## Client Questionnaire – Pre-Test – Domestic Violence Law Clinic

Please answer the following in order to create a unique code for your pre and post-test questionnaires. Creating this type of code will help keep your answers confidential.

	e the first 2 lette e the first 2 num						
inforr	ndo not feel communation), <b>please</b> us later, e.g. "WE4:	se 2 letters follow	_		,		
	(0	ptional) Pre-	Гest Code: _				
impr	ough doing this i ove our services. g answers. You	Please answ	er honestly a	and on your	own—ther	e are no r	·
Pleas	e check or fill in	the answer tl	hat is right f	or you.			
	the last 6 months uation?	how would yo	ou rate your e	efforts at imp	proving your	family's	financial
	□ Poor	□ Goo	od	□ Very C	Good	□ Exc	cellent
	1.a. Has your in	ncome increase	ed? □ No	□ Yes	If Yes, how	much?	
	e you current on a lities, etc.)?	all of your mo	nthly paymer	nts/bills to m	eet basic nee	eds (e.g. fo	ood, housing,
	□ No	□ Yes					
3. Ha	ve you paid off a	ny debts (char	ge accounts,	credit cards,	etc) in the la	ast 6 mont	hs?
	□ No	□ Yes	If yes, he	ow much hav	ve you paid o	off?	
4. Ha etc	ve you achieved a.)?	any career goa	ls in the past	6 months? (	e.g. new job	, raise, bet	ter job,
	□ No	□ Yes	If yes, ple	ease describe	e:		
5. W	hat is your curre	nt level of emp	oloyment? (se	elect all that	apply)		
	☐ Employed ☐ Disabled	Full-Time			e 🗆 Unem		☐ Student
	5.a. How satisf	ied are you wi	th your level	of employm	nent?		
	□ Verv Unsa	tisfied	□ Unsatisfie	d 🗆	l Satisfied	□ Ver	v Satisfied

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: \$					
<b>'</b> .	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. Do you receive and scholarships? ☐ No ☐ Yes If yes, how much? \$					
3. Do you have access to reliable transportation?						
	□ No □ Yes					
١.	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:					

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

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*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:
<ul> <li>☐ Hispanic/Latina/o</li> <li>☐ African American/Black</li> <li>☐ Native American or Alaskan Native</li> <li>☐ Native Hawaiian or Pacific Islander</li> <li>☐ Asian</li> <li>☐ Caucasian/White</li> <li>☐ Multiracial or Biracial</li> <li>☐ Other:</li> </ul>
If you have a particular ethnic background that is important to you, please identify:
<b>My age is:</b> □17 or younger □18 - 24 □25 - 34 □35 - 49 □50 - 64 □65 or older
I define my sexual orientation as:
My gender is:
(e.g. woman, man, transgenaer man or woman, non-vinary, 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!