



Donegal
Rape Crisis Centre

**A short questionnaire evaluating our service.
Donegal Sexual Abuse and Rape Crisis Centre**

We would like to invite you to complete the following questionnaire. It will be used to evaluate and improve the service. The questionnaire will take approximately 5 minutes. Your participation is completely voluntary. If you do not wish to participate, simply discard this questionnaire. You may also choose not to answer all of the questions.

Your response is anonymous; please do not write your name anywhere on the questionnaire.

If you have any questions, complaints or concerns please contact Marina, DRCC Manager on 074-9128211.

Thank you.

When you first make contact with the Centre were you satisfied with the response? **YES** **NO**

If no, please specify why you were dissatisfied _____

After you first made contact, how long did it take for you to be seen by a counsellor?

- Less than a week
- Between 2-4 weeks
- 1-3 months
- 3-6 months

Did you feel satisfied with the first consultation? **YES** **NO**

Did you meet the same counsellor all the time? **YES** **NO**

If applicable, were you satisfied with the handover for one counsellor to another? **YES** **NO**

Did your sessions start on time? **YES** **NO**

If you are receiving counselling:

How long have you been attending so far? _____.

If this is your last session:

How long did you attend counselling for? _____

Do you feel that you received enough sessions? _____

How do you rate your counselling?

- Very helpful
- Fairly helpful
- Not very helpful
- Not at all helpful
- Too soon to tell

If someone you know was having difficulties would you recommend they contact the Donegal Sexual Abuse and Rape Crisis Centre? **Yes** **No**

If you were dissatisfied did you complain? **Yes** **No**

If you complained, what was the outcome? _____

Were the following explained to you:

Confidentiality Policy	YES	NO
Were objectives agreed at first meeting?	YES	NO
Did the counsellor tell you about their qualifications	YES	NO

Did you think your counsellor was?

	Always	Nearly	Sometimes	Almost	Never
Approachable	()	()	()	()	()
Helpful	()	()	()	()	()
Sensitive to your needs	()	()	()	()	()
Considerate	()	()	()	()	()
Reliable at keeping Appointments	()	()	()	()	()

Please use this page to make any comments or suggestions you wish

Thank you for taking the time to complete this evaluation, it will be used to help improve our service.

Please contact us at anytime if you would like to avail of our support in the future.

Wishing you continued healing.