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:

The group facilitator/s would offer information about community resources I might need now or in the future.

Very Much / A Lot

Some what

A little

Not at All

I feel emotionally supported by the group facilitators.

I feel more in control of my life than I did before starting the group.

I know more ways to plan for my safety.

I know more about community resources I might need.

I found your counseling services to be helpful to my healing process.

I have a better understanding of common reactions to sexual violence.

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:

□ 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.