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.

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

2. The waiting room is physically safe for children.  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

3. The staff are always able to observe the individuals in the waiting room.  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

4. The CAC provides a separate area where children and parents can wait.  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

5. The available materials and toys reflect the interests and needs of children of all ages.  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

**Other Rooms**

6. The CAC provides a separate area for case consultation.  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

7. The CAC provides a separate area for meetings with caregivers.  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

8. The CAC provides a separate area for interviews.  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

9. The CAC provides a place for team members to observe the actual interview.  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] 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
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.

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?  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

2. Are there activities for adolescents?  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

3. Is the room clean?  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

4. Does someone greet you right away?  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

5. Does someone interact with the children while they are waiting?  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

6. Are the staff courteous?  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

7. Does someone explain to the family what is going to happen while at the center?  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

8. Is the walkway to the center child friendly?  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

9. Is there too much stuff for young kids?  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

10. Is good use being made of the waiting room?  
    - [ ] Yes  
    - [ ] Somewhat  
    - [ ] 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.  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

2. The waiting room is physically safe for children.  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

3. The staff are always able to observe the individuals in the waiting room.  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

4. The CAC provides a separate area where children and parents can wait.  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

5. The available materials and toys reflect the interests and needs of children of all ages.  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

**Other Rooms**

6. The CAC provides a separate area for case consultation.  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

7. The CAC provides a separate area for meetings with caregivers.  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

8. The CAC provides a separate area for interviews.  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

9. The CAC provides a place for team members to observe the actual interview.  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] 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?  
   [ ] Yes  [ ] Somewhat  [ ] No

2. Are there activities for adolescents?  
   [ ] Yes  [ ] Somewhat  [ ] No

3. Is the room clean?  
   [ ] Yes  [ ] Somewhat  [ ] No

4. Did someone greet you right away?  
   [ ] Yes  [ ] Somewhat  [ ] No

5. Did someone interact with your child while you were waiting?  
   [ ] Yes  [ ] Somewhat  [ ] No

6. Were the staff courteous?  
   [ ] Yes  [ ] Somewhat  [ ] No

7. Did someone explain to you what was going to happen while at the center?  
   [ ] Yes  [ ] Somewhat  [ ] No

8. Is the walkway to the center child friendly?  
   [ ] Yes  [ ] Somewhat  [ ] No

9. Do you feel like this is some place you like visiting?  
   [ ] Yes  [ ] Somewhat  [ ] No

10. Do you feel safe here?  
    [ ] Yes  [ ] Somewhat  [ ] No

11. Does this feel like a safe place to talk to people about what happened?  
    [ ] Yes  [ ] Somewhat  [ ] No

12. Is there too much stuff for young kids?  
    [ ] Yes  [ ] Somewhat  [ ] No

13. Is the center making good use of its waiting room?  
    [ ] Yes  [ ] Somewhat  [ ] 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?
   - [ ] Yes
   - [ ] Somewhat
   - [ ] No

2. Are there activities for people your own age?
   - [ ] Yes
   - [ ] Somewhat
   - [ ] No

3. Is the room clean?
   - [ ] Yes
   - [ ] Somewhat
   - [ ] No

4. Did someone greet you right away?
   - [ ] Yes
   - [ ] Somewhat
   - [ ] No

5. Did someone interact with you while you were waiting?
   - [ ] Yes
   - [ ] Somewhat
   - [ ] No

6. Were the staff nice to you?
   - [ ] Yes
   - [ ] Somewhat
   - [ ] No

7. Did someone explain to you what was going to happen while you were at the center?
   - [ ] Yes
   - [ ] Somewhat
   - [ ] No

8. Did you like the toys at the center?
   - [ ] Yes
   - [ ] Somewhat
   - [ ] No

9. Is this some place you like visiting?
   - [ ] Yes
   - [ ] Somewhat
   - [ ] No

10. Do you feel safe here?
    - [ ] Yes
    - [ ] Somewhat
    - [ ] No

11. Does this feel like a safe place to talk to people about what happened?
    - [ ] Yes
    - [ ] Somewhat
    - [ ] 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.  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

2. The CAC promotes investigative interviews that are developmentally appropriate.  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

3. The CAC promotes investigative interviews that are neutral.  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

4. The CAC promotes investigative interviews that are of a fact-finding nature.  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

5. The CAC promotes investigative interviews that are coordinated to avoid duplicate interviewing.  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

6. The CAC has the capacity to allow team members to observe interviews.  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

7. The CAC has the capacity to relay feedback to the interviewer during the interview.  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

8. Team interviews are routinely conducted at the CAC.  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

9. Team interviews are conducted in field settings.  
   - [ ] Yes  
   - [ ] Somewhat  
   - [ ] No

10. The team’s written guidelines include a section regarding an appropriate interviewer.  
    - [ ] Yes  
    - [ ] Somewhat  
    - [ ] No

