

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)

Safe 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

2. 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

3. How many times have you visited [safe space name] in the past 12 months? _____

4. How many times have you visited [safe space name] in the past 30 days? _____

Perceptions about Safe Space

5. Overall, how satisfied are you with [safe space name]?

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied
- Decline to answer

6. Do you plan to return to [safe space name] again?

- Definitely
- Probably
- Probably not
- Definitely not
- Decline to answer

7. Did [safe space name] provide you with the following HIV services at any time you visited:

	Yes	No	I don't need any help with this	Decline to answer
HIV education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Linkage to HIV medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral to PrEP services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other HIV services (<i>briefly describe</i>): _____				

8. Do you feel that [safe space name] has helped you at any time with:

	Yes	No	I don't need any help with this	Decline to answer
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-HIV related healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hormone replacement therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. 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 help with this	Decline to answer
HIV stigma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homophobia/transphobia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial hardship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Is the environment at [safe space name]...

	Yes	No	Decline to answer
Welcoming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made with me in mind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meant for people my age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visited by LGBT persons of color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affirming to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using language that I can relate to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staffed with people that are like me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A nice physical space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easy to get to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Open when I wanted to visit it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Did [safe space name]...

	Yes	No	Decline to answer
Make me feel respected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make me feel safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make me feel connected to others like me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. How old are you? _____

13. In which state do you live? _____

14. What is your zip code? _____

15. Are you Hispanic or Latino?

20. What is the highest level of education that you completed?

- No schooling completed
- Less than high school
- Some high school

- Yes No I don't know Decline to answer

16. 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

17. What sex were you assigned at birth, on your original birth certificate?

- Male Female Decline to answer

18. How do you identify yourself?

- Male Female
 Transgender man/trans man
 Transgender woman/trans woman
 Nonbinary
 A gender not listed here: _____
 Decline to answer

19. 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

- High school graduate/GED
 Some college
 Technical or trade school
 Bachelor's degree
 Master's degree
 Doctoral-level degree
 Decline to answer

21. What is your current work situation?

- Employed full-time
 Employed part-time
 Not employed at this time
 Decline to answer

22. Are you currently a student?

- Yes No Decline to answer

23. 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

24. What was the result of your last HIV test?

- Positive
 Negative
 Don't know
 Never been tested for HIV
 Decline to answer

25. Are you currently receiving care for HIV? *(Only for people with HIV)*

- Yes
 No
 Decline to answer

26. Are you currently taking PrEP? *(Only for people who test negative for HIV)*

- Yes
 No
 Don't know what PrEP is
 Decline to answer

27. In the past 3 months, have you...

	Yes	No	Decline to answer
Had anal or vaginal sex without a condom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injected drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been diagnosed with a sexually transmitted infection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. 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*)