SPNS Cooperative Agreement Evaluation
Module 16: Focus Group Characteristics Form
National Evaluation by The Measurement Group

Site	Sub-Provider	Focus Group #	Date	Hour	Length Minutes
			Month / Day / Year	○ am ○ pm	

Staff Facilitators

#1 #2 #3 #4 #5 #6

Language Used (select one)
○ English ○ Spanish ○ Both E&S ○ Other

I. PARTICIPANTS (all that apply)

A. ○ **Service Recipients/Consumers/PWAs**

B. Primary Caregivers
- ○ Mental Health Providers
- ○ Primary Health Care Providers (Medical/Dental)
- ○ Social Service Providers
- ○ Substance Abuse Treatment Providers
- ○ Support Health Care Personnel

Other

C. Other Participant Groups
- ○ Advocates (including attorneys)
- ○ Case Mgrs/Case Coordinates
- ○ CJS Workers
- ○ Community Services Providers
- ○ Counselors
- ○ Employers
- ○ Family Members
- ○ Grass Roots Organizations
- ○ Peer Advocates
- ○ Planning/Policy Makers
- ○ Religious Leaders
- ○ Teacher/Educational Leaders/Academics
- ○ Young Adults: 19-25 years old
- ○ Youth: 12-18 years old

Other

II. PARTICIPANTS IN FOCUS GROUP

A. Number of Males

% aged 12 under | % aged 13-19 | % aged 20+

% African Am-Black | % Asian Am-Pac Island
% Caucasian-White | % Hispanic-Latino
% Native Am-Am Indian | % Other-Multiracial

B. Number of Females

% aged 12 under | % aged 13-19 | % aged 20+

% African Am-Black | % Asian Am-Pac Island
% Caucasian-White | % Hispanic-Latino
% Native Am-Am Indian | % Other-Multiracial

○ **Actual %s and Counts Used**

III. PURPOSE OF ACTIVITY (all that apply)
- ○ Define Service Needs
- ○ Design Better Programs
- ○ Education Update
- ○ Identify Barriers to Services
- ○ Identify Services/ Service Levels
- ○ Outreach Strategies
- ○ Prioritize Policies

Other #1 (specify):
Other #2 (specify):
Other #3 (specify):

IV. MAJOR QUESTION #1 (Please print legibly inside box below)

MAJOR CONCLUSION #1 OF PARTICIPANTS

MAJOR QUESTION #2

MAJOR CONCLUSION #2 OF PARTICIPANTS

MAJOR QUESTION #3

MAJOR CONCLUSION #3 OF PARTICIPANTS

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