

Data Aggregation and Reporting Template

Organization Name

List the sites included in this review:

Contact Person (program contact or person completing this form):

Name:

Email:

Phone:

Nature and Scope of Review

1) Screening Tool Selection (please check box and elaborate below when needed)

- UCLA 4-item Loneliness Scale
- UCLA 3-item Loneliness Scale
- Other Screening Tool (please specify below)

2) Screening Eligibility (please check box and elaborate below when needed)

HIV+ individuals who receive HIV care at the clinic.

Individuals receiving other forms of healthcare/ support services (please specify below)

3) Survey frequency: How often do you plan to use the loneliness scale for client visits? [Please choose an option]

Aggregated data

1) How many clients were eligible for screening?

2) How many of the eligible clients were screened?

3) How many of those screened had a score at or above the threshold (6 for the 3-item version or 9 for the 4-item version)?

Given the UCLA Loneliness scale score result, are there patients with similar characteristics who have a high score as noted above on the UCLA Loneliness Scale?

Based on the UCLA Loneliness Scale score result:

What is the aggregated baseline UCLA loneliness score for your clinic? %

What is the aggregated baseline UCLA loneliness Scale score result for the sub-group that you have selected to focus on for our improvement activity? %

Please include in the space provided below the goal for your positive social connection quality improvement project, including what you plan to improve, for whom it will improve, by how much you plan to improve it, by when you plan to achieve your improvement goal.

Example: “The Care First Clinic will use an art therapy approach to increase positive social connection by 10% for people with HIV 50 and older by January 1, 2026. “

Please describe the activity you plan to test to improve positive social connection. Please update this section each time you submit the tool to let us know if you have made any changes to the original plan.

Does your QI project involve any of the following interventions?

[Please choose an option]

If yes, what interventions were implemented? Check all that apply.

- Cultural celebrations/festivities
- Nutritionist led visit to local farmer’s market.
- Connector services (includes outreach services, guided conversations motivational interviews)
- Cognitive behavioral therapy
- Friendly Peer-visiting, phone calls, support
- Online/virtual support or education groups

- Lunch clubs/Recipe Swaps
- Poetry writing club, therapeutic writing, and group therapy.
- Art classes and inspiring activities
- Group exercise and discussion
- Community singing group initiative.
- Group lessons in self-esteem, relational competence, phases in friendship formation and social skills.
- Other (please describe below):

How do you plan to measure the effectiveness of your advancing social connection quality improvement activity?

- UCLA loneliness scale
- Other measures (please specify):

Do you plan to measure any other outcome indicators such as viral load suppression or retention in care? If so, please specify below.