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# **Evaluating and Monitoring the Reach, Quality, and Consistency of Crisis Counseling Programs**

## **Manual and Toolkit**

**Version 1.3**

**Prepared for:**

**The Emergency and Traumatic Stress Branch  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration**

**and Collaborating States**

**By:**

**The National Center for PTSD  
Department of Veterans Affairs  
White River Junction, VT  
Palo Alto, CA**

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## Introduction to this Manual and the Crisis Counseling Program (CCP)

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### What is the CCP?

The Crisis Counseling Assistance and Training Program (commonly referred to as the Crisis Counseling Program or CCP) is funded by the Federal Emergency Management Agency (FEMA) through the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288, as amended by Public Law 100-707). Crisis counseling programs aim to meet short-term mental health needs of affected communities through counseling, outreach, public education, training, and referral. In a typical year, there are approximately 10-12 crisis counseling programs, but in some years (such as after Hurricane Katrina), there are many more. The crisis counseling program has provided brief mental health services to millions of disaster survivors since its inception and has become an important model for response to a variety of catastrophic events.

### Who administers the CCP?

The CCP is a partnership between FEMA and the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS). CMHS provides states with consultation and assistance in implementing the program. The Disaster Technical Assistance Center (DTAC) provides technical assistance throughout the phases of disaster recovery. SAMHSA DTAC houses a library of print and electronic resource materials and maintains a toll-free help line (1-800-308-3515), a comprehensive Web site, and an e-mail address ([dtac@esi-dc.com](mailto:dtac@esi-dc.com)).

### What led to this manual?

Collecting accurate information about services and service recipients is essential for monitoring and evaluating crisis counseling programs. In the past, states developed their own procedures and forms. This process was time-consuming and often missed important questions. CMHS recognized that standard reporting methods need to be implemented in order to make the data meaningful and more accurate across disasters and across states. In 2005, CMHS introduced a “toolkit” to standardize program activities, definitions, and data collection. These tools were evaluated and approved by the Office of Management and Budget in September 2005.

### How is the manual organized?

The manual is organized as a series of questions that crisis counselors, supervisors, program planners, and data managers might ask about program evaluation and monitoring. Not every question is relevant to everyone who might use this manual. When the question is not of interest to the reader, the answer may be safely skipped.

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### How should it be used?

The manual was created to serve two functions. First, it should be used for training crisis counselors and other program staff about CCP evaluation. Second, it can be used as an ongoing reference work when questions arise.

### Who created the manual?

The manual and toolkit were developed by researchers at the National Center for PTSD. The toolkit was strongly influenced by the earlier toolkit created by CMHS staff and especially by the enhanced services introduced by Project Liberty, New York State's CCP after the terrorist attacks of September 11, 2001. Sheila Donahue, April Naturale, and Chip Felton played major roles in creating Project Liberty's tools. Lead researchers at NCPTSD involved in creating this toolkit and manual were Fran Norris, Craig Rosen, Cindy Elrod, Helena Young, and Jessica Hamblen, who worked in close collaboration with CMHS staff, especially Seth Hassett and Cecilia Casale.

## Understanding Program Evaluation

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### What is program evaluation?

Program evaluation refers to systematic efforts to collect, analyze, and interpret information about the delivery or outcomes of interventions. Program monitoring typically relies on easily measurable indicators that can be tracked over time, such as the number of crisis counseling encounters or client satisfaction.

### Why is it important?

The continuing recognition, acceptance, and support of the CCP depends, at least in part, on its ability to show sponsors and other interested parties that it delivers the services it intends to deliver and that survivors benefit from the services provided. Program achievements are documented through program evaluation. A useful management tool, evaluation helps program administrators to determine if the project is proceeding according to plan so that they can make mid-course corrections when needed.

### How are results used?

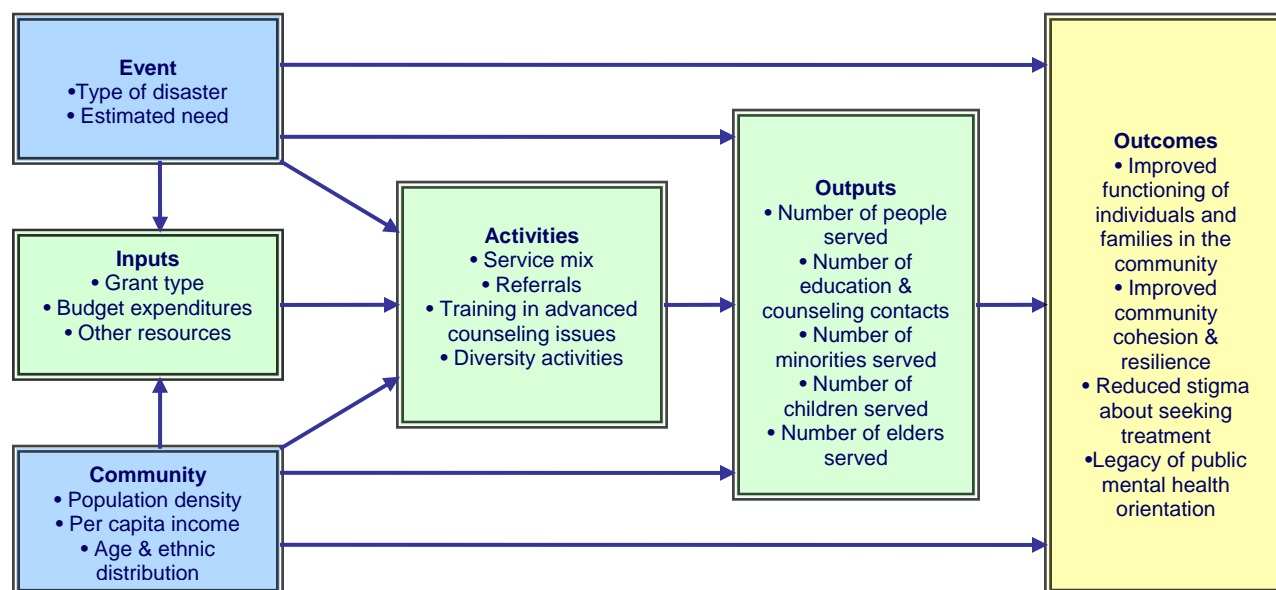
Ultimately, evaluation is not about gathering data but about using data to draw conclusions. Evaluation results are open to interpretation. A program may reach a large number of people but only a fraction of the total population at risk. Program results may involve trade-offs. For example, crisis counselors who tirelessly throw themselves into their work may realize greater consumer satisfaction but experience greater burnout. An innovative program may serve fewer clients but attain better results for those it does serve. Different stakeholder groups may judge these exchanges differently.

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Evaluations are useful only if their results are communicated. Program managers should regularly share results in staff meetings, quarterly updates, or even graphs posted on the wall. This feedback can then facilitate discussion on means to improve services. For example, noting that one outreach team dramatically increased its number of counseling encounters may promote sharing by field workers of an innovative outreach technique. Or it might reveal that the team is counting very brief contacts as counseling, allowing the supervisor to give staff feedback about ways to deepen their discussions with survivors. It is critical that results are shared in a climate that is supportive and curious (“What might these data be telling us?”) not rigid and punitive.

### How does it work?

Program evaluation or program monitoring is much more likely to be useful and meaningful if it is grounded in an understanding of how a program operates: what resources it has, what it does, what it produces, and what societal benefits it is trying to achieve. This understanding is often termed a “program theory” or “logic model.” A program logic model typically includes inputs, activities, outputs, and outcomes, as illustrated below. The nature of the inputs, activities, outputs, and outcomes, however, may depend upon characteristics of the disaster (such as its type and severity) and characteristics of the community (such as its density and wealth).



