

CLIENT FEEDBACK SURVEY

We are trying to improve the care we provide to women. Please take a few minutes to answer the following questions. You can skip questions you do not want to answer. This is completely voluntary and will not affect the care you receive here. Please do not write your name on this. It is completely private – no names attached. For your answers to be most helpful, please be as honest as you can. THANK YOU!

1. Did your advocate ask you about whether you need health services?

No Yes Don't Know

2. Did your advocate give you either one of these palm-sized cards (pictured below)?

No Yes Don't Know



3. Did receiving this card or other information from your advocate increase your understanding about how being treated badly in your relationships can affect your health?

No Yes Don't Know Not applicable, I did not receive the card

4. How helpful or unhelpful was it to be asked about your healthcare needs? Please circle a number below:

0	1	2	3	4	Not Applicable
Not Helpful				Very Helpful	<input type="checkbox"/>

5. How helpful or unhelpful was it to learn about the availability of local healthcare services? Please circle a number below:

0	1	2	3	4	Not Applicable
Not Helpful				Very Helpful	<input type="checkbox"/>

6. After learning about the availability of local healthcare services, have you used any services?

No Yes

7. How likely are you to use these local healthcare services in the future? Please circle a number below:

0	1	2	3	4	Not Applicable
Not likely				Very likely	<input type="checkbox"/>

8. What is your age? Are you:

10 to 24 years old

25 and over