11. The team’s written guidelines include a section regarding sharing information with investigators.  
    - [ ] Yes  
    - [ ] Somewhat  
    - [ ] 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.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>Somewhat</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My questions regarding my child’s interview were answered to my satisfaction.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. My child seemed calm after the interview.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I was as informed as possible about my child’s interview.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. The person who interviewed my child made me feel comfortable about the interview.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I understand why I could not be with my child during the interview.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I think I should be able to observe my child’s interview.</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
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.  
   - Yes  
   - Somewhat  
   - No

2. The person who interviewed me was nice to me.  
   - Yes  
   - Somewhat  
   - No

3. I was scared about being interviewed.  
   - Yes  
   - Somewhat  
   - No

4. The room where I was interviewed was uncomfortable.  
   - Yes  
   - Somewhat  
   - No

5. The interview was not as bad as I thought it would be.  
   - Yes  
   - Somewhat  
   - No

6. I was given something to draw with during the interview.  
   - Yes  
   - Somewhat  
   - No

7. I was told what to do if I needed to go to the bathroom.  
   - Yes  
   - Somewhat  
   - No

8. I was told that I could say “I don’t know” any time that was the truth.  
   - Yes  
   - Somewhat  
   - No

9. The interviewer talked to me in a nice voice.  
   - Yes  
   - Somewhat  
   - No

10. The interviewer took me back to my parent or guardian when we were done talking.  
    - Yes  
    - Somewhat  
    - 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. ☐ Yes ☐ Somewhat ☐ No

2. The CAC promotes investigative interviews that are developmentally appropriate. ☐ Yes ☐ Somewhat ☐ No

3. The CAC promotes investigative interviews that are neutral. ☐ Yes ☐ Somewhat ☐ No

4. The CAC promotes investigative interviews that are of a fact-finding nature. ☐ Yes ☐ Somewhat ☐ No

5. The CAC promotes investigative interviews that are coordinated to avoid duplicate interviewing. ☐ Yes ☐ Somewhat ☐ No

6. The CAC has the capacity to allow team members to observe interviews. ☐ Yes ☐ Somewhat ☐ No

7. The CAC has the capacity to relay feedback to the interviewer during the interview. ☐ Yes ☐ Somewhat ☐ No

8. Team interviews are routinely conducted at the CAC. ☐ Yes ☐ Somewhat ☐ No

9. Team interviews are conducted in field settings. ☐ Yes ☐ Somewhat ☐ No

10. The team’s written guidelines include a section regarding an appropriate interviewer. ☐ Yes ☐ Somewhat ☐ No

11. The team’s written guidelines include a section regarding sharing information with investigators. ☐ Yes ☐ Somewhat ☐ 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.
   - Yes
   - Somewhat
   - No

2. The CAC’s medical policies describe under what circumstances a medical evaluation is recommended.
   - Yes
   - Somewhat
   - No

3. The CAC’s medical policies describe how the medical evaluation is made available to clients.
   - Yes
   - Somewhat
   - No

4. The CAC’s medical policies describe how taking the medical history is coordinated with investigative interviewing.
   - Yes
   - Somewhat
   - No

5. Each team member receives a written protocol for the medical evaluation.
   - Yes
   - Somewhat
   - No

6. Medical evaluations are provided by specially trained personnel at the CAC.
   - Yes
   - Somewhat
   - No

7. The CAC is able to arrange a medical evaluation by a specially trained physician in an appropriate facility.
   - Yes
   - Somewhat
   - No

8. Medical response is available on a 24-hour basis.
   - Yes
   - Somewhat
   - No

9. Medical services are made available to all CAC clients regardless of their ability to pay.
   - Yes
   - Somewhat
   - No

10. CAC staff are trained about the purpose and nature of the medical evaluation.
    - Yes
    - Somewhat
    - No

11. Parents and caregivers are told about the purpose and nature of the medical evaluation.
    - Yes
    - Somewhat
    - 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.  □ Yes  □ Somewhat  □ Not Applicable
2. The person who prepares the child is not the person who conducts the examination.  □ Yes  □ Somewhat  □ Not Applicable
3. The child is given a tour of the clinic.  □ Yes  □ Somewhat  □ Not Applicable
4. The child can choose whether the examiner is a male or female.  □ Yes  □ Somewhat  □ Not Applicable
5. The child can choose who will be present during the examination.  □ Yes  □ Somewhat  □ Not Applicable
6. The child is encouraged to make a written report card about the physician.  □ Yes  □ Somewhat  □ Not Applicable
7. The child is taught imagery and breathing techniques.  □ Yes  □ Somewhat  □ Not Applicable
8. I discuss with the child what to say to me when feeling frightened or uncomfortable.  □ Yes  □ Somewhat  □ Not Applicable
9. I have the child practice the positions that will be required of the child during the examination.  □ Yes  □ Somewhat  □ 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.  □ Yes  □ Somewhat  □ Not Applicable
11. I meet with the child and parent before the examination.  □ Yes  □ Somewhat  □ Not Applicable

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

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

2. The CAC coordinates mental health services for clients through other treatment providers.  
   [ ] Yes  [ ] Somewhat  [ ] No

