

Prevention Activity Sheet

Program/Group		Month		Day		Year	
Location:							
<i>(No Abbreviations)</i>							
Start Time:		AM	PM	End Time:		AM	PM
						Contact Hours:	
						Contact Units:	

Targeted Substance(s):

Alcohol
 Tobacco
 Marijuana
 Prescription Drugs
 Cocaine
 Heroin
 Inhalants
 Methamphetamine
 Synthetic Drugs (i.e. Bath salts, Spice, K2)
Priority(ies):
 Underage Drinking
 Prescription Drug
 Substance-Abuse Related Suicide
 Prevention Across Lifespan
 MHWP (as it relates to substance abuse)
 Tobacco/Vaping

Strategy & Billing Code	
<input type="checkbox"/> Information Dissemination (H0024)	<input type="checkbox"/> Environmental Approaches (H0025)
<input type="checkbox"/> Community-Based Processes (H0026)	Education <input type="checkbox"/> (H0027) <input type="checkbox"/> (H0027:HF) <input type="checkbox"/> (H0027:HF;HA)
<input type="checkbox"/> Problem Identification and Referral (H0028)	Alternatives <input type="checkbox"/> (H0029) <input type="checkbox"/> (H0029:HF) <input type="checkbox"/> (H0029:HF;HA)

Topic/Activity:

Goal:

Description:

<u>IOM Group Identifier</u>	<u>Community Type</u>	<u>Check Applicable:</u>	<u>Community Size</u>
Universal _____	Rural _____	0 – 5000 _____	30001-40000 _____
Selected _____	Urban _____	5001-10000 _____	40001-50000 _____
Indicated _____		10001-20000 _____	50001 or more _____
		20001-30000 _____	

Risk Factor(s):

Domain(s):

Individual _____ Family _____ Peer _____ School _____ Community _____ Society/Environmental _____

Record Score, if applicable:

Pre-Test _____ Post-Test _____ Outcome _____

Indicate by Number or Tally Mark:

Other:

Hearing Status:

LGBTQ+	_____	Hearing	_____
Homeless	_____	Hard of Hearing	_____
Students in College	_____	Deaf	_____
Military Families	_____		
Underserved Racial and Ethnic Minorities	_____		
High-Risk Youth	_____		

	Name/Alias	Age				Race				Ethnicity									
1		<input type="checkbox"/> 0-5	<input type="checkbox"/> 21-24	<input type="checkbox"/> 75+	<input type="checkbox"/> Amer. Indian/Alaska	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/Afr. American	<input type="checkbox"/> Ntv. Hawaiian/Pac. Islander	<input type="checkbox"/> White	<input type="checkbox"/> Two or More Races	<input type="checkbox"/> Other	<input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Mexican	<input type="checkbox"/> Cuban	<input type="checkbox"/> Other	Hispanic	
		<input type="checkbox"/> 6-12	<input type="checkbox"/> 25-44																
		<input type="checkbox"/> 13-17	<input type="checkbox"/> 45-64																
		<input type="checkbox"/> 18-20	<input type="checkbox"/> 65-74																
						Gender													
		<input type="checkbox"/> Female		<input type="checkbox"/> Male		<input type="checkbox"/> Other		<input type="checkbox"/> Transgender (Trans Woman)		<input type="checkbox"/> Transgender (Trans Man)		<input type="checkbox"/> Gender (Non-conforming)							
2		<input type="checkbox"/> 0-5	<input type="checkbox"/> 18-20	<input type="checkbox"/> 65-74	<input type="checkbox"/> Amer. Indian/Alaska	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/Afr. American	<input type="checkbox"/> Ntv. Hawaiian/Pac. Islander	<input type="checkbox"/> White	<input type="checkbox"/> Two or More Races	<input type="checkbox"/> Other	<input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Mexican	<input type="checkbox"/> Cuban	<input type="checkbox"/> Other	Hispanic	
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						Male		Transgender (Trans Man)		Other									

Prev. Provider (Printed Name + Signature) (Signature of individual(s) who provided the actual service)

Date

Prev. Specialist (Printed Name + Signature) (Only if the individual above is under supervision and working toward credentialing)

Date