Thank you for your help! Although doing this is voluntary, your answers to these questions will help our program understand and improve the services we provide. We do not ask for your name. Your answers are confidential and very important to us. Please respond honestly. When you have finished, put this form in the envelope you were given, seal it, and put it in the place the staff member showed you.

1. About how many sessions with program staff for counseling have you had in the last year?
   ___ 0  ___ 1  ___ 2–5  ___ 6–10  ___ more than 10

2. Have you filled out one of these forms about your experience with counseling in the past?
   ___ no  ___ yes  If yes: About how long ago? _______ months

3. People want to talk to counselors for different reasons. The following list describes different reasons why you may have come to our program for counseling. Every woman wants and needs different things, so there are no “right” answers. Please use one of the numbers in the box below to rate each of the items on the list according to the help you received from counseling:

   3 = I got all of the help of this kind that I wanted  
   2 = I got some of the help of this kind that I wanted  
   1 = I wanted this kind of help, but I didn’t get any  
   0 = it doesn’t apply to me—I didn’t want or need this

   ___ talking to someone who understands my situation  
   ___ learning more about why/how domestic violence happens  
   ___ help figuring out how I can be safer  
   ___ hearing about what other women have done in my situation  
   ___ learning to be more comfortable doing things for myself  
   ___ finding out who to call or where to get help  
   ___ help figuring out what to do with my life  
   ___ help keeping access to my faith community  
   ___ help staying in my community safely  
   ___ other (describe) ___________

   ___ help with issues related to my children  
   ___ support to make some changes in my life  
   ___ understanding myself better  
   ___ feeling better about myself  
   ___ help ending my relationship safely  
   ___ help staying in my relationship safely  
   ___ help with budgeting  
   ___ feeling more comfortable asking for help  
   ___ feeling more hopeful about my life

4. I am most comfortable talking about my issues and concerns related to the abuse I have experienced in the following way (please check only one):
   ___ in a support group with other women who have had similar experiences  
   ___ in a conversation with only one other person  
   ___ I am equally comfortable talking in a group or with just one person

5. Because of the counseling services I have received from this program so far, I feel (please check yes or no):

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
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6. Please circle the number that best reflects your agreement or disagreement with the following statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>doesn’t apply</th>
<th>strongly disagree</th>
<th>disagree</th>
<th>agree</th>
<th>strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff treated me with respect.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Staff were caring and supportive.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Staff spent enough time talking about my safety.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Over all, my religious/spiritual beliefs were respected.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Over all, my sexual orientation was respected.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Over all, my racial/ethnic background was respected.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Staff helped address any needs related to my disability.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Staff helped address any needs related to my youth or advancing age.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

7. Over all, thinking about my experience with counseling, I would rate the help I have received so far as:
   very helpful       helpful       a little helpful       not at all helpful

comments

8. If a friend of mine told me she was thinking of coming to this program for help, I would: (please check one)
   strongly recommend she come       recommend she come
   recommend she not come       strongly recommend she not come

because:

We ask the next questions to see if different groups of people have different experiences here, so we can continue to improve our services for ALL people. But please feel free to leave any item blank if you are concerned it will identify you.

9. I consider myself to be:
   African American/Black         Hispanic/Latina         Other (what?) ________________
   Asian/Pacific Islander         Multiracial
   Native American/Alaskan Native White

If there is a particular ethnic background that is important to you, please identify: ____________________________

10. My age is: 17 or younger 18 – 24 25 - 34 35 – 49 50 - 64 65 or older

11. I am: female male transgender

12. I have __________ minor children (age 17 or younger)

13. I consider myself to be:
   heterosexual/straight         lesbian/gay
   bisexual                        other (please describe) ____________________________

14. The highest level of education I have so far is:
   8th grade or less High school graduate or GED College graduate
   9th – 11th grade Some college Advanced degree

Thank you very much

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