

ICPSR 29061

**Criminal Justice Drug Abuse
Treatment Studies (CJ-DATS):
HIV/HEPATITIS Prevention for
Re-Entering Drug Offenders**

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Data Collection Instrument for HIV/HEPC
Facilitator Checklist

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Person Completing this Form:

Session Date:

Client ID:

Facilitator Checklist – Session One

Please check the activities that were conducted in this session and the approximate time for each.

- Introduction
- Description of intervention and its goals
- Discussion of HIV/Hepatitis information
- Discussion drug risk and needle cleaning
- Drug risk scenario and commentaries
- Discussion of sex risk
- Condom demonstrations
- Sex risk scenario and commentaries
- Summary of major points of session
- HIV/HCV testing information

Total intervention time: _____ Minutes.

Did you encounter any difficulties conducting the activities planned for this session?

Many Several Some Few None

What was the nature of the difficulty?

Did you make any changes to the session's content/approach in order to address these difficulties? Please describe these changes.

Overall, how would you rate the **client** on the following dimensions:

Involvement/engagement during the session

Very Good Good Average Poor Very Poor

Interest in the session topics

Very Good Good Average Poor Very Poor

Understanding of the session's content and objectives

Very Good Good Average Poor Very Poor

Overall satisfaction with session

Very Good Good Average Poor Very Poor