

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				
				19	20	21	21a	22	23	24	25					

Grant ID					Group Service Code										Duration Code			
S	P				#2	11	11a	12	13			16	17	18				
						19	20	21	21a	22	23	24	25					

Grp. Type		Adm. Frmt.		Group Service Code										Duration Code			
1		2		#3	11	11a	12	13			16	17	18				
					19	20	21	21a	22	23	24	25					

Participant ID Numbers:

Participant ID Numbers:

Participant ID Numbers:

Participant ID Numbers:

GROUP SERVICE TYPES AND CODES

<u>GROUP HEALTH CARE SERVICES</u>			
<u>Code</u>	<u>Service</u>		
11	HIV Testing		
11a	HCV Testing		
12	Primary Health Care Services		
13	Other Health Care Services		
<u>GROUP SERVICES</u>			
<u>Code</u>	<u>Service</u>	<u>Code</u>	<u>Service</u>
16	Support Group	21	HIV Education
		21a	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