Form Approved

OMB No. 0920-New

Expiration Date: XX/XX/XXXX

Evaluation of safe spaces in CDC-directly funded community-based organizations

**Attachment 4**

**Client Survey**

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

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| **afe Space Use** | |
| 1. **Why did you come to [safe space name] for your most recent visit?** *Select all that apply*   To have fun  To meet people  For HIV testing  For HIV medical care  For PrEP services  For other HIV services (*Briefly describe*) ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  For other support services (e.g., education, employment, housing)  For a specific event (e.g., movie night)  ☐ Nowhere else to go  Other (*Briefly describe*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Decline to answer   1. **At your most recent visit to the safe space, did you get what you came for?**   Yes  No  I got some but not everything I came for  Decline to answer   1. **How many times have you visited [safe space name] in the past 12 months? \_\_\_\_\_\_\_\_\_\_\_** 2. **How many times have you visited [safe space name] in the past 30 days? \_\_\_\_\_\_\_\_\_\_\_** | |
| **Perceptions about Safe Space** | |
| 1. **Overall, how satisfied are you with [safe space name]?**   Very satisfied  Satisfied  Neutral  Dissatisfied  Very dissatisfied  Decline to answer   1. **Do you plan to return to [safe space name] again?**   Definitely  Probably  Probably not  Definitely not  Decline to answer   1. **Did [safe space name] provide you with the following HIV services at any time you visited:**   Yes No I don’t need any Decline to answer  help with this  **HIV education**  **HIV testing**  **Linkage to HIV medical care**  **Referral to PrEP services**  **Other HIV services (*briefly describe*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   1. **Do you feel that [safe space name] has helped you at any time with:**   Yes No I don’t need any Decline to answer  help with this  **Transportation**  **Housing**  **Health insurance**  **Non-HIV related healthcare**  **Hormone replacement therapy**  **Job opportunities**  **Educational opportunities**   1. **Do you feel that [safe space name] helped at any time with hardships in your life, such as:**   Yes No I don’t need any Decline to answer  help with this  **HIV stigma**  **Homophobia/transphobia**  **Racism**  **Financial hardship**  **Substance abuse**  **Mental health concerns** | |
| 1. **Is the environment at [safe space name]…**   Yes No Decline to answer  **Welcoming**  **Made with me in mind**  **Meant for people my age**  **Visited by LGBT persons of color**  **Affirming to me**  **Using language that I can relate to**  **Staffed with people that are like me**  **A nice physical space**  **Easy to get to**  **Open when I wanted to visit it?**   1. **Did [safe space name]…**   Yes No Decline to answer  **Make me feel respected**  **Make me feel safe**  **Make me feel connected to others like me** | |
|  | |
| 1. **How old are you? \_\_\_\_\_\_\_\_\_\_** 2. **In which state do you live? \_\_\_\_\_\_\_\_\_\_\_\_** 3. **What is your zip code? \_\_\_\_\_\_\_\_\_\_\_** 4. **Are you Hispanic or Latino?**   Yes No I don’t know Decline to answer   1. **Which race(s) are you?** *Select all that apply*   Asian  American Indian or Alaska Native  White Black or African American  Native Hawaiian or Other Pacific Islander  Don’t Know  Decline to answer   1. **What sex were you assigned at birth, on your original birth certificate?**   Male Female Decline to answer   1. **How do you identify yourself?**   Male Female  Transgender man/trans man  Transgender woman/trans woman  Nonbinary  A gender not listed here: \_\_\_\_\_\_\_\_\_\_\_\_\_  Decline to answer   1. **In the past five years, have you:**   Had sex with a man  Had sex with a woman  Had sex with a transgender person  Decline to answer | 1. **What is the highest level of education that you completed?**   No schooling completed  Less than high school  Some high school  High school graduate/GED  Some college  Technical or trade school  Bachelor’s degree  Master’s degree  Doctoral-level degree  Decline to answer   1. **What is your current work situation?**   Employed full-time  Employed part-time  Not employed at this time  Decline to answer   1. **Are you currently a student?**   Yes No Decline to answer   1. **What is your living situation today?**   I have housing  I do not have permanent housing (couch surfing,  in a hotel)  I am experiencing homelessness (in a shelter,  living outside on the street, in a car, or in a park)  Decline to answer |
| **HIV-related Questions** | |
| 1. **What was the result of your last HIV test?**   Positive  Negative  Don’t know  Never been tested for HIV  Decline to answer   1. **Are you currently receiving care for HIV?** *(Only for people with HIV)*   Yes  No  Decline to answer   1. **Are you currently taking PrEP?** *(Only for people who test negative for HIV)*   Yes  No  Don’t know what PrEP is  Decline to answer     1. **In the past 3 months, have you…**   Yes No Decline to answer  Had anal or vaginal sex without a condom?  Injected drugs?  Been diagnosed with a sexually transmitted infection?   1. **Which of these services did you receive from [agency name] in the past 30 days?** *Select all that apply*   HIV testing  ☐ STI testing  Linkage to HIV medical care (e.g., ARTAS, STEPS to Care)  PrEP services  Medication adherence support  Referrals to other services (*Briefly describe*) | |