



FY _____ Grant No. _____ Quarter: _____
 Program: _____

Outcome Measure Survey

Your safety and ability to access services is important to us. One way to know whether we are on the right track or need to change course is to hear from you about the things you learned while receiving services from this program. Please take a couple of minutes to complete this survey. We realize it's one more form to fill out and want to thank you for

Please circle the number (5 being strongly agree, down to 1 being strongly disagree) that best matches your experience. Please circle N/A if it doesn't apply to you (for instance circle N/A for #3 if you do not have children).

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. I know more or different intervention strategies for safety than I did before.	5	4	3	2	1	N/A
2. I know more about what resources and help are available and how to access those resources.	5	4	3	2	1	N/A
3. I know more about what services to access for my children.	5	4	3	2	1	N/A
4. I feel less isolated since working with this program.	5	4	3	2	1	N/A
5. I better understand the impact of the crisis and trauma I experienced.	5	4	3	2	1	N/A
6. I know more about my legal rights since working with this program.	5	4	3	2	1	N/A
7. I have a better understanding of how the justice process works.	5	4	3	2	1	N/A