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## 2008 Required Variables by PEMS Module<sup>1</sup>

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### Agency Information Module

#### Agency Detail sub module

- Agency Name
- EIN
- DUNS
- Agency Type
- Directly Funded
- Community Plan Jurisdiction
- PEMS Agency ID
- Agency Website
- Race/minority focused
- Faith Based
- Address
- City
- State
- Zip

#### Maintain Agency Contact

- First name
- Last name
- Title
- Phone
- Fax
- Email

#### Program Awards sub module

- PA Number
- PA Award Number
- PA Budget Start and End Date
- PA Budget Amt (*Total CDC HIV Prevention Award Amt*)
- Annual CDC HIV Prevention Award Amt Expended
- Amt Allocated for Community Planning
- Amt Allocated for Prevention Services
- Amt Allocated for Evaluation
- Amt Allocated for Capacity Building

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<sup>1</sup> This document was created by the PEMS Regional Leads to facilitate entering required data variables in PEMS. The official list of CDC required variables is available on the PEMS informational website. Revised 07/26/08

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### Sites sub module

- Site ID
- Site Name
- Site Type
- State
- County
- Zip

If Community Setting is selected as site type then the following is required:

- Use of Mobile Unit

### Contract Agencies sub module

- Agency Name
- EIN
- DUNS
- Agency Type
- Race/minority focused
- Faith Based
- City
- State
- Zip
- Agency Activities

### Add Contract Details

- **Contract Start and End Date** (*Contract Start Date-Month, Contract Start Date-Year, Contract End Date-Month and Contract End Date-Year*)
- **Total Contract Award** (CDC/DHAP Funding only)
- **CDC HIV Prevention Program Announcement Number**
- **Program Announcement Budget Period** (*CDC HIV Prevention PA Budget Start and End Date*)

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## Program Information Module

### Program Details sub module

- Program Name
- Community Plan Year (*Funding Cycle of Program*)
- Community Plan Jurisdiction

### Program Model Details sub module

- Program Model Name
- Proposed Annual Budget
- Program Model Start and End Date
- Target Population

Basis for Program/Intervention Model (Select One)

- Evidence Based
- CDC Recommend Guidelines
- Other Basis

### Intervention Details sub module

- Intervention Type
- Intervention Name
- Planned Number of Cycles
- HIV Positive Intervention
- Perinatal intervention
- Level of Data Collection
- Number of Sessions
- Unit of Delivery
- Total Number of Clients
- Sub-Total Target Population
- Delivery Method
- Intervention ID

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## Community Planning Module (Health Department ONLY)

### Add New Community Plan

- **Community Plan Jurisdiction** (Name of HIV Prevention CPG)
- **Community Plan Year**

### Add New Priority Population Worksheet

- **Priority Population**
- **Rank**
- **Age**
- **Gender**
- **Ethnicity**
- **Race**
- **HIV Status**
- **Geo Location**
- **Transmission Risk**

### Add New Prevention Intervention Worksheet

- **Name of Prevention Activity/ Intervention** (Prevention Intervention Worksheet Name)
- **Prevention/ Intervention Type**

Basis for Program/Intervention Model (Select One)

- **Evidence Based**
- **CDC Recommend Guidelines**
- **Other Basis for Program Model**

If Selected Other Basis for Program Model

- **Activity**

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## Client Level Services Module

### Select Client

*Search client*  
*Add new client*

### Demographics sub module

### Add New Client

- Date Collected
- PEMS Client Unique Key (If you choose to enter a local client ID, then the PEMS ID will also be generated)
- Date of Birth – Year
- Ethnicity
- Race
- State/Territory of Residence
- Assigned Sex at Birth
- Current Gender

### Interventions sub module

### Maintain Intervention Sessions

*Select link: Add Session for New Intervention*

### Add Intervention Session

*Select Year, Program Name, Program Model Name, Intervention Name*

- Intervention Name
- Session Date – month, day, year
- Session Number

If “Planned Number of Cycles” was specified in the program plan, then the following is required:

- Cycle

*Select the checkboxes:*

- Recruitment Details
- Risk Profile

### Add Recruitment Details

- Incentive Provided
- Recruitment Source
- Service/Intervention Type (only if 1<sup>st</sup> session and Recruitment Source is “agency”)

