

## Client Questionnaire (Post-Test)

Please answer the following in order to provide the unique code that you created for your Pre-Test Questionnaire.

Write the first 2 letters of your mother's first name: \_\_\_\_\_

Write the first 2 numbers of your last address: \_\_\_\_\_

If you would like to create own code instead (please choose something that you can easily remember), please write it below:

**(Optional) Client Choice Pre-Test Code:** \_\_\_\_\_

The following list describes different types of services you may have wanted, and may have received while you were receiving assistance from the Community Law Group. Every person wants and needs different things, so there are no "right" answers. Please rate *each* of the items on the list according to the help you received with:

**0 = it doesn't apply to me—I didn't want or need this**

**1 = I wanted this kind of help, but I didn't get any**

**2 = I got some of the help of this kind that I wanted**

**3 = I got all of the help of this kind that I wanted**

- |   |   |
|---|---|
| — Assistance with Order(s) of Protection  | — Resources for transportation                                      |
| — Assistance with immigration issues ( <i>e.g. VAWA, SIJS, U-Visa, T-Visa, Asylum, etc.</i> ) | — Resources for improving financial situation                       |
| — Legal Advice and/or learning about my options and choices                                   | — Resources for obtaining a job or job training                     |
| — Learning about Domestic Abuse and/or Sexual Assault   | — Resources for finding housing I can afford                        |
| — Safety planning   | — Resources for counseling  |
| — Education/school resources  | — Assistance with and/or Resources for custody or visitation issues |
| — Reconnecting/Connecting to my community   | — Assistance with and/or Resources for divorce-related issue        |
| — Accessing spiritual/religious supports  | — Benefits ( <i>e.g. TANF, AHCCCS, SSDI, etc.</i> )                 |
| — Child Protection system issues  | — Resources for my disability                                       |
| — Ideas for handling stress   | — Resources relating to my youth or advancing age                   |
| — Addressing issues in the workplace  | — Other (please describe)   |
| — Emotional support   |   |
-

**Please check or fill in the answer that is right for you.**

1. In the last 6 months how would you rate your efforts at improving your family's financial situation?

- Poor                       Good                       Very Good                       Excellent

1.a. Has your income increased?  No     Yes    If Yes, how much? \_\_\_\_\_

2. Are you current on all of your monthly payments/bills to meet basic needs (e.g. food, housing, utilities, etc.)?

- No                       Yes

3. Have you paid off any debts (charge accounts, credit cards, etc) in the last 6 months?

- No                       Yes    If yes, how much have you paid off? \_\_\_\_\_

4. Have you achieved any career goals since you first accessed our services (e.g. new job, raise, better job, etc.)?

- No                       Yes    If yes, please describe: \_\_\_\_\_

5. What is your current level of employment? (select all that apply)

- Employed Full-Time     Employed Part-Time     Unemployed     Student  
 Disabled                       Other: \_\_\_\_\_

5.a. How satisfied are you with your level of employment?

- Very Unsatisfied     Unsatisfied     Satisfied     Very Satisfied

5.b. Has your level of employment increased since you first accessed our services?

- No                       Yes    If yes, please describe: \_\_\_\_\_

6. What is your total household income? \_\_\_\_\_

6.a. Please check if this amount is:

- Weekly     Bi-Weekly (every other week)     Monthly     Annually

6.b. Do you receive any public benefits and/or assistance (SSI, SSDI, food stamps, etc.)?

- No                       Yes    If yes: SSI: \$\_\_\_\_\_ SSDI:\$ \_\_\_\_\_ Food Stamps: \$\_\_\_\_\_  
TANF: \$\_\_\_\_\_ WIC: \$\_\_\_\_\_ Other: \$\_\_\_\_\_

7. In the last 6 months have you enrolled in or attended school/training program?

- No                       Yes    If yes what kind of program/school? \_\_\_\_\_

7.a. Did you receive and scholarships?  No  Yes If yes, how much? \$\_\_\_\_\_

8. Do you have access to reliable transportation?

No  Yes

9. Do you have safe housing to stay in?

No  Yes

9.a. Are you at risk of losing this housing?

No  Yes

9.b. Is this housing subsidized? (that is, are you paying lower rent because the Federal, state or local government is paying for part of your rent?)

No  Yes

9.c. Do you want to stay in this housing for the foreseeable future?

No  Yes

9.d. If you responded that you do not want to stay in this housing, please tell us why:

---

**With whom did you meet or speak while receiving services from the University of Arizona Community Law Group?:**

**Lawyer(s)/Law Student(s)**

How many times?