3. The team’s written protocol includes statements about mental health treatment availability.  
   [ ] Yes  [ ] Somewhat  [ ] No

4. The team’s written protocol includes statements about the role of the mental health clinician on the multidisciplinary team.  
   [ ] Yes  [ ] Somewhat  [ ] No

5. The team’s written protocol includes statements about the mental health clinician’s role in case tracking.  
   [ ] Yes  [ ] Somewhat  [ ] No

6. The team’s written protocol includes statements about the mental health clinician’s role in case reviews.  
   [ ] Yes  [ ] Somewhat  [ ] No

7. Mental health services for the child client are routinely made available onsite.  
   [ ] Yes  [ ] Somewhat  [ ] No

8. Mental health services for the child client are routinely made available through agreements with other agencies.  
   [ ] Yes  [ ] Somewhat  [ ] No

9. Mental health services for the nonoffending caregiver(s) are routinely made available onsite.  
   [ ] Yes  [ ] Somewhat  [ ] No

10. Mental health services for the nonoffending caregiver(s) are routinely made available through agreements with other agencies.  
    [ ] Yes  [ ] Somewhat  [ ] No

11. Mental health treatment services are available regardless of ability to pay.  
    [ ] Yes  [ ] Somewhat  [ ] No
12. There is a clear delineation between the treating mental health clinician and any individual who may be conducting the investigative interview.

13. There is a clear delineation between the treating mental health clinician and any individual who may be involved in the ongoing investigation.
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. ❑ Yes ❑ No
2. The CAC coordinates mental health services for clients through other treatment providers. ❑ Yes ❑ No
3. The team’s written protocol includes statements about mental health treatment availability. ❑ Yes ❑ No
4. The team’s written protocol includes statements about the role of the mental health clinician in case tracking. ❑ Yes ❑ No
5. The team’s written protocol includes statements about the role of the mental health clinician in case review. ❑ Yes ❑ No
6. The team’s written protocol includes statements about the role of the mental health clinician on the multidisciplinary team. ❑ Yes ❑ No
7. Mental health services for the child client are routinely made available onsite. ❑ Yes ❑ No
8. Mental health services for the child client are routinely made available through linkage agreements with other agencies. ❑ Yes ❑ No
9. Mental health services for the nonoffending caregiver(s) are routinely made available onsite. ❑ Yes ❑ No
10. Mental health services for the nonoffending caregiver(s) are routinely made available through linkage agreements with other agencies. ❑ Yes ❑ No
11. Mental health treatment services are available regardless of ability to pay. ❑ Yes ❑ No
12. There is a clear delineation between the treating mental health clinician and any individual who may be conducting the forensic interview. ❑ Yes ❑ 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 ❑ 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. [ ] Yes  [ ] Somewhat  [ ] No
2. The team’s written protocol describes the availability of victim support. [ ] Yes  [ ] Somewhat  [ ] No
3. The team’s written protocol describes the availability of advocacy services. [ ] Yes  [ ] Somewhat  [ ] No
4. Victim support and advocacy services are available at the CAC. [ ] Yes  [ ] Somewhat  [ ] No
5. Victim support and advocacy services are available through agreements with other service agencies. [ ] Yes  [ ] Somewhat  [ ] No
6. Crisis intervention is routinely provided throughout the investigation. [ ] Yes  [ ] Somewhat  [ ] No
7. Crisis intervention is routinely provided throughout the prosecution. [ ] Yes  [ ] Somewhat  [ ] No
8. Procedures are in place to provide periodic followup contacts with the child. [ ] Yes  [ ] Somewhat  [ ] No
9. Procedures are in place to provide periodic followup contacts with the nonoffending caregiver. [ ] Yes  [ ] Somewhat  [ ] No
10. Court preparation is routinely available to all clients. [ ] Yes  [ ] Somewhat  [ ] No
11. Court accompaniment is routinely available to all clients. [ ] Yes  [ ] Somewhat  [ ] No
12. Assistance preparing victim impact statements is routinely available to all clients. [ ] Yes  [ ] Somewhat  [ ] No
13. Assistance with presentencing reports is routinely available to all clients. [ ] Yes  [ ] Somewhat  [ ] No
14. Referrals for corollary services are routinely available to all clients. [ ] Yes  [ ] Somewhat  [ ] No
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>Somewhat</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.</td>
<td>Referrals for housing assistance are routinely available to all clients.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Referrals for transportation assistance are routinely available to all clients.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Referrals for public assistance are routinely available to all clients.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Referrals for domestic violence are routinely available to all clients.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Information regarding local services is routinely available to all clients.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Information regarding the rights of crime victims is routinely available to all clients.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Information regarding victim compensation is routinely available to all clients.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.  
   □ Yes  □ Somewhat  □ No

2. A forum for the purpose of reviewing cases is conducted on a regularly scheduled basis.  
   □ Yes  □ Somewhat  □ No

3. An individual is identified to coordinate the case review process.  
   □ Yes  □ Somewhat  □ No

4. Team members are timely in their review of cases.  
   □ Yes  □ Somewhat  □ No

5. Representatives of all team disciplines participate in case review.  
   □ Yes  □ Somewhat  □ No

6. Recommendations from case reviews are communicated to appropriate parties for implementation.  
   □ Yes  □ Somewhat  □ 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.

