Health Counselor Weekly Completed Sessions Summary Reporting Form   **P-HC-S1**

Period of reporting (dd/mm/yy): From _____to _____   Week number: _____   HC Code: _____ PHC Code_____

Session/ Discharge Date	Trial ID	Recruit ment Date	Gend er	Disor der	Session type	Session no*	Treat ment statu s	Phase	Activities by phase	SO pres ent	If SO present , Who	PHQ total score	AUDIT Total score/ Drinking status	Durat ion of sessio n	Types of discharg e	Next appointm ent date
dd/mm/y yy		dd/m m/yyy	M/ F	A	B		C	D	E/ F	Y/ N	G		H	mins	I	dd/mm/yy yy

This sheet is to be filled for every underlined completed session with the patient and patient discharge

*Session Number: enter 0 for abbreviated session and 1-8 for session numbers 1-8 as appropriate

Please write N/A wherever not applicable. Codes are listed overleaf.

Codes for completing Health Counselor Weekly Completed Session Summary Reporting Form

A. Codes for disorder	**B. Codes for session type**
1. DD 2. HD 3. DP 4. HD & DD	1. Face to face at PHC 2. Face to face at home/convenient place 3. Telephonic
C. Codes for treatment status	**D. Codes for phase**
1. In Treatment 2. Unplanned Discharge 3. Re-entered Treatment 4. Planned discharge	1. Beginning phase 2. Middle phase 3. Ending Phase
E. Codes for DD activities by phase	**F. Codes for HD activities by phase**
1. Getting to know the Patient. 2. Elicits a Commitment 3. Selecting Targets for Change. 4. Uses activation skillfully 5. Uses problem-solving skillfully 6. Uses appropriate strategies to deal with specific problems 7. Reviews Skills learned 8. Preparing to stay well	1. Introduces CAP-HD 2. Provides psycho education and personalized feedback 3. Goal Setting and Action Plan 4. Commitment 5. Drink Refusal Skills 6. Handling Urges Skills 7. Handling Emotions Skills 8. Problem-Solving Skills 9. Reviewed Skills 10. Lapse/Relapse Management 11. Reviewed all Sessions

G. Codes for SO present	**H. Codes for overall drinking status**
1. Spouse 2. Sibling 3. Parent 4. Friend 5. Other specify	0. Stopped 1. Reduced 2. No change 3. Increased
I. Codes for types of discharge 1. Completed treatment 2. Referral to Psychiatrist or psychiatric hospital 3. Refusal to continue with treatment 4. Change in place of residence 5. Unsuccessful Attempts- failure to respond to reminders 6. Death of Patient 7. Other specify	