SPNS Program Cooperative Agreement Evaluation
Module 1: Demographic-Contact Form
National Evaluation by The Measurement Group

Site | **Sub-Provider** | **Staff Code** | **Intake/Service Date** (Month / Day / Year) | **Client Birthdate** (Month/Age / Day / Year)

ID Letters | **ID Numbers**

1. Client Gender (choose one)
- ○ Male
- ○ Female
- ○ Other
- ○ Refused
- ○ Unknown
- ○ Transgender

2. # Children | # Children living with you | # Children needing care while you get services

3. Primary Ethnic/Cultural/Racial Background (enter the 2 digit code)

(10) White(non-Hispanic, including Caucasian, Middle Eastern, North African)

(20) African American/Black (non-Hispanic)
- (21) African American/Black
- (22) Haitian
- (23) Caribbean, not Puerto Rican or Cuban (Jamaican, Dominican Republic)
- (24) African Black
- (25) All Other non-Hispanic Black

(30) Hispanic
- (31) Mexican/Mexican American
- (32) Cuban
- (33) Puerto Rican
- (34) Central American
- (35) South American
- (36) Spanish, Portuguese, Cape Verdean
- (37) Other Caribbean
- (38) Other Hispanic

(40) Asian/Pacific Islander
- (41) East Asian
- (42) South Asian
- (43) Southeast Asian
- (44) Pacific Islander
- (45) Other Asian/Pacific Islander

(50) American Indian, Aleutian, Native Alaskan or Eskimo

(99) Unknown

4. Multi-racial? ○ Yes ○ No ○ Don't Know

If yes, enter 2 digit code for 2nd ethnicity

5. Payer Insurance (as many as apply)
- ○ Private, 3rd-party health insurance (include HMO)
- ○ Medicaid (fee for service)
- ○ Other public insurance/Medicare
- ○ Medicaid managed care
- ○ Other insurance (e.g., incarcerated)
- ○ Self-pay
- ○ None
- ○ Unknown

6. Pregnant (choose one)
- ○ Yes
- ○ No
- ○ Don't know
- ○ Rule Out

7. Highest Grade Completed
- ○ Has GED
- ○ Currently in school

8. Sources of Income (as many as apply)
- ○ AFDC
- ○ Employer Benefits
- ○ General Relief
- ○ Private Insurance
- ○ Social Security
- ○ SSI
- ○ State Disability
- ○ Wages/Salary
- ○ None

Other

9. Self-Identified Sexual Orientation (choose one)
- ○ Gay/Lesbian
- ○ Bisexual
- ○ Heterosexual
- ○ Undecided
- ○ Refused

10. Marital Status (choose one)
- ○ Single
- ○ Married
- ○ Common law
- ○ Live w/ same sex partner
- ○ Live w/ opp sex partner
- ○ Separated
- ○ Divorced
- ○ Widowed
- ○ Other →
- ○ DK/Refused

11. Other Categories

○ A	○ G	1	
○ B	○ H	2	
○ C	○ I	3	
○ D	○ J		
○ E	○ K	4	
○ F	○ L		

12. Primary Health Care Source (choose one)
- ○ Solo/group practice, not HMO
- ○ HMO
- ○ Publicly-funded community health ctr
- ○ Hospital outpatient clinic/dept
- ○ Emergency room
- ○ VA/military hospital or outpatient dept
- ○ Other public clinic or department
- ○ Other -->
- ○ None
- ○ Unknown

13. Employment Status (choose one)
- ○ Full-time
- ○ Part-time
- ○ Unemployed, seeking
- ○ Unemployed, not seeking
- ○ Disabled

Other

14. Housing Status (choose one)
- ○ Your house/apt
- ○ Someone else's house/apt
- ○ Transitional housing
- ○ On the street
- ○ Institution≤ 30 days
- ○ Institution>30 days

15. Primary Language (choose one)
- ○ English
- ○ Spanish
- ○ Creole
- ○ French
- ○ Arabic

Other

16. Years resided in catchment area of the service (optional)
- ○ less than 1 year

17. ○ Incarcerated/Jail

18. Zipcode (optional)

19. Purpose of Contact (choose one)
- ○ Enrollment
- ○ Outreach
- ○ Change

Other

20. Referral Source (optional)

I = Inside our Agency | O = Outside our Agency | B = Both

Case Manager	Hospital	Public Health Agency
Corrections/Parole	Mental Health Agency	Self
Emergency Room	Substance Abuse Agency	Self-Help Group
Family Members/ Friends	Other Medical Services Unit	Shelter/Housing
Food/Drop-In Center	Outreach	Social Service Agency
HIV Testing Site	Private/Primary-Care Physician	STD Clinic
		Other

21. Behaviors (optional)

T = TODAY, last 24 hours
C = CURRENT, happened in last 30 days, not today
E = EVER, happened but not in last 30 days
N = NO, has never happened
R = REFUSED
D = DON'T KNOW

Cigarette Smoker 1/2 pack or more a day	Injection Drug Use	Sex with Males
Inferred alcohol problem	Needle Sharing	Unprotected Sex with Males
Heroin Use	CJS Involved	Sex with Females
Crack Use	Sex Work/ Survival Sex	Unprotected Sex with Females
Other Illicit Drug Use	STD (not HIV)	Sex with IDU
		Sex with HIV+ person

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