

**SAMPLE: DO NOT
FAX TO DATAFAX**



HPTN 037 Sessions (105)

RL-1 (101)

Group ID

-

Site Number

Group

Randomization Date

dd

MMM

yy

Randomization List

Sequence # Assignment

PTID

Sequence #	Assignment	PTID
20-01-01	TBD	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
20-01-02	TBD	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
20-01-03	TBD	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
20-01-04	TBD	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
20-01-05	TBD	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
20-01-06	TBD	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
20-01-07	TBD	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
20-01-08	TBD	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
20-01-09	TBD	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
20-01-10	TBD	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
20-01-11	TBD	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
20-01-12	TBD	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
20-01-13	TBD	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
20-01-14	TBD	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
20-01-15	TBD	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
20-01-16	TBD	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
20-01-17	TBD	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
20-01-18	TBD	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
20-01-19	TBD	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
20-01-20	TBD	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>

Instructions: Fax this form to SCHARP DataFax immediately after in-office randomization occurs.

Comments: _____

-

Cluster

Packet

Language

Staff Initials / Date

SAMPLE: DO NOT FAX TO DATAFAX



HPTN 037 Sessions (105)

IL-1 (201)

Group ID

0 0 0 - [][][][]
Site Number Group

Intervention Session Participation Log

Session Date

[][] [][][] [][]
dd MMM yy

Group Leader #1 ID

0 0 0 - [][][]
Site Number Leader

Group Leader #2 ID

0 0 0 - [][][]
Site Number Leader

Session #

1 2 3 4 5 6
 continued session

Participants expected to attend:

Enter Participant ID

1. [][][] - [][][][][] - []
2. [][][] - [][][][][] - []
3. [][][] - [][][][][] - []
4. [][][] - [][][][][] - []
5. [][][] - [][][][][] - []
6. [][][] - [][][][][] - []
7. [][][] - [][][][][] - []
8. [][][] - [][][][][] - []
9. [][][] - [][][][][] - []
10. [][][] - [][][][][] - []
11. [][][] - [][][][][] - []
12. [][][] - [][][][][] - []

Did participant attend?

yes no

Session Start Time

[][] : [][]
hr min

Session End Time

[][] : [][]
hr min

Was the session audio-taped?

yes no

→ **If no, record reason in Comments field below.**

Comments: _____

SAMPLE: DO NOT FAX TO DATAFAX



HPTN 037 Sessions (105)

INA-1 (211)

Group ID

0 0 0 - [][][][]

Site Number

Group

RTI Monitoring— Intervention Session 1

Session Date

[][] [][][] [][]

dd

MMM

yy

Group Leader #1 ID

0 0 0 - [][][]

Site Number

Leader

Group Leader #2 ID

0 0 0 - [][][]

Site Number

Leader

Review Date

[][] [][][] [][]

dd

MMM

yy

Session 1: Introduction

Was the session audio-taped? yes no

If no, end of form. Record reason in Comments field below.

Instructions: Mark "yes" or "no" to indicate whether each element of the intervention was completed.

	yes	no	not taped
1. Welcome and introduction of study/study goals.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Establish group rules.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Conduct Ice-Breaker: Helping Others.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Present myths and facts.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Conduct ribbon demonstration.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Define/discuss peer mentoring.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Present/discuss peer mentoring "In Action" video.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Present SPEAKK: Communication Tools for Peer Mentors.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Present homework assignment—mentoring activity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Conduct session summary and wrap-up.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

SAMPLE: DO NOT FAX TO DATAFAX



HPTN 037 Sessions (105)

INA-2 (212)

Group ID

-

Site Number

Group

**RTI Monitoring—
Intervention Session 1**

Instructions: Rate the session using the scale from 1–3 to indicate overall qualitative assessment.

	<i>not adequate</i>	<i>acceptable</i>	<i>good</i>	<i>could not evaluate</i>
11. Follows script	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Time management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Neutral/non-judgmental delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Maintains focus on group activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Listens and integrates participant comments with group activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Uses suggested discussion questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Overall delivery of session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Attempted to include all participants in discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Ensures accuracy of information discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

SAMPLE: DO NOT FAX TO DATAFAX



HPTN 037 Sessions (105)

INB-1 (213)

Group ID

-

Site Number

Group

**RTI Monitoring—
Intervention Session 2**

Session Date

dd

MMM

yy

Group Leader #1 ID

-

Site Number

Leader

Group Leader #2 ID

-

Site Number

Leader

Review Date

dd

MMM

yy

Session 2: Peer Mentoring and Injection-related HIV Risk Behaviors

Was the session audio-taped? ^{yes} ^{no} →

**If no, end of form.
Record reason in
Comments field below.**

Instructions: Mark “yes” or “no” to indicate whether each element of the intervention was completed.

