Support Group Feedback Form

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 times have you been to this support group 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 support groups in the past?
   ___ no     ___ yes  If yes: About how long ago? _______ months

3. People attend support groups for different reasons. The following list describes different reasons why you may have come to our program for a support group. 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 our program’s support group:

   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 others who understand 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
   ___ help with issues related to my children
   ___ other (describe) _____________________________________________________________

   ___ information about counseling options
   ___ 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** attending this support group I feel (please check yes or no):

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I know more ways to plan for my safety</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I know more about community resources</td>
<td></td>
</tr>
<tr>
<td></td>
<td>like I can do more things on my own</td>
<td></td>
</tr>
<tr>
<td></td>
<td>more hopeful about the future</td>
<td></td>
</tr>
<tr>
<td></td>
<td>more comfortable asking for help</td>
<td></td>
</tr>
<tr>
<td></td>
<td>more confident in my decision-making</td>
<td></td>
</tr>
</tbody>
</table>

6. Please circle the number that best reflects your agreement or disagreement with the following statements.

<table>
<thead>
<tr>
<th></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></td>
<td>The group leader treated me with respect.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>The group leader was caring and supportive.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>The group leader spent enough time talking about safety.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Over all, my religious/spiritual beliefs were respected.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Over all, my sexual orientation was respected.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Over all, my racial/ethnic background was respected.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Any needs related to my disability were addressed.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Any needs related to my youth or age were addressed.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

7. Over all, thinking about my experience with support groups, 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 type of group 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!