**An example program theory and logic model (bulleted items are illustrative, not exhaustive).**

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### What are inputs?

Inputs are the resources available to the program for use in achieving its goals. Some inputs are tangible resources: funding, program staff, office space, office supplies and other consumables, transportation, etc. Others are less concrete, but equally important: the skills and expertise of program staff; the relationships between staff and local community leaders; and the delineation of responsibilities among the different agencies involved. Lack of one or more of these needed contributions can greatly limit an organization's ability to deliver services.

### What are activities?

Activities are the means used to bring about program objectives. Different programs aim for different mixes of public education and crisis counseling services according to what program leaders believe is best for their particular community. Advanced training helps crisis counselors do their jobs more effectively especially when the disaster is especially severe or complicated. Programs vary in their attention to diversity in the population. Programs also vary in the emphasis they place on identifying and referring individuals with more severe mental health needs.

### What are outputs?

Outputs are the measurable units of product from a program's activities. Evaluations often focus on the outputs of the service delivery process, such as the number of individuals who received crisis counseling and number of educational presentations made. In some cases, evaluations conclude with outputs, which are used as a proxy for outcomes. In other cases, outcomes need to be measured directly in order to assess whether services are truly having an impact.

### What are outcomes?

Outcomes are the societal benefits. While outputs assess "how much" was done, outcomes focus on "how much good" was done. Outcomes can be considered in the short (immediate), intermediate, and long term. Immediate outcomes are those that can be observed directly after completing an activity. Intermediate outcomes are those that derive from immediate outcomes such as alleviation of symptoms, reduced substance use, or improved role functioning. Long-term outcomes may include community cohesion, increased disaster preparedness, or community resilience in dealing with subsequent crisis.

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## Evaluation for Crisis Counseling Programs

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### What are the goals?

The evaluation of a crisis counseling program answers questions about three critical areas of performance: (1) program reach, (2) program quality, and (3) program consistency.

### What is program reach?

How many people in the community were served by the program and what were their characteristics? The crisis counseling program aims to deliver services to large numbers of residents who are diverse in age, ethnicity, and needs. This aspect of the evaluation makes use of data from encounter logs and tallies that are routinely completed by counselors. The question is not only about the actual numbers of people served but also about how well these numbers align with the distribution of the state's population in the affected areas.

### What is program quality?

Were the services perceived as appropriate and beneficial by consumers and providers? To assess service quality, consumer feedback is essential. This aspect of the evaluation relies upon brief anonymous surveys that capture service recipients' perceptions of service quality and personal improvements in functioning. (More detail about how this is done will follow.) Consumer feedback can also help program managers reach a better understanding of factors that influence recipients' perceptions of service quality. Because a different perspective on service quality can be obtained from service providers, the evaluation also includes a survey for crisis counselors and their supervisors.

### What is program consistency?

Many crisis counseling programs involve multiple jurisdictions such as counties, parishes, or townships, and many involve collaborative arrangements with provider organizations. Did these areas or providers vary in performance (i.e., reach and quality), and can this be explained by differences between them in population and experiential characteristics? Finding that some providers yield higher reach (in proportion to population), recipient satisfaction and/or provider satisfaction will inform project managers that further study or corrective action is needed. Advanced analyses can also contribute to knowledge about characteristics of settings (e.g., low population density) and events that make it more challenging to implement the crisis counseling program.

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## **Data Collection with the CCP Toolkit**

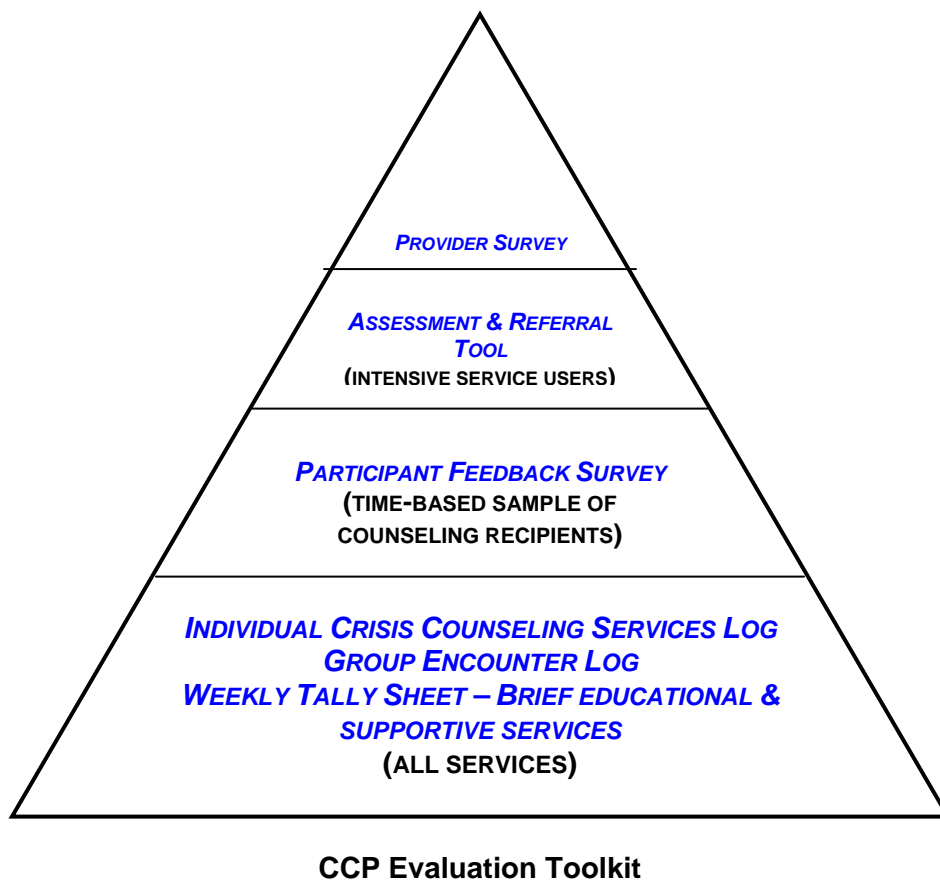
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### **What are the sources of data?**

Evaluation data come from many different sources. Data about event characteristics are found in the project's grant application. Data about community characteristics are derived from the census. Standard statistics for ethnicity, race, age distribution, and % poverty can be recorded for each county. Data about activities (such as types of staff training) can be collected from program leaders. The remaining data on activities and outputs are collected throughout the program period by crisis counselors using the CCP toolkit.

### **What is the toolkit?**

The toolkit is a set of standardized forms that are completed by crisis counselors. Because the data are collected in a consistent way from all programs, they can be merged into an ongoing national database that provides CMHS with a way of producing summary reports of services provided across all projects funded. The structure of the toolkit might be described as a pyramid, involving tools that are used with decreasing frequency as one moves up from base to apex. The basic tools include encounter logs for individuals and groups, and weekly tallies. The advanced tools are participant surveys, assessment & referral tools, and provider surveys.





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## Basic Tools: Encounter Logs & Tallies

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### What are they for?

