

Service Provider Feedback

This brief survey is being conducted to learn about your opinions and experiences as a crisis counselor or supervisor for [name of Project]. Do not put your name on this survey. We want you to feel completely free to express your opinion.

THANK YOU FOR YOUR PARTICIPATION!

Please use the black pen that came with this survey

Please indicate how often you perform each of the following activities in a typical week by placing an "X" in the box to the right of the activity. If you answer "never" to all 6 questions, please do not continue to complete this survey.

1 never 2 rarely (once or twice a week) 3 occasionally (3-10 times a week) 4 frequently

Individual crisis or peer counseling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Group crisis counseling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Public education	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Making referrals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Outreach and material distribution	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Supervising crisis counselors	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

How many hours of crisis counseling program work do you do in a typical week? less than 10 10-19 20-29 30-39 40 or more

How many months have you worked with the crisis counseling program? (If less than one month, please enter 0.)

How would you rate [name of project] on the following areas? Please "X" the box that best represents your opinion on a scale where "1" is the worst or least you can imagine and "10" is the best or most you can imagine.

	Worst									Best
The core Crisis Counseling Program overview training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other crisis counseling trainings offered by the state or your agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well the trainings prepared you to do your job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of the supervision provided to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities to interact with other staff in supportive ways.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support and training provided to help you avoid compassion fatigue or to cope with the stress of listening to and helping others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for professional and personal growth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The appropriateness of the workload (i.e., neither too much nor too little).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The adequacy of the resources and tools you had available to do your job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well you understood how your job fit into the bigger picture of your community's response to the disaster.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well you believe the types of services provided by the project matched the types of need present in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The overall quality of services being provided by the project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How likely you would be to recommend [name of project] to a friend or family member if he or she had the need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



These questions are about the reactions you have experienced IN THE PAST MONTH. By reactions, we mean feelings, emotions, or thoughts about the crisis counseling program work you are doing. Your answers to these questions will help us to learn more about how service providers were themselves affected by the disaster and the work. For each question, select the box that best describes your reaction.

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

Has your ability to handle other stressful events or situations been harmed by your crisis counseling work or your reactions to it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
Has the crisis counseling work or your reactions to it interfered with how well you take care of your physical health? For example, are you eating poorly, not getting enough rest, smoking more, or finding that you have increased your use of alcohol or other substances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
How much has the crisis counseling work or your reactions to it interfered with your ability to work or carry out your other daily activities, such as 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 has your crisis counseling work or your reactions to it affected your relationships with your family or friends or interfered with your social, recreational, or community activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
How distressed or bothered 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

If you answered some of these questions with a 4 or 5, you might benefit from talking with a counselor about your reactions. If you have concerns about your answers to these questions, please call xxxxxxxxxx for a confidential conversation.

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

What is your gender? male female

How old are you?

What was the highest year of school that you completed?

less than high school high school graduate some college college graduate masters degree doctoral degree

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

What county or parish do you work in mostly? _____

Which race best describes you? (select all that apply)

PLEASE PRINT NEATLY IN CAPITALS.

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) >

Do you have any comments you would like to share? If so, please use the box below.

