

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

- | | |
|---|---|
| <input type="checkbox"/> talking to someone who understands my situation | <input type="checkbox"/> help with issues related to my children |
| <input type="checkbox"/> learning more about why/how domestic violence happens | <input type="checkbox"/> support to make some changes in my life |
| <input type="checkbox"/> help figuring out how I can be safer | <input type="checkbox"/> understanding myself better |
| <input type="checkbox"/> hearing about what other women have done in my situation | <input type="checkbox"/> feeling better about myself |
| <input type="checkbox"/> learning to be more comfortable doing things for myself | <input type="checkbox"/> help ending my relationship safely |
| <input type="checkbox"/> finding out who to call or where to get help | <input type="checkbox"/> help staying in my relationship safely |
| <input type="checkbox"/> help figuring out what to do with my life | <input type="checkbox"/> help with budgeting |
| <input type="checkbox"/> help keeping access to my faith community | <input type="checkbox"/> feeling more comfortable asking for help |
| <input type="checkbox"/> help staying in my community safely | <input type="checkbox"/> feeling more hopeful about my life |
| <input type="checkbox"/> other (<i>describe</i>) _____ | |

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 style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 80%;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>I know more ways to plan for my safety</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>I know more about community resources</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>like I can do more things on my own</td> </tr> </table>	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	I know more ways to plan for my safety	<input type="checkbox"/>	<input type="checkbox"/>	I know more about community resources	<input type="checkbox"/>	<input type="checkbox"/>	like I can do more things on my own	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 80%;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>more hopeful about the future</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>more comfortable asking for help</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>more confident in my decision-making</td> </tr> </table>	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	more hopeful about the future	<input type="checkbox"/>	<input type="checkbox"/>	more comfortable asking for help	<input type="checkbox"/>	<input type="checkbox"/>	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 disagree	disagree	agree	strongly agree
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 _____

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