

Healing Our Women

Screening # _____
PSB Client ID # _____
Today's Date: ____/____/____
Intake interviewer: _____

You have been identified by a staff member of Project Street Beat as a person who may be interested in and qualify for a new intervention research program called, Healing Our Women or *HOW*. The *HOW* intervention will teach women about general health issues, HIV, HIV medications, sexual issues (including the effects of early sexual experiences and/or sexual abuse), interpersonal communication, and drugs/alcohol. The purpose of this study is to see how well *HOW* teaches women about health, HIV risks, and relationships, to help them make choices about engaging in healthier and less risky behaviors. If you are interested in this program, we would like to ask you a few questions to see if you meet the criteria for enrollment in this program.

Screening for HOW Project

Section A

Client's name: _____
First Name, Last Name

How old are you?

If client is under 18, thank her for her participation, but let her know that she is not eligible for this program

You identify as

☐ Female ☐ Male ☐ Transgender

If client identifies as other than female only, thank her/him for her/ his participation, but let her/him know that she/he is not eligible for this program

Would you describe yourself as:

☐ Black/African American ☐ Asian
☐ Caribbean ☐ Native American
☐ White ☐ Other _____

Would you describe yourself as ...

☐ Hispanic/Latina
☐ Not Hispanic/Latina

If client identifies as non-Hispanic/White, thank her for her participation, but let her know that she is not eligible for this program.

Have you been tested for HIV?

Date of last tested ____/____/____
☐ Yes ☐ No

What was the HIV test result?

☐ Refused
☐ Did not get the results
☐ Inconclusive
☐ HIV-negative
☐ HIV-positive

Healing Our Women

Section B

The next questions have to do with sensitive experiences that may or may not have happened to you. Many women, while they were children or adolescents before the age of 17, have had unwanted sexual experiences with an adult or someone much older than them. By sexual I mean ranging from someone touching your body to someone having intercourse with you. These experiences may have involved a relative, a friend, friend or the family, or a stranger. Some experiences are very upsetting and painful while others are not. Some may have occurred against your will. These incidents happened a long time ago. Even if you are not sure if these childhood experiences are harmful to you, please answer yes or no.

Before the age of 17:

Did an adult relative, family, friend or stranger ever do anything sexual with you, including fondling you, rubbing genitals against your body, put anything in your vagina or rectum, attempting to have intercourse with you, have intercourse with you or force you to lick or suck their genitals?

☐ Yes

☐ No

Since the age of 18 ?

Has anyone forced you to have any form of sex?

☐ Yes

☐ No

If client does not answer affirmatively to either question about childhood or adult sexual abuse, thank her for talking with you about these very sensitive topics and express your appreciation for her your openness and honesty in responding to some difficult and challenging questions but let her know she is not eligible for the program.

Section C

These next questions are about your moods and feelings so that we can better understand whether the group will work for your needs. We ask these questions of everyone interested in this project so that we can get a better picture of the kind of help or support would be best for us to provide for you. Now some questions about your mood and feelings.

Tell me if you have had any of the following experiences in the last 60 days, including and up to today.	Past 60 days, including today
1) Have you felt sad, down, blue, hopeless or depressed for prolonged periods of time? (Probe: for at least two weeks or more)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Have you had anxiety attacks that suddenly come out of the blue – that is in situations where you don't expect to be nervous or uncomfortable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Have you had visions or seen or heard things that other people say they can't see or hear?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Have you had thoughts about or tried to hurt yourself in some way?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Have you had thoughts that you would be better off dead?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Have you had an over-dose requiring hospitalization or intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPORTANT: *If the client has answered affirmatively to any of these items, thank the client for her participation, but let her know that you need to refer her to Social Worker for further assessment.*

☐ Client refused the referral

☐ Client accepted the referral and saw the Social Worker

If client did not answer affirmatively to any of the questions in Section C, thank her for talking with you about these very sensitive topics, express your appreciation for her your openness and honesty in responding to some difficult and challenging questions, and proceed to the consent for the program participation.

☐ Client interested in program, and will be consented.

☐ Client not interested in the program