

Survivor Survey

Did you receive help from any of the following? If so, give specific examples. If there is not enough space, please feel free to use a separate piece of paper.

CHECK HERE		LIST SPECIFIC EXAMPLES HERE
	Family	
	Friends	
	Neighbors	
	Co-workers	
	Strangers	
	Church	
	Community Organization (Specify)	
	Other (Specify)	

What services do you feel victims need most? _____

What did you need that you did not receive? _____

Do you have family who would be interested in a support group for families of domestic violence victims/survivors? _____

Would you be interested in participating as a survivor in any of the following ways? Check all that apply. If you check any of the following, please make sure you provide contact information so you may be given the opportunity to participate.

- Give a confidential interview
- Serve on a survivor advisory board to brainstorm and offer suggestions about improving community awareness and involvement
- Serve as a speaker to tell your story to organizations and/or policy makers
- Other ways you would like to participate _____

(OPTIONAL)

NAME	PHONE
ADDRESS	E-MAIL ADDRESS

