| DVHCP DV Site   |   |  |  |  |                       |
|---|---|--|--|--|-----------------------|
|   |   | CLIENT FEEDB                           | BACK SURVE                               | Y  |                       |
| questions. You can s<br>the care you rec  | skip questions you<br>eive here. Please | u do not want to a<br>do not write you | answer. This is<br>r name on this        |  | rivate – no names     |
| 1. Did your advocate  | e ask you about v                       | whether you need                       | d health servic                          | es?  |                       |
| No  | Yes                                     | Don't Know                             |  |  |                       |
|   |   |  |  |  |                       |
| <ol> <li>Did your advocate<br/>No</li> </ol>  | e give you either<br>Yes                | one of these pair<br>Don't Know        | n-sized cards (                          | pictured below)?   |                       |
|   |   |  |  |  |                       |
| Dayer<br>Ng D<br>Ng D<br>Ng D<br>Ng D<br>Ng D<br>Ng D<br>Ng D<br>Ng D   | Hanging out or Hor                      | oking up?                              | Tataata<br>Tataata<br>Tataata<br>Tataata | id You<br>Anow Your<br>Relationship<br>Affects Your<br>Health? |                       |
| 3. Did receiving this<br>how being treated<br>No  |   | =                                      | affect your hea                          | -  | -                     |
|   |   |  |  |  |                       |
| 4. How helpful or ur<br>below:  | helpful was it to                       | be asked about                         | your healthcar                           | e needs? Please ci   | rcle a number         |
| 0   | 1                                       | 2                                      | 3  | 4  | Not Applicable        |
| Not Helpful   |   |  |  | Very Helpful   |                       |
| 5. How helpful or ur<br>a number below:   | helpful was it to                       | learn about the                        | availability of                          | local healthcare se  | ervices? Please circl |
| 0   | 1                                       | 2                                      | 3  | 4  | Not Applicable        |
| Not Helpful   |   |  | 1  | Very Helpful   |                       |
| 5. After learning abo<br>No   | out the availabilit<br>Yes              | ty of local health                     | care services, ł                         | nave you used any  | services?             |
| 7. How likely are yo  | u to use these lo                       | cal healthcare ser                     | rvices in the fu                         | ture? Please circle  | a number below:       |
| 0   | 1                                       | 2                                      | 3  | 4  | Not Applicable        |
| Not likely  |   |  |  | Very likely  |                       |
|   |   |  |  |  |                       |
| Public Burden Statement: An agency may  |   |  |  |  |                       |
| umber for this project is 0915-0212. Pul<br>ources, and completing and reviewing th<br>o HRSA Reports Clearance Officer, 5600 | e collection of information. Send       | comments regarding this burden e       |  |  |                       |
|   |   | ,                                      |  |  |                       |

DVHCP DV Site 8. What is your age? Are you: 10 to 24 years old 25 and over 0

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0212. Public reporting burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857.