

Evaluation of Services

This survey is part of our effort to evaluate the services we provide for our clients. We will use the information from this survey to help our program improve its services.

Participation in this survey is completely voluntary. Whether or not you participate will not affect your ability for services. Your responses to this questionnaire will be held to the same standards of confidentiality as other information kept by this agency.

If there is an area of the survey that does not pertain to you DO NOT ANSWER the question.

If you agree to participate in this survey, please read the following statement and sign this form.

I have read this consent form (or this consent form has been read to me), and I agree to participate in this evaluation survey. I understand that my participation is completely voluntary and that I can refuse to answer any question that is asked.

Client: _____

Date: _____

Empowerment and Satisfaction Questionnaire-Long Form(ESQ-LF)

EMPOWERMENT AND SATISFACTION QUESTIONNAIRE (ESQ-LF)						
As a client of our agency, you received services in response to a traumatic event(s). In order to provide the best possible services, we would like to know how much our agency helped you to deal with that particular trauma. Please read the following statements about the services and other aspects of the agency and circle if you strongly agree, somewhat agree, are neutral (don't feel strongly one way or the other), somewhat disagree or strongly disagree with the statements.						
Section A:						
		Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
1.	Staff respected my background (e.g. gender, race, culture, ethnicity, sexual orientation, disability, lifestyle, etc.).	1	2	3	4	5
2.	Services were available at times that were good for me.	1	2	3	4	5
3.	I was asked to participate in deciding what services I would receive.	1	2	3	4	5
4.	I feel the staff heard me.	1	2	3	4	5
5.	I received the kind of service I wanted.	1	2	3	4	5
6.	Staff helped me believe that my life could change for the better.	1	2	3	4	5
7.	The services I received helped me deal more effectively with problems.	1	2	3	4	5
8.	Because of the services I received, I learned coping skills to help me deal with trauma.	1	2	3	4	5
9.	The services I received helped me identify a support system.	1	2	3	4	5
10.	The services I received helped me become aware of how crisis and trauma affect my life.	1	2	3	4	5
11.	The services I received helped me plan for my safety.	1	2	3	4	5
12.	The staff informed me about Victims Rights.	1	2	3	4	5

Please continue to next page

Section A (continued):

		Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
13.	The services I received helped me cope with my fear for my safety.	1	2	3	4	5
14.	Because of the services I received, I know more about the options and choices available to me overall.	1	2	3	4	5
15.	I would return to this agency if I needed victim services in the future.	1	2	3	4	5
16.	I would recommend this agency to a friend in need of victim services.	1	2	3	4	5
17.	In an overall, general sense, I am satisfied with the services I received.	1	2	3	4	5
18.	Because of the services I received, I know about community resources that are available to me.	1	2	3	4	5
Is there anything else you would like to say?		<hr/> <hr/>				

Section B: If you visited our facility, please answer the following questions. If you never visited our facility, skip to Section C.

		Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
19.	I was able to get around the building easily.	1	2	3	4	5
20.	The facilities were comfortable for me.	1	2	3	4	5
Is there anything else you would like to say?		<hr/> <hr/>				

Please continue to next page

Section C: If someone from our agency met you at an emergency medical facility, please answer the following questions about the services we provided. If not, please skip to Section D.

		Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
21.	I felt supported through the medical system by staff from the agency.	1	2	3	4	5
22.	Because of the services I received, I now know more about the medical system.	1	2	3	4	5
Is there anything else you would like to say? _____ _____						

Section D: If someone from our agency accompanied you through the legal process, please answer the following questions about the services we provided. If not, please skip to Section E.

		Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
23.	I felt supported through the legal system by staff from the agency.	1	2	3	4	5
24.	Because of the services I received, I now know more about the legal system.	1	2	3	4	5
Is there anything else you would like to say? _____ _____						

Section E: If you had any of the following out-of-pocket (not covered by any type of insurance) financial losses as a direct result of the victimization, please answer the following questions. If you did not have any of these out-of-pocket financial losses, please skip to Section F.

- Medical expenses • Loss of support • Transportation expenses
- Home healthcare • Funeral expenses • Child care
- Counseling fees • Crime scene cleanup fees • Replacement of medical devices
- Loss of earnings • Relocation expenses • Replacement services (of normal daily household chores – cooking, lawn care, cleaning, etc.)

		Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
25.	The agency made me aware of the Pennsylvania Victim Compensation Program.	1	2	3	4	5
26.	The information provided by the agency helped me understand the victim compensation process.	1	2	3	4	5
Is there anything else you would like to say? _____ _____						

Please continue to next page

Section F: Please consider the following reactions which sometimes occur after a traumatic event. This section is concerned with your personal reactions to the traumatic event which happened to you. Please circle one answer for each question.

	In the past week	Not at All	A Little Bit	Moderately	Quite a Lot	Very Much
27.	How much have you been bothered by unwanted memories, nightmares or reminders of the event?	1	2	3	4	5
28.	How much effort have you made to avoid thinking or talking about the event, or doing things which remind you of what happened?	1	2	3	4	5
29.	To what extent have you lost enjoyment for things, felt sad or depressed, kept your distance from people, or found it difficult to experience feelings?	1	2	3	4	5
30.	How much have you been bothered by poor sleep, poor concentration, jumpiness, irritability or feeling watchful around you?	1	2	3	4	5
31.	How much have you been bothered by pain, aches or tiredness?	1	2	3	4	5
32.	How much would you get angry or upset when stressful events or setbacks happened to you?	1	2	3	4	5
33.	How much have you been blaming yourself or feeling guilty for what happened to you?	1	2	3	4	5
34.	How much have the above symptoms interfered with your ability to work or carry out daily activities?	1	2	3	4	5
35.	How much have the above symptoms interfered with your relationships with family or friends?	1	2	3	4	5
36.	How much better do you feel since beginning services? (as a percentage) 100% 50% 0% <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> As well as I could be No change					
37.	Overall, how much have the above symptoms improved since starting services? (circle one) Very Much Much Minimally No Change Worse 1 2 3 4 5					

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Section G (continued):	
	What did you find helpful about our services? _____ _____
	What did you find not helpful about our services? Please include any suggestions you have for improvement. _____ _____

CLIENT DEMOGRAPHICS

TYPE OF VICTIMIZATION

(Check All That Apply to Your Current Situation)

- Domestic Violence
- Sexual Assault
- Child Abuse (Sexual)
- DUI Victim
- Caregiver of Victim/Survivor
- Physical Assault
- Child Abuse (Physical)
- Robbery
- Homicide Survivor

How long did you receive services from our agency?

- 0-3 months
- 3-6 months
- 6-12 months
- 1-2 years
- 2-4 years
- more than 4 years

TYPE OF SERVICE RECEIVED

(Check all that apply)

- Crisis counseling
- Supportive counseling
- Victim compensation
- Legal advocacy
- Shelter
- Group counseling
- Individual therapy
- Medical advocacy
- Transitional Housing

Have You Had Prior Victimizations?

- Yes /Type: _____
- No

DATE OF BIRTH: _____

GENDER:

- M
- F
- Other

DISABILITY:

- Mental/Emotional
- Physical
- Other

PRIMARY INCOME SOURCE

- Employment
- Pension/Retirement
- Support
- Social Security
- Unemployment
- Public Assistance
- Other

ETHNIC ORIGIN

- Black/African-American
- White
- Hispanic/Latino(a)
- Asian or Pacific Islander
- American Indian/Alaska Native
- Bi-racial
- Other: _____
- Unknown

MARITAL/RELATION (if adult)

- Married
- Living with Partner
- Separated
- Relationship, Not Living with Partner
- Other: _____
- Divorced
- Single
- Widow/Widower

EDUCATION

- No GED or High School
- High School
- College Degree
- Graduate Degree
- Unknown
- GED
- Some College
- Some Graduate
- Post Graduate

HOUSEHOLD INCOME

- Less than \$5,000
- \$5,000-\$9,999
- ~~\$10,000~~-\$14,999
- \$15,000-\$19,999
- \$20,000-\$24,999
- \$25,000-\$29,999
- \$30,000-\$49,999
- over \$50,000
- Unknown

Mental Health Statistics Improvement Program (2000). Mental Health Statistics Improvement Program Survey. Retrieved online [http://www.mhsip.org/surveylink.htm] Oct 16, 2007.
 Connor, K., & Davidson, J. (2001). SPRINT: A brief global assessment of post-traumatic stress disorder.