

## **Boston Medical Center Domestic Violence Program Satisfaction Survey**

*Thank you for taking the time to complete this brief survey about the services you have received from Boston Medical Center's Safety & Support Advocate. Your responses will remain confidential and will assist us in our continuous efforts to improve the program.*

Today's Date: \_\_\_\_\_

1. When you first contacted the BMC Safety & Support Advocate, how long did you have to wait for her to be in touch with you? \_\_\_\_\_

2. How would you rate the quality of services that you have received?

\_\_\_ Excellent    \_\_\_ Very Good    \_\_\_ Good    \_\_\_ Fair    \_\_\_ Poor

3. Did you feel cared about by the Safety & Support Advocate?

\_\_\_ Very Much    \_\_\_ Somewhat    \_\_\_ Not at All

4. Did you find that the advocate respected your opinions?

\_\_\_ Very Much    \_\_\_ Somewhat    \_\_\_ Not at All

6. Did the advocate give you options/resources for your life that you hadn't known about before?    \_\_\_ Yes    \_\_\_ No

7. Have you found your time spent working with the advocate helpful?

\_\_\_ Very Much    \_\_\_ Somewhat    \_\_\_ Not at All

8. What types of services or aspects of working with the Safety & Support Advocate have been the most helpful to you?

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9. If a friend needed help would you recommend that s/he contact the Safety & Support Advocate?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

10. Please tell us to what extent you agree with the following statements related to the services you received from the advocate:

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Not Applicable</b>
A. I am treated with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. My cultural and ethnic/racial background is respected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. The advocate speaks with me in a way that I understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. My appointments begin on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. My phone calls are answered or returned promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Services are available at a time that was good for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Do you have any suggestions for improving the advocacy services?

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12. What else (if anything) would you like to tell us?

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