*SURVEY IDENTIFIER 16 /	/	_/	/	/_
Year	AgencyCode	Prog	Client Number	Doc#

Evaluation of Services Survey (ESS) - CO

Thank you for your help. This form is voluntary. All information is anonymous and will not be used to make decisions about your services now or in the future.

Instructions: Please circle the number that describes how you feel.

	te:	ber that describes how yo	Does Not Apply	Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree	
A. About	these services:									
1. This pro	nis program helped meet my needs.		0	1	2	3	4	5	6	
2. I was given information and referrals for other services that I may need.		0	1	2	3	4	5	6		
3. I was given information on how the laws can help protect me.		0	1	2	3	4	5	6		
4. I was given actual steps I can use to help keep me safe.		0	1	2	3	4	5	6		
If I need help in the future, I would come to this program again.		0	1	2	3	4	5	6		
B. Staff a	t this program:									
1. Treated me with respect.		0	1	2	3	4	5	6		
2. Supported me in my making my own decisions.		0	1	2	3	4	5	6		
3. Explained things in ways I could understand.			0	1	2	3	4	5	6	
C. After c	ounseling at this progre	ım:								
1. I better understand the effects of abuse on my life.		0	1	2	3	4	5	6		
2. I better understand that I am not responsible for the abuse.		0	1	2	3	4	5	6		
3. I am more confident about the decisions I make.		0	1	2	3	4	5	6		
4. How many individual counseling sessions did you attend?		0	1	2	3	4	5	6+		
5. How many group counseling sessions did you attend?		0	1	2	3	4	5	6+		
Client plea	se provide the followin	g information:								
Gender:	☐ Female ☐ Male	☐ Transgender	Sex	Sexual orientation: ☐ Heterosexual/ ☐ Gay/Lesbian Straight				bian		
Age:	ge: ☐ 17 or younger ☐ 45-54 ☐ 18-24 ☐ 55-64 ☐ 25-34 ☐ 65 or older		☐ Bisexual ☐ Queer/Other Number of Children:							
Ethnicity:	☐ 35-44 ☐ Hispanic/Latino ☐ Not Hispanic/Latino			Marital □ Never married □ Widowed Status: □ Married □ Divorced □ Separated □ Common Law						
Race:			9	Highest \square 8 th grade or less \square Some college Level of \square 9 th -12 th grade non- \square College graduate						
				er oj ication:	graduate □ Advanced degree □ High school graduate or GED					

*Agency Name: ______ * session count: _____ *Date of survey: _____