	yes	no	not taped
1. Welcome back and review homework/peer mentoring activity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Present Harm Reduction.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Present Injection Risk Ladder/Steps and safer injection video.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Present clean needle demonstration and video.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Practice needle cleaning skills.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Facilitator presents freeze frame role plays using SPEAKK.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Conduct small group role plays.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Present homework assignment—peer mentoring training activity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Conduct wrap-up.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

SAMPLE: DO NOT FAX TO DATAFAX



HPTN 037 Sessions (105)

INB-2 (214)

Group ID

-

Site Number

Group

**RTI Monitoring—
Intervention Session 2**

Instructions: Rate the session using the scale from 1–3 to indicate overall qualitative assessment.

	<i>not adequate</i>	<i>acceptable</i>	<i>good</i>	<i>could not evaluate</i>
10. Follows script	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Time management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Neutral/non-judgemental delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Maintains focus on group activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Listens and integrates participant comments with group activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Uses suggested discussion questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Overall delivery of session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Attempted to include all participants in discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Ensures accuracy of information discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

SAMPLE: DO NOT FAX TO DATAFAX



HPTN 037 Sessions (105)

INC-1 (215)

Group ID

0 0 0 - [] [] [] []
 Site Number Group

**RTI Monitoring—
Intervention Session 3**

Session Date

[] [] [] [] [] [] [] []
 dd MMM yy

Group Leader #1 ID

0 0 0 - [] [] [] []
 Site Number Leader

Group Leader #2 ID

0 0 0 - [] [] [] []
 Site Number Leader

Review Date

[] [] [] [] [] [] [] []
 dd MMM yy

Session 3: Safer Sex Practices and Communication Skills

Was the session audio-taped? *yes* *no*

**If no, end of form.
Record reason in
Comments field below.**

Instructions: Mark “yes” or “no” to indicate whether each element of the intervention was completed.

	<i>yes</i>	<i>no</i>	<i>not taped</i>
1. Welcome back and review homework/peer mentoring activity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Present Sex Risk Ladder/Steps.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Conduct male condom use demonstration.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Practice male condom use.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Philadelphia only: Conduct female condom use demonstration.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Philadelphia only: Practice female condom use.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Summarize condom use.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Present peer mentoring in action video using SPEAKK.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Present homework assignment (peer mentoring training activity) and wrap-up.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

SAMPLE: DO NOT FAX TO DATAFAX



HPTN 037 Sessions (105)

INC-2 (216)

Group ID

-

Site Number

Group

**RTI Monitoring—
Intervention Session 3**

Instructions: Rate the session using the scale from 1–3 to indicate overall qualitative assessment.

	<i>not adequate</i>	<i>acceptable</i>	<i>good</i>	<i>could not evaluate</i>
10. Follows script	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Time management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Neutral/non-judgemental delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Maintains focus on group activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Listens and integrates participant comments with group activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Uses suggested discussion questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Overall delivery of session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Attempted to include all participants in discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Ensures accuracy of information discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

**SAMPLE: DO NOT
FAX TO DATAFAX**



HPTN 037 Sessions (105)

IND-1 (217)

Group ID

-

Site Number

Group

**RTI Monitoring—
Intervention Session 4**

Session Date

dd

MMM

yy

Group Leader #1 ID

-

Site Number

Leader

Group Leader #2 ID

-

Site Number

Leader

Review Date

dd

MMM

yy

Session 4: Personal Resistance to Change

Was the session audio-taped? ^{yes} ^{no} →

**If no, end of form.
Record reason in
Comments field below.**

Instructions: Mark “yes” or “no” to indicate whether each element of the intervention was completed.

	yes	no	not taped
1. Welcome back and review homework/peer mentoring activity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Reflect on personal resistance to change.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Present dyad active listening.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Participant report on active listening exercise.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Summarize dyad active listening exercise.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Discuss problem solving impediments.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Present homework assignment (peer mentoring training activity) and wrap-up.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

SAMPLE: DO NOT FAX TO DATAFAX



HPTN 037 Sessions (105)

IND-2 (218)

Group ID

-

Site Number

Group

**RTI Monitoring—
Intervention Session 4**

Instructions: Rate the session using the scale from 1–3 to indicate overall qualitative assessment.

