***Adult Victim or Survivor Counseling Client Survey***

***Directions:*** Please help us to improve our program by answering the following ten questions. We want to know how you are doing with your recovery process, and how we have helped. *Just circle the best answer for each question.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **As a result of the services I received from [your agency name here]:** | ***Strongly Agree*** | ***Agree*** | ***Neutral*** | ***Disagree*** | ***Strongly Disagree*** | ***NA*** |
| *Physical and Emotional Needs:*1. I now have a better understanding of how being a survivor of crime has affected my life.
2. I now know where to go for help if I need additional services.
3. The physical effects of the trauma have lessened since starting counseling.
4. The emotional effects of the trauma have lessened since starting counseling.
 | ***5******5******5******5*** | ***4******4******4******4*** | ***3******3******3******3*** | ***2******2******2******2*** | ***1******1******1******1*** | ***-******-******NA******NA*** |
| *Stability/Resolution:*1. I now have the skills to cope with the effects of the trauma.
2. I am achieving my counseling goals.
 | ***5******5*** | ***4******4*** | ***3******3*** | ***2******2*** | ***1******1*** | ***-******-*** |
| *Safety*1. I now have a plan to help me stay safe.
 | ***5*** | ***4*** | ***3*** | ***2*** | ***1*** | ***-*** |
| *Service Quality*1. The agency’s services were appropriate for my needs.
2. I was provided with appropriate referrals based on my needs.
3. The agency took my culture, religion, and orientation into consideration when providing me services.
 | ***5******5******5*** | ***4******4******4*** | ***3******3******3*** | ***2******2******2*** | ***1******1******1*** | ***-******-******-*** |

*Thank you for taking the time to help us improve our services.*