<table>
<thead>
<tr>
<th>Case Review</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Our MDT is good at sharing information at case review.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. The quality of the team’s decisionmaking is excellent.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Our MDT meetings are too long.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Our MDT does not review enough cases at each case review.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. The entire team always attends case review.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. The MDT has just the right number of members.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. Team members attend case review on a regular basis (95 percent of the time).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. The team does a good job overall.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. The team makes joint decisions rather than one person making an autocratic decision.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. Case review scheduling should be different.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. Someone always leads the meetings.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. The location of the team meetings is convenient for me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. The case review meeting has good leadership.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. I like it when our CAC provides lunch during case review.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. The timing of case review meets my needs (day of week and hour).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16. The meetings have sufficient structure.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
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</tr>
<tr>
<td>17. Case review is just another one of a million meetings I have to attend.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18. There are penalties (tangible or intangible) involved if I fail to attend case review.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19. The team follows formal procedures for case review.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>20. We need to review more cases.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>21. The appropriate person is leading the case review.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>22. A procedure is in place to ensure that each team member is following through with assigned duties.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>23. Anyone can add a case to case review.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>24. We follow the case review agenda strictly.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>25. I have input into team decisionmaking.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>26. Interpersonal issues are set aside during case review.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>27. The MDT has no investment in the case review.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>28. I do not have enough input into the cases during case review.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>29. Our team focuses more on problem solving than on blaming one another.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>30. Case review gives me an opportunity to ask interdisciplinary questions.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>31. The team members are helpful in answering questions I have about the investigation.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>32. The team members educate one another about all the pieces of the investigation.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>33. Case review is not a high priority for me.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>34. I understand the case review protocol.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>35. I would prefer to have case review only when it was absolutely necessary.</td>
<td></td>
<td>1</td>
<td>2</td>
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<td>4</td>
</tr>
</tbody>
</table>
36. We plan, as a team, how to proceed on a case.  
   | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
   | 1  | 2  | 3  | 4  | 5  |

37. I learn something from the other members during case review.  
   | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
   | 1  | 2  | 3  | 4  | 5  |

38. Our team has fun during case review.  
   | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
   | 1  | 2  | 3  | 4  | 5  |

39. Team members are comfortable making jokes during case review.  
   | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
   | 1  | 2  | 3  | 4  | 5  |

40. A problem that arises at case review is dealt with immediately.  
   | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
   | 1  | 2  | 3  | 4  | 5  |

**Multidisciplinary Team (MDT)**

1. The team members are able to talk with one another informally as needed.  
   | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
   | 1  | 2  | 3  | 4  | 5  |

2. I have the support of my supervisors.  
   | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
   | 1  | 2  | 3  | 4  | 5  |

3. Team members are good at following through on a case.  
   | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
   | 1  | 2  | 3  | 4  | 5  |

4. There is too much turnover among team members.  
   | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
   | 1  | 2  | 3  | 4  | 5  |

5. There is too much turnover among supervisors.  
   | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
   | 1  | 2  | 3  | 4  | 5  |

6. There is no clear division of responsibility among the team members.  
   | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
   | 1  | 2  | 3  | 4  | 5  |

7. I read the protocol periodically to remind me of the mission and agreement.  
   | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
   | 1  | 2  | 3  | 4  | 5  |

8. I am forced to do things I do not want to on the MDT.  
   | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
   | 1  | 2  | 3  | 4  | 5  |

9. I enjoy being face to face with the people I work with on the MDT.  
   | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
   | 1  | 2  | 3  | 4  | 5  |

10. I believe in the team process.  
   | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
   | 1  | 2  | 3  | 4  | 5  |

11. I follow the protocol outlined in our interagency agreement.  
   | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
   | 1  | 2  | 3  | 4  | 5  |

