***Domestic Violence Shelter & Services Survey***

***Directions:*** Please help us to improve our program by answering the following twelve 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 domestic violence. 2. I am now more aware of other sources of help available to me. 3. I now feel more confident about managing the effects of domestic violence on me. | ***5***  ***5***  ***5*** | ***4***  ***4***  ***4*** | ***3***  ***3***  ***3*** | ***2***  ***2***  ***2*** | ***1***  ***1***  ***1*** | ***-***  ***-***  ***-*** |
| *Stability/Resolution:*   1. I now know ways to manage my safety. 2. I am achieving the goals I set for myself. | ***5***  ***5*** | ***4***  ***4*** | ***3***  ***3*** | ***2***  ***2*** | ***1***  ***1*** | ***-***  ***-*** |
| *Safety*   1. I am better able to recognize signs of increased danger in my relationship. 2. I now have a plan of action if I begin to feel unsafe in my relationship. | ***5***  ***5*** | ***4***  ***4*** | ***3***  ***3*** | ***2***  ***2*** | ***1***  ***1*** | ***-***  ***-*** |
| *Understanding/Participating in the Criminal Justice System*   1. I have a better understanding of how a Domestic Violence case is handled through the investigation until the judge’s decision. 2. I now have a better understanding of my rights as a victim of crime. | ***5***  ***5*** | ***4***  ***4*** | ***3***  ***3*** | ***2***  ***2*** | ***1***  ***1*** | ***NA***  ***NA*** |
| *Service Quality*   1. I was provided with appropriate referrals based on the needs we identified. 2. The services I received from [AGENCY NAME] met 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.*