

**SECTION 1: ABOUT YOU**

TODAY'S DATE : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

We would appreciate if you would answer the questions below as they help us to describe the people who have given us feedback about coming for counselling and to improve our service.

*Please tick  $\surd$  one box per question*

## 1. ARE YOU

Male  Female 

## 2. WHAT IS YOUR AGE?

18-25  26-39  40-54  55-69  70+ 

## 3. WHAT IS YOUR NATIONALITY: \_\_\_\_\_

DO YOU CONSIDER YOURSELF TO BELONG TO AN ETHNIC MINORITY GROUP? Yes  No   
IF YES PLEASE STATE WHICH GROUP: \_\_\_\_\_

4. WHERE DID YOU EXPERIENCE ABUSE AS A CHILD? [please tick  $\surd$  all that apply to you]

Within Institution  (e.g. a children's home or foster home)  
Family  (From a parent grandparent, uncle/aunt, brother/sister, cousin)  
Outside of your Family  (From a neighbour, teacher babysitter, religious)

## 5. DID YOU PHONE/CONTACT THE SERVICE TO MAKE AN APPOINTMENT OR DID SOMEBODY MAKE AN APPOINTMENT FOR YOU?

I Phoned/Contacted  Somebody else Phoned/contacted to make an appointment for me 

## 6. HOW DID YOUR COUNSELLING END?

My counsellor decided that counselling should end because: \_\_\_\_\_ My counsellor and I both decided to end the counselling because \_\_\_\_\_ 

I stopped going to counselling myself because:

Practical reason [eg. Lack of transport] I was unhappy with the service I found it too painful to continue with counselling I felt ready to end counselling Other [please detail] \_\_\_\_\_



3. We are interested to find out what kind of services you received while attending counselling and the services you would have used if they had been available. *[Please note some of these services may not be available in your area]*

**I received:**

  
  
  
  
  
  
  
  
  
  
  
  
  
  


- Support while waiting for counselling
- Counselling in a group
- Self-help support group
- Other group (please detail) \_\_\_\_\_
- Counselling for my family
- Counselling for my partner
- Couple counselling
- Parenting classes
- Evening counselling sessions (after 5.00pm)
- Lunchtime counselling sessions
- Help from the National counselling service survivor help-line
- On site social work support
- Other \_\_\_\_\_

**I would have liked:**

  
  
  
  
  
  
  
  
  
  
  
  
  
  


**SECTION 5:**

**YOUR VIEWS**

9. We are interested to hear about your experiences of counselling with this service, whatever they are positive or negative, good or bad etc. Please feel free to tell us what you think ....

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10. We welcome any other comments you may wish to make ...

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*Thank you for taking the time to complete this questionnaire*

**Please return your completed questionnaire in the pre-paid envelope**