12. The team shares my burden in these investigations.  
<p>| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1  | 2  | 3  | 4  | 5  |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.</td>
<td>Our team is suffering from lack of leadership.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>There are too many personality conflicts on our team.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>15.</td>
<td>The team celebrates victories together.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tr>
<tr>
<td>16.</td>
<td>Co-location is the key to a successful MDT.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>I readily share information with the other MDT members.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Our team makes more political decisions than child-centered decisions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>19.</td>
<td>We do a little of everything, rather than specialize in certain kinds of cases.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>20.</td>
<td>I always follow through on things that are expected of me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>21.</td>
<td>My level of education is appropriate for my position.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>22.</td>
<td>My level of expertise is appropriate for my position.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tr>
<tr>
<td>23.</td>
<td>I interact regularly with the team members outside of case review.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tr>
<tr>
<td>24.</td>
<td>I tell other employees in my agency how well the MDT works.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tr>
<tr>
<td>25.</td>
<td>Other team members understand my agency-imposed limitations.</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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</tr>
<tr>
<td>26.</td>
<td>I do not want anyone telling me what to do about a particular case.</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>27.</td>
<td>I do not take criticism from the team well.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>28.</td>
<td>There is too much criticism among the MDT.</td>
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<td>4</td>
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<tr>
<td>29.</td>
<td>The team is always telling me what to do.</td>
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<tr>
<td>30.</td>
<td>The team members are all on different tracks.</td>
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<tr>
<td>31.</td>
<td>Team members respect me.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>32.</td>
<td>Team members support one another.</td>
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<tr>
<td>Statement</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
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<td>33. Team members share their frustrations with one another.</td>
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<tr>
<td>34. Team members share their joys and triumphs with one another.</td>
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<tr>
<td>35. The quality of the investigation is paramount.</td>
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<tr>
<td>36. Each team member has a different expectation for the investigation.</td>
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<tr>
<td>37. There is a lot of give and take among the team members.</td>
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<tr>
<td>38. My team members listen to what I have to say.</td>
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<tr>
<td>39. Our team does fun things together, like attend parties, write a newsletter, and acknowledge birthdays, marriages, and births.</td>
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<tr>
<td>40. The team does not know how much work I do behind the scenes.</td>
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<tr>
<td>41. My agency is understaffed.</td>
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<tr>
<td>42. We are investigating more cases as a result of the MDT.</td>
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<tr>
<td>43. I know how the case is progressing at all times.</td>
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<tr>
<td>44. The number of interviews children receive has decreased because of the MDT.</td>
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<tr>
<td>45. Team members are all on the same page, so cases do not get lost.</td>
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<tr>
<td>46. I am adequately trained to be doing this kind of work.</td>
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<tr>
<td>47. Being a part of the team enhances my productivity.</td>
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<tr>
<td>48. Our team socializes together.</td>
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<tr>
<td>49. I believe in the CAC concept.</td>
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<tr>
<td>50. The MDT is the best way to conduct investigations.</td>
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<td></td>
<td>Strongly Disagree</td>
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<tr>
<td>51. The MDT shares responsibilities.</td>
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<tr>
<td>52. When disagreements occur, the team handles them immediately.</td>
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<tr>
<td>53. Team members respect one another.</td>
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<tr>
<td>54. I am mandated to work as a team member in my State.</td>
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<tr>
<td>55. My supervisor supports my participation in the MDT.</td>
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<tr>
<td>56. The MDT has the support of the district attorney.</td>
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<tr>
<td>57. My input is valuable to the team.</td>
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<td>2</td>
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<tr>
<td>58. Our team attends team training.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>59. A problem among or between MDT members is dealt with immediately.</td>
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<tr>
<td>60. We immediately welcome/embrace new members (e.g., we take them to lunch).</td>
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<tr>
<td>61. We have a forum for recognizing outstanding contributions by team members.</td>
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</table>

**Child Advocacy Center (CAC)**

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have received professional support from the CAC.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. I have received professional training from the CAC.</td>
<td>1</td>
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</tr>
<tr>
<td>3. The CAC staff make me feel as though my opinions are valid.</td>
<td>1</td>
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</tr>
<tr>
<td>4. I use the services provided by the CAC.</td>
<td>1</td>
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<tr>
<td>5. I feel comfortable at the center.</td>
<td>1</td>
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</tr>
<tr>
<td>6. The CAC does everything it can to help me during the investigation.</td>
<td>1</td>
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<td>5</td>
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<tr>
<td>7. The CAC benefits me personally.</td>
<td>1</td>
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<tr>
<td>8. The CAC asks me where it needs to make improvements.</td>
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</tbody>
</table>
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.

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>Somewhat</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did you feel comfortable contacting the victim advocate whenever you needed to?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. How long did it take the victim advocate to return your calls?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Did the victim advocate generally answer your questions or put you in contact with those who could answer your questions?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Did the victim advocate tell you about court services?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Did you receive the appropriate referrals to meet your needs?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Were you comfortable with the victim advocate?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Did the victim advocate address your concerns?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Was the information provided by the victim advocate useful?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Were you able to contact the referrals you needed to contact?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. What referral services did the victim advocate make for you?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
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: 

Month Day Year

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 ____________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

_____________________________________________________________________________________

C–65
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: __________________________

Month     Day     Year

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:

<table>
<thead>
<tr>
<th>Service</th>
<th>Poor</th>
<th>Fair</th>
<th>Excellent</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child protection specialist</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
</tr>
<tr>
<td>CAC receptionist/greeter</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
</tr>
<tr>
<td>Medical examination</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
</tr>
<tr>
<td>Waiting time for services</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>NA</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Worst service</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Best service</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The person who scheduled my appointment took time to explain what would happen and answer my questions.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2. The person who scheduled my appointment made sure I understood the purpose of my visit to the center.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. The travel directions were clear.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4. The center is convenient to public transportation.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5. When I first came to the center, my child(ren) and I were seen within a reasonable period of time.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>6. The receptionist seemed friendly and nonjudgmental and made me feel at ease.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>7. The playroom staff were nice to my child(ren) and made them feel comfortable.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>8. The center provided a safe space for my child(ren) and me.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>9. The interview process was clearly explained to me before my child’s interview took place.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
10. I was given information on possible behaviors I can expect from my child as a result of what happened to her/him.  

