

## SAFELIGHT SERVICES SATISFACTION SURVEY

We want to know how you feel about the services Safelight provides. Your responses will help improve Safelight’s services.

**CHECK the service(s) received at Safelight and CIRCLE satisfaction level.**

<input type="checkbox"/> 24-hour crisis line	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied
<input type="checkbox"/> Case Management	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied
<input type="checkbox"/> Child Medical Exam	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied
<input type="checkbox"/> Counseling	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied
<input type="checkbox"/> Court Advocacy	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied
<input type="checkbox"/> Emergency Shelter	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied
<input type="checkbox"/> Emergency Room Advocacy	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied
<input type="checkbox"/> Forensic Interview	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied
<input type="checkbox"/> Job Training	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied
<input type="checkbox"/> Law Enforcement Accompaniment	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied
<input type="checkbox"/> Support Group	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied

**How satisfied are you overall with services received at Safelight (circle one)**

Very Satisfied      Satisfied      Neutral      Unsatisfied      Very Unsatisfied

**If you spent time at the Emergency Shelter, are you exiting to a safe location? (circle one)**

YES      NO      If yes, How long did you stay with us? \_\_\_\_\_

**Was the staff available and helpful? (circle one)**      YES      NO

**Which staff in particular and why?**

**How did you benefit from services at Safelight? “After Safelight I \_\_\_\_\_.”**

<input type="checkbox"/> felt listened to	<input type="checkbox"/> felt less stress/anxiety	<input type="checkbox"/> increased my knowledge of local resources
<input type="checkbox"/> felt more confident	<input type="checkbox"/> decreased isolation	<input type="checkbox"/> increased my knowledge of domestic violence, sexual assault and/or child abuse
<input type="checkbox"/> felt emotionally supported	<input type="checkbox"/> felt safer	
<input type="checkbox"/> felt more hope for the future	<input type="checkbox"/> increased knowledge on ways to stay safe	

**Would you recommend Safelight services to other people? (circle one)**      YES      NO      MAYBE

**Would you return to Safelight for additional services? (circle one)**      YES      NO      MAYBE

**What aspect of the program was MOST helpful to you?**

**What aspect of the program was LEAST helpful to you?**

We would love to hear more from you. Your ideas and experiences are extremely important. Please email or write with any additional comments or suggestions to: [info@safelightfamily.org](mailto:info@safelightfamily.org) or 133 5<sup>th</sup> Ave W, Hendersonville, NC 28792