

Appendix C

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**Child-Friendly Facility
Program Monitoring Evaluation
Questionnaires**

Child-Friendly Facility: General Program Monitoring Questionnaire—Staff Form

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

- | | | | |
|----------------------------------------------------------------------------------|------------------------------|-----------------------------------|-----------------------------|
| 1. Are there toys for both girls and boys? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 2. Are there activities for adolescents? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 3. Is the room clean? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 4. Does someone greet the family right away? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 5. Does someone interact with the children while they are waiting? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 6. Does someone explain to families what is going to happen while at the center? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 7. Is the walkway to the center child friendly? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 8. Is there too much stuff for young kids? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 9. Is good use being made of the waiting room? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |

Child-Friendly Facility: Specific Program Monitoring Questionnaire—Staff Form

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

Waiting Room

- | | | | |
|----------------------------------------------------------------------------------------------|------------------------------|-----------------------------------|-----------------------------|
| 1. The waiting room provides maximum separation of the child from the alleged offender. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 2. The waiting room is physically safe for children. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 3. The staff are always able to observe the individuals in the waiting room. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 4. The CAC provides a separate area where children and parents can wait. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 5. The available materials and toys reflect the interests and needs of children of all ages. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |

Other Rooms

- | | | | |
|------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------|-----------------------------|
| 6. The CAC provides a separate area for case consultation. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 7. The CAC provides a separate area for meetings with caregivers. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 8. The CAC provides a separate area for interviews. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 9. The CAC provides a place for team members to observe the actual interview. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 10. Overall, the CAC environment reflects the social, cultural, and ethnic makeup of the community served. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 11. The location of the CAC is convenient to clients. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 12. The location of the CAC is convenient to team members (to the maximum extent possible). | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |

Home Observation for Measurement of the Environment (HOME)

Authors: B. Caldwell and R. Bradley

Purpose: This instrument can be adapted to measure the CAC environment for child appropriateness. The instrument has established reliability and validity and has been used extensively in research with children and families.

Resource: *Administration Manual: Home Observation for Measurement of the Environment* (revised ed.). Little Rock: University of Arkansas at Little Rock, 1984.

Child-Friendly Facility: General Program Monitoring Questionnaire—Multidisciplinary Team Form

Recruitment Script: Please help us evaluate our Child Advocacy Center. We are interested in your honest opinion, whether positive or negative. Your feedback will help determine what we need to work on to serve you and our clients better. Completed surveys are anonymous and will be kept absolutely confidential. Center staff will not have access to individual responses, but general feedback on the range of responses will be provided to ensure service improvement.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

- | | | | |
|------------------------------------------------------------------------------------|------------------------------|-----------------------------------|-----------------------------|
| 1. Are there toys for both girls and boys? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 2. Are there activities for adolescents? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 3. Is the room clean? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 4. Does someone greet you right away? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 5. Does someone interact with the children while they are waiting? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 6. Are the staff courteous? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 7. Does someone explain to the family what is going to happen while at the center? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 8. Is the walkway to the center child friendly? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 9. Is there too much stuff for young kids? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 10. Is good use being made of the waiting room? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |

Child-Friendly Facility: Specific Program Monitoring Questionnaire—Multidisciplinary Team Form

Recruitment Script: Please help us evaluate our Child Advocacy Center (CAC). We are interested in your honest opinion, whether positive or negative. Your feedback will help determine what we need to work on to serve you and our clients better. Completed surveys are anonymous and will be kept absolutely confidential. Center staff will not have access to individual responses, but general feedback on the range of responses will be provided to ensure service improvement.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

Waiting Room

- | | | | |
|----------------------------------------------------------------------------------------------|------------------------------|-----------------------------------|-----------------------------|
| 1. The waiting room provides maximum separation of the child from the alleged offender. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 2. The waiting room is physically safe for children. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 3. The staff are always able to observe the individuals in the waiting room. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 4. The CAC provides a separate area where children and parents can wait. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 5. The available materials and toys reflect the interests and needs of children of all ages. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |

Other Rooms

- | | | | |
|-------------------------------------------------------------------------------|------------------------------|-----------------------------------|-----------------------------|
| 6. The CAC provides a separate area for case consultation. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 7. The CAC provides a separate area for meetings with caregivers. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 8. The CAC provides a separate area for interviews. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 9. The CAC provides a place for team members to observe the actual interview. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |

10. Overall, the CAC environment reflects the social, cultural, and ethnic makeup of the community served. Yes Somewhat No
11. The location of the CAC is convenient to clients. Yes Somewhat No
12. The location of the CAC is convenient to team members (to the maximum extent possible). Yes Somewhat No

Child-Friendly Facility: General Program Monitoring Questionnaire—Parent Form

Recruitment Script: Please help us evaluate our Child Advocacy Center. We are interested in your honest opinion, whether positive or negative. Your feedback will help determine what we may need to work on to serve you and other families better. Completed surveys are anonymous and will be kept absolutely confidential. Staff will not have access to individual responses, but general feedback on the range of responses will be provided to ensure service improvement.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

- | | | | |
|-----------------------------------------------------------------------------|------------------------------|-----------------------------------|-----------------------------|
| 1. Are there toys for both girls and boys? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 2. Are there activities for adolescents? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 3. Is the room clean? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 4. Did someone greet you right away? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 5. Did someone interact with your child while you were waiting? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 6. Were the staff courteous? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 7. Did someone explain to you what was going to happen while at the center? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 8. Is the walkway to the center child friendly? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 9. Do you feel like this is some place you like visiting? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 10. Do you feel safe here? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 11. Does this feel like a safe place to talk to people about what happened? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 12. Is there too much stuff for young kids? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 13. Is the center making good use of its waiting room? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |

Child-Friendly Facility: General Program Monitoring Questionnaire—Youth Form

Recruitment Script: We are trying to figure out whether we are doing the best possible job here at the Child Advocacy Center. We need to know what you think about things here, whether you think they are good or bad. If you had a bad time here, we need to know why so we can make things better. The people whom you talked with today are not going to see your answers to these questions, so you can be completely honest.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

- | | | | |
|--------------------------------------------------------------------------------------|------------------------------|-----------------------------------|-----------------------------|
| 1. Are there toys for both girls and boys? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 2. Are there activities for people your own age? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 3. Is the room clean? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 4. Did someone greet you right away? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 5. Did someone interact with you while you were waiting? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 6. Were the staff nice to you? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 7. Did someone explain to you what was going to happen while you were at the center? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 8. Did you like the toys at the center? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 9. Is this some place you like visiting? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 10. Do you feel safe here? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 11. Does this feel like a safe place to talk to people about what happened? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |

**Child Investigative Interview
Program Monitoring Evaluation
Questionnaires**

Child Investigative Interview Program Monitoring Questionnaire—Child Interviewer Form

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

- | | | | |
|-------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------|-----------------------------|
| 1. The CAC promotes investigative interviews that are legally sound. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 2. The CAC promotes investigative interviews that are developmentally appropriate. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 3. The CAC promotes investigative interviews that are neutral. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 4. The CAC promotes investigative interviews that are of a fact-finding nature. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 5. The CAC promotes investigative interviews that are coordinated to avoid duplicate interviewing. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 6. The CAC has the capacity to allow team members to observe interviews. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 7. The CAC has the capacity to relay feedback to the interviewer during the interview. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 8. Team interviews are routinely conducted at the CAC. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 9. Team interviews are conducted in field settings. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 10. The team's written guidelines include a section regarding an appropriate interviewer. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 11. The team's written guidelines include a section regarding sharing information with investigators. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |

12. If children have been interviewed elsewhere, please explain.

Child Investigative Interview Program Monitoring Questionnaire—Child Interviewer Form—Short Form

1. Was a joint investigation conducted? Yes No
2. Number of investigative interviews: _____
3. How much information did you obtain from the child (please check one)?
 - A little
 - Partial disclosure, but not enough to prosecute
 - Partial disclosure, enough to prosecute
 - Full disclosure, but no evidence of abuse
 - Full disclosure
4. Was your performance as an interviewer ever evaluated? Yes No
5. Do you receive feedback about your interviewing performance? Yes No
6. Did you receive initial training? Yes No
7. If yes, please describe your training.

8. Do you receive ongoing training? Yes No

Child Investigative Interview Program Monitoring Questionnaire—Parent Form

Recruitment Script: Please help us evaluate our Child Advocacy Center. We are interested in your honest opinion, whether positive or negative. Your feedback will help determine what we may need to work on to serve you and other families better. Completed surveys are anonymous and will be kept absolutely confidential. Staff will not have access to individual responses, but will receive general feedback on the range of responses.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

- | | | | |
|--------------------------------------------------------------------------------------|------------------------------|-----------------------------------|-----------------------------|
| 1. My questions regarding my child's interview were answered to my satisfaction. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 2. My child seemed calm after the interview. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 3. I was as informed as possible about my child's interview. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 4. The person who interviewed my child made me feel comfortable about the interview. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 5. I understand why I could not be with my child during the interview. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 6. I think I should be able to observe my child's interview. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |

Child Investigative Interview Program Monitoring Questionnaire—Youth Form

Recruitment Script: We are trying to figure out whether we are doing the best possible job here at the Child Advocacy Center. We need to know what you think about things here, whether you think they are good or bad. If you had a bad time here, we need to know why, so we can make things better. The people whom you talked with today are not going to see your answers to these questions, so you can be completely honest.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

- | | | | |
|--------------------------------------------------------------------------------------|------------------------------|-----------------------------------|-----------------------------|
| 1. I was told what to expect before I was interviewed. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 2. The person who interviewed me was nice to me. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 3. I was scared about being interviewed. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 4. The room where I was interviewed was uncomfortable. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 5. The interview was not as bad as I thought it would be. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 6. I was given something to draw with during the interview. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 7. I was told what to do if I needed to go to the bathroom. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 8. I was told that I could say “I don’t know” any time that was the truth. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 9. The interviewer talked to me in a nice voice. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 10. The interviewer took me back to my parent or guardian when we were done talking. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |

Child Investigative Interview Program Monitoring Questionnaire—Multidisciplinary Team Form

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

- | | | | |
|-------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------|-----------------------------|
| 1. The CAC promotes investigative interviews that are legally sound. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 2. The CAC promotes investigative interviews that are developmentally appropriate. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 3. The CAC promotes investigative interviews that are neutral. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 4. The CAC promotes investigative interviews that are of a fact-finding nature. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 5. The CAC promotes investigative interviews that are coordinated to avoid duplicate interviewing. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 6. The CAC has the capacity to allow team members to observe interviews. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 7. The CAC has the capacity to relay feedback to the interviewer during the interview. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 8. Team interviews are routinely conducted at the CAC. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 9. Team interviews are conducted in field settings. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 10. The team’s written guidelines include a section regarding an appropriate interviewer. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 11. The team’s written guidelines include a section regarding sharing information with investigators. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |

12. If children have been interviewed elsewhere, please explain.

**Medical Examination Program
Monitoring Evaluation
Questionnaires**

Medical Examination Program Monitoring Questionnaire— Health Care Providers Form

Recruitment Script: Please help us evaluate the medical examination component of our Child Advocacy Center (CAC). We are interested in your honest opinion, whether positive or negative. Your feedback will help determine how we can serve families better.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

