

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

**EVALUATION OF SERVICES SURVEY  
LEGAL ADVOCACY AND 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>	Does not apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. 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"/>
2. 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"/>
3. 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"/>
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>	Does not apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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"/>
3. Explained things in ways I could understand	<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>	Does not apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I feel better informed about my legal options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I felt more supported in court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. 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"/>

<b>GENDER</b>	<b>SEXUAL ORIENTATION</b>	<b>RACE</b>
<input type="checkbox"/> male	<input type="checkbox"/> heterosexual/straight	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> female	<input type="checkbox"/> Gay/Lesbian	<input type="checkbox"/> Asian
	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Black or African American
<b>ETHNICITY</b>	<input type="checkbox"/> Queer/Other	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> Hispanic/Latino	<b>AGE</b>	<input type="checkbox"/> White
<input type="checkbox"/> Not Hispanic/Latino	<span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px; vertical-align: middle;"></span>	<input type="checkbox"/> Other race