

**Table 1: Activity Data Collection Form for Selected Measures**

Please use the form below to identify what services you provide to each segment. For those you provide the service to, please provide the number reached by the services provided (e.g., # of women receiving referrals or # of partners receiving TA). Report the number reached by each activity for each participant type. Only report a participant under one participant type (select the best category for the participant). For those services you do not provide, or segments you do not reach, please leave the cell blank.

	<b>Participants/ Public</b>	<b>Providers/ Health Care Professionals</b>	<b>Community/ Local Partners</b>	<b>State or National Partners</b>
<b>Technical Assistance</b>				
<b>Training</b>				
<b>Product Development</b>				
<b>Research/ Peer-reviewed publications</b>				
<b>Outreach/ Information Dissemination/ Education</b>				
<b>Screening/ Assessment</b>				
<b>Referral/ care coordination</b>				
<b>Direct Service</b>				
<b>Quality improvement initiatives</b>				