

**SPNS Cooperative Agreement Evaluation
Module 4A: Services Needed and Received
National Evaluation by The Measurement Group**

ID Letters	ID Numbers	Site	Sub-Provider	Date
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
		Month	Day	Year
Staff Code				
<input type="text"/> <input type="text"/> <input type="text"/>				

Services	Needed in Last Six Months?	Received in Last Six Months?
1. Drug detoxification or maintenance	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.
2. Residential drug treatment	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.
3. Outpatient or day treatment for substance abuse	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.
4. Housing or shelter	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.
5. Food or other basic needs	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.
6. Dental services	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.
7. Scheduled out-patient medical services	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.
8. Emergency room services	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.
9. Inpatient medical services	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.
10. HIV-related medical services	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.
11. HIV-related self-care services	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.
12. HIV-related home care services	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.
13. HIV-related hospice	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.
14. Mental health services (in-patient or out-patient)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.
15. Self-help group	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.
16. Family counseling	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.
17. Pharmacy	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.
18. Vocational training	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.
19. Case management	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.
20. HIV testing for partner or friend	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.
21. Prenatal/pregnancy care	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> D/K <input type="radio"/> Ref.