11. I was given information on how to handle those behaviors.  

12. I was told about the various services and benefits provided by the center.  

13. I was given information regarding other services available in my community.  

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

**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.  □ Yes □ Somewhat □ No

2. The CAC is a child-friendly place.  □ Yes □ Somewhat □ No

3. The social worker was courteous and responsive to your requests.  □ Yes □ Somewhat □ No

4. The law enforcement officer was courteous and responsive to your requests.  □ Yes □ Somewhat □ No

5. The counselor you met with was courteous and responsive to your needs.  □ Yes □ Somewhat □ No

6. The medical exam was scheduled at a convenient time.  □ Yes □ Somewhat □ No

7. The district attorney's office was courteous and responsive to your requests.  □ Yes □ Somewhat □ No

8. You were provided with helpful information.  □ Yes □ Somewhat □ No

9. If needed, would you feel comfortable returning to the CAC?  □ Yes □ Somewhat □ 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.

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

## Scheduling

<table>
<thead>
<tr>
<th></th>
<th>Does Not Apply</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. The scheduling of our interview was timely.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. CAC staff were accommodating in terms of meeting our scheduling needs.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Does Not Apply</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td>-------------------</td>
<td>----------</td>
<td>---------</td>
<td>-------</td>
<td>----------------</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

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

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

**Parental Interview**

13. The questions asked of me were necessary.

14. CAC staff asked me too many questions.

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

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

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

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

19. I felt that any concerns I had were responded to adequately.
### Parent Satisfaction—Multiple Systems Form

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

<table>
<thead>
<tr>
<th>Does Not Apply</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

#### 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
<table>
<thead>
<tr>
<th>Does Not Apply</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**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 |
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
### Court System and Attorneys

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

<table>
<thead>
<tr>
<th>Does Not Apply</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Does Not Apply</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Does Not Apply</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I am satisfied with how my child was interviewed.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. The interview process was clearly explained to me before my child’s interview took place.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. I felt supported by the police officer.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I felt supported by the child protective service worker.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I felt my concerns about this problem have been listened to.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. I was told what to expect in the future regarding the investigation of my child’s case.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. The interview was a helpful experience for my child.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. I was told about counseling and support services available for my family.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. I feel I can trust the people working on my child’s case.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td></td>
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</tr>
<tr>
<td>10. The setting of my child’s interview put me at ease.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. I feel I know what is going on in my child’s case.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. I know what is expected of my child for the investigation of the abuse.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. I am confident I can handle questions my child asks me.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. I know whom to call if I have questions about the investigation of my child’s case.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. I feel alone in dealing with this problem.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16. I feel things will get better now that the case has been investigated.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17. The investigators seemed to be in a hurry when they talked to my child.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18. I was told some things I didn’t understand.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19. Overall, I am satisfied with the help I received.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I am satisfied with how my child’s case has been handled since the first interview.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I felt supported by the police officer.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I felt supported by the child protective service worker.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I felt my concerns about this problem had been listened to.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5. I was told what to expect in the future regarding the investigation of my child’s case.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. The interview process was a helpful experience for my child.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7. I was told about counseling and support services available for my family.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8. I feel I can trust the people working on my child’s case.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>9. I feel I know what is going on in my child’s case.</td>
<td>1 2 3 4 5</td>
<td></td>
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</tr>
<tr>
<td>10. I know what is expected of my child for the investigation of the abuse.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

| 11. I am confident I can handle questions my child asks me. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|   | 1 | 2 | 3 | 4 | 5 |

| 12. I know whom to call if I have questions about the investigation of my child’s case. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|   | 1 | 2 | 3 | 4 | 5 |

| 13. I feel alone in dealing with this problem. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|   | 1 | 2 | 3 | 4 | 5 |

| 14. I feel things will get better now that the case has been investigated. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|   | 1 | 2 | 3 | 4 | 5 |

| 15. I was told some things I didn’t understand. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|   | 1 | 2 | 3 | 4 | 5 |

| 16. Overall, I am satisfied with the help I received. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|   | 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?  
☐ Yes  ☐ Somewhat  ☐ No