- | | | | |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------|-----------------------------|
| 1. A specialized medical evaluation is available to the CAC. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 2. The CAC's medical policies describe under what circumstances a medical evaluation is recommended. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 3. The CAC's medical policies describe how the medical evaluation is made available to clients. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 4. The CAC's medical policies describe how taking the medical history is coordinated with investigative interviewing. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 5. Each team member receives a written protocol for the medical evaluation. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 6. Medical evaluations are provided by specially trained personnel at the CAC. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 7. The CAC is able to arrange a medical evaluation by a specially trained physician in an appropriate facility. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 8. Medical response is available on a 24-hour basis. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 9. Medical services are made available to all CAC clients regardless of their ability to pay. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 10. CAC staff are trained about the purpose and nature of the medical evaluation. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 11. Parents and caregivers are told about the purpose and nature of the medical evaluation. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |

12. Children are told about the purpose and nature of the medical evaluation. Yes Somewhat No
13. Findings of the medical evaluation are shared with investigators and prosecutors on the multidisciplinary team in a routine manner. Yes Somewhat No
14. Findings of the medical evaluation are shared with investigators and prosecutors on the multidisciplinary team in a timely manner. Yes Somewhat No

Factors Associated With Reduced Stress Associated With a Medical Examination—Health Care Providers Form¹

Recruitment Script: Please help us evaluate the medical examination component of our Child Advocacy Center. We are interested in your honest opinion, whether positive or negative. Your feedback will help determine how we can serve families better.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

- | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------|-----------------------------------------|
| 1. I address the immediate questions and concerns of the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Not Applicable |
| 2. The person who prepares the child is not the person who conducts the examination. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Not Applicable |
| 3. The child is given a tour of the clinic. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Not Applicable |
| 4. The child can choose whether the examiner is a male or female. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Not Applicable |
| 5. The child can choose who will be present during the examination. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Not Applicable |
| 6. The child is encouraged to make a written report card about the physician. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Not Applicable |
| 7. The child is taught imagery and breathing techniques. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Not Applicable |
| 8. I discuss with the child what to say to me when feeling frightened or uncomfortable. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Not Applicable |
| 9. I have the child practice the positions that will be required of the child during the examination. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Not Applicable |
| 10. I have the child write a letter to me after the examination expressing his or her feelings about the examination and toward me. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Not Applicable |
| 11. I meet with the child and parent before the examination. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Not Applicable |

1. Berson, Nancy L., Marcia E. Herman-Giddens, and Thomas E. Frothingham. 1993. Children's perceptions of genital examinations during sexual abuse evaluations. *Child Welfare* LXXII (1): 41–49.

12. I advise parents not to discuss the examination with their child prior to the examination because of parents' possible misperceptions. Yes Somewhat Not Applicable
13. The parent is not given an active role during the examination, but is there for support and comfort. Yes Somewhat Not Applicable
14. The parent is not allowed to look at the genital area during the examination. Yes Somewhat Not Applicable
15. The parent of the opposite sex is not allowed to be present (unless the child is very young). Yes Somewhat Not Applicable
16. I explain to parents that the examination is different from adult gynecological or urological examinations. Yes Somewhat Not Applicable
17. I allow the child to have a favorite toy or animal during the examination. Yes Somewhat Not Applicable
18. I avoid discussing the results of the examination in front of the child because of possible misperceptions. Yes Somewhat Not Applicable
19. I reassure the child that the examination found her or him healthy and normal. Yes Somewhat Not Applicable
20. I do not question the child about the abuse during the medical examination (thereby separating the role of interviewer from medical examiner). Yes Somewhat Not Applicable
21. If the child wants to talk about the abuse, I tell the child to talk about the experience with the interviewer. Yes Somewhat Not Applicable
22. The child gives me a grade on how well I did. Yes Somewhat Not Applicable

Quality Assurance for Medical Examination Chart Review—CAC Staff Form

(CARES—Boise, Idaho, at St. Luke's)

Recruitment Script: Please help us evaluate the medical recordkeeping at the Child Advocacy Center. We are interested in your honest opinion, whether positive or negative. Your feedback will help determine how we can serve families better.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

- | | | | | |
|----------------------------------------------------------------------------------|------------------------------|-----------------------------------|-----------------------------|------------------------------|
| 1. Is the history of the presenting concerns clearly documented? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. Is there documentation of who brought the child in for the exam? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. Is there documentation about prior sexual or physical abuse history? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Is the past medical history complete? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5. Are the child's statements recorded? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6. Is there a description of the child's behavior/affect during the examination? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 7. Are the examiner's questions documented? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 8. Are the examination positions documented? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 9. Is the complete exam documented? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 10. Are the genital findings documented using accepted terminology? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 11. Are the interpretations documented? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 12. If labs are ordered, is the order documented? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 13. Are followup recommendations documented? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 14. Is there documentation of prior genital examinations and findings? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 15. Other Comments? _____ | | | | |
| _____ | | | | |

Medical Examination Program Monitoring Questionnaire— Parent Form

Recruitment Script: Please help us evaluate the Child Advocacy Center. We are interested in your honest opinion, whether positive or negative. Your feedback will help determine how we can serve you and other families better. Completed surveys are anonymous and will be kept absolutely confidential. Staff will not have access to individual responses, but will receive general feedback on the range of responses.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the word that best reflects your opinion.

1. I was informed about what my child's medical examination would be like. Yes Somewhat No
2. I was told before the medical examination whether or not I could be with my child during the examination. Yes Somewhat No
3. The person who provided the medical examination answered all of my questions about the examination. Yes Somewhat No

Medical Examination Program Monitoring Questionnaire— Youth Form

Recruitment Script: We are trying to figure out whether we are doing the best possible job here at our Child Advocacy Center. We need to know what you think about things here, whether you think they are good or bad. If you had a bad time here, we need to know why so we can make things better. The people who you talked with today are not going to see your answers to these questions, so you can be completely honest.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

1. I was told what the medical examination would be like. Yes Somewhat No
2. Before the medical examination began, I was told I could bring whomever I wanted into the exam room. Yes Somewhat No
3. The person who examined me answered all of my questions about the examination. Yes Somewhat No

**Mental Health Services
Program Monitoring Evaluation
Questionnaires**

Mental Health Services Program Monitoring Questionnaire—Therapist Form

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the response that best reflects your opinion.

- | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------|-----------------------------|
| 1. Mental health services are available to clients at the CAC. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 2. The CAC coordinates mental health services for clients through other treatment providers. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 3. The team's written protocol includes statements about mental health treatment availability. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 4. The team's written protocol includes statements about the role of the mental health clinician on the multidisciplinary team. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 5. The team's written protocol includes statements about the mental health clinician's role in case tracking. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 6. The team's written protocol includes statements about the mental health clinician's role in case reviews. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 7. Mental health services for the child client are routinely made available onsite. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 8. Mental health services for the child client are routinely made available through agreements with other agencies. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 9. Mental health services for the nonoffending caregiver(s) are routinely made available onsite. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 10. Mental health services for the nonoffending caregiver(s) are routinely made available through agreements with other agencies. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 11. Mental health treatment services are available regardless of ability to pay. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |

12. There is a clear delineation between the treating mental health clinician and any individual who may be conducting the investigative interview. Yes Somewhat No
13. There is a clear delineation between the treating mental health clinician and any individual who may be involved in the ongoing investigation. Yes Somewhat No

Therapeutic Intervention Program Monitoring Questionnaire—Therapist Form

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the word that best reflects your opinion.

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. Mental health services are available to clients at the CAC. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. The CAC coordinates mental health services for clients through other treatment providers. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. The team's written protocol includes statements about mental health treatment availability. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. The team's written protocol includes statements about the role of the mental health clinician in case tracking. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. The team's written protocol includes statements about the role of the mental health clinician in case review. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. The team's written protocol includes statements about the role of the mental health clinician on the multidisciplinary team. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Mental health services for the child client are routinely made available onsite. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Mental health services for the child client are routinely made available through linkage agreements with other agencies. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Mental health services for the nonoffending caregiver(s) are routinely made available onsite. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Mental health services for the nonoffending caregiver(s) are routinely made available through linkage agreements with other agencies. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Mental health treatment services are available regardless of ability to pay. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. There is a clear delineation between the treating mental health clinician and any individual who may be conducting the forensic interview. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. There is a clear delineation between the treating mental health clinician and any individual who may be involved in the ongoing investigation. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Mental Health Services Program Monitoring Questionnaire—Parent Form

Recruitment Script: Please help us evaluate our Child Advocacy Center. We are interested in your honest opinion, whether positive or negative. Your feedback will help determine how we can serve you and other families better. Completed surveys are anonymous and will be kept absolutely confidential. Staff will not have access to individual responses, but will receive general feedback on the range of responses.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the word that best reflects your opinion.

1. I was told about mental health services that are available to my child. Yes Somewhat No
2. I was given information on how to contact mental health agencies for my child. Yes Somewhat No
3. I was told about mental health services available for myself. Yes Somewhat No
4. The person who told me about available mental health services was not the person who interviewed my child. Yes Somewhat No

Mental Health Services Program Monitoring Questionnaire—Youth Form

Recruitment Script: We are trying to figure out whether we are doing the best possible job here at our Child Advocacy Center. We need to know what you think about things here, whether you think they are good or bad. If you had a bad time here, we need to know why, so we can make things better. The people you talked with today are not going to see your answers to these questions, so you can be completely honest.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

1. I was told about mental health services that are available to me. Yes Somewhat No
2. I was given information on how to contact mental health agencies for myself. Yes Somewhat No
3. The person who told me about available mental health services was not the person who interviewed me. Yes Somewhat No

**Victim Advocacy Program
Monitoring Evaluation
Questionnaires**

Victim Advocacy Program Monitoring Questionnaire— Victim Advocate Form

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the word that best reflects your opinion.

- | | | | |
|-------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------|-----------------------------|
| 1. Victim advocacy services were available throughout the investigation and prosecution. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 2. The team's written protocol describes the availability of victim support. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 3. The team's written protocol describes the availability of advocacy services. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 4. Victim support and advocacy services are available at the CAC. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 5. Victim support and advocacy services are available through agreements with other service agencies. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 6. Crisis intervention is routinely provided throughout the investigation. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 7. Crisis intervention is routinely provided throughout the prosecution. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 8. Procedures are in place to provide periodic followup contacts with the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 9. Procedures are in place to provide periodic followup contacts with the nonoffending caregiver. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 10. Court preparation is routinely available to all clients. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 11. Court accompaniment is routinely available to all clients. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 12. Assistance preparing victim impact statements is routinely available to all clients. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 13. Assistance with presentencing reports is routinely available to all clients. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 14. Referrals for corollary services are routinely available to all clients. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |

- 15. Referrals for housing assistance are routinely available to all clients. Yes Somewhat No
- 16. Referrals for transportation assistance are routinely available to all clients. Yes Somewhat No
- 17. Referrals for public assistance are routinely available to all clients. Yes Somewhat No
- 18. Referrals for domestic violence are routinely available to all clients. Yes Somewhat No
- 19. Information regarding local services is routinely available to all clients. Yes Somewhat No
- 20. Information regarding the rights of crime victims is routinely available to all clients. Yes Somewhat No
- 21. Information regarding victim compensation is routinely available to all clients. Yes Somewhat No

Victim Advocacy Program Monitoring Questionnaire— Parent Form

Recruitment Script: Please help us evaluate the Child Advocacy Center. We are interested in your honest opinion, whether positive or negative. Your feedback will help us serve you and other families better. Completed surveys are anonymous and confidential. Staff will not have access to individual responses, but they will receive general feedback on the range of responses.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the response that best reflects your opinion.

