

Advocacy Feedback Form for Survivors of Domestic Violence

Thank you in advance for taking the time to answer these questions. We know you are very busy right now, but we really appreciate your telling us what was helpful as well as unhelpful about our advocacy program. **We take your comments seriously**, and are always trying to improve our services.

1. My advocate helped me with issues in the following areas:
(please check all that apply)

- Housing
- Legal issues
- Financial issues
- Healthcare for myself
- Healthcare for my children
- Issues regarding my children
- Transportation
- Social support
- Immigration
- other (please explain: _____)

2. For each statement below, please write the number that best reflects your experience.

- 0 NOT AT ALL
- 1 A LITTLE
- 2 SOMEWHAT
- 3 VERY MUCH
- 8 Not Applicable
- 9 Declined to answer

- a. The advocate I worked with was knowledgeable about community resources. _____
- b. The advocate was concerned about the needs of all of my family members. _____
- c. I decided what needs and issues I wanted to work on with my advocate. _____
- d. The advocate knew how to connect me to community resources. _____
- e. The advocate focused on my strengths. _____
- f. The advocate I worked with helped me learn new skills or practice existing skills. _____
- g. I felt supported and encouraged by my advocate. _____
- h. The advocate I worked with helped me define and meet the goals I thought were important. _____
- i. The advocate was nonjudgmental toward me. _____

Because of my experiences in this program:

	Not at all	Somewhat	A lot	Doesn't apply to me; I didn't need this
I feel more hopeful about the future				
I am more able to achieve goals I set for myself				
I know more about community resources I might need.				
I have more ways to plan for my safety.				
I feel less alone.				
I know more about my options				

I am: Female Male Transgendered

I am: under 18 18-29 30-44 45-64 65 and over

I consider myself to be:

- African American/Black Native American
 White/Caucasian Latina/Hispanic
 Asian/Pacific Islander Arabic/Chaldean
 Multiracial Other (please describe): _____

I am a person with (please check all that apply):

- a physical disability an emotional/psychiatric disability
 a hearing disability an alcohol/chemical disability
 a visual disability a learning/developmental disability
 a cognitive disability other disability
 no disability

Any additional comments/suggestions or statements?

Please check this box if you give us permission to share your comments on PR materials and/or funding reports. Again, this information will remain anonymous.

Thank you again for taking the time to fill this out — we will use your comments to continue to improve our services! And please contact us if you should need anything.