

6 MONTH FOLLOW UP SURVEY

For Health Organizations

Please take a few moments to answer the following questions referring back to the training you participated in several months ago on domestic and sexual violence (DSV) and reproductive and sexual coercion (RSC) in health settings.

Your responses will be kept confidential. You may skip any questions that you do not want to answer, and you can stop taking the survey at any time.

We greatly appreciate your taking the time to answer these questions for us as we aim to improve the violence prevention and intervention trainings for health care providers in health settings.

Date: _____ Site: _____

IF YOU ARE NOT PROVIDING DIRECT CARE TO CLIENTS, PLEASE SKIP TO ITEM 12 ON THE REVERSE SIDE.

	All of the time <i>100%</i>	Most of the time <i>75% or more</i>	Some of the time <i>25% - 75%</i>	Not so often <i>10% - 25%</i>	Rarely <i>Less than 10%</i>	N/A
How often do you:						
1. Talk to your patients about domestic and sexual violence (DSV)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Talk to your patients about reproductive and sexual coercion (RSC)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Review the limits of confidentiality with your clients before asking about DSV or RSC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Assess clients' safety and discuss ways to stay safe in an unhealthy or abusive relationship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Refer clients to your partner organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Since the training, I am more comfortable responding to clients who disclose abuse in their relationships.						
<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Undecided <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Not applicable						
7. Since the training, how confident are you in referring a client to your partner organization?						
<input type="checkbox"/> Completely confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Not at all confident <input type="checkbox"/> Not Applicable						
8. Since the training, I am more comfortable helping and supporting a client to make phone calls to violence related agencies and services.						
<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Undecided <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Not applicable						
9. Since the training, has the frequency changed with which you are discussing healthy relationships?						
<input type="checkbox"/> Increased since the training <input type="checkbox"/> Stayed about the same since the training <input type="checkbox"/> Decreased since the training <input type="checkbox"/> Not Applicable						

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10. **Since the training, has the frequency changed with which you are referring clients to local domestic violence/sexual assault resources?**
 Increased since the training Stayed about the same since the training Decreased since the training Not Applicable
11. **Since the training, have you encountered more clients disclosing domestic and sexual violence (DSV) and/or reproductive and sexual coercion (RSC) experiences in the clinic?**
 More disclosures than before the training About the same number of disclosures Fewer disclosures than before the training Not Applicable
12. **Does your clinic/practice have:** *(mark all that apply)*
 Brochures, cards or information about DSV and RSC
 Posters about DSV and RSC displayed
 A list of violence-related resources and who to call with questions
 Prompts inserted into charts to remind providers to assess for DSV and RSC
 In-service trainings for all clinic staff on DSV and RSC
 Other (please specify): _____
13. **Since the training, has the frequency with which you meet with your local domestic and sexual violence related service providers changed?**
 Increased since the training Stayed about the same since the training Decreased since the training Not Applicable
14. **Are educational materials available on domestic and sexual violence (DSV) and reproductive and sexual coercion (RSC) in the languages most commonly spoken in your setting?**
 Yes No Not applicable Don't know
15. **Are the available materials on DSV and sexual coercion inclusive of diverse relationships including for sexual minorities, LGBTQ (lesbian, gay, bisexual, transgender, queer or questioning) clients?**
 Yes No Not applicable Don't know
16. **Optional: Please answer the following question. This information will help us better understand who we are reaching with these trainings.**
What is your training background? (mark all that apply)
 Reproductive health specialist/family planning counselor
 Promotora or community health worker
 Nurse practitioner (specify specialty area _____)
 Physician assistant (specify specialty area _____)
 Nurse (specify specialty area _____)
 Physician (specify specialty area _____)
 Clinic administrator/Practice manager
 Other _____

Any Additional Comments?

Thank you for your time!