

This survey is part of an effort to improve the services provided to victims of crime. Therefore, we consider your participation valuable to our efforts and thank you in advance for taking the time to respond to these few questions. Your responses will be kept *confidential* and will only be accessed by Abt Associates Inc., a research firm in MA. All feedback will be reported in summary format.

Your participation in this survey, while extremely important to the study of victims' services, is *completely voluntary*. There is no penalty for not participating, or for skipping questions you do not want to answer. Thank you.

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB Control Number. We try to create forms and instructions that are accurate, easily understood, and impose the least possible burden on you to provide us information. The estimated average time to complete the form is 3 minutes. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the National Institute of Justice, Office of Research and Evaluation, OMB Number XXXX-XXXX, 810 7th Street, N.W., Washington, D.C. 20531.

1. Is this your first visit to the organization?

- Yes
- No

2. What types of services were you looking to receive during your visit? (*Check all that apply*)

- Information about victim rights
- Information about service in the community
- Medical assistance
- Counseling services or therapy
- Assistance with police or courts
- Assistance with housing, employment, food, or transportation

3. Were there any services you were looking for that you did not receive?

- Yes
- No [SKIP TO 4]

3a. If yes, why not?

- Services not provided by this organization
- Services were not available when I was visiting
- Services are only available by referral

4. On a scale of 1-5, how helpful was the organization in meeting your needs?

Not Helpful					Very Helpful
1	2	3	4	5	

5. On a scale of 1-5, how would you rate your overall experience with this victim services organization?

Not Satisfied					Very Satisfied
1	2	3	4	5	

6. Were you referred to other services?

- Yes
- No [SKIP TO END]

6a. If yes, do you think the referral(s) will be useful to you?

- Yes
- No

Thank you for your feedback.