

Trauma Informed Care Client Feedback Survey

We want to ensure you receive quality services in the way that works for you. Please answer the following questions honestly. Your feedback helps us improve our services and will be kept anonymous. This survey should take no more than 10 minutes. Thank you for your input!

* Required

1.

Which agency do you receive assistance from? *

Mark only one oval.

- Council for the Homeless
- Lower Columbia CAP
- Share
- WA Gorge Action Program (WGAP)

2.

What type of assistance are you accessing? (check all that apply) *

Check all that apply.

- Emergency Shelter/Transitional Housing
- Housing Program
- Housing Solutions Center
- Food/Nutrition Program
- Crime Victim Services/Domestic Violence Advocacy
- Asset Building
- Health Care
- Energy Assistance
- Senior Services
- Transportation
- Education and Training
- Weatherization
- Youth Center
- Day Center
- Other:

3. **I am asked about any stressful life experiences that may harm my health and emotional well-being.**
Mark only one oval.

1 2 3 4 5

Strongly Agree Strongly Disagree

4. **I feel comfortable sharing my past and current stressful experiences with at least one staff person in this program.**
Mark only one oval.

1 2 3 4 5

Strongly Agree Strongly Disagree

5. **I am confident that the staff will not pressure me to reveal any personal information I do not want to share.**
Mark only one oval.

1 2 3 4 5

Strongly Agree Strongly Disagree

6. **I am given information about how my stressful life experiences may affect my overall health.**
Mark only one oval.

1 2 3 4 5

Strongly Agree Strongly Disagree

7. **I am encouraged to express my honest opinions about the program, including my dissatisfaction and disagreements.**
Mark only one oval.

1 2 3 4 5

Strongly Agree Strongly Disagree

8. **All the employees in the program are friendly and helpful.**

Mark only one oval.

1 2 3 4 5

Strongly Agree Strongly Disagree

9. **I feel safe in this program.**

Mark only one oval.

1 2 3 4 5

Strongly Agree Strongly Disagree

10. **I trust the staff in this program.**

Mark only one oval.

1 2 3 4 5

Strongly Agree Strongly Disagree

11. **The program treats me like an adult.**

Mark only one oval.

1 2 3 4 5

Strongly Agree Strongly Disagree

12. **I do not feel judged and criticized by the people in the program.**

Mark only one oval.

1 2 3 4 5

Strongly Agree Strongly Disagree

13. **The physical space of the organization (e.g., walls, paint color, room layout, signs, furniture, and lighting) makes me feel safe, secure, and comfortable.**

Mark only one oval.

1 2 3 4 5

Strongly Agree Strongly Disagree

14. **The staff truly believe in me - that I can achieve my goals.**
Mark only one oval.

1 2 3 4 5

Strongly Agree Strongly Disagree

15. **The staff in this program seem to like and support each other.**
Mark only one oval.

1 2 3 4 5

Strongly Agree Strongly Disagree

16. **The staff in this program seem to really enjoy working here.**
Mark only one oval.

1 2 3 4 5

Strongly Agree Strongly Disagree

17. **This program offers services to people who have experienced very stressful and painful events in life.**
Mark only one oval.

1 2 3 4 5

Strongly Agree Strongly Disagree

18. **The staff in this program is great at handling crisis situations.**
Mark only one oval.

1 2 3 4 5

Strongly Agree Strongly Disagree

19. **I experience this program as soothing and calming.**
Mark only one oval.

1 2 3 4 5

Strongly Agree Strongly Disagree

20.

Overall, I would highly recommend this program to others with life problems.

Mark only one oval.

1 2 3 4 5

Strongly Agree Strongly Disagree

21.

Compared to other programs I have been a part of, this one has been the most helpful.

Mark only one oval.

1 2 3 4 5

Strongly Agree Strongly Disagree

22.

Additional Comments: Please tell us how you honestly feel about the program(s) you are accessing.

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