Beginning as soon as feasible after the disaster and continuing through the Immediate Services Program and Regular Services Program, crisis counseling encounter logs and tallies are used to document all services delivered. They are the basic and living record of the program and serve many purposes for both program monitoring and program evaluation. It is very important for services to be counted in a standardized way across all areas served by the program. The forms are simple and take little time to complete. The three types of forms are: (1) Individual Crisis Counseling Services Encounter Log; (2) Group Encounter Log; and (3) Brief Educational and Supportive Services Weekly Tally Sheet. Each is described below. The forms and specific instructions are at the end of this manual.

### *Individual Crisis Counseling Services Encounter Log*

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#### What is individual counseling?

For the purposes of the evaluation, individual crisis counseling is defined as an interaction that lasts at least 15 minutes and involves participant disclosure. This doesn't mean that it should be only 15 minutes or that shorter interactions are encouraged. There is a place on the form to record how long the particular encounter lasted.

#### What is in the individual log?

The Individual Crisis Counseling Services Encounter Log is a one-page form with 5 parts. The first "box" collects information on the date, place, type (first or follow-up), and duration of the encounter. The second box collects information on risk factors. The third box collects demographics using a consistent categorical scheme. Variables include age, ethnicity, race, sex, status as a parent or guardian, preferred language, and language of contact. The fourth box collects information on referrals, and the final box is for the signature of the local person who reviews forms for completeness.

#### When is it filled out?

The crisis counselor completes the encounter log after the session is over but before moving to the next activity. This should take no more than two minutes. Waiting until the end of the day to fill the logs out is not acceptable because the crisis counselor will not remember the answer to each question. Some people are seen more than once by a crisis counselor. The log is filled out for all counseling visits, not only the first one, and the visit number is noted.

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**How is the information gained?** Through active listening, the crisis counselor engages the service recipient in telling his or her story in a way that reveals stressful experiences (risk factors) during or after the disaster. Some of the demographic characteristics (e.g., age, parenting status) might be elicited by asking the person about how his or her family is doing.

**How are families treated?** Sometimes “individual” crisis counseling may involve more than one person. Perhaps the crisis counselor has spoken to a married couple, a family, or even a couple of friends. This raises the issue of who received the counseling encounter. The service recipient is defined as any person who actively participated in the session (e.g., by verbally participating), not someone who is merely present. There may be two or more individuals helped at the same time. One encounter form is completed for each individual actively counseled.

### *Group Encounter Log*

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**What are group encounters?** The two types of group encounters, group crisis counseling and public education, are very important and appropriate for disaster victims because of their shared experiences. The differences between group crisis counseling and public education are subtle. In group crisis counseling, service recipients do most of the talking; in public education, the crisis counselor does most of the talking. For example, the crisis counselor may have made a presentation about common reactions to disaster. (Also see note on families above.)

**What’s in the group log?** Because of overlap in the type of information needed to describe them, group crisis counseling and public education are captured on the same one-page form. A check mark at the top identifies the type of activity. The log has three parts. The first box collects information on the date, place, type, and duration of the encounter. In addition, the number of participants is recorded in this box. The second box asks the crisis counselor to describe “group identities.” This section basically asks, “What makes the group a group?” Do members have a common occupation identity? Common age, disaster experience, religious identity, neighborhood identity or psychological problem? Or, is there no shared identity? The third box asks the counselor to describe the purpose of the group as one or more of the following: (1) education about common reactions, (2) education about community resources, (3) mutual support, (4) stress management or skills building, (5) conflict resolution, (6) community action, and (7) other. The final box is for the signature of the person who reviews the forms.

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## *Brief Educational & Supportive Services Weekly Tally Sheet*

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- What is the weekly tally for?** Crisis counselors engage in many activities that are not captured by the individual or group encounter logs, but they are nonetheless important. For these other activities, crisis counselors use the Brief Educational and Supportive Services Weekly Tally Sheet. This includes, for example, brief interactions, phone calls or email exchanges, and handing out brochures. Daily tallies and weekly totals are recorded.
- What goes in the county field?** This should be the last 3 digits of the FIPS code for the county or parish. A counselor working in multiple counties or parishes should do one weekly tally sheet for each county.
- How is the week designated?** This should always be Sunday's date. For example, a part-time crisis counselor working on Friday and Saturday should use the previous Sunday's date.
- How are hotline calls counted?** Disaster-related hotline contacts may be counted as CCP services if (a) the services have been paid for by the grant and (b) the hotline contractor has been issued a provider number. There must be a system in place for assessing and documenting which calls are related to victims.
- Hotline calls are usually recorded on the weekly tally sheet. The individual log may be used when the contact otherwise meets the definition of individual crisis counseling and the contractor has provided a clear protocol for monitoring the scope and duration of calls. This protocol must be documented and provided to the CMHS Project Officer. On the log itself, show the "location" as other, and write "hotline" in the box.

## **Advanced Tools: Surveys and Assessments**

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- What are they for?** Although there may be exceptions, the advanced tools are typically introduced when the Regular Services Program begins. The participant feedback survey and the assessment & referral tool collect more in-depth information about service recipients than is captured by the encounter logs and tallies. The provider survey measures the opinions and perceived stress of crisis counselors and their supervisors.
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## *Participant Feedback Survey*

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**What is the participant survey?** This 2-page questionnaire seeks feedback and other information from service recipients. The questions about services relate directly to the goals of crisis counseling, such as reassurance and being helped to find ways to cope. The first page concludes with a section on the ways in which the respondent was exposed to the disaster. The back of the survey collects information on event reactions, such as posttraumatic stress, depression, impaired functioning, and perceived need for additional help. (This is the SPRINT-E, described later as part of the Assessment & Referral Tool). A brief statement to respondents informs them that if they answered many questions with high scores, they might benefit from talking with a crisis counselor about their reactions. The survey concludes with basic demographics.

**Why is this necessary?** The survey plays three important functions for the program. First the survey provides information about service quality from the viewpoint of the recipient. Because it is not feasible to measure client outcomes, assessing client perceptions is the next best approach.

The survey questions were informed by findings that disaster mental health services should be evaluated on the basis of their credibility, acceptability, accessibility, and confidentiality, among other characteristics.

Second, the survey provides the program with excellent information about the experiences and reactions of people they aim to serve in individual and group crisis counseling. It is one of the most important clinical records of the program. This information could lead to program adjustments to meet previously unrecognized needs.

Third, the survey helps planners learn about factors that influence perceptions of service quality. For example, are highly distressed individuals more or less positive about services than are less distressed individuals? Are members of different ethnic groups equally likely to report that they were treated with respect and sensitivity?

**To whom is the survey given?** The questionnaire is given to a sample of persons for whom individual or group crisis counseling services were provided (i.e., not for persons denoted only on a tally sheet or who participated in public education activities). It is given only to adults. The reading level is approximately 5<sup>th</sup> to 6<sup>th</sup> grade.

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**When is the survey done?**

The survey will not typically be used during an Immediate Services Program. During one week each quarter of a Regular Services Program, all appropriate persons are asked to complete an anonymous survey. For example, surveys might be given out during the 10<sup>th</sup>, 23<sup>rd</sup>, and 36<sup>th</sup> week of the program. In larger programs, different areas could be surveyed in consecutive weeks. The number of survey respondents is compared to the total number of people served in individual and group crisis counseling during that week to estimate the response rate.

**How is the survey done?**

During the selected week for data collection, all appropriate persons are given a nice-looking packet containing the survey, a good quality black ink pen, and a stamped pre-addressed envelope for returning the survey. The packets are to be distributed to supervisors one week in advance, and supervisors give crisis counselors a set of packets to distribute.

