SPNS Program Cooperative Agreement Evaluation
Module 21: Weekly Program Census
National Evaluation by The Measurement Group

ID Letters	ID Numbers	Site	Sub-Provider	Date
				Month / Day / Year

Staff Code	Client Gender	Week Of	Total number of patients/ clients this week?
	○ Male ○ Female	Month / Day / Year	

Instructions: **For each of the services listed below, please estimate to the best of your ability the number of males and females served in the past week (e.g., if you served 95 males in Inpatient Care, write in "095" for that service).**

	Males	Females		Males	Females
1. Nursing home			SPECIALTY MEDICAL		
2. Homecare			16. Cardiology		
3. Ambulatory care			17. Dental dermatology		
4. Inpatient medical care			18. Gastroenterology		
5. Dental care			19. Gynecology		
6. Emergency room			20. Infectious disease		
7. Daycare			21. Neurology		
8. Home hospice			22. Neuropsychology		
9. Residential hospice			23. Nutrition		
10. HIV prevention/ intervention			24. Obstetrics		
11. Mental health services			25. Opthamology		
12. Group counseling			26. Pulmonary		
13. Substance abuse services			27. Psychiatry		
14. Case management/ advocacy			28. Surgery		
15. Other psychosocial services			29. Other specialist		

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