1. The victim advocate provided referrals for things I needed. Yes Somewhat No
2. The victim advocate maintained contact with me while I was at the center. Yes Somewhat No
3. The victim advocate answered any questions I had about what was going on at the center. Yes Somewhat No

Victim Advocacy Program Monitoring Questionnaire— Youth Form

Recruitment Script: We are trying to figure out whether we are doing the best possible job here at the Child Advocacy Center. We need to know what you think about things here, whether you think they are good or bad. If you had a bad time here, we need to know why, so we can make things better. The people you talked with today are not going to see your answers to these questions, so you can be completely honest.

Please place a checkmark by the response that best reflects how you feel about each of the following statements.

1. The victim advocate was very helpful to me. Yes Somewhat No
2. I felt comfortable with the victim advocate. Yes Somewhat No
3. The victim advocate told me what to expect while I was at the center. Yes Somewhat No

**Case Review Program
Monitoring Evaluation
Questionnaires**

Case Review Program Monitoring Questionnaire—A

Please indicate your level of agreement with the following statements by placing a checkmark by the response that best reflects your opinion.

- | | | | |
|--------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------|-----------------------------|
| 1. Criteria for case review procedures are included in the team's written protocols. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 2. A forum for the purpose of reviewing cases is conducted on a regularly scheduled basis. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 3. An individual is identified to coordinate the case review process. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 4. Team members are timely in their review of cases. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 5. Representatives of all team disciplines participate in case review. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 6. Recommendations from case reviews are communicated to appropriate parties for implementation. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |

Case Review Program Monitoring Questionnaire—B

1. In your opinion, what is the primary purpose of case review?

- Best interests of the child
- Prosecution
- Arrest of alleged perpetrator
- Safety for children
- Health status of the child
- Mental health of the child
- Other

2. What are the barriers in the proceedings of the case review? _____

3. What do you like best about case review? _____

4. What can we do to improve services? _____

5. Are there services the CAC could provide that are not being provided? _____

Case Review Meetings and Procedures Questionnaires

For each of the following statements, please circle the number that best describes your response to each of the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Our MDT is good at sharing information at case review.	1	2	3	4	5
2. The quality of the team's decisionmaking is excellent.	1	2	3	4	5
3. Our MDT meetings are too long.	1	2	3	4	5
4. Our MDT does not review enough cases at each case review.	1	2	3	4	5
5. The entire team always attends case review.	1	2	3	4	5
6. The MDT has just the right number of members.	1	2	3	4	5
7. Team members attend case review on a regular basis (95 percent of the time).	1	2	3	4	5
8. The team does a good job overall.	1	2	3	4	5
9. The team makes joint decisions rather than one person making an autocratic decision.	1	2	3	4	5
10. Case review scheduling should be different.	1	2	3	4	5
11. Someone always leads the meetings.	1	2	3	4	5
12. The location of the team meetings is convenient for me.	1	2	3	4	5
13. The case review meeting has good leadership.	1	2	3	4	5
14. I like it when our CAC provides lunch during case review.	1	2	3	4	5
15. The timing of case review meets my needs (day of week and hour).	1	2	3	4	5
16. The meetings have sufficient structure.	1	2	3	4	5

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
17. Case review is just another one of a million meetings I have to attend.	1	2	3	4	5
18. There are penalties (tangible or intangible) involved if I fail to attend case review.	1	2	3	4	5
19. The team follows formal procedures for case review.	1	2	3	4	5
20. We need to review more cases.	1	2	3	4	5
21. The appropriate person is leading the case review.	1	2	3	4	5
22. A procedure is in place to ensure that each team member is following through with assigned duties.	1	2	3	4	5
23. Anyone can add a case to case review.	1	2	3	4	5
24. We follow the case review agenda strictly.	1	2	3	4	5
25. I have input into team decisionmaking.	1	2	3	4	5
26. Interpersonal issues are set aside during case review.	1	2	3	4	5
27. The MDT has no investment in the case review.	1	2	3	4	5
28. I do not have enough input into the cases during case review.	1	2	3	4	5
29. Our team focuses more on problem solving than on blaming one another.	1	2	3	4	5
30. Case review gives me an opportunity to ask interdisciplinary questions.	1	2	3	4	5
31. The team members are helpful in answering questions I have about the investigation.	1	2	3	4	5
32. The team members educate one another about all the pieces of the investigation.	1	2	3	4	5
33. Case review is not a high priority for me.	1	2	3	4	5
34. I understand the case review protocol.	1	2	3	4	5
35. I would prefer to have case review only when it was absolutely necessary.	1	2	3	4	5

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
36. We plan, as a team, how to proceed on a case.	1	2	3	4	5
37. I learn something from the other members during case review.	1	2	3	4	5
38. Our team has fun during case review.	1	2	3	4	5
39. Team members are comfortable making jokes during case review.	1	2	3	4	5
40. A problem that arises at case review is dealt with immediately.	1	2	3	4	5

Multidisciplinary Team (MDT)

1. The team members are able to talk with one another informally as needed.	1	2	3	4	5
2. I have the support of my supervisors.	1	2	3	4	5
3. Team members are good at following through on a case.	1	2	3	4	5
4. There is too much turnover among team members.	1	2	3	4	5
5. There is too much turnover among supervisors.	1	2	3	4	5
6. There is no clear division of responsibility among the team members.	1	2	3	4	5
7. I read the protocol periodically to remind me of the mission and agreement.	1	2	3	4	5
8. I am forced to do things I do not want to on the MDT.	1	2	3	4	5
9. I enjoy being face to face with the people I work with on the MDT.	1	2	3	4	5
10. I believe in the team process.	1	2	3	4	5
11. I follow the protocol outlined in our interagency agreement.	1	2	3	4	5
12. The team shares my burden in these investigations.	1	2	3	4	5

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
13. Our team is suffering from lack of leadership.	1	2	3	4	5
14. There are too many personality conflicts on our team.	1	2	3	4	5
15. The team celebrates victories together.	1	2	3	4	5
16. Co-location is the key to a successful MDT.	1	2	3	4	5
17. I readily share information with the other MDT members.	1	2	3	4	5
18. Our team makes more political decisions than child-centered decisions.	1	2	3	4	5
19. We do a little of everything, rather than specialize in certain kinds of cases.	1	2	3	4	5
20. I always follow through on things that are expected of me.	1	2	3	4	5
21. My level of education is appropriate for my position.	1	2	3	4	5
22. My level of expertise is appropriate for my position.	1	2	3	4	5
23. I interact regularly with the team members outside of case review.	1	2	3	4	5
24. I tell other employees in my agency how well the MDT works.	1	2	3	4	5
25. Other team members understand my agency-imposed limitations.	1	2	3	4	5
26. I do not want anyone telling me what to do about a particular case.	1	2	3	4	5
27. I do not take criticism from the team well.	1	2	3	4	5
28. There is too much criticism among the MDT.	1	2	3	4	5
29. The team is always telling me what to do.	1	2	3	4	5
30. The team members are all on different tracks.	1	2	3	4	5
31. Team members respect me.	1	2	3	4	5
32. Team members support one another.	1	2	3	4	5

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
33. Team members share their frustrations with one another.	1	2	3	4	5
34. Team members share their joys and triumphs with one another.	1	2	3	4	5
35. The quality of the investigation is paramount.	1	2	3	4	5
36. Each team member has a different expectation for the investigation.	1	2	3	4	5
37. There is a lot of give and take among the team members.	1	2	3	4	5
38. My team members listen to what I have to say.	1	2	3	4	5
39. Our team does fun things together, like attend parties, write a newsletter, and acknowledge birthdays, marriages, and births.	1	2	3	4	5
40. The team does not know how much work I do behind the scenes.	1	2	3	4	5
41. My agency is understaffed.	1	2	3	4	5
42. We are investigating more cases as a result of the MDT.	1	2	3	4	5
43. I know how the case is progressing at all times.	1	2	3	4	5
44. The number of interviews children receive has decreased because of the MDT.	1	2	3	4	5
45. Team members are all on the same page, so cases do not get lost.	1	2	3	4	5
46. I am adequately trained to be doing this kind of work.	1	2	3	4	5
47. Being a part of the team enhances my productivity.	1	2	3	4	5
48. Our team socializes together.	1	2	3	4	5
49. I believe in the CAC concept.	1	2	3	4	5
50. The MDT is the best way to conduct investigations.	1	2	3	4	5

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
51. The MDT shares responsibilities.	1	2	3	4	5
52. When disagreements occur, the team handles them immediately.	1	2	3	4	5
53. Team members respect one another.	1	2	3	4	5
54. I am mandated to work as a team member in my State.	1	2	3	4	5
55. My supervisor supports my participation in the MDT.	1	2	3	4	5
56. The MDT has the support of the district attorney.	1	2	3	4	5
57. My input is valuable to the team.	1	2	3	4	5
58. Our team attends team training.	1	2	3	4	5
59. A problem among or between MDT members is dealt with immediately.	1	2	3	4	5
60. We immediately welcome/embrace new members (e.g., we take them to lunch).	1	2	3	4	5
61. We have a forum for recognizing outstanding contributions by team members.	1	2	3	4	5

Child Advocacy Center (CAC)

1. I have received professional support from the CAC.	1	2	3	4	5
2. I have received professional training from the CAC.	1	2	3	4	5
3. The CAC staff make me feel as though my opinions are valid.	1	2	3	4	5
4. I use the services provided by the CAC.	1	2	3	4	5
5. I feel comfortable at the center.	1	2	3	4	5
6. The CAC does everything it can to help me during the investigation.	1	2	3	4	5
7. The CAC benefits me personally.	1	2	3	4	5
8. The CAC asks me where it needs to make improvements.	1	2	3	4	5

**Parent Satisfaction Program
Monitoring Evaluation
Questionnaires**

Parents' Perceptions of the Medical Examination

For each of the following statements, please mark the response that best describes your opinion.

1. Rate the doctor's kindness. Very kind Okay Terrible
2. Rate the doctor's gentleness. Very gentle Okay Terrible
3. How well did your child do compared to other doctor visits? Better Same Worse
4. Would you choose this doctor for regular pediatric care? Yes No Maybe
5. Has your child previously had a genital exam? Yes No

Parent Satisfaction With Mental Health Services— Five Questions

For each of the following three questions, please check the response that best reflects your opinion.

1. Do you feel like you received crisis intervention while at the center? Yes No
2. Would you prefer to have therapy at the center rather than at a community agency? Yes No
3. Do you feel you are going to be better off after treatment? Yes No

Please answer the following two questions. You may use the back of the paper if you need more space to write.

4. How long did it take you to get an appointment with a therapist? _____

5. What is your greatest barrier to attending therapy? _____

Parent Satisfaction Regarding Prosecution

Please circle the number that best describes your response to each of the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The prosecutor was supportive.	1	2	3	4	5
2. I was appropriately informed about the court process.	1	2	3	4	5
3. The prosecutor was nonjudgmental.	1	2	3	4	5
4. I felt comfortable with the prosecutor.	1	2	3	4	5
5. The prosecutor seemed comfortable with my child.	1	2	3	4	5
6. The prosecutor seemed well trained.	1	2	3	4	5
7. The prosecutor did not worsen the trauma my child has experienced.	1	2	3	4	5
8. I had difficulty locating the courthouse.	1	2	3	4	5
9. I was kept informed of the progress of the investigation.	1	2	3	4	5
10. I was adequately informed of cancellations or postponements of court proceedings.	1	2	3	4	5
11. My child was prepared to testify.	1	2	3	4	5
12. I received adequate assistance when I came to court.	1	2	3	4	5
13. I found the atmosphere of the courtroom to be child friendly.	1	2	3	4	5

What did the CAC do that was helpful to you during your involvement in the case?

Is there an area you feel needs improvement? _____

Parent Satisfaction With Mental Health Services

Please respond to the following seven questions.

