

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.)**

- | | |
|---|--|
| <input type="checkbox"/> Via an exhibit or presentation at a conference | <input type="checkbox"/> Via the OVC TTAC call center |
| <input type="checkbox"/> Via a link from another website/Searching the Internet | <input type="checkbox"/> Via a colleague or friend |
| <input type="checkbox"/> Via a professor | <input type="checkbox"/> Via a publication or newsletter |
| <input type="checkbox"/> Via my OVC program monitor or other OVC staff person | <input type="checkbox"/> Other (please specify): _____ |

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

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> This is my first time | <input type="checkbox"/> Weekly | <input type="checkbox"/> A few times per year |
| <input type="checkbox"/> Daily | <input type="checkbox"/> 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
3. It is easy to find the information I need on this site.	1	2	3	4	5	NA
4. It is easy to navigate the site.	1	2	3	4	5	NA
5. I was familiar with VictimLaw before today's visit.	1	2	3	4	5	NA
6. The information on this site met my goals.	1	2	3	4	5	NA
7. I am satisfied with the content of the site.	1	2	3	4	5	NA
8. I am satisfied with the appearance of the site.	1	2	3	4	5	NA
9. I will return to this site for my victim legislative information needs.	1	2	3	4	5	NA
10. I am likely to recommend this site to someone else.	1	2	3	4	5	NA

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

- Yes No

If **yes**, what information? _____

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

- Yes No

If **no**, why not? _____

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

- | | |
|---|--|
| <input type="checkbox"/> To assist a client | <input type="checkbox"/> Training, Presentation, or Speech |
| <input type="checkbox"/> For personal use or to assist a friend/family member | <input type="checkbox"/> Policy development or reform |
| <input type="checkbox"/> Learn more about victims' issues in general | <input type="checkbox"/> Improve victim services program |
| <input type="checkbox"/> Other (please specify): _____ | |

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

Paperwork Reduction Act Notice

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. The estimated average time to complete this form is 10 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the OVC TTAC evaluation team at TTACEval@icfi.com or 9300 Lee Highway, Fairfax, VA 22031.

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

16. Do you have any other comments or suggestions?

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Community-Based/Grassroots | <input type="checkbox"/> Juvenile Justice/Youth Services | <input type="checkbox"/> Research |
| <input type="checkbox"/> Corrections | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Student |
| <input type="checkbox"/> Education | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Victim or family/friend of victim |
| <input type="checkbox"/> Faith-Based | <input type="checkbox"/> Legislation/Policymaking | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Health/Mental Health Services | <input type="checkbox"/> Media | _____ |
| <input type="checkbox"/> Human/Social Services | <input type="checkbox"/> Military | _____ |
| <input type="checkbox"/> Judge or Court Staff | <input type="checkbox"/> Prosecution | |

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

- | | | |
|---|--|--|
| <input type="checkbox"/> I do not provide direct services | <input type="checkbox"/> Criminal Justice System | <input type="checkbox"/> Notification |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Advocacy/Assistance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Compensation/Restitution | <input type="checkbox"/> Housing/Shelter | <input type="checkbox"/> 24-Hour Hotline |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Information/Referral | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Medical/SANE/SART | _____ |

19. 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

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Direct Delivery/Front Line Staff | <input type="checkbox"/> Consultant/Trainer | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Management/Administrative Staff | <input type="checkbox"/> Volunteer | _____ |

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

- | | |
|---|--|
| <input type="checkbox"/> National | <input type="checkbox"/> Local |
| <input type="checkbox"/> State | <input type="checkbox"/> Urban |
| <input type="checkbox"/> Tribal | <input type="checkbox"/> Rural |
| <input type="checkbox"/> International, list country: _____ | <input type="checkbox"/> Suburban |
| | <input type="checkbox"/> Culturally specific populations(s): _____ |

22. What is your zip code? _____

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