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### Add Updated Risk Profile

- **Date Collected** (will be pre-populated based on session date)
- **Previous HIV Test**
- **Self Reported HIV Test Result** (only if Previous HIV Test is "yes")
- **In Medical Care/Treatment** (only if Self Reported HIV Test Result is "positive")
- **Pregnant** (only if client is female)
- **In Prenatal Care** (only if female client is pregnant)
- **Recent STD (not HIV)**
- **Client Risk Factors (12 month recall period)**
- **Sex Relations** (same as **Additional Client Risk Factors**)

### Add Session Details

- **Site Name**
- **Unit of Delivery**
- **Delivery Method**
- *Activities – system required – Select "Referral" if a referral was part of the session*

### Maintain Existing Session

If a Referral was given during the session then referral information is required.

*Select the Add New Referral Link in the Activity(s) box*

### Add Referral Details

- **Referral Date** (will be pre-populated based on session date)
- **Referral Service Type**
- **Referral Outcome**
- **Referral Close Date**

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## Aggregate Level Services Module

### *Aggregate HE/RR and Outreach*

#### Interventions sub module

#### Maintain Aggregate Intervention Session/Event

*Select link: Add New Session/Event*

#### Add Aggregate Intervention Session/Event

*Select Year, Program Name, Program Model Name, Intervention Name*

- Intervention Name
- Session number

#### Add Even/Session Details

- Incentive Provided (only if HE/RR intervention)
- Date of Event/Session
- Duration of Event/Session
- Number of Client Contacts
- Site Name
- Client Primary Risk
- Client Gender
- Client Race
- Client Ethnicity
- Client Age
- Delivery Method
- *Activities – system required*

#### Maintain Existing Event/Session

*Select Link: Add/Edit Materials Distributed Details*

If any of the "Distribution" options (male condom, female condom, bleach or safer injection kits, education materials, safe sex kits, referral lists and/or role model stories) were selected as activities, then the following is required:

- **Distribution number for male condom, female condom, bleach or safer injection kits, education materials, safe sex kits, referral lists and/or role model stories**

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## Aggregate Level Services Module

### *Health Communication Public Information*

#### Interventions sub module

#### Maintain Aggregate Intervention Session/Event

*Select link: Add New Session/Event*

#### Add Aggregate Intervention Session/Event

*Select Year, Program Name, Program Model Name, Intervention Name*

- **Intervention Name**

#### Add HC/PI Event Details

- **Event Start Date**
- **Event End Date**
- **Delivery Method**
- *Activities – system required*

#### Maintain Existing HC/PI Event

*Select Link: Add/Edit Delivery Methods and Materials Distributed Details*

#### ***Delivery Method Details***

If "Television" selected as a delivery method, then the following are required:

- **Total Number of Airings**
- **Estimated Total Exposures**

If "Radio" selected as a delivery method, then the following are required:

- **Total Number of Airings**
- **Estimated Total Exposures**

If "Internet" selected as a delivery method, then the following is required:

- **Total number of Web Hits**

If "In Person" selected as a delivery method, then the following is required:

- **Total Number of Attendees**

If "Telephone" selected as a delivery method, then the following are required:

- **Number of Callers**
- **Number of Callers Referred**

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If "Printed Materials, Printed Materials- Magazines/newspapers and Printed Materials- Posters/brochures" selected as a delivery method, then the following are required:

- **Estimated Total Exposures**

*Please Note: Currently, "Estimated Total Exposures" does not appear in the PEMS software when "Printed Materials, Printed Materials- Magazines/newspapers and/or Printed Materials- Posters/brochures" delivery methods are selected. CDC is aware of the issue and it is being addressed. Please contact your Regional Lead for more information.*

If "Printed Materials- pamphlets/brochures" selected as a delivery method, then the following are required:

- **Distribution number**

#### ***Material Distributed Details***

If any of the "Distribution" options (educational materials, role model stories, male condom, female condom, lubricants, bleach or safer injection kits, referral lists, and/or safe sex kits) were selected as activities, then the following is required:

- **Distribution number for educational materials, role model stories, male condom, female condom, lubricants, bleach or safer injection kits, referral lists, and/or safe sex kits**