1. I received mental health services
_____ at the center.
_____ in the community.
2. My child completed _____ number of therapy sessions.
3. I completed _____ number of therapy sessions.
4. The following people were present during therapy:
_____ myself
_____ the therapist
_____ my child
_____ other (specify _____)
5. On a scale of 1 to 10, the intensity of therapy was a _____.
6. I met with the therapist _____ times a week/month.
7. The therapist was highly qualified. Agree Neutral Disagree

Parent Satisfaction With the Victim Advocate

For each of the following questions, please mark the response that best reflects your opinion or experience. Please note that question 10 asks you to write out your response.

1. Did you feel comfortable contacting the victim advocate whenever you needed to? Yes Somewhat No
2. How long did it take the victim advocate to return your calls? Minutes Hours Days
3. Did the victim advocate generally answer your questions or put you in contact with those who could answer your questions? Yes Somewhat No
4. Did the victim advocate tell you about court services? Yes Somewhat No
5. Did you receive the appropriate referrals to meet your needs? Yes Somewhat No
6. Were you comfortable with the victim advocate? Yes Somewhat No
7. Did the victim advocate address your concerns? Yes Somewhat No
8. Was the information provided by the victim advocate useful? Yes Somewhat No
9. Were you able to contact the referrals you needed to contact? Yes Somewhat No

10. What referral services did the victim advocate make for you? _____

Parent Satisfaction—3-Month Followup

Date: _____

 Month Day Year

How do you feel about the services you received at our center? _____

Were the staff friendly? Yes No Please explain _____

Were all of your questions answered to your satisfaction? Yes No
 Please explain _____

What was it like completing the questionnaires? _____

Was the feedback you received about the questionnaires helpful? Yes No

Do you have any suggestions on how we can better serve families in the future?

Parent Status—3-Month Followup

Date: _____

How has your child been since your visit to this center? _____

Have you noticed any changes in the following behaviors? Check all that apply:

- _____ Sleep
- _____ Appetite
- _____ School grades
- _____ Interest in school
- _____ Peer relationships
- _____ Interactions with family

Have you noticed any of the following? Check all that apply:

- _____ Sadness
- _____ Fearfulness
- _____ Withdrawal
- _____ Aggression
- _____ Guilt
- _____ Low self-esteem
- _____ Nightmares
- _____ Bed wetting
- _____ Stomachaches
- _____ Headaches

Has your child received treatment? Yes No

If yes, what types of services were provided? _____

If yes, how long did your child receive services? _____

If yes, were the services helpful? Yes No Explain _____

What was the outcome of the investigation? _____

Are there any [additional] services you feel your child or family needs? _____

Is your child currently involved with the legal system? Yes No

If yes, where does your child's case stand now? _____

What was the legal outcome? _____

Parent Status—6-Month Followup

Date: _____
 Month Day Year

How has your child been in the past 3 months? _____

Have you noticed any changes in the following behaviors? Check all that apply:

- _____ Sleep
- _____ Appetite
- _____ School grades
- _____ Interest in school
- _____ Peer relationships
- _____ Interactions with family

Have you noticed any of the following? Check all that apply:

- _____ Sadness
- _____ Fearfulness
- _____ Withdrawal
- _____ Aggression
- _____ Guilt
- _____ Low self-esteem
- _____ Nightmares
- _____ Bed wetting
- _____ Stomachaches
- _____ Headaches

Are there any services you feel your child or family needs? Yes No

Please explain _____

Do you have any concerns about abuse possibly reoccurring? Yes No

Please explain _____

Ask the following if these questions were not answered at 3 months.

Has your child received treatment? Yes No

Please explain _____

How long did your child receive services? _____

If your child received services, what types of services were provided? _____

If your child received services, were the services helpful? Yes No

Please explain _____

What was the outcome of the investigation? _____

Is your child currently involved with the legal system? Yes No

Please explain _____

If yes, where does your child's case stand now? _____

What was the legal outcome? _____

Parent Status—1-Year Followup

Date: _____

How has your child been in the past 6 months? _____

Have you noticed any changes in the following behaviors? Check all that apply:

- _____ Sleep
- _____ Appetite
- _____ School grades
- _____ Interest in school
- _____ Peer relationships
- _____ Interactions with family

Have you noticed any of the following? Check all that apply:

- _____ Sadness
- _____ Fearfulness
- _____ Withdrawal
- _____ Aggression
- _____ Guilt
- _____ Low self-esteem
- _____ Nightmares
- _____ Bed wetting
- _____ Stomachaches
- _____ Headaches

Are there any services you feel your child or family needs? _____

Do you have any concerns about abuse possibly reoccurring? Yes No

Ask the following if these questions were not answered at 6 months.

Has your child received treatment in the past 6 months? Yes No

How long did your child receive services? _____

If your child has received services in the past 6 months, what types of services were provided? _____

Were the services helpful? Yes No

Please explain _____

What was the outcome of the investigation? _____

Is your child currently involved with the legal system? Yes No

Please explain _____

If your child is involved in the legal system, where does your child's case stand now?

What was the legal outcome? _____

Parent Satisfaction Questionnaire

Our Child Advocacy Center (CAC) wants to provide the best possible services to the children and families that we serve. Please take some time to complete and return this survey so that we may assess and improve our services.

1. What types of services did you receive at the CAC (check all that apply)?

- Medical exam
 Family history
 Crisis counseling
 Child interview
 Referrals
 Courtroom orientation
 Prevention session
 Other (please specify _____)

2. Did we explain to you why you were referred to the CAC? Yes Somewhat No
3. Did we listen to what you had to say? Yes Somewhat No
4. Was your child treated with care and respect? Yes Somewhat No
5. Were you treated with care and respect? Yes Somewhat No
6. Were the surroundings child friendly? Yes Somewhat No
7. Were you provided with helpful information? Yes Somewhat No
8. Were your telephone calls returned promptly? Yes Somewhat No
9. If needed, would you be comfortable returning to the CAC? Yes Somewhat No

10. Please rate your satisfaction with the following aspects of the CAC by circling one response per question:

	Poor	Fair	Excellent	Not Applicable
Child protection specialist	1	2	3	NA
CAC receptionist/greeter	1	2	3	NA
Medical examination	1	2	3	NA
Waiting time for services	1	2	3	NA

11. Please use the scale below to rate overall the services we have provided to you:

Worst service	1	2	3	4	5	6	7	8	9	10	Best service
---------------	---	---	---	---	---	---	---	---	---	----	--------------

12. Please tell us how we can improve our program: _____

Thank you for completing this survey.

If you would like to speak with someone at our agency about the services you received, or your family’s situation, please feel free to contact us at 555-555-5555.

Parent/Caregiver Survey

Recruitment Script: Please help us evaluate the care you and your child have received at our Child Advocacy Center. We are interested in your honest opinion, whether positive or negative. Your feedback will help determine how we can serve you and other families better. Completed surveys are anonymous and confidential. Staff will not have access to individual responses, but will receive general feedback on the range of responses.

Today's date: _____

Please indicate your level of agreement or disagreement with the following statements about your first visit to our center.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. The person who scheduled my appointment took time to explain what would happen and answer my questions.	4	3	2	1
2. The person who scheduled my appointment made sure I understood the purpose of my visit to the center.	4	3	2	1
3. The travel directions were clear.	4	3	2	1
4. The center is convenient to public transportation.	4	3	2	1
5. When I first came to the center, my child(ren) and I were seen within a reasonable period of time.	4	3	2	1
6. The receptionist seemed friendly and nonjudgmental and made me feel at ease.	4	3	2	1
7. The playroom staff were nice to my child(ren) and made them feel comfortable.	4	3	2	1
8. The center provided a safe space for my child(ren) and me.	4	3	2	1
9. The interview process was clearly explained to me before my child's interview took place.	4	3	2	1

	Strongly Agree	Agree	Disagree	Strongly Disagree
10. I was given information on possible behaviors I can expect from my child as a result of what happened to her/him.	4	3	2	1
11. I was given information on how to handle those behaviors.	4	3	2	1
12. I was told about the various services and benefits provided by the center.	4	3	2	1
13. I was given information regarding other services available in my community.	4	3	2	1

Now we would like you to respond to the following questions.

14. Have you received as much help as you wanted? Yes No

15. Please list the services you needed, but did not receive.

16. Do you have any concerns that this survey did not address?

Thank you for completing this survey!

Parent Survey

We are here to help serve you and your child. We need your suggestions on ways we can do a better job. We also want to hear from you when we do good work. Please take some time to complete and return this survey so that we can assess and improve the CAC.

Please check the appropriate response:

- | | | | |
|----------------------------------------------------------------------------------|------------------------------|-----------------------------------|-----------------------------|
| 1. The staff of the CAC were courteous and responsive to your requests. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 2. The CAC is a child-friendly place. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 3. The social worker was courteous and responsive to your requests. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 4. The law enforcement officer was courteous and responsive to your requests. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 5. The counselor you met with was courteous and responsive to your needs. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 6. The medical exam was scheduled at a convenient time. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 7. The district attorney's office was courteous and responsive to your requests. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 8. You were provided with helpful information. | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 9. If needed, would you feel comfortable returning to the CAC? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |

Please comment:

10. Please tell us what you liked best about the CAC: _____

Other comments: _____

Family Satisfaction With CAC Services

Please complete this questionnaire at the end of your first visit to the Child Advocacy Center (CAC). Please rate the following statements using the 6-point scale below.

	Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	0	1	2	3	4	5
1. Our initial contact with the CAC was positive.	0	1	2	3	4	5
2. The phone call from CAC staff explaining the interview process was helpful.	0	1	2	3	4	5
3. The waiting room at the CAC was relaxing for my children.	0	1	2	3	4	5
4. The purpose of the interview was clearly explained to me before we arrived.	0	1	2	3	4	5
5. My child did not wait too long in the waiting room before being interviewed.	0	1	2	3	4	5
6. CAC staff were available to offer my child support while in the waiting room.	0	1	2	3	4	5
7. The environment at the CAC was comforting.	0	1	2	3	4	5
8. The environment at the CAC was appropriate for children.	0	1	2	3	4	5

Scheduling

9. The scheduling of our interview was timely.	0	1	2	3	4	5
10. CAC staff were accommodating in terms of meeting our scheduling needs.	0	1	2	3	4	5

Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

11. Getting to the CAC was made easy because of the transportation provided.

0	1	2	3	4	5
---	---	---	---	---	---

12. The CAC location was easily accessible to everyone, including people with disabilities.

0	1	2	3	4	5
---	---	---	---	---	---

Parental Interview

13. The questions asked of me were necessary.

0	1	2	3	4	5
---	---	---	---	---	---

14. CAC staff asked me too many questions.

0	1	2	3	4	5
---	---	---	---	---	---

15. It seemed as if I had to keep telling our story over and over to different people while at the CAC.

0	1	2	3	4	5
---	---	---	---	---	---

16. CAC staff helped me to feel comfortable during our interview.

0	1	2	3	4	5
---	---	---	---	---	---

17. CAC staff were able to offer me support throughout my interview with them.

0	1	2	3	4	5
---	---	---	---	---	---

18. In our interview, CAC staff gave me sufficient information about the interview process for my child.

0	1	2	3	4	5
---	---	---	---	---	---

19. I felt that any concerns I had were responded to adequately.

0	1	2	3	4	5
---	---	---	---	---	---

Parent Satisfaction—Multiple Systems Form

Using the following rating scale, for each statement below, please circle the number that best represents how you feel.

Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

CAC Interaction With Families

1. CAC staff supported me and my child.

0 1 2 3 4 5

2. CAC staff were well trained to handle issues arising from sexual abuse of my child.

0 1 2 3 4 5

3. CAC staff made my child’s trauma worse through insensitivity.

0 1 2 3 4 5

4. I felt comfortable with my child being interviewed by the investigation team.

0 1 2 3 4 5

5. CAC staff were nonjudgmental.

0 1 2 3 4 5

Child’s Interview

6. My child seemed upset after the interview.

0 1 2 3 4 5

7. Throughout the investigation, my child was interviewed too many times.

0 1 2 3 4 5

8. CAC staff were available to my child before and after the interview.

0 1 2 3 4 5

9. I would rather have had my child interviewed someplace else.

0 1 2 3 4 5

Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

Child Protective Services (CPS) Worker Contact

10. CPS staff supported me and my child.

0	1	2	3	4	5
---	---	---	---	---	---

11. CPS staff were well trained to handle issues arising from sexual abuse of my child.

0	1	2	3	4	5
---	---	---	---	---	---

12. CPS staff made my child’s trauma worse through insensitivity.

0	1	2	3	4	5
---	---	---	---	---	---

13. I felt comfortable with the CPS staff.

0	1	2	3	4	5
---	---	---	---	---	---

14. CPS staff were nonjudgmental.

0	1	2	3	4	5
---	---	---	---	---	---

Police Officer Contact

15. Police officers supported me and my child.

0	1	2	3	4	5
---	---	---	---	---	---

16. Police officers were well trained to handle issues arising from sexual abuse of my child.

0	1	2	3	4	5
---	---	---	---	---	---

17. Police officers made my child’s trauma worse through insensitivity.

0	1	2	3	4	5
---	---	---	---	---	---

18. I felt comfortable with the police officers.

0	1	2	3	4	5
---	---	---	---	---	---

19. Police officers were nonjudgmental.

0	1	2	3	4	5
---	---	---	---	---	---

Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

Referrals and Access to Services

20. CAC offered to provide needed information about services for my child.

0	1	2	3	4	5
---	---	---	---	---	---

21. CAC staff made it clear that we could use their services at any time.

0	1	2	3	4	5
---	---	---	---	---	---

22. I clearly understood recommendations for services made by the CAC.

0	1	2	3	4	5
---	---	---	---	---	---

Criminal Justice System

23. CAC staff clearly explained the steps in the police investigation to me.

0	1	2	3	4	5
---	---	---	---	---	---

24. CAC staff provided me with information about court school.

0	1	2	3	4	5
---	---	---	---	---	---

25. CAC staff answered any questions I had about the criminal justice system.

0	1	2	3	4	5
---	---	---	---	---	---

26. CAC staff indicated that they would be available to go with me to any court hearing upon my request.

0	1	2	3	4	5
---	---	---	---	---	---

27. I was informed about crime victim compensation.

0	1	2	3	4	5
---	---	---	---	---	---

Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

Court System and Attorneys

28. Attorney staff clearly explained the steps in the legal proceedings.

0	1	2	3	4	5
---	---	---	---	---	---

29. Attorney staff ensured that we knew about court school.

0	1	2	3	4	5
---	---	---	---	---	---

30. Attorney staff answered any questions I had about the criminal justice system.

0	1	2	3	4	5
---	---	---	---	---	---

Please make any additional comments: _____

Thank you so much for your input. Families who respond to this survey help us offer services at the CAC in the best possible way for all families.

To be completed by the CAC staff.

Type of interview: _____

Who was present for the joint interview?

- CAC
- CPS
- Police
- Attorney
- Mental health professional
- Other (_____)

Who was the lead interviewer (check one)?

- CAC child interviewer
- CPS
- Police
- Attorney
- Mental health professional
- Other (_____)

Parent Questionnaire—Initial Telephone Interview

Interview date: _____

Interviewer: _____

Interviewee: M F Guardian Parent

No phone: _____ Unable to contact: _____ Refuse to participate: _____

Police case #: _____

The following questions ask your opinions about the quality of services provided to your child. We are interested in learning whether the work done by the police, social workers, and others has been helpful to you and your child. You do not need to fill out this form. A researcher from the police department will call you in a few days to ask you these questions. We will be combining the information from many people to learn about the quality of services provided by our agencies. **Participation in this telephone survey will in no way affect your child’s case.**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I am satisfied with how my child was interviewed.	1	2	3	4	5
2. The interview process was clearly explained to me before my child’s interview took place.	1	2	3	4	5
3. I felt supported by the police officer.	1	2	3	4	5
4. I felt supported by the child protective service worker.	1	2	3	4	5
5. I felt my concerns about this problem have been listened to.	1	2	3	4	5
6. I was told what to expect in the future regarding the investigation of my child’s case.	1	2	3	4	5
7. The interview was a helpful experience for my child.	1	2	3	4	5
8. I was told about counseling and support services available for my family.	1	2	3	4	5
9. I feel I can trust the people working on my child’s case.	1	2	3	4	5

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
10. The setting of my child’s interview put me at ease.	1	2	3	4	5
11. I feel I know what is going on in my child’s case.	1	2	3	4	5
12. I know what is expected of my child for the investigation of the abuse.	1	2	3	4	5
13. I am confident I can handle questions my child asks me.	1	2	3	4	5
14. I know whom to call if I have questions about the investigation of my child’s case.	1	2	3	4	5
15. I feel alone in dealing with this problem.	1	2	3	4	5
16. I feel things will get better now that the case has been investigated.	1	2	3	4	5
17. The investigators seemed to be in a hurry when they talked to my child.	1	2	3	4	5
18. I was told some things I didn’t understand.	1	2	3	4	5
19. Overall, I am satisfied with the help I received.	1	2	3	4	5

Parent Questionnaire—3-Month Followup Telephone Interview

Interview date: _____

Interviewer: _____

Interviewee: M F Guardian Parent

No phone: _____ Unable to contact: _____ Refuse to participate: _____

Police case #: _____

The following questions ask your opinions about the quality of services provided to your child. We are interested in learning whether the work done by the police, social workers, and others has been helpful to you and your child. You do not need to fill out this form. A researcher from the police department will call you in a few days to ask you these questions. We will be combining the information from many people to learn about the quality of services provided by our agencies. **Participation in this telephone survey will in no way affect your child's case.**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I am satisfied with how my child's case has been handled since the first interview.	1	2	3	4	5
2. I felt supported by the police officer.	1	2	3	4	5
3. I felt supported by the child protective service worker.	1	2	3	4	5
4. I felt my concerns about this problem had been listened to.	1	2	3	4	5
5. I was told what to expect in the future regarding the investigation of my child's case.	1	2	3	4	5
6. The interview process was a helpful experience for my child.	1	2	3	4	5
7. I was told about counseling and support services available for my family.	1	2	3	4	5
8. I feel I can trust the people working on my child's case.	1	2	3	4	5
9. I feel I know what is going on in my child's case.	1	2	3	4	5

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
10. I know what is expected of my child for the investigation of the abuse.	1	2	3	4	5
11. I am confident I can handle questions my child asks me.	1	2	3	4	5
12. I know whom to call if I have questions about the investigation of my child's case.	1	2	3	4	5
13. I feel alone in dealing with this problem.	1	2	3	4	5
14. I feel things will get better now that the case has been investigated.	1	2	3	4	5
15. I was told some things I didn't understand.	1	2	3	4	5
16. Overall, I am satisfied with the help I received.	1	2	3	4	5

Parent Satisfaction With the Child Advocacy Center

Recruitment Script: Please help us assess our Child Advocacy Center. We are interested in your honest opinion, whether positive or negative. Your feedback will help us serve you and other families better. Completed surveys are anonymous and confidential. Staff will not have access to individual responses, but will receive general feedback on the range of responses.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the response that best reflects your opinion.

1. Were you comfortable while you were here? Yes Somewhat No
2. Was the location of the CAC convenient for you to get to? Yes Somewhat No
3. Did you feel the services were accessible to you? Yes Somewhat No
4. Regardless of the outcome of your case, did the CAC do everything they could to provide all the services you needed? Yes Somewhat No
5. Did the CAC schedule your appointment in a timely manner? Yes Somewhat No
6. Did you understand the purpose of your visit? Yes Somewhat No
7. Were the travel directions made clear to you? Yes Somewhat No
8. Once at the center, were you seen within a reasonable time? Yes Somewhat No
9. Was the receptionist friendly and nonjudgmental? Yes Somewhat No
10. Did the playroom staff make your child feel comfortable? Yes Somewhat No
11. Were you given information on possible behaviors you might expect from your child as a result of what happened to him or her? Yes Somewhat No
12. Were you given information on how to handle your child's behaviors? Yes Somewhat No
13. Did you receive thorough information before you arrived at the CAC? Yes Somewhat No
14. Was the district attorney supportive of you? Yes Somewhat No

- | | | | |
|------------------------------------------------------------------------|------------------------------|-----------------------------------|-----------------------------|
| 15. Did the atmosphere at the CAC make a difference to you? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 16. Did the district attorney follow through on your case? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 17. Were the staff cooperative? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 18. Did someone explain the CAC's services to your satisfaction? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 19. Was there something you needed to know, but no one told you? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 20. Was there comfortable seating for you? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 21. Was the center child friendly? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 22. Was your child comfortable while here? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 23. Were the toys age appropriate? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 24. Did you feel safe while you were here? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 25. Did the doctor make you feel comfortable? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 26. Were the staff courteous to you? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 27. Did you feel you were treated fairly? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 28. Were you easily able to contact the agency representative? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 29. Did the CAC make a difference for you in this process? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 30. Were the staff on time? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 31. Were you satisfied with the demeanor of the staff? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 32. Do you feel you have an assurance of safety? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 33. Do you feel you have been informed of everything you need to know? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 34. Have you been informed of victim's rights? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 35. Do you feel like you can trust the CAC staff? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |

36. What was the most frustrating part of the process for you? _____

37. How did your child feel after the interview? _____

38. How long did you have to wait for an appointment? _____

39. What kind of services did you receive while you were here? _____

40. What could each of the agencies have done differently?
CAC _____

Child Protective Services _____

Police _____

Medical _____

Victim advocate _____

Other _____

Parent Survey—11 Questions

We are here to help serve you and your child. We need your suggestions on ways we can do a better job. We also want to hear from you when we do good work. Please take some time to complete and return this survey so that we can assess and improve the Child Advocacy Center (CAC).

Please check the response that best reflects your agreement or disagreement with each statement.

- | | | | |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------|-----------------------------|
| 1. Were the staff at the CAC courteous and responsive to your requests? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 2. Was the CAC a child-friendly place? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 3. Was the social worker courteous and responsive to your requests? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 4. Was the law enforcement officer courteous and responsive to your requests? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 5. If you met with a counselor, was the counselor courteous and responsive to your needs? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 6. If your child needed a medical exam, was it scheduled at a convenient time? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 7. If you have had contact with the district attorney's office, were the staff courteous and responsive to your requests? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 8. Were you given helpful information while at the CAC? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| 9. If needed, would you feel comfortable returning to the CAC? | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |

Please write your comments to the following statements.

10. What I liked best about the CAC is: _____

11. Other comments: _____

Evaluation of Services

Recruitment Script: You have recently received services from the Child Advocacy Center (CAC). In order to improve our services, we are asking for your feedback. We value your opinion and appreciate your time in completing this form.

1. With whom did you have contact at the CAC? Please place a check after the staff members that you met with and rate your satisfaction with the way that you were treated by circling a number from 1 to 5, with 5 being the most and 1 being the least satisfied.