**What is the counselor's role?**

Crisis counselors distribute the survey. The importance of the crisis counselor's attitude in this process cannot be overstated. The counselor must view this survey as the recipient's opportunity to tell the program (anonymously) how he/she feels about the services and his/her reactions.

Counselors might introduce the survey by saying that this week, program leaders are making a special effort to learn about the needs of the community and how counselors are helping to meet those needs. Counselors might furthermore note that the survey is short and should take only a few minutes of the person's time. Counselors who view this as a burden will convey that attitude to potential respondents. It is essential that this form be given to each service recipient who should get it. Only then will the information be meaningful and useful to the program.

**How are counselors protected?**

Some crisis counselors could understandably be concerned that the survey might be used to evaluate their own performance rather than that of the program as a whole. Some crisis counselors work in areas where victims might be angry in general and could get lower ratings through no fault of their own. Although the questions refer to "the counselor," the survey does not name a particular crisis counselor. The data are examined only in groupings, defined by county, provider organization, or respondent characteristics.

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**Aren't satisfaction data biased?** The positive bias in “consumer satisfaction” measures is well documented. People tend to answer in high ranges on consumer satisfaction surveys even when they have not improved. The tool addresses this bias by using a wide response format that allows room for variation at the top. Recipients answer each question on a 10-point scale where 1 is the *worst* rating and 10 is the *best* rating. Over time, the pooled data provide norms that can be used to interpret data from new programs.

### Assessment & Referral Tool (Adult)

**Why was this tool made?** Crisis counseling programs focus on short-term mental health interventions, but some people need either longer or more intensive interventions. Sometimes more intensive interventions are offered in collaboration with crisis counseling programs, but more often crisis counselors need to rely on other community and state programs. Previous research suggested that making referrals to more intensive mental health services was a problem-area for many CCP providers. The issues spanned a range from limited availability of services (which, of course, cannot be addressed by means of a tool) to uncertainty about when to make referrals. This tool was created to help crisis counselors make these referrals. It also helps to remind them that if individuals are not getting better, they should be referred for more intensive help.

**What's in the tool?** Below the space for recording date and place of service, the form instructs the crisis counselor to read an introductory statement. Risk categories are noted, followed by the assessment of event reactions. The back page guides the crisis counselor through a script for referral and concludes with demographic information.

**When and for whom is it used?** Because symptoms of distress may initially be highly prevalent in disaster-stricken communities, the focus is on *continuing* distress, defined as high distress present three months or later after the event. Typically introduced at the beginning of the Regular Services Program, the tool is used with all adults who are intensive users of services. Intensive users are people who are participating in their third individual crisis counseling visit. In some cases, it is used again in the fifth session of crisis counseling. The tool is not intended for use with children and youth. States may choose to evaluate children and youth in a similar way; a child tool is under development.

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How are symptoms assessed?	The symptom (or reaction) section of the tool was adapted from the Short Post-Traumatic Stress Disorder Rating Interview (SPRINT) developed by Connor and Davidson. <sup>1</sup> With the permission of Connor and Davidson, the measure was modified for Project Liberty's use after the terrorist attacks of September 11, 2001 (SPRINT-expanded or SPRINT-E). <sup>2</sup> The SPRINT-E assesses posttraumatic stress, health risk behavior, stress vulnerability, and functional impairment. One final question was added ("Is there any possibility that you might hurt or kill yourself?") but is not included in the score. Rather, it was included in the scale as a precaution and instructs the crisis counselor to refer the respondent for immediate psychiatric intervention.
Is the measure good?	Data collected from 788 Project Liberty clients indicated that the SPRINT-E is a reliable measure of intervention need as expressed in distress and dysfunction. Of those offered referral according to their score on the tool, 71% accepted. Among those offered referral, the number of intense reactions was by far the strongest predictor of referral acceptance.
How is it scored?	The tool is scored by counting the number of reactions valued 4 ( <i>quite a bit</i> ) or 5 ( <i>very much</i> ). The tool has been structured in a way that makes the scoring straightforward.
Is more guidance available?	A training manual on the process of assessing adults is available for crisis counselors. It provides additional guidance on how to explain the purpose of assessment and how to answer questions that may arise.
Is the individual log used too?	Yes, the crisis counselor should also complete the individual crisis counseling services log as usual. Some of the information is duplicated, but the data are stored in different places, making it difficult to count these services solely from the Assessment and Referral Tool.

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<sup>1</sup> Connor, K., & Davidson, J. (2001). SPRINT: A brief global assessment of post-traumatic stress disorder. *International Clinical Psychopharmacology*, 16, 279-284.

<sup>2</sup> Norris, F., Donahue, S., Felton, C., Watson, P., Hamblen, J., & Marshall, R. (2006). Making and monitoring referrals to enhanced services: A psychometric analysis of Project Liberty's Adult Enhanced Services Referral Tool.

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## *Service Provider Feedback Survey*

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### What is this survey for?

Crisis counselors are the essential link between the program and the consumer. Crisis counselors and their supervisors are in a unique position to judge the quality of the services being provided and the extent to which they match the needs of the community. The provider survey yields a standardized assessment of providers' opinions and reactions to their work.

### Who is included?

The survey is intended for crisis counselors who provide direct face-to-face services to disaster victims. This also includes their immediate supervisors who guide the crisis counselors' work. These workers are included regardless of the number of hours they work each week. It is administered only to workers who have performed these functions for one month or more. Staff who play only administrative, clerical, or evaluation functions are not surveyed. Hotline staff also are excluded.

### What's in the survey?

The 2-page survey has several parts. The first section asks how often the respondent performed several CCP direct service functions. Workers who answer that they *never* perform any of these functions are instructed to discontinue the survey. The next section asks staff to evaluate the training, support, supervision, and opportunities for growth provided by the work. This section also asks about the appropriateness of the workload and the adequacy of resources and tools available, and for the provider's evaluation of the services provided by the CCP. The section that follows is composed of 6 questions about stress. These questions examine whether the work, or the provider's reaction to it, has caused problems in other areas of their lives. A section on demographics and a place for comments complete this survey.

### When and how is it done?

These data are collected anonymously from crisis counselors and their supervisors at 6 and 12 months postevent. These time-points typically occur within the Regular Services Program, but it is possible that the first survey could occur during the Immediate Services Program if it is still active at the 6-month point. Supervisors distribute a packet containing a cover letter, the survey, and a good black pen to each crisis counselor together with a stamped return envelope, addressed to an external evaluator. Although the surveys may be handed out during a staff meeting, they should be completed later so that crisis counselors do not feel pressured to participate.

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**How are counselors protected?** Some counselors could understandably be concerned that supervisors or program directors could figure out who they are even though the survey is completed anonymously. The completed survey is mailed to an external evaluator so that it does not go through local program management. Regardless of the number of workers, provider surveys are collected for the cumulative national database. Detailed results are shared with local program management only if the number of workers is greater than 20. Smaller programs receive less specific results. When results are shared, they are shown only in aggregations large enough to ensure that individual crisis counselors or small groups of counselors are not identifiable.

## Data Management and Analysis

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**How are the forms produced?** The toolkit comes in two formats. One is portable document format (*pdf*) and the other is teleform (*tft*). Which format is used depends primarily upon the size of the program (as reflected in the number of FTE crisis counselors). “Typical programs” are those with fewer than 30 FTE crisis counselors. Larger programs are those with 30 or more.

**What’s the box in the corner for?** Each tool has a box in the upper left corner that is used for the state and project name (e.g., Project Recovery, Project Liberty). This spot may also be used to distinguish one response from another if a state is working two disasters simultaneously, e.g., *FL Project HOPE Katrina* or *FL Project HOPE Wilma*.

**Which do typical programs use?** Typical programs need only the *pdf* tools. The *pdf* tools can be photocopied and used immediately. Because typical programs enter the data manually, this set of forms can be used throughout the life of the program.

All forms are intended for duplex (two-sided) printing. The three forms that are used most often (individual crisis counseling encounter log, group encounter log, weekly tally) collect information on one side and have instructions on the other. The instructions are part of the OMB-approved form and should always be printed on the back side of the form. The two surveys should always be printed on both sides of one sheet of paper to ensure that the information for one person stays together. The assessment and referral tool is a 3-page form to allow for both the referral guidelines (page 2) and general instructions (page 3). It is acceptable to re-use the instructions page for assessment and referral tools.

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**Which do larger programs use?** Larger programs start out like typical programs by photocopying the *pdf* logs and tallies for immediate use. However, as soon as is feasible, these programs should consult with their project officers about purchasing a scanner and using Verity Teleform software to enter the data. This technology greatly reduces data entry time. The *teleforms* were designed with this software and are scannable. Once this decision has been made the program should make arrangements to use the teleforms. The teleforms of the logs and tallies may be photocopied, but they will scan most dependably if printed on a laser printer using the teleform software. Because of the volume, it often makes sense for programs to contract with a professional teleform vendor.

In teleform format, the three advanced tools (assessment & referral tool, participant survey, provider survey) require special care because they are two pages long. If they will be scanned, these forms must be reproduced using the teleform software. The software generates a unique bar code for each form so that the information on the back of the page for a particular individual stays with the information on the front of the page for that same individual when the forms are scanned. Therefore, these forms should never be photocopied. If Person B's form is a photocopy of Person A's form, the computer cannot tell whether page 2 belongs to Person A or Person B.

Programs must either contract with a teleform vendor to produce the advanced tools or have a staff person trained in how to use the software for survey and referral tool production.

**How are the forms filled in?** The tools have been designed to require little more than numbers or Xs in boxes that correspond to the selected answer. The marks should be made firmly and neatly with a good quality black ballpoint, roller ball, uni-ball, or gel pen. Pencils, colored ink, and felt tip pens sometimes leave gaps that make the forms more difficult for scanners to read.

**Where do completed tools go?** Crisis counselors turn in completed individual and group encounter logs, weekly tallies, and assessment & referral tools to their supervisors. Participants mail their surveys to the state's evaluation coordinator, and providers mail their surveys to an external evaluator.

**How often are they submitted?** Programs can decide whether completed encounter logs are to be submitted daily or weekly. In large programs serving many people, it is better to do this on a daily basis so that the work does not pile up. Tallies of brief educational and supportive services are submitted by crisis counselors to their supervisors on a weekly basis.

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**What do supervisors do?**

Supervisors check the completeness of submitted tools and note errors. When crisis counselors fail to follow the instructions, the counselor should be shown what to do in the future. It is likely that the most time-consuming part of the supervisor's oversight is dealing with counselor errors, so good counselor training is important. Supervisors sign, initial, or stamp each form to show that it has been checked. The supervisor designates a spot for the checked forms, bundling together forms of a specific type (e.g., Individual Crisis Counseling Services Encounter Log).

**What happens next?**

Local procedures vary according to the needs and size of the program. Often, a designated evaluation coordinator or some other courier is responsible for visiting each location to pick up the bundles of completed tools. In geographically dispersed programs, shipping the forms to a central location is recommended.

**What reports are required?**

Two quarterly progress reports and one final report for the 9-month RSP grant must be submitted to the CMHS Project Officer. Quarterly reports are due 30 days after the end of the 3-month reporting period. The final program report is due to the CMHS Project Officer 90 days following the final day of program services. Evaluation data are required in the quarterly reports and the final program report. Please refer to the Notice of Grant Award (NOGA) Letter and the Terms and Conditions of your grant award for guidance on the evaluation reporting requirements.

**How are the data entered?**

An Access database captures the data from the logs and tallies. Separate Access databases exist for the assessment and referral tool and the participant survey. These databases have forms that can be used for manual data entry or, if preferred, the data can be entered directly into the tables.

The same databases are used for scanned data entry. After installing the software and importing the teleforms, paths are created for each form that instruct the computer to write the data to the appropriate Access database table. When a scanner is used for data entry, a staff person scans the forms as they come in from the field. This person then "verifies" the data when uncertainties arise. Sometimes the computer may indicate uncertainty about the correct value for a field (for example, whether a number was a "0" or "6"). When the forms have been marked neatly and firmly in black ink, few uncertainties arise in the verification step. Once scanned and checked, the original forms can be destroyed, reducing storage costs and space needs.

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Who is responsible for this?	This differs by form. Programs are responsible for entering (or scanning and verifying) the data from encounter logs, weekly tallies, participant surveys, and assessment & referral tools. Provider surveys are scanned by an external evaluation team.
What resources are needed?	<p>Total resources needed to conduct this evaluation vary greatly with program size. It is estimated that each crisis counselor will need 40 forms each week (a combination of weekly tallies, individual crisis counseling logs, and group crisis counseling logs) at a cost of \$.042 (4 cents) per form. It is estimated that each counselor, on average, will submit 30 form pages each week for data entry. Allow 90 seconds per form to estimate staff time for manual data entry and 20 seconds per form to estimate staff time for teleform verification.</p> <p>If the work is being done in-house, large programs (30-300 crisis counselors) can function with one scanner and one software license, one data technician, and one evaluation coordinator. Highly complex or exceptionally large programs (&gt; 300 crisis counselors) may need additional staff and a second software license. Very small programs may combine the data entry and coordinator roles into a single position.</p>
How are the data analyzed?	The Access database has queries and reports programmed that correspond to results required on the quarterly reports. Some programs will do only this, but others will choose to do additional analyses. If desired, the Access tables can be imported to statistical packages for advanced analyses.
Is this evaluation enough?	This evaluation plan may or may not be enough depending upon the size and complexity of the program. Good evaluators assist program planners and managers to identify other information needs specific to their locations that are not part of the evaluation required by the sponsor. For example, as the program unfolds, innovative approaches may emerge that warrant special evaluation procedures that capture outcomes as well as outputs. There could be occasions where the program needs qualitative data on selected, focused issues. In other words, the plan described here provides basic information on service reach, quality, and consistency, but does not preclude the possibility of states adding other components to their own program evaluations.

