

Participant Feedback Survey

This brief survey will help community leaders learn about needs in our community. It will also help us to learn about how well crisis counselors are meeting these needs. We thank you very much for your help! Do not put your name on this survey. We want you to feel completely free to say how you really feel. If you filled out a survey like this in the past week, please do not fill out this one.

Please use the black ink pen that came with this survey!

Which of the following are true for you? Please select all that apply by putting an "X" in the box.

- you talked with a crisis counselor by yourself
- you and a family member together talked with a crisis counselor
- you were part of a group that met with a crisis counselor

How would you rate the program or counselor on the following areas?

In the boxes at right, please "X" the box that best represents your opinion where:
 "1" is the **worst** rating and "10" is the **best** rating.

	Worst										Best
How good was the information you got on how people feel after disasters? Was that information the best it could be (10), the worst it could be (1) or somewhere in-between (2-9)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
How good of a job did the counselor do helping you to know that your feelings after the disaster were the same as many other people's?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
How good of a job did the counselor do treating you with respect?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
How good of a job did the counselor do respecting your culture, race, ethnicity, or religion?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
How good of a job did the counselor do making you feel that asking for help is okay?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
How good of a job did the counselor do making you feel that you can help yourself or your family?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
How good of a job will the counselor do keeping things you said private?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
How good of a job did the counselor do helping you to find ways to take care of yourself, like eating right and getting enough sleep?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
How good of a job did the counselor do helping you to stay active in things like hobbies, sports, church, or volunteer work?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
How good of an idea is it to tell a friend who was upset by the disaster to see this counselor?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	

People are exposed to disaster in many different ways. Please select all that apply by putting an X in the box.

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> injured or hurt <input type="checkbox"/> life was threatened <input type="checkbox"/> family member missing or dead <input type="checkbox"/> friend or co-worker missing or dead <input type="checkbox"/> saw death or injury <input type="checkbox"/> away from family a long time <input type="checkbox"/> home had major damage | <ul style="list-style-type: none"> <input type="checkbox"/> put out of your home for one week or more <input type="checkbox"/> no job because of disaster <input type="checkbox"/> other money problems <input type="checkbox"/> did rescue or recovery work <input type="checkbox"/> had to leave quickly with no time to get ready <input type="checkbox"/> community had major damage |
|---|--|

PLEASE ALSO ANSWER QUESTIONS ON THE BACK



Draft



These questions are about the reactions you have experienced **IN THE PAST MONTH**. By reactions, we mean feelings, emotions, or thoughts about the disaster. Your answers to these questions will help us to learn more about how people in our community were affected by the disaster. For each question, put an X in the box that best describes your feeling or thought.

(1) Not at all (2) A little bit (3) Moderately (4) Quite a bit (5) Very Much

How much were you bothered by bad memories, nightmares, or reminders of what happened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
How much did you try NOT to think or talk about what happened or to do things that remind you of what happened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
To what extent did you lose pleasure in things, stay away from people, or feel numb because of what happened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
How much were you bothered by poor sleep, poor concentration, feeling jumpy or angry, or being scared that something else bad will happen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
How down or depressed were you because of what happened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
How much were other stressful things harder to deal with because of what happened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
How much trouble did you have taking care of your health? For example, did you eat poorly, not get enough rest, smoke more, or drink more?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
How worried or upset are you about your reactions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
How much trouble did you have working or doing things like housework or schoolwork?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
How much did your reactions keep you from getting along or having fun with family and friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
How much do you need help or more help from a counselor to deal with your reactions to the disaster?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

If you answered many of these questions with a 4 or 5, you might want to talk with a counselor about your reactions. If you have concerns about your answers to these questions, please call xxxxxxxxxx.

These final questions will help us to describe the total group who completed the survey.

What is your sex? male female

How old are you?

--	--	--

What was the highest year (or grade) of school that you completed?

0-6 7-11 12 (high school) some college college graduate or more

Are you the parent or guardian of a child under the age of 18? no yes

What is your zip code?

--	--	--	--	--

What county or parish do you live in?

--

Which race best describes you? (Select one or more)

American Indian / Alaska Native Asian Black or African American Native Hawaiian / Pacific Islander White

Are you Hispanic / Latino? That is, are you or your ancestors from Spain, Mexico, Cuba, Puerto Rico, the Dominican Republic or Central or South America?

no yes

What is your preferred language?

English Spanish
 other (specify in box) >

--