16. Did the district attorney follow through on your case?  
☐ Yes  ☐ Somewhat  ☐ No

17. Were the staff cooperative?  
☐ Yes  ☐ Somewhat  ☐ No

18. Did someone explain the CAC’s services to your satisfaction?  
☐ Yes  ☐ Somewhat  ☐ No

19. Was there something you needed to know, but no one told you?  
☐ Yes  ☐ Somewhat  ☐ No

20. Was there comfortable seating for you?  
☐ Yes  ☐ Somewhat  ☐ No

21. Was the center child friendly?  
☐ Yes  ☐ Somewhat  ☐ No

22. Was your child comfortable while here?  
☐ Yes  ☐ Somewhat  ☐ No

23. Were the toys age appropriate?  
☐ Yes  ☐ Somewhat  ☐ No

24. Did you feel safe while you were here?  
☐ Yes  ☐ Somewhat  ☐ No

25. Did the doctor make you feel comfortable?  
☐ Yes  ☐ Somewhat  ☐ No

26. Were the staff courteous to you?  
☐ Yes  ☐ Somewhat  ☐ No

27. Did you feel you were treated fairly?  
☐ Yes  ☐ Somewhat  ☐ No

28. Were you easily able to contact the agency representative?  
☐ Yes  ☐ Somewhat  ☐ No

29. Did the CAC make a difference for you in this process?  
☐ Yes  ☐ Somewhat  ☐ No

30. Were the staff on time?  
☐ Yes  ☐ Somewhat  ☐ No

31. Were you satisfied with the demeanor of the staff?  
☐ Yes  ☐ Somewhat  ☐ No

32. Do you feel you have an assurance of safety?  
☐ Yes  ☐ Somewhat  ☐ No

33. Do you feel you have been informed of everything you need to know?  
☐ Yes  ☐ Somewhat  ☐ No

34. Have you been informed of victim’s rights?  
☐ Yes  ☐ Somewhat  ☐ No

35. Do you feel like you can trust the CAC staff?  
☐ Yes  ☐ Somewhat  ☐ 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?  

<table>
<thead>
<tr>
<th>Agency</th>
<th>Suggestion</th>
<th>Suggestion</th>
<th>Suggestion</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Protective Services</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Police</td>
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</tr>
<tr>
<td>Medical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victim advocate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>
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?  
   [ ] Yes  [ ] Somewhat  [ ] No

2. Was the CAC a child-friendly place?  
   [ ] Yes  [ ] Somewhat  [ ] No

3. Was the social worker courteous and responsive to your requests?  
   [ ] Yes  [ ] Somewhat  [ ] No

4. Was the law enforcement officer courteous and responsive to your requests?  
   [ ] Yes  [ ] Somewhat  [ ] No

5. If you met with a counselor, was the counselor courteous and responsive to your needs?  
   [ ] Yes  [ ] Somewhat  [ ] No

6. If your child needed a medical exam, was it scheduled at a convenient time?  
   [ ] Yes  [ ] Somewhat  [ ] No

7. If you have had contact with the district attorney’s office, were the staff courteous and responsive to your requests?  
   [ ] Yes  [ ] Somewhat  [ ] No

8. Were you given helpful information while at the CAC?  
   [ ] Yes  [ ] Somewhat  [ ] No

9. If needed, would you feel comfortable returning to the CAC?  
   [ ] Yes  [ ] Somewhat  [ ] 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.

<table>
<thead>
<tr>
<th>Staff Member</th>
<th>Met With</th>
<th>Level of Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Least Satisfied</td>
</tr>
<tr>
<td>Receptionist</td>
<td>✔</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Social worker</td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Police officer</td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Victim advocate</td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Doctor</td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Nurse</td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>District attorney</td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Other (specify______)</td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Does Not Apply</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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 |
10. The CAC has a child-friendly environment.

11. The CAC staff helped me to feel comfortable.

About the Process

12. The questions asked of me (or my child) seemed important to the investigation.

13. The CAC staff answered my questions about my child’s (children’s) interview and explained the process to us before it began.

14. My child(ren) did not seem upset after the interview.

15. I felt comfortable with my child(ren) being interviewed at the CAC.

16. The CAC staff answered my questions about the medical exam and explained the process to us before it began.

17. The CAC staff were sensitive to my child’s (children’s) feelings.

18. I felt comfortable with my child(ren) receiving the medical exam at the CAC.

19. The doctor or nurse practitioner who examined my child(ren) helped me understand the results of the exam.

20. My child(ren) did not seem upset after the medical exam.
### About the Team

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

<table>
<thead>
<tr>
<th>Does Not Apply</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Does Not Apply</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Does Not Apply</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Does Not Apply</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Does Not Apply</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
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<tbody>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Does Not Apply</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
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</thead>
<tbody>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Does Not Apply</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
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</thead>
<tbody>
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<td>2</td>
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<td>5</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Does Not Apply</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Does Not Apply</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
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</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Under 1</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>over 16</th>
</tr>
</thead>
</table>

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 ($0.50 per use) and $0.30 per use in blocks of 100 for more than 500.

Contact: Clifford Attkisson, Ph.D.
Professor of Medical Psychology
200 Millberry Union West
500 Parnassus Avenue
San Francisco, CA 94143–0244
Fax: 415–476–9690
E-mail: cliff@saa.ucsf.edu
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.

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Terrible</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

1. How would you rate the interview? 
2. How would you rate the therapist? 
3. How would you rate the court? 
4. How would you rate the teamwork? 
5. How do you view your treatment here? 

C-102
## 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.

