*Thank you for using the VictimLaw Legislative Database. In order to help OVC TTAC better serve the field, we are reaching out to obtain your feedback. We will protect the privacy of your information in accordance with the Federal Privacy Act, and we will protect the confidentiality of your responses using procedures we have in place. Only members of the Evaluation Team have access to information that could identify respondents. Answers to these questions will only be reported after aggregating all responses, and the results will never identify you as an individual. Other participants/users, consultants/presenters, OVC staff, OVC TTAC staff, and your employer will not have access to what you as an individual say. Your participation is in this survey is completely voluntary. If you have any questions about this survey or the evaluation, please contact TTACEval@icfi.com.*

1. How did you find out about this website? **(Mark all that apply.)**

□ Via an exhibit or presentation at a conference □ Via the OVC TTAC call center

□ Via a link from another website/Searching the Internet □ Via a colleague or friend

□ Via a professor □ Via a publication or newsletter

□ Via my OVC program monitor or other OVC staff person □ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Approximately how many times have to used/visited this site? **(Mark one.)**

□ This is my first time □ Weekly □ A few times per year

□ Daily □ Monthly

**Please indicate the extent to which you agree or disagree with the following statements.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| OVERALL ASSISTANCE | **Strongly Disagree** | **Disagree** | Neither Agree nor Disagree | **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. It is easy to find the information I need on this site.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. It is easy to navigate the site.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. I was familiar with VictimLaw before today’s visit.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The information on this site met my goals.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. I am satisfied with the content of the site.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. I am satisfied with the appearance of the site.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. I will return to this site for my victim legislative information needs.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. I am likely to recommend this site to someone else.
 | 1 | 2 | 3 | 4 | 5 | NA |

1. Were you **unable** to find any information you were searching for?

□ Yes □ No

If ***yes***, what information? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did the four options for search information (*Topical Search*, *Term Search*, *Contents Search*, *Citation Search*) meet your needs?

□ Yes □ No

If ***no***, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How will you use the information you obtained at this site? **(Mark all that apply.)**

□ To assist a client □ Training, Presentation, or Speech

□ For personal use or to assist a friend/family member □ Policy development or reform

□ Learn more about victims’ issues in general □ Improve victim services program

□ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What aspects of the website were most helpful and why?

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1. What could be done differently to improve the website?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you have any other comments or suggestions?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Which of the following **best** describes your background? **(Mark all that apply.)**

□ Community-Based/Grassroots □ Juvenile Justice/Youth Services □ Research

□ Corrections □ Law Enforcement □ Student

□ Education □ Legal Services □ Victim or family/friend of victim

□ Faith-Based □ Legislation/Policymaking □ Other (please specify):

□ Health/Mental Health Services □ Media \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Human/Social Services □ Military \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Judge or Court Staff □ Prosecution

1. Which types of victim services do ***you*** provide for crime victims in your current position? **(Mark all that apply.)**

□ I do not provide direct services □ Criminal Justice System □ Notification

□ Child Care Advocacy/Assistance □ Transportation

□ Compensation/Restitution □ Housing/Shelter □ 24-Hour Hotline

□ Counseling □ Information/Referral □ Other (please specify):

□ Crisis Intervention □ Medical/SANE/SART \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which of the following **best** describes the number of years of experience you have in your current field of work? **(Mark one.)**

□ Less than 3 years □ 3 to 5 years □ 6 to 10 years □ More than 10 years

1. Which of the following **best** describes your primary role in your current position? **(Mark all that apply.)**

□ Direct Delivery/Front Line Staff □ Consultant/Trainer □ Other (please specify):

□ Management/Administrative Staff □ Volunteer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which of the following **best** describes the population you serve? **(Mark all that apply.)**

□ National □ Local

□ State □ Urban

□ Tribal □ Rural

□ International, list country: □ Suburban

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Culturally specific populations(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your zip code? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Thank you for taking the time to complete this form and helping to improve OVC TTAC activities.***