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## Tools and Instructions

OMB No. 0930-0270

OMB expiration date 09/30/2008

## Individual Crisis Counseling Services Encounter Log

Provider Number

Provider Name

Employee #  Date of Service  /  /  Zip Code of Service

### CHARACTERISTICS of ENCOUNTER

#### LOCATION of SERVICE (select one)

- ☐ school ☐ workplace ☐ individual's home  
☐ community center ☐ disaster recovery center ☐ other (specify in box) >   
☐ provider site ☐ place of worship

#### TYPE of VISIT

- ☐ 1st visit ☐ 2nd visit ☐ 3rd visit ☐ 4th visit ☐ 5th visit or more

#### DURATION

- ☐ 15-29 minutes ☐ 30-44 minutes ☐ 45-59 minutes ☐ 60 minutes or more

### RISK CATEGORIES (select all that apply)

- ☐ injured or physically harmed ☐ home had damage ☐ evacuated quickly with no time to prepare  
☐ life was threatened ☐ displaced from home 1 week or more ☐ witnessed community destruction  
☐ family missing or dead ☐ disaster unemployed ☐ past substance use / mental health problem  
☐ friend missing or dead ☐ other financial loss ☐ pre-existing physical disability  
☐ witnessed death / injury ☐ assisted with rescue / recovery ☐ past trauma  
☐ prolonged separation from family

### DEMOGRAPHIC INFORMATION

#### Age (select one)

- ☐ preschool (0-5)  
☐ childhood (6-11)  
☐ adolescent (12-17)  
☐ adult (18-39)  
☐ adult (40-64)  
☐ adult (65+)

#### Ethnicity (select one)

- ☐ Hispanic or Latino  
☐ not Hispanic or Latino

#### Preferred Language (select one)

- ☐ English  
☐ Spanish  
☐ other (specify in box) >

#### Race (select one or more)

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

#### Language of Contact (select one)

- ☐ English  
☐ Spanish  
☐ other (specify in box) >

#### Sex (select one)

- ☐ male  
☐ female

#### Parent / Guardian of Child (under 18) (select one)

- ☐ no  
☐ yes  
☐ unknown

### REFERRAL (select all that were communicated)

- ☐ other crisis counseling services ☐ mental health treatment  
☐ other disaster services (e.g., FEMA loans, housing) ☐ substance abuse treatment  
☐ other services (specify in box) >

Was the referral accepted by the individual? ☐ no ☐ yes

INSTRUCTIONS:  
INDIVIDUAL CRISIS COUNSELING SERVICES ENCOUNTER LOG FORM

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0270. Public reporting burden for this collection of information is estimated to average 2 minutes per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

**When to Use This Form:**

Complete this form immediately **after** the individual crisis counseling service is provided.

1. Complete this form for each individual who receives individual crisis counseling services.
2. An individual crisis counseling encounter is defined as a contact where the discussion goes beyond education and assists the person to understand their current situation and reactions, review their options, and address their emotional support or referral needs.
3. This form is also to be used for **families**. Complete a single form for each member of the family that participates in/receives crisis counseling. For example, a husband and wife along with their two children attend an individual crisis counseling session. The husband and wife actively participate with the crisis counselor, but the children sit quietly. You must complete one form for the husband and a separate form for the wife.
4. This form is not intended to be used as a survey. Do not ask the individual for any of the information on this form. Complete all items on the form based on your best observations and information you received during the encounter.

PROVIDER NAME – The name of the program/agency.

PROVIDER # - The unique number your program/agency is providing services under.

EMPLOYEE # - YOUR employee number.

DATE OF SERVICE – The date of the encounter.

ZIP CODE OF SERVICE – The zip code of the location you had the encounter in.

LOCATION OF SERVICE – Where did you provide the service? **SELECT ONLY ONE.**

TYPE OF VISIT – Based on your conversation with the individual, is this the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> or more visit for this person to your program? All visits did not have to be with you. **SELECT ONLY ONE.**

DURATION – How long did your encounter last? **SELECT ONLY ONE**

RISK CATEGORIES – These are factors that an individual may have experienced or may have present in their life that could increase their need for services. **MORE THAN ONE CATEGORY MAY APPLY. SELECT ALL CATEGORIES THAT APPLY.**

DEMOGRAPHIC INFORMATION - For each variable, **SELECT ONLY ONE**

AGE – The age you perceived the person to be. **SELECT ONLY ONE**

SEX – Was the person male or female? **SELECT ONLY ONE**

ETHNICITY – Based on your observations and your conversation with the individual, what ethnicity do you think the individual was? **SELECT ONLY ONE.**

RACE - Based on your observations and your conversation with the individual, what race do you think the individual was? **SELECT ALL THAT APPLY.**

PARENT/GUARDIAN OF CHILD - Based on your observations and your conversation with the individual, is the individual the parent or guardian of a child under 18 years of age? **SELECT ONLY ONE.**

PREFERRED LANGUAGE – What language did the individual prefer to talk to you in? If "OTHER", fill in the other language (not English or Spanish) that the person preferred to speak in. **SELECT ONLY ONE.**

LANGUAGE OF CONTACT – What language did you actually use to speak with this individual during the encounter? This may be different than the preferred language. If "OTHER", fill in the other language (not English) that the person spoke in. **SELECT ONLY ONE.**

REFERRALS – Based on your conversation with this individual, you may have referred the individual for other services. In the REFERRAL box, select all of the types of services you referred the person to. If the service is not listed, please provide the type of service next to "OTHER SERVICES." If you did not make a referral, please select "NONE."

WAS THE REFERRAL ACCEPTED BY THE INDIVIDUAL? Based on your conversation with the individual, indicate whether or not the person accepted the referral information.

**STOP!** Please submit the completed form to the designated person in your agency who will review and sign the form. ***Thanks for taking the time to complete this form accurately and completely!***

## Group Encounter Log

Provider Number

Provider Name

Employee #  Date of Service  /  /  Zip Code of Service

### CHARACTERISTICS OF ENCOUNTER

**TYPE OF SERVICE (select one)**

- ☐ group crisis counseling ☐ public education

**LOCATION OF SERVICE (select one)**

- ☐ school ☐ workplace ☐ individual's home  
☐ community center ☐ disaster recovery center ☐ other (specify in box) >   
☐ provider site ☐ place of worship

**TYPE OF SESSION (select one)**

- ☐ first session of group expected to meet once  
☐ first session of group expected to meet more than once  
☐ second or greater session of ongoing group

NUMBER of PARTICIPANTS

**DURATION**

- ☐ < 30 minutes ☐ 30-44 minutes ☐ 45-59 minutes ☐ 60 minutes or more

### GROUP IDENTITIES

**Common Occupational Identity (select one if applicable)**

- ☐ school staff ☐ rescue / recovery workers ☐ other occupational group (specify in box) >

**Common Age (select one if applicable)**

- ☐ child (0-5) ☐ child (6-11) ☐ adolescent (12-17) ☐ adult (18-39) ☐ adult (40-64) ☐ older adult (65+)

**Common Gender (select one if applicable)**

- ☐ men / boys ☐ women / girls

**Common Disaster Experience (select one if applicable)**

- ☐ bereavement ☐ displacement ☐ other disaster experience (specify in box) >

**Select all of the following that apply**

- ☐ Common Religious Identity  
☐ Common Parenting / Caregiving Concerns  
☐ Common Neighborhood or Community  
☐ Common Language Spanish  
☐ Common Language other than English or Spanish (specify in box) >   
☐ Common Psychological or Medical Problems  
☐ Other Identity (specify in box) >   
☐ No Shared Identity

### FOCUS of GROUP SESSION (select all that apply)

- ☐ education about reactions to disaster ☐ stress management or skills building  
☐ education about community resources and services ☐ conflict resolution  
☐ mutual support ☐ community action  
☐ other (specify in box) >

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Reviewed by \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



INSTRUCTIONS:  
GROUP ENCOUNTER LOG

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0270. Public reporting burden for this collection of information is estimated to average 2 minutes per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

**GROUP CRISIS COUNSELING OR PUBLIC EDUCATION (SELECT ONE)**

**\*Group Crisis Counseling** refers to services that help group members understand their current situation and reactions to the disaster, review or discuss their options, provide emotional support or referral services, and/or provide skills to cope with their current situation and reactions. In group counselor, participants do most of the talking

**\*\*Public Education** refers to services that provide general psycho-educational information to survivors on disaster services available and key concepts of disaster mental health. Common activities in this category include, but are not limited to, public speaking at community forums, in-service group meetings, and local government meetings. In public education, the crisis counselor does most of the talking.

