



Program: _____ Date: _____

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 your consideration and thoughtful responses.

Please check the number that best matches your experience (5 = strongly agree, down to 1 = strongly disagree). Check N/A if it doesn't apply to you.

	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

Additional Comments: