

Project

Participant Feedback Survey

OMB NO. 0930-0270
Expiration Date xx/xx/xxxx

This brief survey will help community leaders learn about needs in our community. It will also help us to learn about how well crisis counselors and outreach workers are meeting these needs. We thank you very much for your help! Do not put your name on this survey. We want you to feel free to say how you really feel! If you filled out a survey like this in the past week, please do not fill in this one.

A pen is included for your use!

How would you rate the program or counselor or outreach worker on the following areas?

In the boxes at right, please "X" the box that best represents your opinion where:
"1" is the *worst* rating and "10" is the *best* rating.

	Worst										Best
How good was the information you got on how people feel after disasters? Was that information the best it could be (10), the worst it could be (1) or somewhere in-between (2-9)?	1	2	3	4	5	6	7	8	9	10	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How good of a job did the counselor or outreach worker do helping you to know that your feelings after the disaster were the same as many other people's feelings?	1	2	3	4	5	6	7	8	9	10	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How good of a job did the counselor or outreach worker do treating you with respect?	1	2	3	4	5	6	7	8	9	10	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How good of a job did the counselor or outreach worker do respecting your culture, race, ethnicity, or religion?	1	2	3	4	5	6	7	8	9	10	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How good of a job did the counselor or outreach worker do making you feel that asking for help is okay?	1	2	3	4	5	6	7	8	9	10	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How good of a job did the counselor or outreach worker do making you feel that you can help yourself and family?	1	2	3	4	5	6	7	8	9	10	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How good of a job did the counselor or outreach worker do keeping things you said private?	1	2	3	4	5	6	7	8	9	10	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How good of a job did the counselor or outreach worker do helping you to find ways to take care of yourself, like eating right and getting enough sleep?	1	2	3	4	5	6	7	8	9	10	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How good of a job did the counselor or outreach worker do helping you to stay active in things like hobbies, sports, church, or volunteer work?	1	2	3	4	5	6	7	8	9	10	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How good of an idea is it to tell a friend who was upset by the disaster to see this counselor or outreach worker?	1	2	3	4	5	6	7	8	9	10	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

People are exposed to disaster in many different ways. Please select all that apply to you by putting an X in the box.

<input type="checkbox"/> family missing/dead	<input type="checkbox"/> life was threatened (self or household)
<input type="checkbox"/> friend missing/dead	<input type="checkbox"/> witnessed death/injury (self or household)
<input type="checkbox"/> pet missing/dead	<input type="checkbox"/> assisted with rescue/recovery (self or household)
<input type="checkbox"/> home damage	<input type="checkbox"/> disaster unemployed (self or household)
<input type="checkbox"/> car or other vehicle or major property loss	<input type="checkbox"/> evacuated quickly with no time to prepare
<input type="checkbox"/> other financial loss	<input type="checkbox"/> prolonged separation from family
<input type="checkbox"/> injured or physically harmed (self or household)	<input type="checkbox"/> displaced from home 1 week or more

PLEASE ALSO ANSWER QUESTIONS ON THE BACK

These questions are about the reactions you have experienced IN THE PAST MONTH. By reactions, we mean feelings, emotions, or thoughts about the disaster. Your answers to these questions will help us to learn more about how people in our community were affected by the disaster. For each question, put an X in the box that best describes your feeling or thought.

1, not at all ☐ 2, a little bit ☐ 3, somewhat ☐ 4, quite a bit ☐ 5, very much ☐

How much have you been bothered by bad memories, nightmares, or reminders of what happened?

1 2 3 4 5
☐ ☐ ☐ ☐ ☐

How much did you try NOT to think or talk about what happened or to do things that remind you of what happened?

1 2 3 4 5
☐ ☐ ☐ ☐ ☐

To what extent did you lose pleasure in things, stay away from people, or feel numb because of what happened?

1 2 3 4 5
☐ ☐ ☐ ☐ ☐

How much have you been bothered by poor sleep, poor concentration, feeling jumpy or angry, or being scared that something else bad will happen?

1 2 3 4 5
☐ ☐ ☐ ☐ ☐

How down or depressed were you because of what happened?

1 2 3 4 5
☐ ☐ ☐ ☐ ☐

How much were other stressful things harder to deal with because of what happened?

1 2 3 4 5
☐ ☐ ☐ ☐ ☐

How much trouble did you have taking care of your health? For example, did you eat poorly, not get enough rest, smoke more, or drink more?

1 2 3 4 5
☐ ☐ ☐ ☐ ☐

How worried or upset are you about your reactions?

1 2 3 4 5
☐ ☐ ☐ ☐ ☐

How much trouble did you have working or doing things like housework or schoolwork?

1 2 3 4 5
☐ ☐ ☐ ☐ ☐

How did your reactions keep you from getting along or having fun with family and friends?

1 2 3 4 5
☐ ☐ ☐ ☐ ☐

How much do you need help or more help from a counselor to deal with your reactions to the disaster?

1 2 3 4 5
☐ ☐ ☐ ☐ ☐

If you answered many of these questions with a 4 or 5, you might want to talk with a counselor about your reactions. If you have concerns about your answers to these questions, please call xxxxxxxxxx.

These final questions will help us to describe the total group who completed the survey.

What is your sex? ☐ male

☐ female

How old are you?

What was the highest year (or grade) of school that you completed?

☐ 0-6

☐ 7-11

☐ 12 (high school)

☐ some college

☐ college graduate or more

What county or parish do you live in now?

Which race best describes you? (Select one or more)

☐ American Indian / Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian / Pacific Islander

☐ White

Are you Hispanic/Latino?

☐ no

☐ yes

What is your preferred language?

☐ English

☐ Spanish

☐ other (specify in box)>

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0270. Public reporting burden for this collection of information is estimated to average 20 minutes per participant per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.