

## SEXUAL ASSAULT PATIENT CARE SATISFACTION SURVEY

This survey will assist the **Coalition Against Sexual Assault in North Dakota** in evaluating the level of emergency services you received during your time of need. The coalition's goal is to ensure that medical standards of care for victims of sexual assault are being met by service providers across the state. Your participation in completing this survey is confidential, and will assist in identifying agencies that need training to meet the needs of victims of sexual assault across North Dakota. **Please feel free to contact our office toll-free with any question you may have by calling 1-888-255-6240.**

(Optional)

**NAME:** \_\_\_\_\_ (Your name will not be shared with anyone outside our office).

**ADDRESS:** \_\_\_\_\_.

**Name of agency where I received services:** \_\_\_\_\_.

- 1). I was met by friendly staff.  
 Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree
- 2). I was taken to a private waiting area immediately.  
 Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree
- 3). My family or friends were taken to a separate private waiting area immediately.  
 Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree    Not Applicable
- 4). Medical staff asked if I would like to speak with a sexual assault advocate.  
 Strongly agree    Agree    Neutral    Disagree    Strongly Disagree
- 5). Medical staff asked if I would like a family member or friend contacted.  
 Strongly agree    Agree    Neutral    Disagree    Strongly Disagree
- 6). Medical staff conducted a swift initial assessment of my injuries.  
 Strongly agree    Agree    Neutral    Disagree    Strongly Disagree
- 7). A qualified sexual assault medical provider was prompt to arrive to treat my injuries.  
 Strongly agree    Agree    Neutral    Disagree    Strongly Disagree
- 8). A qualified sexual assault medical provider explained my options for treatment.  
 Strongly agree    Agree    Neutral    Disagree    Strongly Disagree
- 9). A qualified sexual assault medical provider explained my options for evidence collection.  
 Strongly agree    Agree    Neutral    Disagree    Strongly Disagree
- 10). I am satisfied with the explanation of treatment options.  
 Strongly agree    Agree    Neutral    Disagree    Strongly Disagree
- 10). Medical staff was attentive to my emotional needs during the collection of evidence and/or treatment.  
 Strongly agree    Agree    Neutral    Disagree    Strongly Disagree
- 11). I received referrals for follow up care.  
 Strongly agree    Agree    Neutral    Disagree    Strongly Disagree
- 12). Financial costs for the sexual assault medical services I received were waived.  
 Strongly agree    Agree    Neutral    Disagree    Strongly Disagree
- 13). I received information on Crime Victims Compensation to assist with my financial needs.  
 Strongly agree    Agree    Neutral    Disagree    Strongly Disagree
- 14). I am happy with the care I received.  
 Strongly agree    Agree    Neutral    Disagree    Strongly Disagree
- 15). May we contact you with additional questions related to your care?  
 YES: Contact Information: \_\_\_\_\_    NO