

# 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:

- a) **Encounter Date**
- b) **Grant ID**
- c) 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						
<b>Individual Service Code</b>										<b>Duration Code</b>					
#1	01	02	03	03a	04	04a	05	06	06a				(Round up to next 5-minute interval)		
	07	08	09	10	11	11a	11b	12	13						
#2	01	02	03	03a	04	04a	05	06	06a				(Round up to next 5-minute interval)		
	07	08	09	10	11	11a	11b	12	13						
#3	01	02	03	03a	04	04a	05	06	06a				(Round up to next 5-minute interval)		
	07	08	09	10	11	11a	11b	12	13						
#4	01	02	03	03a	04	04a	05	06	06a				(Round up to next 5-minute interval)		
	07	08	09	10	11	11a	11b	12	13						

**Encounter Date**

Month		Day		Year		Grant ID					Grp.Type	Adm. Frmt.	Participant ID #		
						S	P				1	1			
<b>Individual Service Code</b>											<b>Duration Code</b>				
#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

<u>Code</u>	<u>Service</u>	<u>Code</u>	<u>Service</u>
01	Risk Reduction and/or Resiliency Strength Assessment	06	HIV Education
02	Risk Reduction Counseling/Education	06a	STD Education
03	HIV Testing Counseling	07	Hepatitis Education
03a	HCV Testing Counseling	08	Mentoring (Peer or Other Type)
04	Psycho-Social Counseling	09	Case Management Services
04a	Substance Abuse Counseling	10	All Other Individual Services
05	Substance Abuse Education		

### INDIVIDUAL HEALTH CARE SERVICES

<u>Code</u>	<u>Service</u>		
11	HIV Testing	12	Primary Health Care Services
11a	HCV Testing	13	Other Health Care Services
11b	Other STD Testing		