

**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"/> |
|   |   |  |  | <small>Month                      Day                      Year</small>   |
| 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. |