

**CHICAGO DEPARTMENT OF FAMILY AND SUPPORT SERVICES  
DIVISION ON DOMESTIC VIOLENCE**

**EVALUATION OF SERVICES SURVEY  
COUNSELING SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE**

**SECTION I: STAFF to complete**

SURVEY IDENTIFIER CODE

19			
(year)	(4 digit agency code)	(1 digit program code)	(5 digit client number)

TODAY'S DATE

**SECTION II: PARTICIPANTS to complete**

Please check the box that describes how you feel.

<b>A. What I think about the options I was offered:</b>	<b>Does not apply</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1. I was given information on how the laws can help protect me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I was helped to find many ways to help keep me safer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I was given recommendations for other services that I may need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If I need help in the future, I would come to this program again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>B. Staff at this program:</b>	<b>Does not apply</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1. Treated me with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Supported me in making my own decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>C. How I feel about the services I received:</b>	<b>Does not apply</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1. I better understand the effects of abuse on my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I better understand that I am not responsible for the abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am more confident about the decisions I make	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>GENDER</b>	<b>ETHNICITY</b>	<b>RACE</b>
<input type="checkbox"/> male	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> female	<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Asian
	<b>SEXUAL ORIENTATION</b>	<input type="checkbox"/> Black or African American
<b>AGE</b>	<input type="checkbox"/> heterosexual/straight	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input style="width:100px; height:20px;" type="text"/>	<input type="checkbox"/> Gay/Lesbian	<input type="checkbox"/> White
	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Other race
	<input type="checkbox"/> Queer/Other	