ID number:

Today’s date:

# ‘After’ questionnaire for

# survivors who have received one-to-one support

**We would like to find out what difference our support has made to you so far. Your feedback will help us to improve our services, report to our funders and fundraise for the future. The questionnaire is anonymous and is only used for monitoring purposes.**

**We would be grateful if you could take a few minutes to answer the following questions and return this form to Mary, mary@csass.org.uk**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **What did you think of the support you received from our Centre?**
 | *Agree* | *Disagree* | *Not sure* | *N/A* |
|  |  |  |  |  |
| I got the information I needed  |  |  |  |  |
| I got the support I needed  |  |  |  |  |
| I felt believed and understood |  |  |  |  |
| I felt comfortable with the way in which the support was provided |  |  |  |  |
| The environment of the Centre was safe, welcoming and private |  |  |  |  |
| I valued being in a women-only environment |  |  |  |  |
| The support was sensitive to my needs and situation |  |  |  |  |

 Any comments?

1. **What did you most value about the support you received from our Centre?**

|  |  |
| --- | --- |
| **3. Has the support from our Centre helped you in any of the following ways?** *Please tick any of the following statements that you feel are relevant and true for you now.* |  |
|  | As a result of the support I have received…. | Yes | No | N/A |
|  | I have a better understanding of my situation and I know what I can do about it |  |  |  |
|  | I understand more about how the sexual violence I have experienced has affected me (e.g. my mood, behaviour, feelings etc.) |  |  |  |
|  | I have been able to decide what to do about the sexual violence I have experienced |  |  |  |
|  | I have been able to make decisions about my future |  |  |  |
|  | I have been able to access the support I need |  |  |  |

As a result of the information I have received…

|  |  |  |
| --- | --- | --- |
| I know what my rights are and what I am entitled to |  |  |
| I know what resources are available to me |  |  |
| I have been able to engage with the criminal justice system  |  |  |
| I have been able to engage with civil proceedings  |  |  |

**Or has it helped you in any other ways?**

|  |
| --- |
| **4. Your feelings***Please say whether you agree or disagree with the following statements in terms of how you have been generally feeling over the last two weeks.* |
|  | *Strongly agree* | *Agree* | *Disagree* | *Strongly disagree* |
| I feel able to make everyday decisions |  |  |  |  |
| I feel confident in myself |  |  |  |  |
| I feel good about myself |  |  |  |  |
| I am taking good care of myself (e.g. eating well, exercising) |  |  |  |  |
| I have positive coping skills/strategies for taking care of myself emotionally |  |  |  |  |
| I feel in control of my emotions |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I have people around me that I trust |  |  |  |  |
| I feel close to the people who matter to me |  |  |  |  |

**Please tell us about any changes that have been particularly important.**

**5. Overall, how would you rate the support you received from our Centre?**

|  |  |  |  |
| --- | --- | --- | --- |
| excellent |  good | poor | very poor |

**Any comments?**

**6. Are there any improvements we could make?**

**Many thanks for your help.**