***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.*