

## Domestic Violence Shelter Client Outcome Survey

Introduction: Please help us improve our services by sharing your experience with us.

Directions: Please indicate your level of agreement with the following statements:

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Strongly Agree  
Agree  
Neutral  
Disagree  
Strongly Disagree

As a result of the services I have received:

- |   |     |     |     |     |     |
|---|-----|-----|-----|-----|-----|
| 1. This agency helped me learn how to access benefits or community resources. | (5) | (4) | (3) | (2) | (1) |
| 2. The information and help I received helped me feel safer.                  | (5) | (4) | (3) | (2) | (1) |
| 7. I am satisfied with the services I have received through this program.     | (5) | (4) | (3) | (2) | (1) |

*Thank you for your assistance in completing our survey!*