<table>
<thead>
<tr>
<th>Does Not Apply</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
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<td>3</td>
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<td>5</td>
</tr>
</tbody>
</table>

### 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
<table>
<thead>
<tr>
<th>Does Not Apply</th>
<th>Strongly Disagree</th>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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
<table>
<thead>
<tr>
<th>Does Not Apply</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

23. The MDT has had some positive experiences in terms of case outcomes.
   
24. I feel like someone on the MDT is always looking over my shoulder.

25. The MDT members are generally comfortable with one another.

26. The MDT is open to suggestions and criticism.

27. The MDT members do not know one another very well.

28. The MDT members socialize outside of work.

29. The MDT members trust one another.

30. The MDT members blame one another.

31. The MDT is part of my support system.

32. Awards are presented to MDT members.

33. Our MDT engages in ongoing team-building activities.

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

48. The MDT’s primary agenda is the best interests of the child.

49. The MDT model is better for kids.

50. The MDT members should evaluate the CAC.

51. The MDT is under one roof and that helps a lot.

52. I know how the MDT model works.

53. I support the MDT model.

54. We need more MDT training.

55. It’s hard to keep the MDT going because the CAC has no authority over the team.

56. I read the protocol occasionally to remind myself of the agreement.

57. At times, the MDT members are able to laugh, which releases some tension.

**Questions Regarding the CAC**

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

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
</table>

1. The team members follow the mandates contained in the written protocol.

2. I follow the written protocol.

3. I find the written protocol useful.

4. I am not comfortable discussing cases with other team members (in terms of confidentiality issues).

5. I am very satisfied with the way my team members resolve conflicts in the context of the MDT.

6. Participation in an MDT results in less system-inflicted trauma to children.

7. Participation in an MDT results in better case decisions.

8. Participation in an MDT results in more accurate investigations.

9. Participation in an MDT results in more appropriate interventions.

10. I am satisfied with the designation of the lead agency.
<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
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</tbody>
</table>

11. I do not know the method of resolving team disputes among team members.

12. Our team works collaboratively.

13. Collaboration among team members produces the best case results.

14. It would be valuable for my team to participate in joint training exercises.

15. My team participates in social activities outside case reviews.

16. My supervisor supports my participation in the MDT.

17. We have provisions for joint training in our written protocols.

18. My agency provides sufficient staffing for participation in an MDT.

19. My agency provides sufficient budget for participation in an MDT.

20. I am not satisfied with our interagency coordination.

21. There are turf issues among the MDT members.

22. I am engaged in joint training with the other agencies.
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.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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
<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
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</tr>
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<tr>
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<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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
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?  
   - Yes  
   - No  
   - 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?  
   - Yes  
   - No  
   - N/A

3. When you arrive at the center, are the forms, tools, and equipment necessary to do your job ready and available?  
   - Yes  
   - No  
   - N/A

4. Are the staff of the CAC responsive to your requests?  
   - Yes  
   - No  
   - N/A

5. Is the case review meeting scheduled at a convenient time?  
   - Yes  
   - No  
   - N/A

6. Do the meetings start and end on time?  
   - Yes  
   - No  
   - N/A

7. Are you benefiting from the case review process?  
   - Yes  
   - No  
   - 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?

<table>
<thead>
<tr>
<th></th>
<th>Very Much</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at All</td>
<td>Somewhat</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>4</td>
<td>7</td>
</tr>
</tbody>
</table>

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 |
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.

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

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

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

<table>
<thead>
<tr>
<th>Not at All</th>
<th>Consistently</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Extremely Pleased</th>
<th>Pleased</th>
<th>Generally Satisfied</th>
<th>Somewhat Unsatisfied</th>
<th>Totally Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Very Quick Response</th>
<th>Timely Response</th>
<th>Average</th>
<th>A Little Slow to Respond</th>
<th>Very Slow</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Extremely Helpful</th>
<th>Quite Helpful</th>
<th>No Difference</th>
<th>Not Very Helpful</th>
<th>Did not Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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  □ Poor  □ Fair  □ Good  □ Excellent
   Interview room  □ Poor  □ Fair  □ Good  □ Excellent
   Observation room  □ Poor  □ Fair  □ Good  □ Excellent
   Medical exam room  □ Poor  □ Fair  □ Good  □ Excellent
   Therapy room  □ Poor  □ Fair  □ Good  □ Excellent
   Conference room  □ Poor  □ Fair  □ Good  □ 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.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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
<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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?

   ![Faces]
   - Happy
   - Sad
   - Mad
   - Scared

2. How did you feel during the interview?

   ![Faces]
   - Happy
   - Sad
   - Mad
   - Scared

3. How did you feel talking about _____ today?

   ![Faces]
   - Happy
   - Sad
   - Mad
   - Scared
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?

<table>
<thead>
<tr>
<th>Very Good</th>
<th>Good</th>
<th>A Little Good</th>
<th>Bad</th>
<th>Very Bad</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Very Good</th>
<th>Good</th>
<th>A Little Good</th>
<th>Bad</th>
<th>Very Bad</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>