National Minority SA/HIV Prevention Initiative

GROUP DOSAGE FORM

**Instructions:** For each group program session, enter the **Encounter Date** and the **Grant ID**. For each service type received during the group session being recorded, circle the appropriate **Group Service Code** (see last page for service codes).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.

Enter the 5-digit **Participant ID Number** for each of the program participants attending the session. On this form, up to three services can be coded for each group session and up to 80 participants can be given a group service.

The Study Design Group Type (1=intervention group [pre-filled]), and the Administration Format (2=Group Format, [pre-filled]) boxes are only used in CSAP’s record keeping procedures.

**Encounter Date Group Service Code Duration Code**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Month | | Day | | Year | |  | #1 | 11 | 11a | 12 | 13 |  |  | 16 | 17 | 18 |  |  |  |  |
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|  |  |  |  |  |  | 19 | 20 | 21 | 21a | 22 | 23 | 24 | 25 |  |  | *(Round up to next 5- minute interval)* | | |
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**Grant ID**

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| S | P |  |  |  |  |  |  | #2 | 11 | 11a | 12 | 13 |  |  | 16 | 17 | 18 |  |  |  |  |
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| 19 | 20 | 21 | 21a | 22 | 23 | 24 | 25 |  |  | *(Round up to next 5- minute interval)* | | |
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**Grp. Type Adm. Frmt.**

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| 1 |  | 2 |  | #3 | 11 | 11a | 12 | 13 |  |  | 16 | 17 | 18 |  |  |  |  |
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| 19 | 20 | 21 | 21a | 22 | 23 | 24 | 25 |  |  | *(Round up to next 5- minute interval)* | | |
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**Participant ID Numbers:**

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**Participant ID Numbers:**

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**Participant ID Numbers:**

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**Participant ID Numbers:**

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**GROUP SERVICE TYPES AND CODES**

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| --- | --- | --- | --- |
| **GROUP HEALTH CARE SERVICES** | | | |
| **Code** | **Service** |  |  |
| **11** | HIV Testing |  |  |
| **11a** | HCV Testing |  |  |
| **12** | Primary Health Care Services |  |  |
| **13** | Other Health Care Services |  |  |
| **GROUP SERVICES** | | | |
| **Code** | **Service** | **Code** | **Service** |
| **16** | Support Group | **21**  **21a** | HIV Education  STD Education |
| **17** | Group Counseling/Therapy | **22** | Substance Abuse Education |
| **18** | Skills Building Training/Education | **23** | Cultural Enhancement Activities |
| **19** | Health Education Classes/Sessions | **24** | Alternative Activities |
| **20** | Hepatitis Education | **25** | All Other Group Services |