Staff Member	Met With ✓	Level of Satisfaction				
		Least Satisfied				Most Satisfied
Receptionist		1	2	3	4	5
Social worker		1	2	3	4	5
Police officer		1	2	3	4	5
Victim advocate		1	2	3	4	5
Doctor		1	2	3	4	5
Nurse		1	2	3	4	5
District attorney		1	2	3	4	5
Other (specify _____)		1	2	3	4	5

2. Did you have any difficulty contacting the CAC? Yes No
 Comments: _____

3. Were you kept informed of the progress of the investigation? Yes No
 Comments: _____

4. If your case went to court for a trial or other court proceedings, were you adequately informed of cancellations or postponements of court proceedings?
 Yes No
 Comments: _____

5. If your case went to court for a trial or other court proceedings, were you adequately prepared to testify? Yes No
 Comments: _____

6. If your case went to court for a trial or other court proceedings, did you receive adequate assistance when you came to court? Yes No

Comments: _____

7. The CAC was designed to provide a child-friendly atmosphere. Did you find this to be true? Yes No

Comments: _____

8. Did your child find the CAC to be child friendly? Yes No

Comments: _____

9. What did the CAC do that was helpful to you during your involvement in this case?

10. Is there any area of the center that you feel needs improvement?

The Child Advocacy Center Parent Survey

This survey is optional and completely confidential. Your participation will help the center better serve future clients. Please take a few moments to answer the questions and return the form to us.

For each statement below, please circle the number that best represents how you feel.

Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

About the Center

1. My initial contact with the center was positive.

0 1 2 3 4 5

2. The phone call from the CAC explaining the appointment was helpful.

0 1 2 3 4 5

3. The purpose of my visit to the CAC was clearly explained to me before I arrived.

0 1 2 3 4 5

4. My appointment at the center was scheduled in a timely manner.

0 1 2 3 4 5

5. The CAC staff were willing to work with my schedule.

0 1 2 3 4 5

6. I was given clear directions to get to the CAC.

0 1 2 3 4 5

7. The CAC is easily accessible to everyone, including people with disabilities.

0 1 2 3 4 5

8. The reception area at the CAC was relaxing for my child(ren).

0 1 2 3 4 5

9. My child(ren) did not have to wait too long at the CAC.

0 1 2 3 4 5

	Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	0	1	2	3	4	5
10. The CAC has a child-friendly environment.	0	1	2	3	4	5
11. The CAC staff helped me to feel comfortable.	0	1	2	3	4	5
About the Process						
12. The questions asked of me (or my child) seemed important to the investigation.	0	1	2	3	4	5
13. The CAC staff answered my questions about my child's (children's) interview and explained the process to us before it began.	0	1	2	3	4	5
14. My child(ren) did not seem upset after the interview.	0	1	2	3	4	5
15. I felt comfortable with my child(ren) being interviewed at the CAC.	0	1	2	3	4	5
16. The CAC staff answered my questions about the medical exam and explained the process to us before it began.	0	1	2	3	4	5
17. The CAC staff were sensitive to my child's (children's) feelings.	0	1	2	3	4	5
18. I felt comfortable with my child(ren) receiving the medical exam at the CAC.	0	1	2	3	4	5
19. The doctor or nurse practitioner who examined my child(ren) helped me understand the results of the exam.	0	1	2	3	4	5
20. My child(ren) did not seem upset after the medical exam.	0	1	2	3	4	5

Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

About the Team

21. CAC staff involved were supportive to me and my child(ren).

0	1	2	3	4	5
---	---	---	---	---	---

22. The CPS worker involved was supportive to me and my child(ren).

0	1	2	3	4	5
---	---	---	---	---	---

23. Police officers involved were supportive to me and my child(ren).

0	1	2	3	4	5
---	---	---	---	---	---

24. The steps involved in the police investigation were clearly explained to me.

0	1	2	3	4	5
---	---	---	---	---	---

25. My questions about the criminal justice system were adequately answered.

0	1	2	3	4	5
---	---	---	---	---	---

26. The juvenile officer involved was supportive to me and my child(ren).

0	1	2	3	4	5
---	---	---	---	---	---

27. CAC staff provided me with counseling referral information for myself and my child.

0	1	2	3	4	5
---	---	---	---	---	---

28. CAC staff invited me to call them if I have questions.

0	1	2	3	4	5
---	---	---	---	---	---

29. I was informed of the CAC followup call I would receive from the center's case manager.

0	1	2	3	4	5
---	---	---	---	---	---

We'd Like to Hear From You

Recently, you and some of your family members visited the Child Advocacy Center (CAC). We care about what you think, and your comments will help us better serve other families who come to the center.

Check all that apply.

1. What was your first impression of the CAC itself?

- Welcoming
- Scary
- Other (explain _____)

2. I found the volunteers (check all that apply):

- Helpful
- Not helpful
- Friendly
- Not friendly
- Other (explain _____)

3. The staff helped me understand (check all that apply):

- The center
- The team
- No information was shared with me

4. At the center, I felt:

- Comfortable
- Uncomfortable

Please tell us why you felt either comfortable or uncomfortable: _____

5. At the center, my child felt:

- Comfortable
- Uncomfortable

Please tell us why your child felt either comfortable or uncomfortable:

6. How old are your children? Please circle a number for each child's age.

Under 1 1 2 3 4 5 6 7 8 9 10 11
 12 13 14 15 16 over 16

7. Were you or your child interviewed about this case at another location before your visit to the CAC? _____Yes _____No

If yes, where? (Check all that apply.)

- Police station
- Child welfare offices
- School
- Other (where?_____)

8. Is there anything specific we could have done to help you or your child while you were at the center? _____Yes _____No

If yes, please explain:_____

Client Satisfaction Questionnaires (CSQ-18A; CSQ-18B; CSQ-8)

Purpose: The client satisfaction questionnaire instruments are self-report questionnaires constructed to measure satisfaction with services received by individuals and families.

Cost: The scales are copyrighted and cost \$250 for 500 uses (\$.50 per use) and \$.30 per use in blocks of 100 for more than 500.

Contact: Clifford Attkisson, Ph.D.
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**Multidisciplinary Team
Satisfaction Program Monitoring
Evaluation Questionnaires**

Multidisciplinary Team Questionnaire

1. Please check which of the following are official members of the multidisciplinary team (MDT):

- Law enforcement
 Child Protective Services
 Prosecution
 Mental health professional
 Medical personnel
 Victim advocate
 Other (please specify _____)

For each of the following statements, please check the response that best reflects your level of agreement or disagreement with the statement.

2. The Child Advocacy Center (CAC) has written agreements, protocols, and/or guidelines signed by authorized representatives of all team components. Yes Somewhat No
3. All members of the multidisciplinary team, as defined by the needs of the case, are routinely involved in investigations. Yes Somewhat No
4. The CAC provides a routine opportunity for the multidisciplinary team to provide feedback and suggestions regarding procedures and operations of the agency. Yes Somewhat No
5. The CAC provides opportunities for multidisciplinary team members to receive ongoing and relevant training, including cross-cultural training. Yes Somewhat No
6. The CAC has implemented procedures for routine sharing of needed information among team members. Yes Somewhat No

Multidisciplinary Team Survey

Please write your response to each of the following questions in the space provided.

1. What is the purpose, role, and function of the MDT? _____

2. Why would you not use the center? _____

3. Why would you use the center? _____

4. What makes you decide whether or not to refer a child to our center? _____

For the remaining questions, please circle the response that best describes your response to each question.

	Excellent	Good	Satisfactory	Needs Improvement	Terrible
	1	2	3	4	5
1. How would you rate the interview?	1	2	3	4	5
2. How would you rate the therapist?	1	2	3	4	5
3. How would you rate the court?	1	2	3	4	5
4. How would you rate the teamwork?	1	2	3	4	5
5. How do you view your treatment here?	1	2	3	4	5

Multidisciplinary Team (MDT) Member's Perceptions of the MDT

For each of the following statements, please circle the number that best reflects your response to each statement.

Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

Questions Regarding the MDT

1. I know the MDT model can work.

0 1 2 3 4 5

2. MDT members are never raked over the coals for errors.

0 1 2 3 4 5

3. MDT members have insurmountable philosophical differences.

0 1 2 3 4 5

4. MDT members are professional in their behavior.

0 1 2 3 4 5

5. MDT members enjoy working together on a case.

0 1 2 3 4 5

6. I feel burned out as a result of being a member of the MDT.

0 1 2 3 4 5

7. MDT members constantly battle over how to make things work.

0 1 2 3 4 5

8. MDT members have territorial issues.

0 1 2 3 4 5

9. MDT members would not take it well if they were told that parents had made negative comments about them.

0 1 2 3 4 5

10. I do not have to have my way every time.

0 1 2 3 4 5

	Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	0	1	2	3	4	5
11. When I have a concern about something, I feel free to raise it with the MDT.	0	1	2	3	4	5
12. There is no consistency in our MDT composition.	0	1	2	3	4	5
13. The other MDT members do not work as hard as I do.	0	1	2	3	4	5
14. The other MDT members are not doing their job.	0	1	2	3	4	5
15. The MDT discusses personal issues informally.	0	1	2	3	4	5
16. I am comfortable giving feedback to the MDT.	0	1	2	3	4	5
17. I understand the barriers other MDT members face.	0	1	2	3	4	5
18. MDT members do not experience role confusion.	0	1	2	3	4	5
19. The MDT membership is generally stable.	0	1	2	3	4	5
20. MDT members always help the newcomers along.	0	1	2	3	4	5
21. Change among the MDT membership is constant.	0	1	2	3	4	5
22. I feel comfortable disagreeing with my supervisor.	0	1	2	3	4	5

	Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	0	1	2	3	4	5
23. The MDT has had some positive experiences in terms of case outcomes.	0	1	2	3	4	5
24. I feel like someone on the MDT is always looking over my shoulder.	0	1	2	3	4	5
25. The MDT members are generally comfortable with one another.	0	1	2	3	4	5
26. The MDT is open to suggestions and criticism.	0	1	2	3	4	5
27. The MDT members do not know one another very well.	0	1	2	3	4	5
28. The MDT members socialize outside of work.	0	1	2	3	4	5
29. The MDT members trust one another.	0	1	2	3	4	5
30. The MDT members blame one another.	0	1	2	3	4	5
31. The MDT is part of my support system.	0	1	2	3	4	5
32. Awards are presented to MDT members.	0	1	2	3	4	5
33. Our MDT engages in ongoing team-building activities.	0	1	2	3	4	5
34. I am proud of the MDT.	0	1	2	3	4	5

	Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	0	1	2	3	4	5
35. The MDT members are comfortable bringing up problems.	0	1	2	3	4	5
36. The turnover and transfer rates are affecting the MDT.	0	1	2	3	4	5
37. I am dedicated to the MDT.	0	1	2	3	4	5
38. The MDT is a good idea.	0	1	2	3	4	5
39. The MDT has a regular forum for discussing system issues.	0	1	2	3	4	5
40. MDT members have no accountability when there is an MDT.	0	1	2	3	4	5
41. The MDT should be able to require a team member to perform some act.	0	1	2	3	4	5
42. I am frustrated by the outcome of the cases the MDT has been involved with.	0	1	2	3	4	5
43. It is preferable for the MDT to be co-located.	0	1	2	3	4	5
44. It was easier to investigate cases the conventional way.	0	1	2	3	4	5
45. I am able to see the benefit on the MDT of what I do.	0	1	2	3	4	5
46. I would never want to work without the MDT.	0	1	2	3	4	5

	Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	0	1	2	3	4	5
47. The MDT leader is neutral.						
	0	1	2	3	4	5
48. The MDT’s primary agenda is the best interests of the child.						
	0	1	2	3	4	5
49. The MDT model is better for kids.						
	0	1	2	3	4	5
50. The MDT members should evaluate the CAC.						
	0	1	2	3	4	5
51. The MDT is under one roof and that helps a lot.						
	0	1	2	3	4	5
52. I know how the MDT model works.						
	0	1	2	3	4	5
53. I support the MDT model.						
	0	1	2	3	4	5
54. We need more MDT training.						
	0	1	2	3	4	5
55. It’s hard to keep the MDT going because the CAC has no authority over the team.						
	0	1	2	3	4	5
56. I read the protocol occasionally to remind myself of the agreement.						
	0	1	2	3	4	5
57. At times, the MDT members are able to laugh, which releases some tension.						
	0	1	2	3	4	5
Questions Regarding the CAC						
58. I am generally cynical about the CAC.						
	0	1	2	3	4	5

	Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	0	1	2	3	4	5
59. The location of the CAC is inconvenient.	0	1	2	3	4	5
60. The accessibility of services is appropriate.	0	1	2	3	4	5
61. I am not comfortable coming to the CAC; for example, I do not feel welcome.	0	1	2	3	4	5
62. Working with the CAC has increased our team's cohesion.	0	1	2	3	4	5
63. The CAC director is good at settling issues.	0	1	2	3	4	5
64. The CAC should not have decisionmaking authority within the MDT.	0	1	2	3	4	5
65. The CAC staff are available to meet our needs.	0	1	2	3	4	5
66. The CAC staff provide the services we need.	0	1	2	3	4	5

Multidisciplinary Team Satisfaction

Please tell us how you feel about each of the following statements by circling the number that best reflects your response to each statement.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5
1. The team members follow the mandates contained in the written protocol.				
1	2	3	4	5
2. I follow the written protocol.				
1	2	3	4	5
3. I find the written protocol useful.				
1	2	3	4	5
4. I am not comfortable discussing cases with other team members (in terms of confidentiality issues).				
1	2	3	4	5
5. I am very satisfied with the way my team members resolve conflicts in the context of the MDT.				
1	2	3	4	5
6. Participation in an MDT results in less system-inflicted trauma to children.				
1	2	3	4	5
7. Participation in an MDT results in better case decisions.				
1	2	3	4	5
8. Participation in an MDT results in more accurate investigations.				
1	2	3	4	5
9. Participation in an MDT results in more appropriate interventions.				
1	2	3	4	5
10. I am satisfied with the designation of the lead agency.				
1	2	3	4	5

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
	1	2	3	4	5
11. I do not know the method of resolving team disputes among team members.	1	2	3	4	5
12. Our team works collaboratively.	1	2	3	4	5
13. Collaboration among team members produces the best case results.	1	2	3	4	5
14. It would be valuable for my team to participate in joint training exercises.	1	2	3	4	5
15. My team participates in social activities outside case reviews.	1	2	3	4	5
16. My supervisor supports my participation in the MDT.	1	2	3	4	5
17. We have provisions for joint training in our written protocols.	1	2	3	4	5
18. My agency provides sufficient staffing for participation in an MDT.	1	2	3	4	5
19. My agency provides sufficient budget for participation in an MDT.	1	2	3	4	5
20. I am not satisfied with our interagency coordination.	1	2	3	4	5
21. There are turf issues among the MDT members.	1	2	3	4	5
22. I am engaged in joint training with the other agencies.	1	2	3	4	5

Agency Satisfaction Survey

1. Which professional agency are you affiliated with (please check one)?

- Police
- Child Protective Services
- District attorney's office

2. How many evaluations do you attend in a year (please check one):

- I attend all or almost all evaluations.
- I attend 1–5 evaluations per year.
- I attended more than 5 evaluations in the past year.

Please tell us how you feel about each of the following statements by circling the number that best describes your response to each statement.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5
1. CAC staff answer the phone in a courteous manner.				
1	2	3	4	5
2. CAC staff respond to my needs.				
1	2	3	4	5
3. I am confident telephone messages are given to the appropriate staff.				
1	2	3	4	5
4. CAC intake staff return an initial referral call within 1 business day.				
1	2	3	4	5
5. Evaluations (nonacute) are scheduled within 2 weeks of referral.				
1	2	3	4	5
6. Child Protective Services (CPS) is made to feel like part of the team on evaluation day.				
1	2	3	4	5
7. Law enforcement agencies (LEAs) are made to feel like part of the team on evaluation day.				
1	2	3	4	5

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
	1	2	3	4	5
8. CPS is consulted before concluding an evaluation.	1	2	3	4	5
9. LEA is consulted before concluding an evaluation.	1	2	3	4	5
10. Evaluations are done in a child-sensitive and caring manner.	1	2	3	4	5
11. The child and family are treated with respect.	1	2	3	4	5
12. CPS has a clear understanding at the end of the evaluation process what program staff will state in their written report.	1	2	3	4	5
13. LEA has a clear understanding at the end of the evaluation process what program staff will state in their written report.	1	2	3	4	5
14. Reports are written in a clear, accurate, and comprehensive manner that reflects the evaluation process.	1	2	3	4	5
15. Written reports are mailed within 2 weeks of an evaluation.	1	2	3	4	5
16. Staff are responsive to the need for a report to be transcribed on an urgent basis.	1	2	3	4	5
17. Staff are available to consult on difficult cases.	1	2	3	4	5
18. The staff are prepared and testify well in court.	1	2	3	4	5

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

19. The best interest of the child is served by the program evaluation process.

1	2	3	4	5
---	---	---	---	---

20. Overall, my impression of the program is favorable.

1	2	3	4	5
---	---	---	---	---

Additional comments are welcome. Thank you.

State Multidisciplinary Team Evaluation

1. Do the team members show up for scheduled meetings? Yes No
2. Do team members sign the sign-in and confidentiality forms at each meeting? Yes No
3. Which services are needed but not available? _____

4. Which services are available and used? _____

5. Does Child Protective Services follow the group's recommendation for treatment? Yes No
6. Are families getting treatment? Yes No
7. We make _____ number of referrals to the prosecutor.
8. The prosecutor accepts _____ number of cases.
9. What are the outcomes of the prosecutions (e.g., plea is now considered a success)?

10. Is the team working well together? Yes Somewhat No

Child Advocacy Center Agency Survey

The Child Advocacy Center (CAC) seeks to effectively meet the needs of the professionals and volunteers who use the CAC. Please take some time to complete and return this survey so that we can evaluate and improve our work.

For each of the following questions, please check the response that best reflects your opinion.

- | | | | |
|---------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| 1. When you call the CAC, are the staff courteous and helpful? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. When you call to make an appointment, are you able to schedule a time that is convenient for you and the client? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. When you arrive at the center, are the forms, tools, and equipment necessary to do your job ready and available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Are the staff of the CAC responsive to your requests? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5. Is the case review meeting scheduled at a convenient time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6. Do the meetings start and end on time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 7. Are you benefiting from the case review process? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Please comment:

8. What would you change about the facility itself if you could? _____

9. What would you change about the case review meeting if you could? _____

10. What is the best thing about the CAC? _____

Other comments: _____

Multidisciplinary Team Questionnaire

Date: _____

Department you represent: _____

Please tell us how much you feel the CAC has contributed to the cases you discussed today. Even if you have had minimal involvement with the cases discussed at today’s meeting, you may be able to give your impressions about the services offered. Circle the appropriate response below. Circle 8 if the question does not apply (N/A).

1. For cases discussed today, how much have the CAC services contributed to the following?

Not at All						Somewhat			Very Much	N/A
1						4			7	8
a. The overall efficiency of the investigation process.										
1	2	3	4	5	6	7			8	
b. Improving communication among professionals involved in the case.										
1	2	3	4	5	6	7			8	
c. Improving coordination through multiprofessional meetings.										
1	2	3	4	5	6	7			8	
d. Decreasing further trauma to the child during the investigation.										
1	2	3	4	5	6	7			8	
e. Maintaining up-to-date information about the case.										
1	2	3	4	5	6	7			8	
f. Ensuring therapeutic services for the child and family.										
1	2	3	4	5	6	7			8	
g. Minimizing duplicate services among professionals involved in the case.										
1	2	3	4	5	6	7			8	
h. Ensuring that the victim is protected from further abuse.										
1	2	3	4	5	6	7			8	

Not at All		Somewhat		Very Much	N/A
1		4		7	8

i. Helping me with my work on this case.

1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---

Using a different scale, rate your agreement with the following two questions.

2. Overall, the CAC’s contribution to the cases discussed assisted me in working on my cases.

Strongly Agree		Disagree		Neither Agree nor Disagree		Agree		Strongly Agree
1		2		3		4		5

3. Overall, the CAC’s contribution to the cases discussed is helpful to victims and family members.

Strongly Agree		Disagree		Neither Agree nor Disagree		Agree		Strongly Agree
1		2		3		4		5

Child Advocacy Center Team Evaluation

Please rate the following statements about the multidisciplinary team, based on your personal opinion. Please place the number that best describes your perception on the line before each sentence.

	Not at All			Consistently
	1	2	3	4
1. _____	The team is clear about what it needs to accomplish and is unified in its purpose.			
2. _____	Team members know that each person needs to accomplish team goals.			
3. _____	Team members share values that support the team.			
4. _____	Team members get and give prompt, direct, reliable, and useful feedback (positive, negative, developmental) about the performance of the team.			
5. _____	All team members participate; contributions are acknowledged; consensus is sought.			
6. _____	Team members trust one another enough to talk about issues openly and promptly.			
7. _____	Team members feel a sense of belonging to the team, both emotionally and professionally.			
8. _____	Team members express ideas on both problems and group process.			
9. _____	Team members listen to one another.			
10. _____	Disagreement is valued and used to improve the performance of the team.			
11. _____	The leader does not dominate, and the group does not overly depend on the leader.			
12. _____	Team members celebrate personal and team accomplishments.			
13. _____	Team members possess and consistently use the following teamwork skills (check all that apply):			
	<input type="checkbox"/> Problem solving			
	<input type="checkbox"/> Conflict management			
	<input type="checkbox"/> Confrontation			
	<input type="checkbox"/> Listening			
	<input type="checkbox"/> Validation/support			
	<input type="checkbox"/> Coordination			

Child Advocacy Center Yearend Survey

Please rate the following statements based on your personal opinion, using the scale below.

Not at All

Consistently

1

2

3

4

To what extent has the Child Advocacy Center approach been helpful in each of the following areas?

1. _____ Reducing the number of individuals a child must interact with during the initial investigation.
2. _____ Making the interview process less intimidating for the child.
3. _____ Strengthening your efforts in individual cases.
4. _____ Videotaping to enhance the investigative process.
5. _____ Fostering communication among participating professionals.
6. _____ Fostering cooperation among participating agencies.

Please indicate your role in the investigative process.

- Child Protective Services
- County attorney
- District attorney
- Police
- Probation
- Victim advocate
- Offender treatment
- Other (please specify _____)

Please use the space below for any additional comments.

Mental Health Agency Satisfaction Survey

Name of agency: _____

Name of therapist: _____

Name of client: _____

Please rate the following statements using the scales provided. Note that each question uses a different scale.

1. What was your overall satisfaction level with the services provided by the Child Advocacy Center (CAC) for this particular child?

