06 | 06a |  |  |  |
| 07 | 08 | 09 | 10 | 11 | 11a | 11b | 12 | 13 | *(Round up to next 5-minute interval)* |

**Encounter Date**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Month** | **Day** | **Year** |  | **Grant ID** |  | Grp.Typ. |  | Adm. Frmt. |  | **Participant ID #** |
|  |  |  |  |  |  | S | P |  |  |  |  |  | 1 | 1 |  |  |  |  |  |
|  |
| **Individual Service Code** |  | **Duration Code** |
| #1 | 01 | 02 | 03 | 03a | 04 | 04a | 05 | 06 | 06a |  |  |  |  |
| 07 | 08 | 09 | 10 | 11 | 11a | 11b | 12 | 13 | *(Round up to next 5-minute interval)* |
| #2 | 01 | 02 | 03 | 03a | 04 | 04a | 05 | 06 | 06a |  |  |  |
| 07 | 08 | 09 | 10 | 11 | 11a | 11b | 12 | 13 | *(Round up to next 5-minute interval)* |
| #3 | 01 | 02 | 03 | 03a | 04 | 04a | 05 | 06 | 06a |  |  |  |
| 07 | 08 | 09 | 10 | 11 | 11a | 11b | 12 | 13 | *(Round up to next 5-minute interval)* |
| #4 | 01 | 02 | 03 | 03a | 04 | 04a | 05 | 06 | 06a |  |  |  |
| 07 | 08 | 09 | 10 | 11 | 11a | 11b | 12 | 13 | *(Round up to next 5-minute interval)* |

**INDIVIDUAL SERVICE CODES**

|  |
| --- |
| **INDIVIDUAL SERVICES** |
| **Code** | **Service** | **Code** | **Service** |
| **01** | Risk Reduction and/or Resiliency Strength Assessment | **06**  **06a** | HIV EducationSTD Education |
|  **02** | Risk Reduction Counseling/Education | **07** | Hepatitis Education |
|  **03** | HIV Testing Counseling | **08** | Mentoring (Peer or Other Type) |
| **03a** | HCV Testing Counseling | **09** | Case Management Services |
|  **04** | Psycho-Social Counseling | **10** | All Other Individual Services |
| **04a** | Substance Abuse Counseling |  |  |
|  **05** | Substance Abuse Education |  |  |
| **INDIVIDUAL HEALTH CARE SERVICES** |
| **Code** | **Service** |  |  |
| **11** | HIV Testing | **12** | Primary Health Care Services |
| **11a** | HCV Testing | **13** | Other Health Care Services |
| **11b** | Other STD Testing |  |  |