**Counseling 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 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  | \_\_\_ help with issues related to my children  |
| \_\_\_ learning more about why/how domestic violence happens  | \_\_\_ support to make some changes in my life  |
| \_\_\_ help figuring out how I can be safer  | \_\_\_ understanding myself better  |
| \_\_\_ hearing about what other women have done in my situation  | \_\_\_ feeling better about myself  |
| \_\_\_ learning to be more comfortable doing things for myself  | \_\_\_ help ending my relationship safely  |
| \_\_\_ finding out who to call or where to get help  | \_\_\_ help staying in my relationship safely  |
| \_\_\_ help figuring out what to do with my life  | \_\_\_ help with budgeting  |
| \_\_\_ help keeping access to my faith community  | \_\_\_ feeling more comfortable asking for help  |
| \_\_\_ help staying in my community safely  | \_\_\_ feeling more hopeful about my life  |
| \_\_\_ other *(describe)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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****)*:

|  |  |
| --- | --- |
| Yes No  | Yes No  |
| \_\_\_ \_\_\_  | I know more ways to plan for my safety  | \_\_\_ \_\_\_  | more hopeful about the future  |
| \_\_\_ \_\_\_  | I know more about community resources  | \_\_\_ \_\_\_  | more comfortable asking for help  |
| \_\_\_ \_\_\_  | like I can do more things on my own  | \_\_\_ \_\_\_  | more confident in my decision-making  |

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

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

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your answers to these questions will help to tell us who is coming to our program, so we can continue to improve our services. Feel free to leave any item blank if you are concerned it would 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 18 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