Extremely Pleased	Pleased	Generally Satisfied	Somewhat Unsatisfied	Totally Dissatisfied
1	2	3	4	5

2. Did staff respond in a timely manner to your initial request and ongoing needs pertaining to this case?

Very Quick Response	Timely Response	Average	A Little Slow to Respond	Very Slow
1	2	3	4	5

3. Did the services provided by the CAC help you conduct your work with the child?

Extremely Helpful	Quite Helpful	No Difference	Not Very Helpful	Did not Help
1	2	3	4	5

4. How would you rate the courtesy and cooperativeness of the staff?

Excellent	Good	Average	Fair	Poor
1	2	3	4	5

5. Please provide any additional comments below. Thank you. _____

Agency Satisfaction Questionnaire

(TEDI BEAR)

Please respond to the following questions.

1. Have you ever heard of the Child Advocacy Center (CAC)? Yes No

2. How were you informed about the CAC?
 - Agency supervisor/worker
 - County department of social services
 - Area law enforcement
 - Area district attorney
 - Area mental health center
 - Physician
 - Other (please specify _____)

3. What services do you have difficulty obtaining when working with abused or neglected children? (Please check all that apply.)
 - Individual therapy
 - Medical examinations
 - Family therapy
 - Forensic interviewing
 - Mental health evaluations
 - Parenting classes
 - Psychological assessments
 - Multidisciplinary team review
 - Case consultation
 - Other (please specify _____)

4. What other resources do you need when working with abused or neglected children? (Please check all that apply.)
 - Child-friendly location in which to interview children.
 - Educational opportunities to learn how to interview children.
 - Educational opportunities to learn how to treat children.
 - Professional support system in which to process cases and deal with burnout.
 - Other (please specify _____)

5. Have you used the CAC? Yes No

If yes, how? _____

6. What CAC services have you used?

- Medical examination
- Child investigative interview
- Therapeutic services
- Consultation
- Other (please specify _____)

7. Please rate our overall performance in your case:

- Poor
- Fair
- Good
- Excellent

Comments: _____

8. Please rate our location:

- Poor
- Fair
- Good
- Excellent

9. Please rate the layout of the facility (for example, are the individual rooms set up appropriately?):

- | | | | | |
|-------------------|-------------------------------|-------------------------------|-------------------------------|------------------------------------|
| Lobby | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Interview room | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Observation room | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Medical exam room | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Therapy room | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Conference room | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |

Comments: _____

10. Please rate our scheduling (for example, did we schedule your referral quickly?):

- Poor
- Fair
- Good
- Excellent

Comments: _____

11. Please rate the timeliness in which your reports were returned:

- Poor Fair Good Excellent

Comments: _____

12. Please rate the services of the medical examiner:

- Poor Fair Good Excellent

Comments: _____

13. Please rate the services of the interviewer:

- Poor Fair Good Excellent

Comments: _____

14. Please rate the services of the child and family therapist:

- Poor Fair Good Excellent

Comments: _____

15. Please rate the services of the child life specialist:

- Poor Fair Good Excellent

Comments: _____

16. Please rate the services of the reception staff:

- Poor Fair Good Excellent

Comments: _____

17. Please rate the treatment that the child and family received:

- Poor
 Fair
 Good
 Excellent

Comments: _____

18. If our services were not available or if you chose not to use our services, where did you refer the client for assessment or treatment? (Please check all that apply.)

- Local mental health center
 Local physician
 Other child advocacy center
 County department of social services
 Other (please specify _____)

19. With which type of agency are you employed?

- County department of social services
 Law enforcement
 Medical
 Mental health
 Other

County in which you are employed: _____

Other comments, concerns, or ideas: _____

Agency Evaluation

For each of the following questions, please check the response that best reflects your opinion. Please provide written comments when requested.

1. Have you referred a child to the center for a child investigative interview? Yes No
2. If no, why not? _____

3. If you answered yes to question 1, were you satisfied with the services? Yes No
4. Have you taken a child to the center for a medical examination? Yes No
5. Were you satisfied with the center and its furnishings? Yes No
6. Did the office furnishings and equipment meet your needs? Yes No
7. Do you have any suggested improvements for the facility? _____

8. Do you have any suggested program improvements? _____

Survey of the Multidisciplinary Team Regarding Protocols

My profession is _____

Circle the response that best describes how you feel about each of the following statements.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
	1	2	3	4	5
1. I am aware that local county protocols exist.	1	2	3	4	5
2. I have a copy of my county protocol.	1	2	3	4	5
3. I attended local protocol training.	1	2	3	4	5
4. I have read the section of the protocol that applies to me.	1	2	3	4	5
5. I follow the protocols for my county.	1	2	3	4	5
6. I think my county should conduct more joint investigations of child sexual abuse.	1	2	3	4	5
7. I think my county should conduct more joint investigations of child physical abuse.	1	2	3	4	5
8. I believe joint investigations of child sexual abuse promote better prosecution of these cases.	1	2	3	4	5

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

9. I believe joint investigations of physical abuse promote better prosecution of these cases.

1	2	3	4	5
---	---	---	---	---

10. Child investigative interviews are effective for gathering information from a child victim.

1	2	3	4	5
---	---	---	---	---

11. I believe child investigative interviews help reduce the number of times a child victim must be interviewed.

1	2	3	4	5
---	---	---	---	---

Director and Staff Satisfaction Questionnaire

For each of the following questions, please check the choice that best reflects your response to the question.

- 1. Do staff trust the director? Yes Somewhat No
- 2. Are the staff's skills appropriate for their positions? Yes Somewhat No
- 3. Do the staff feel burned out? Yes Somewhat No
- 4. Does the director treat the staff with respect? Yes Somewhat No
- 5. Does the staff treat the director with respect? Yes Somewhat No
- 6. Do staff spend the appropriate amount of time with families? Yes Somewhat No
- 7. Does the staff take appropriate care of families while they are at the center? Yes Somewhat No
- 8. Are the staff enthusiastic about their work? Yes Somewhat No
- 9. Are there team-building activities for the staff? Yes Somewhat No
- 10. How much is reasonable to expect from staff each week? _____

**Child Satisfaction Program
Monitoring Evaluation
Questionnaires**

Child Satisfaction With the Prosecution

Are you happy, sad, mad, or scared about the way your case was decided?

Happy Sad Mad Scared

Did the attorney talk nicely to you? Yes No

Would you recommend this center to someone else? Yes No

Child Satisfaction With the Medical Examination

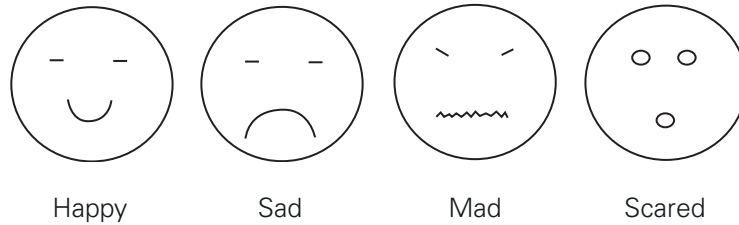
Please check the choice that best reflects your response to each of the following questions.

1. Were you told what would happen during the exam? Yes No Don't Know
2. Do you think it was helpful to know what was going to happen during the examination? Yes No Don't Know
3. Did the doctor tell you what was found after the examination was done? Yes No Don't Know
4. Was the doctor who examined you nice to you? Yes No Don't Know

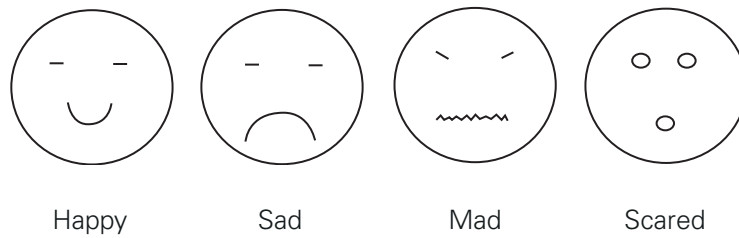
Child Interview—Child Form

Instructions: Show the child the four faces and explain the emotion word below each face (e.g., while pointing to the face say “This face is happy.”). Then ask the child the following three questions (e.g., How did you feel today?). Then while pointing to each face, say to the child: “Did you feel happy, sad, mad, or scared?”

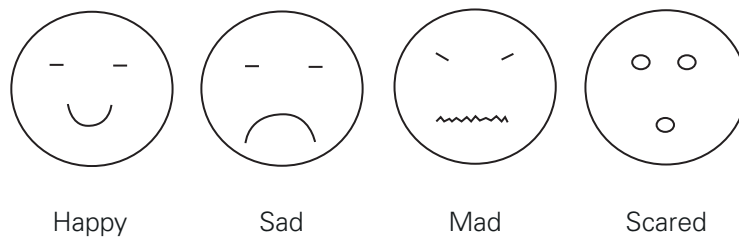
1. How did you feel today?



2. How did you feel during the interview?



3. How did you feel talking about _____ today?



Child Satisfaction With Child Advocacy Center Services

Type of interviewer: _____

Age of child: _____

Answer "a little," "a lot," or "not at all" to each of the following questions.

1. How much did you like the waiting room at the CAC? A Little A Lot Not at All
2. How much time did you have to wait at the CAC? A Little A Lot Not at All
3. How much did you like the toys in the waiting room? A Little A Lot Not at All
4. How much did you like the people you spoke to at the CAC? A Little A Lot Not at All
5. How safe did you feel at the CAC? A Little A Lot Not at All
6. How comfortable did you feel during your interview? A Little A Lot Not at All
7. How upset were you during the interview? A Little A Lot Not at All
8. How much sense did the interview questions make to you? A Little A Lot Not at All

Answer "yes" or "no" to the next three questions.

9. Would you rather have been interviewed someplace else? Yes No
10. Were you interviewed too many times? Yes No
11. Did the interviewer ask questions in the best way for you? Yes No

Youth Satisfaction Questionnaire

Please help us to make this program better by answering questions about the services you received here. We want to know how you felt—good or bad. Please answer all of the questions. Thanks.

Please check the response that best describes how you feel for each question below:

- 1. Did you like the help you were getting? Yes Somewhat No
- 2. Did you get the help you wanted? Yes Somewhat No
- 3. Did you need more help than you got? Yes Somewhat No
- 4. Were you given more services than you needed? Yes Somewhat No
- 5. Have the services helped you with your life? Yes Somewhat No

Please circle a grade for each of the following areas:

The age-appropriateness of the center	A	B	C	D	F	N/A
The interview	A	B	C	D	F	N/A
The medical examination	A	B	C	D	F	N/A
Mental health services	A	B	C	D	F	N/A
Staff support from the CAC while at the center	A	B	C	D	F	N/A
[Add other services the CAC offers]	A	B	C	D	F	N/A

Child Questionnaire

Instructions. I would like you to answer two questions about how you felt about what happened here today.

1. Would you point to the face that shows how you felt about talking to the interviewer just now?

Very Good

Good

A Little Good

Bad

Very Bad

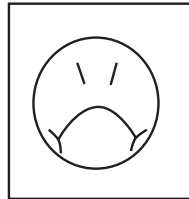
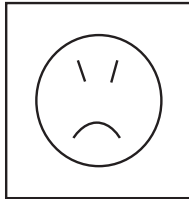
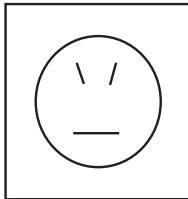
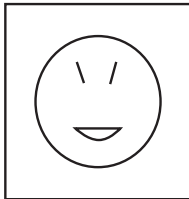
1

2

3

4

5



2. Would you point to the face that shows how you felt about the rooms where you have been waiting and talking to people here today?

Very Good

Good

A Little Good

Bad

Very Bad

1

2

3

4

5