	<i>not adequate</i>	<i>acceptable</i>	<i>good</i>	<i>could not evaluate</i>
8. Follows script	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Time management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Neutral/non-judgemental delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Maintains focus on group activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Listens and integrates participant comments with group activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Uses suggested discussion questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Overall delivery of session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Attempted to include all participants in discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Ensures accuracy of information discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

SAMPLE: DO NOT FAX TO DATAFAX



HPTN 037 Sessions (105)

INE-1 (219)

Group ID

-

Site Number

Group

**RTI Monitoring—
Intervention Session 5**

Session Date

dd

MMM

yy

Group Leader #1 ID

-

Site Number

Leader

Group Leader #2 ID

-

Site Number

Leader

Review Date

dd

MMM

yy

Session 5: Interpersonal Barriers to Peer Mentoring

Was the session audio-taped? ^{yes} ^{no} →

**If no, end of form.
Record reason in
Comments field below.**

Instructions: Mark “yes” or “no” to indicate whether each element of the intervention was completed.

	yes	no	not taped
1. Welcome back and review homework/peer mentoring activity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Reflect on interpersonal resistance to peer mentoring.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Present approaching others when doing peer mentoring.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Conduct small group freeze-frame role plays using SPEAKK with resistant networks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Summarize dealing with interpersonal resistance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Present homework assignment (peer mentoring activity) and wrap-up.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

SAMPLE: DO NOT FAX TO DATAFAX



HPTN 037 Sessions (105)

INE-2 (220)

Group ID

-

Site Number

Group

RTI Monitoring— Intervention Session 5

Instructions: Rate the session using the scale from 1–3 to indicate overall qualitative assessment.

	<i>not adequate</i>	<i>acceptable</i>	<i>good</i>	<i>could not evaluate</i>
7. Follows script	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Time management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Neutral/non-judgemental delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Maintains focus on group activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Listens and integrates participant comments with group activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Uses suggested discussion questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Overall delivery of session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Attempted to include all participants in discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Ensures accuracy of information discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

SAMPLE: DO NOT FAX TO DATAFAX



HPTN 037 Sessions (105)

INF-1 (221)

Group ID

0 0 0 - [][][][]

Site Number

Group

**RTI Monitoring—
Intervention Session 6**

Session Date

[][] [][][] [][]

dd

MMM

yy

Group Leader #1 ID

0 0 0 - [][][]

Site Number

Leader

Group Leader #2 ID

0 0 0 - [][][]

Site Number

Leader

Review Date

[][] [][][] [][]

dd

MMM

yy

Session 6: Community Resources and Graduation

Was the session audio-taped? ^{yes} ^{no}

**If no, end of form.
Record reason in
Comments field below.**

Instructions: Mark "yes" or "no" to indicate whether each element of the intervention was completed.

- | | yes | no | not taped |
|--|--------------------------|--------------------------|--------------------------|
| 1. Introduce ending and follow-up; review homework/peer mentoring activity. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Recap lessons learned from each session. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Conduct skills review game. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Discuss where to go with peer mentoring. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Conduct graduation ceremony. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

SAMPLE: DO NOT FAX TO DATAFAX



HPTN 037 Sessions (105)

INF-2 (222)

Group ID

-

Site Number

Group

**RTI Monitoring—
Intervention Session 6**

Instructions: Rate the session using the scale from 1–3 to indicate overall qualitative assessment.

	<i>not adequate</i>	<i>acceptable</i>	<i>good</i>	<i>could not evaluate</i>
6. Follows script	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Time management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Neutral/non-judgemental delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Maintains focus on group activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Listens and integrates participant comments with group activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Uses suggested discussion questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall delivery of session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Attempted to include all participants in discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Ensures accuracy of information discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

**SAMPLE: DO NOT
FAX TO DATAFAX**



HPTN 037 Sessions (105)

BL-1 (301)

Booster ID

-

Site Number

Booster Session

**Booster Session
Participation Log**

Session Date

dd

MMM

yy

Group Leader #1 ID

-

Site Number

Leader

Group Leader #2 ID

-

Site Number

Leader

Participants who attended:

Enter Participant ID

1. - -
2. - -
3. - -
4. - -
5. - -
6. - -
7. - -
8. - -
9. - -
10. - -
11. - -
12. - -

Session Start Time

:

hr

min

Session End Time

:

hr

min

Comments: _____

**SAMPLE: DO NOT
FAX TO DATAFAX**



HPTN 037 Sessions (105)

PIL-1 (487)

Group ID

-

Site Number

Group

**Participant Incident Log –
For Internal Use Only**

Subject: *Mark all that apply.*

- forms
- protocol
- data
- lab
- enrollment
- randomization
- other, specify: _____

Form Completion Date: ^{dd} ^{MMM} ^{yy}

SC Staff Name: _____

Source of Information: _____

If applicable:

Plate #:

Visit:

Event and resolution details:

11-JUL-03