**When to Use This Form:**

1. Complete this form immediately **after** the group encounter is provided.
2. Group sessions involve at least 2 or more unrelated participants (excluding staff).
3. Do **not** use this form for families. Please see the instructions for the Individual Crisis Counseling Services Encounter Log

PROVIDER NAME – The name of the program/agency.

PROVIDER # - The unique number your program/agency is providing services under.

EMPLOYEE # - YOUR employee number.

DATE OF SERVICE – The date of the encounter.

ZIP CODE OF SERVICE – The zip code of the location you had the encounter in.

LOCATION OF SERVICE – Where did you provide the service? SELECT ONLY ONE.

TYPE OF SESSION – Select the type of group encounter session. SELECT ONLY ONE.

# OF PARTICIPANTS – Use all 3 boxes to report the number of participants (not including staff).  
For example, if there are 7 participants, write in 0, 0, 7; 20 participants, write in 0, 2, 0.

DURATION – How long did your encounter last? SELECT ONLY ONE.

GROUP IDENTITIES – This refers to the possible identities and/or roles that the group members might share as a whole. SELECT ALL THAT APPLY. If there is a shared identity/role that is not specified, select the "OTHER IDENTITY" box and fill in what the identity is. If there is no shared identity for the group as a whole, select "NO SHARED IDENTITY."

FOCUS OF GROUP SESSION – What is the focus of the group encounter? More than one category may apply. SELECT ALL THAT APPLY. If the focus for the group is different than the categories listed, please select "OTHER," and fill in the blank with the focal point.

STOP! Please submit the completed form to the designated person in your agency who will review and sign the form. ***Thanks for taking the time to complete this form accurately and completely!***

## Weekly Tally Sheet

### Brief Educational and Supportive Services Not Elsewhere Included

Provider Name

County or Parish

Provider Number

Week beginning  /  /

Employee ID

TYPE OF CONTACT	NUMBER OF CONTACTS OR NUMBER DISTRIBUTED							TOTAL
	SUN	MON	TUES	WED	THURS	FRI	SAT	
In-person brief educational or supportive contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Material handed to people with no or minimal interaction	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Material mailed to people's homes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Material left in public places	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Community networking and coalition building	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: If the number is zero, the field may be left blank.

Reviewed by \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



INSTRUCTIONS:  
WEEKLY TALLY SHEET  
BRIEF EDUCATIONAL AND SUPPORTIVE SERVICES (NOT ELSEWHERE INCLUDED)

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0270. Public reporting burden for this collection of information is estimated to average 5 minutes per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

**When to Use This Form:**

1. This sheet is intended to capture all of the contacts you have had for a particular week AND they have not been captured on any other form.
  - a. In other words, if you have completed an Individual Crisis Counseling Services Encounter Log for someone, or if you have counted someone as a participant on the Group Encounter Log, you will **not** count them here.

NUMBER OF CONTACTS OR NUMBER DISTRIBUTED – For each day of the week, fill in the total number of contacts for each of the following types:

**IN-PERSON BRIEF EDUCATIONAL OR SUPPORTIVE CONTACT** – This is the number of brief contacts with individuals, or groups of individuals, that did not result in in-depth discussion or interaction of an educational or crisis counseling nature.

**TELEPHONE CONTACT** – This is the number of brief telephone contacts with individuals that did not result in in-depth discussion or interaction of an educational or crisis counseling nature.

**EMAIL CONTACT** – This is the number of brief email contacts with individuals that did not result in in-depth discussion or interaction of an educational or crisis counseling nature.

**MATERIAL HANDED TO PEOPLE WITH NO OR MINIMAL INTERACTION** – How many materials were distributed by handing them out to people with no or minimal contact?

**MATERIAL MAILED TO PEOPLE'S HOMES** – How many materials were mailed to people's homes?

**MATERIAL LEFT IN PUBLIC PLACES** – How many materials were left in public places?

**COMMUNITY NETWORKING AND COALITION BUILDING** – How many people did you come into contact with for the purpose of networking within the community or building local coalitions?

STOP! Please submit the completed form to the designated person in your agency who will review and sign the form. ***Thanks for taking the time to complete this form accurately and completely!***

## 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.

- ☐ injured or hurt
- ☐ life was threatened
- ☐ family member missing or dead
- ☐ friend or co-worker missing or dead
- ☐ saw death or injury
- ☐ away from family a long time
- ☐ home had major damage
- ☐ put out of your home for one week or more
- ☐ no job because of disaster
- ☐ other money problems
- ☐ did rescue or recovery work
- ☐ had to leave quickly with no time to get ready
- ☐ 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) >

--



## Adult Assessment & Referral Tool

Provider Name

Provider Number  Employee Nbr  Zip Code of Service

Visit Number ☐ 3rd visit ☐ 5th visit or more Date of Service  /  /

**READ:** It is program policy to ask all people who visit with a crisis counselor three or more times a few specific questions about how they were affected by the disaster and how they are feeling now. May I ask you these questions?  
**IF THE PERSON IS WITH SOMEONE (OTHER THAN YOU), ADD:** Would you prefer to mark your answers on this form rather than saying them out-loud?  
My first questions are about various experiences you may have had in the disaster.

### RISK CATEGORIES (select all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> injured or physically harmed     | <input type="checkbox"/> home had damage                    | <input type="checkbox"/> evacuated quickly with no time to prepare  |
| <input type="checkbox"/> life was threatened              | <input type="checkbox"/> displaced from home 1 week or more | <input type="checkbox"/> witnessed community destruction            |
| <input type="checkbox"/> family missing or dead           | <input type="checkbox"/> disaster unemployed                | <input type="checkbox"/> past substance use / mental health problem |
| <input type="checkbox"/> friend missing or dead           | <input type="checkbox"/> other financial loss               | <input type="checkbox"/> pre-existing physical disability           |
| <input type="checkbox"/> witnessed death / injury         | <input type="checkbox"/> assisted with rescue / recovery    | <input type="checkbox"/> past trauma                                |
| <input type="checkbox"/> prolonged separation from family |   |   |

### ASSESSMENT of EVENT REACTIONS

#### GIVE RESPONSE CARD TO RECIPIENT.

**READ:** These questions are about the reactions you have experienced IN THE PAST MONTH. By reactions, I mean your feelings or emotions or thoughts about the events. For each question choose ONE of the following responses from this card.

1 ☐ not at all    2 ☐ a little bit    3 ☐ moderately    4 ☐ quite a bit    5 ☐ very much

#### QUESTIONS TO BE READ

How much have you been bothered by unwanted memories, nightmares, or reminders of what happened?

#### RESPONDENT'S ANSWER

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How much effort have you made to avoid thinking or talking about what happened or doing things that remind you of what happened?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

To what extent have you lost enjoyment in things, kept your distance from people, or found it difficult to experience feelings because of what happened?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How much have you been bothered by poor sleep, poor concentration, jumpiness, irritability or feeling watchful around you because of what happened?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How down or depressed have you been because of what happened?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Has your ability to handle other stressful events or situations been harmed?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Have your reactions 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?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How distressed or bothered are you about your reactions?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How much have your reactions interfered with your ability to work or carry out your daily activities, such as housework or schoolwork?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How much have your reactions affected your relationships with your family or friends or interfered with your social, recreational, or community activities?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How concerned have you been about your ability to overcome problems you may face without further assistance?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

NUMBER OF RESPONSES OF 4 OR 5 (this is recipient's score) >>>

I also need to ask: Is there any possibility that you might hurt or kill yourself? ☐ no ☐ yes

IF YES, refer for immediate psychiatric intervention - IF NO, continue on back of this form



IF THIS IS THE 3<sup>RD</sup> COUNSELING SESSION, PLEASE USE BOX A. IF THIS IS THE 5<sup>TH</sup> SESSION, USE BOX B.

