



Confidential Survey

Please complete the following questions to help us serve you and others better. All information is confidential. We just want your feedback. Please email to info@riversofhope.org, or mail to ROH PO Box 511, Monticello, MN 55362, or drop off at our office.

1. My advocate helped me with issues in the following areas (please check all that apply):

| | |
|---|---|
| <input type="checkbox"/> Legal Rights and Options <input type="checkbox"/> Financial Issues <input type="checkbox"/> Emergency Shelter or Safe House <input type="checkbox"/> Community Resources <input type="checkbox"/> Other Issue – Please Describe: _____ | <input type="checkbox"/> Effects of Violence on Children <input type="checkbox"/> The Court System <input type="checkbox"/> Court Documents (OFP/HRO) <input type="checkbox"/> Immigration |
|---|---|

2. Please describe your experience working with your advocate. For each statement below, please circle the number that best reflects your experience.

| | 0 | 1 | 2 | 3 | Not |
|--|------------|----------|----------|-----------|------------|
| | Not at All | A Little | Somewhat | Very Much | Applicable |
| a. I was listened to and treated respectfully | 0 | 1 | 2 | 3 | NA |
| b. The advocate I worked with was knowledgeable about community resources | 0 | 1 | 2 | 3 | NA |
| c. The advocate was concerned about the needs of all my family members | 0 | 1 | 2 | 3 | NA |
| d. I decided what needs and issues I wanted to work on with my advocate | 0 | 1 | 2 | 3 | NA |
| e. The advocate knew how to connect me to community resources | 0 | 1 | 2 | 3 | NA |
| f. The advocate focused on my strengths | 0 | 1 | 2 | 3 | NA |
| g. I felt supported and encouraged by my advocate | 0 | 1 | 2 | 3 | NA |
| h. The advocate I worked with helped me define and meet the goals I thought were important | 0 | 1 | 2 | 3 | NA |
| i. The advocate was nonjudgmental toward me | 0 | 1 | 2 | 3 | NA |
| j. The advocate I worked with helped me learn new skills or practice existing skills | 0 | 1 | 2 | 3 | NA |

Please tell us more about your experience working with the advocate. What did you appreciate most? What recommendations do you have to improve services?

3. Please describe your experience with the services provided by Rivers of Hope. For each statement below, please circle the number that best reflects your experience.

| | 0 Not at All | 1 A Little | 2 Somewhat | 3 Very Much | Not Applicable |
|--|-----------------|---------------|---------------|----------------|-------------------|
| a. I have a safety plan for me and my children | 0 | 1 | 2 | 3 | NA |
| b. I have a support system I can contact when I need help | 0 | 1 | 2 | 3 | NA |
| c. I have effective coping skills to deal with the effects of violence | 0 | 1 | 2 | 3 | NA |
| d. I have healthy and positive relationships in my life | 0 | 1 | 2 | 3 | NA |
| e. I am confident that I can make healthy decisions for me and my children | 0 | 1 | 2 | 3 | NA |
| f. I feel supported by the systems in the community to help me | 0 | 1 | 2 | 3 | NA |
| g. I feel I am in control of my life and my choices | 0 | 1 | 2 | 3 | NA |
| h. I feel positive about my life and future | 0 | 1 | 2 | 3 | NA |
| i. I would recommend Rivers of Hope to others | 0 | 1 | 2 | 3 | NA |

Because of my experiences in this program:

| | Not at all | Somewhat | A lot | Doesn't apply to me; I didn't need this |
|--|------------|----------|-------|--|
| I feel more hopeful about the future | | | | |
| I am more able to achieve goals I set for myself | | | | |
| I have more ways to plan for my safety | | | | |
| I feel less alone | | | | |
| I know more about my options | | | | |

Comments (what worked well, what could have been better about your experience? Feel free to offer suggestions.)

Approximate date you started working with us (month/year): _____

Approximate date you last worked with us (month/year): _____

What county do you live in? _____

Today's Date _____

Thank-you for providing your feedback!