

Support Group Evaluation Form for Survivors of Sexual Assault/Abuse

This is an anonymous questionnaire. Please do not put your name on it. We value your feedback, and the answers you provide will be used to improve the services we provide. Thank you in advance for taking the time to answer to the following questions.

I attended the following number of group sessions (please check one):

1-2 sessions 3-5 sessions 6-10 sessions more than 10 sessions

Please check the box under the response that best matches how you feel:

	Very Much / A Lot	Some what	A little	Not at All
The group facilitator/s would offer information about community resources I might need now or in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel emotionally supported by the group facilitators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel more in control of my life than I did before starting the group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know more ways to plan for my safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know more about community resources I might need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found your counseling services to be helpful to my healing process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a better understanding of common reactions to sexual violence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If a friend of mine told me that they were thinking of using your group services I would:

Strongly recommend that they contact you Suggest that they contact you
 Suggest that they NOT contact you Strongly recommend that they NOT contact you

Because: _____

I am: Female Male Transgendered

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

I consider myself to be:

- | | |
|---|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Native American |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Latina/Hispanic |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Arabic/Chaldean |
| <input type="checkbox"/> Multiracial | <input type="checkbox"/> Other (please describe): _____ |

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

- | | |
|---|--|
| <input type="checkbox"/> a physical disability | <input type="checkbox"/> an emotional/psychiatric disability |
| <input type="checkbox"/> a hearing disability | <input type="checkbox"/> an alcohol/chemical disability |
| <input type="checkbox"/> a visual disability | <input type="checkbox"/> a learning/developmental disability |
| <input type="checkbox"/> a cognitive disability | <input type="checkbox"/> other disability |
| <input type="checkbox"/> 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.