**BOX A (3<sup>RD</sup> SESSION)**

IF SCORE IS 3 OR HIGHER, READ:

FROM WHAT YOU'VE TOLD ME, IT SEEMS THAT YOU MIGHT BENEFIT FROM PARTICIPATING IN ANOTHER PROGRAM [DESCRIBE]. I WOULD LIKE TO REFER YOU TO \_\_\_\_\_.

IF SCORE IS BELOW 3, READ:

FROM WHAT YOU'VE TOLD ME, IT SEEMS THAT YOU ARE MANAGING YOUR REACTIONS. DOES THAT SEEM RIGHT TO YOU?

IF NO, READ: PERHAPS YOU WOULD BENEFIT FROM PARTICIPATING IN ANOTHER PROGRAM [DESCRIBE]. I WOULD LIKE TO REFER YOU TO \_\_\_\_\_.

IF YES, READ: WE SHOULD DECIDE UPON SPECIFIC GOALS FOR COUNSELING THAT WE CAN MEET TODAY OR WITHIN ANOTHER COUPLE OF VISITS.

**BOX B (5<sup>TH</sup> SESSION)**

IF SCORE IS 3 OR HIGHER, READ:

WE'VE MET A FEW TIMES AND WORKED ON SEVERAL SPECIFIC GOALS. FROM WHAT YOU'VE TOLD ME TODAY, IT SEEMS THAT YOU MIGHT BENEFIT FROM PARTICIPATING IN ANOTHER PROGRAM [DESCRIBE]. I WOULD LIKE TO REFER YOU TO \_\_\_\_\_.

IF SCORE IS BELOW 3, READ:

FROM WHAT YOU'VE TOLD ME, IT SEEMS THAT YOU ARE MANAGING YOUR REACTIONS. DOES THAT SEEM RIGHT TO YOU?

IF NO, READ: WE'VE MET A FEW TIMES AND WORKED ON SEVERAL SPECIFIC GOALS. PERHAPS YOU WOULD BENEFIT FROM PARTICIPATING IN ANOTHER PROGRAM [DESCRIBE]. I WOULD LIKE TO REFER YOU TO \_\_\_\_\_.

IF YES, READ: WE'VE MET A FEW TIMES AND WORKED ON SEVERAL SPECIFIC GOALS. LET'S SPEND TODAY TALKING ABOUT WHAT YOU'VE LEARNED AND WHERE YOU MIGHT GET SUPPORT IN THE FUTURE.

**REFERRAL INFORMATION**

☐ other crisis counseling services

☐ other disaster services (e.g., FEMA loans, housing)

☐ other (specify in box) >

☐ mental health treatment

☐ substance abuse treatment

Was the referral accepted by the individual? ☐ no ☐ yes

IF REFERRAL IS NOT ACCEPTED, READ:

If you would like to continue to meet with me, let's decide upon some specific goals for counseling that we can meet today or in another couple of visits.

**DEMOGRAPHIC INFORMATION**

**Age (select one)**

☐ adult (18-39)

☐ adult (40-64)

☐ adult (65+)

**Sex (select one)**

☐ male

☐ female

**Ethnicity (select one)**

☐ Hispanic or Latino

☐ not Hispanic or Latino

**Race (select one or more)**

☐ American Indian / Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian / Pacific Islander

☐ White

**Preferred Language (select one)**

☐ English

☐ Spanish

☐ other (specify in box) >

**Language of Contact (select one)**

☐ English

☐ Spanish

☐ other (specify in box) >

**Parent / Guardian of Child (under 18) (select one)**

☐ no

☐ yes

☐ unknown

Reviewed by \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



## INSTRUCTIONS: ASSESSMENT & REFERRAL TOOL

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0270. Public reporting burden for this collection of information is estimated to average 5 minutes per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

### When to Use This Form:

Use this form to assess the person's need for further services during the 3<sup>rd</sup> or 5<sup>th</sup> or more sessions of individual crisis counseling.

PROVIDER NAME – The name of the program/agency.

PROVIDER # - The unique number your program/agency is providing services under.

EMPLOYEE # - YOUR employee number.

DATE OF SERVICE – The date of the encounter.

ZIP CODE OF SERVICE – The zip code of the location you had the encounter in.

TYPE OF VISIT – Based on your conversation with the individual, is this the “3<sup>rd</sup>” or “5<sup>th</sup> or more” visit for this person to your program? All visits did not have to be with you. **SELECT ONLY ONE.**

RISK CATEGORIES - These are factors that an individual may have experienced or may have present in their life that could increase their need for services. **MORE THAN ONE CATEGORY MAY APPLY. SELECT ALL CATEGORIES THAT APPLY.**

GIVE THE RESPONSE CARD TO THE INDIVIDUAL. This card will be used to respond to the questions on the front page.

\* For each question, put a check mark in the appropriate box based on the individual's responses.

\* At the end of the 11 questions, add the number of check marks in boxes 4 and 5. This is the person's score.

Now, ask the person if there is any possibility that he/she might hurt or kill him/herself. **If the answer is “yes,” refer the person IMMEDIATELY for psychiatric intervention according to local procedures.**

**If the answer is “NO,” TURN THE PAGE OVER AND CONTINUE.**

REFERRALS – Based on your conversation with this individual, you may have referred the individual for other services. In the REFERRAL box, select all of the types of services you referred the person to. If the service is not listed, please provide the type of service next to “OTHER SERVICES.” If you did not make a referral, please select “NONE.”

WAS THE REFERRAL ACCEPTED BY THE INDIVIDUAL? Based on your conversation with the individual, indicate whether or not the person accepted the referral information.

DEMOGRAPHIC INFORMATION – Complete this section based on your observations. **Do not ask these questions of the recipient.**

AGE – The age you perceived the person to be. **SELECT ONLY ONE**

SEX – Was the person male or female? **SELECT ONLY ONE**

ETHNICITY – Based on your observations and your conversation with the individual, what ethnicity do you think the individual was? **SELECT ONLY ONE.**

RACE - Based on your observations and your conversation with the individual, what race do you think the individual was? **SELECT ALL THAT APPLY.**

PARENT/GUARDIAN OF CHILD - Based on your observations and your conversation with the individual, is the individual the parent or guardian of a child under 18 years of age? **SELECT ONLY ONE.**

PREFERRED LANGUAGE – What language did the individual prefer to talk to you in? If “OTHER”, fill in the other language (not English or Spanish) that the person preferred to speak in. **SELECT ONLY ONE.**

LANGUAGE OF CONTACT – What language did you actually use to speak with this individual during the encounter? This may be different than the preferred language. If “OTHER”, fill in the other language (not English or Spanish) that the person spoke in. **SELECT ONLY ONE.**

**STOP!** Please submit the completed form to the designated person in your agency who will review and sign the form.

***Thanks for taking the time to complete this form accurately and completely!***



## 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>



10

1

How distressed or bothered are you about your reactions? ☐ 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.

How old are you?			
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☐ less than high school   ☐ high school graduate   ☐ some college   ☐ college graduate   ☐ masters degree   ☐ doctoral degree

PLEASE PRINT NEATLY IN CAPITALS.

☐ no    ☐ yes

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