

# Workshop Participant Survey

The Self-Help Center wants to learn more about your needs and improve our services. Please take about 5 minutes to fill out this survey. Filling out this survey will not affect the services you get at the Self-Help Center. And your answers and personal information will be kept confidential.

## Self-Help Center

For questions or more information, call:



1. What is the name of the workshop you attended today? \_\_\_\_\_
2. Today's date: \_\_\_ / \_\_\_ / \_\_\_
3. After each statement, please check the box that comes closest to how you feel about your experience in the workshop today.

	Strongly Agree	Agree	Disagree	Strongly Disagree
The information I received today helped me to understand my situation better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel less worried about my situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel less confused about how the court works.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know more about how the laws work in my situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what I need to do next.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was helpful to have other people to talk to in the workshop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff seemed knowledgeable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff explained things to me clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff treated me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to get into the workshop in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend the workshop to a friend with a legal problem like mine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please indicate how helpful you found the services listed below. If you did not receive the service in the workshop today, check "Not Applicable."

	Very Helpful	Somewhat Helpful	Not Very Helpful	Not At All Helpful	Not Applicable
Staff help with forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written instructions for filling out forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff to answer my questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation or translation assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help to prepare for a court hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help following up with court orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational materials (pamphlets, books, videos)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information on where to get more help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Did you get help with your legal problem anywhere other than this workshop?  No  Yes  
 If "Yes," where did you get help? (Check all that apply.)

- Court's self-help center  Friend or relative  Self-Help books  
 Legal Aid  Paralegal  Internet  
 Private attorney  Library  Other: \_\_\_\_\_

6. How did you participate in today's workshop?

- In person → SKIP TO QUESTION 8  By videoconferencing

7. Please rate the following features of the videoconferencing equipment and facilities on a scale from 1 to 5, with 1 being poor and 5 being excellent. (Circle one number for each feature.)

	(Poor)	→	→	→	(Excellent)
Sound quality	1	2	3	4	5
Picture quality	1	2	3	4	5
Room size	1	2	3	4	5
Seating	1	2	3	4	5
Technical assistance by on-site staff	1	2	3	4	5

8. Please share any other comments or suggestions about the services you received in the workshop today.

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9. You are:  Male  Female

10. Do you speak a language other than English at home?

- No  Yes\*

\* If "Yes," which language? (Check all that apply.)

- Spanish  Mandarin  Vietnamese  Armenian  
 Cantonese  Tagalog  Russian  Other: \_\_\_\_\_

11. Your race/ethnic group is: (Check all that apply.)

- Hispanic/Latino  African-American  White, non-Hispanic  
 Asian/Pacific Islander  Native American/Eskimo/Aleut  Other: \_\_\_\_\_

12. Your total monthly household income (this includes all income sources), before taxes is:

- \$500 or less  \$1,001-\$1,500  \$2,001-\$2,500  
 \$501-\$1,000  \$1,501-\$2,000  Over \$2,500

13. The highest level of school you completed:

- 4<sup>th</sup> grade or less  High school graduate/GED  Bachelors degree  
 5<sup>th</sup> to 8<sup>th</sup> grade  Some college  Graduate degree  
 9<sup>th</sup> to 11<sup>th</sup> grade  Associates degree