0  1-3  4-6  7-9  10+

Where? (*Check all that apply*)

Phone  In-Person (office)  E-mail  At Home  In the community  N/A

**Clinical Liaison/Social Work Intern(s)**

How many times?

0  1-3  4-6  7-9  10+

Where? (*Check all that apply*)

Phone  In-Person (office)  E-mail  At Home  In the community  N/A

**Circle the answers that are right for you:**

I know how to plan for my safety	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
I feel safe	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
My safety has improved	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
I can do things on my own/I am (re)gaining control of my life	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
I feel hopeful about the future	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
I feel confident in my decision-making	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
I feel comfortable asking for help	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
I know about resources that are available in the community	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
I know how to access short and long-term resources that meet my emotional and safety needs	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
I have adequate knowledge of the legal system	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
I have an understanding of my legal rights regarding my case	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
I have knowledge and understanding of domestic violence and its effect on my life	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
I feel believed and/or that I am not alone	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

Comments:

---



---

**Please circle the number that best reflects your agreement or disagreement with the following statements:**

<i>Attorneys</i> treated me with respect	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
<i>Social Workers</i> treated me with respect	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

**Please circle the number that best reflects your agreement or disagreement with the following statements:**

<i>Attorneys</i> were caring and supportive	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
<i>Social Workers</i> were caring and supportive	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
<i>Attorneys</i> spent enough time talking about my safety	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
<i>Social Workers</i> spent enough time talking about my safety	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
<i>Attorneys</i> spent enough time talking about my children's safety	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
<i>Social Workers</i> spent enough time talking about my children's safety	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
As a result of services that I received at the Community Law Group, <u>I know more resources for getting the help that I need/may need.</u>	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
As a result of my participation in services at the Community Law Group, <u>I know more about my legal rights.</u>	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
Overall, my religious/spiritual beliefs were respected.	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
Overall, my sexual orientation and/or gender identification was respected.	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
Overall, my racial/ethnic background was respected.	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

Comments:

---



---



---

**Please rate your overall level of satisfaction with the services received at Community Law Group:**

Overall, thinking about the services that I received here, I would rate my satisfaction with the help I received at Community Law Group as:	Not At All Satisfied	A Little Satisfied	Satisfied	Very Satisfied
---	----------------------	--------------------	-----------	----------------

**Because** \_\_\_\_\_

**Please rate your willingness to recommend Community Law Group:**

If a friend of mine told me s/he was thinking of coming here for help, I would:	Strongly Not Recommend It	Not Recommend It	Recommend It	Strongly Recommend It
---	---------------------------	------------------	--------------	-----------------------

**Because** \_\_\_\_\_

**In which Law Clinic(s) did you receive services?**

- |  |  |
|--|--|
| <input type="checkbox"/> Domestic Violence Law Clinic (DVLC) | <input type="checkbox"/> Child and Family Law Clinic |
| <input type="checkbox"/> Immigration Law Clinic              | <input type="checkbox"/> Veteran's Law Clinic        |
| <input type="checkbox"/> Workers' Rights Law Clinic          | <input type="checkbox"/> Other: _____                |

*Optional: We ask the next questions to see if different individuals have different experiences here, so we can continue to improve our services for ALL clients.*

*Please leave any item blank if you are concerned that it will identify you.*

**I consider myself to be:**

- Hispanic/Latina/o  
 African American/Black  
 Native American or Alaskan Native  
 Native Hawaiian or Pacific Islander  
 Asian  
 Caucasian/White  
 Multiracial or Biracial  
 Other: \_\_\_\_\_

*If you have a particular ethnic background that is important to you, please identify:*

\_\_\_\_\_

**My age is:**  17 or younger  
 18 - 24  
 25 - 34  
 35 - 49  
 50 - 64  
 65 or older

**I define my sexual orientation as:** \_\_\_\_\_  
*(e.g. gay, lesbian, heterosexual, bisexual, etc.)*

**My gender is:** \_\_\_\_\_  
*(e.g. woman, man, transgender man or woman, non-binary, etc.)*

**What is the highest level of education that you have completed? :**  Grade School  
 Middle School  
 Some High School (grades 9-12, no diploma or equivalent)  
 High School Diploma or Equivalent  
 Some College (no degree)  
 Associate's Degree (including occupational/trade)  
 Bachelor's Degree  
 Master's Degree (MA, MS, MSW, etc.)  
 Professional School Degree (MD, DDC, JD, etc.)  
 PhD or EdD  
or Other: \_\_\_\_\_

**Thank you for your participation!**