

**SPNS Cooperative Agreement Evaluation  
Module 4B: Barriers and Facilitators Form  
National Evaluation by The Measurement Group**

<b>ID Letters</b>	<b>ID Numbers</b>	<b>Site</b>	<b>Sub-Provider</b>	<b>Date</b>
<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"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
		Month	Day	Year
<b>Staff Code</b>	<b>SECTION 1</b> Read to Respondent: "Sometimes people have problems getting services. I am going to read you a list of problems people report. For each statement, please tell me if it is a problem for you. Is this a problem for you?"			
<input type="text"/> <input type="text"/> <input type="text"/>				

1. You don't think the services exist around here. <input type="radio"/> No <input type="radio"/> D/K <input type="radio"/> Yes <input type="radio"/> Ref.	10. You are afraid that you won't be treated if you go there. <input type="radio"/> No <input type="radio"/> D/K <input type="radio"/> Yes <input type="radio"/> Ref.
2. You don't know where to get the services. <input type="radio"/> No <input type="radio"/> D/K <input type="radio"/> Yes <input type="radio"/> Ref.	11. You are afraid that you might lose your child if you go there. <input type="radio"/> No <input type="radio"/> Ref. <input type="radio"/> Yes <input type="radio"/> N/A <input type="radio"/> D/K
3. You would have to wait too long to get the services. <input type="radio"/> No <input type="radio"/> D/K <input type="radio"/> Yes <input type="radio"/> Ref.	12. You worry that someone there will force you to take medication. <input type="radio"/> No <input type="radio"/> D/K <input type="radio"/> Yes <input type="radio"/> Ref.
4. The services cost too much for you to afford. <input type="radio"/> No <input type="radio"/> D/K <input type="radio"/> Yes <input type="radio"/> Ref.	13. It's hard for you to make or keep appointments. <input type="radio"/> No <input type="radio"/> D/K <input type="radio"/> Yes <input type="radio"/> Ref.
5. You don't think you are eligible to get the services for free. <input type="radio"/> No <input type="radio"/> D/K <input type="radio"/> Yes <input type="radio"/> Ref.	14. The people at the agency don't speak the same language as you. <input type="radio"/> No <input type="radio"/> D/K <input type="radio"/> Yes <input type="radio"/> Ref.
6. The people who run the services don't like people like you. <input type="radio"/> No <input type="radio"/> D/K <input type="radio"/> Yes <input type="radio"/> Ref.	15. You have trouble telling the people at the agency what you need. <input type="radio"/> No <input type="radio"/> D/K <input type="radio"/> Yes <input type="radio"/> Ref.
7. It's hard for you to get there (transportation). <input type="radio"/> No <input type="radio"/> D/K <input type="radio"/> Yes <input type="radio"/> Ref.	16. You worry that your family/friends would be against the services. <input type="radio"/> No <input type="radio"/> D/K <input type="radio"/> Yes <input type="radio"/> Ref.
8. You don't know what to do with your kids when you're there. <input type="radio"/> No <input type="radio"/> Ref. <input type="radio"/> Yes <input type="radio"/> N/A <input type="radio"/> D/K	17. You have to take care of other people. <input type="radio"/> No <input type="radio"/> D/K <input type="radio"/> Yes <input type="radio"/> Ref.
9. Somebody might find out about your HIV status if you go there. <input type="radio"/> No <input type="radio"/> Ref. <input type="radio"/> Yes <input type="radio"/> N/A <input type="radio"/> D/K	

<b>SECTION 2</b> Read to Respondent: "Sometimes there are things that make it easier to get services. I am going to read you a list of things that make it easier for people to get services. For each statement, please tell me if it has helped you get services or made getting services easier. Has this helped you?"	
1. People at the agency seem to care about you. <input type="radio"/> No <input type="radio"/> D/K <input type="radio"/> Yes <input type="radio"/> Ref.	6. You learn important things at the agency. <input type="radio"/> No <input type="radio"/> D/K <input type="radio"/> Yes <input type="radio"/> Ref.
2. Food is provided for you at the agency. <input type="radio"/> No <input type="radio"/> D/K <input type="radio"/> Yes <input type="radio"/> Ref.	7. Transportation is provided to bring you to the agency. <input type="radio"/> No <input type="radio"/> D/K <input type="radio"/> Yes <input type="radio"/> Ref.
3. You get other items or goods when you are seen at the agency. <input type="radio"/> No <input type="radio"/> D/K <input type="radio"/> Yes <input type="radio"/> Ref.	8. It is easy to talk to the people at the agency. <input type="radio"/> No <input type="radio"/> D/K <input type="radio"/> Yes <input type="radio"/> Ref.
4. Child care is provided to you by the agency. <input type="radio"/> No <input type="radio"/> Ref. <input type="radio"/> Yes <input type="radio"/> N/A <input type="radio"/> D/K	9. The agency offers you appointments that are at convenient times. <input type="radio"/> No <input type="radio"/> D/K <input type="radio"/> Yes <input type="radio"/> Ref.
5. The agency is located near where you live. <input type="radio"/> No <input type="radio"/> D/K <input type="radio"/> Yes <input type="radio"/> Ref.	10. You meet people that you like at the agency. <input type="radio"/> No <input type="radio"/> D/K <input type="radio"/> Yes <input type="radio"/> Ref.
	11. Safe parking is located at the agency. <input type="radio"/> No <input type="radio"/> D/K <input type="radio"/> Yes <input type="radio"/> Ref.