

**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

2020-21			
(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.

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

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

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

GENDER	ETHNICITY	RACE
<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
	SEXUAL ORIENTATION	<input type="checkbox"/> Black or African American
AGE	<input type="checkbox"/> heterosexual/straight	<input type="checkbox"/> Native Hawaiian/Pacific Islander
	<input type="checkbox"/> Gay/Lesbian	<input type="checkbox"/> White
	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Other race
	<input type="checkbox"/> Queer/Other	