

ADULT SERVICES

___ Center Survey ___ Phone Survey

**Evaluation Survey
To be completed by adult survivors**

The purpose of this survey is to gather information about your experiences at the sexual assault services center. Please share your experiences by answering the following questions. Do not place your name on this survey.

1. What is your gender? _____
2. What is your age? _____
3. What do you consider your ethnicity? Hispanic/Latino Non Hispanic/Latino Unknown
4. What do you consider your race? American Indian or Alaska native Asian
 Black/African American Native Hawaiian or Pacific Islander White Multi-racial
 Unknown
5. How long ago did the sexual assault/abuse occur that brought you to this center?
 Still occurring Less than a year (but it has stopped) 1-5 years
 6-10 years 10+ years
6. I chose to receive services here because (check all that apply):
 The counselors have special training in working with sexual assault/abuse victims and their families
 There are no counselors available in my area with special training working with sexual assault/abuse victims
 Medical and legal advocates have special training in working with victims and their families
 I do not have private insurance that covers counseling services
 I was told I could get the most help at this center
 The services are free
 Other reason (please state) _____
7. How many total contacts have you had with this center?
 1-3
 4-7
 8+
8. What services have you received here? (check all that apply)
 24-hour hotline
 Assistance with medical care
 Assistance with police, prosecutors or court
 Counseling
 Other
9. How important is it for all these services to be provided by one agency?
 Very important
 Somewhat important
 Slightly important
 Not at all important

(Please turn to next page)

10. The information you provide is completely confidential and protected by law. How important is it to you to have this protection of your information?

- Very important Somewhat important Slightly important Not at all important

11. Since receiving services here:

I have noticed improvements in (check all that apply):

- Significant relationships (e.g., family, friends, co-workers, classmates)
 Work/School
 Sleeping (e.g., decrease in nightmares)
 Problem/solving
 Daily activities
 Mood (e.g., less depressed or anxious)
 Aware of my rights (e.g., legal, medical)
 Number and intensity of bad or distressing thoughts
 Better understanding of my choices and resources available to me
 Coping
 Other (please state) _____

12. I have the ability to manage my feelings about the assault:

- Strongly agree Agree Neither Disagree Strongly disagree

13. I know the sexual assault/abuse was not my fault:

- Strongly agree Agree Neither Disagree Strongly disagree

14. Would you use a sexual assault services center again?

- Yes No

15. Overall, how satisfied were you with the services you received at this center?

- Very satisfied Satisfied Neither Dissatisfied Very dissatisfied

16. Share Your Experience

Please share how receiving sexual assault/abuse services at this center has affected your life.