**Cambridge Rape Crisis Feedback Form**

We aim to provide support that meets your needs and expectations. We would therefore be very grateful if you could take a few minutes to complete this form so that we are able to take your views into consideration. All the information you give us will be treated confidentially and can be given anonymously. Please do not feel that you have to answer any questions that you are not comfortable with.

How did you find out about Cambridge Rape Crisis?

What area were you contacting us from?

If you used the helpline, how many attempts did it take to get through?

What were your expectations of the service? Did it meet your needs?

What did you find particularly helpful?

What did you find unhelpful?

Which of our support services did you use?

[ ]  Helpline

[ ]  Email

[ ]  Both

Were you able to talk freely about how you felt?

Did the service feel safe and confidential?

Did you feel that the way you were treated was respectful and non-judgemental?

What would you like to see us do differently?

Were you aware that the helpline and email services are run by and for women?

Are there any other comments you would like to make about the helpline and/or email support service?

Did you report what happened to you to the police or any other authorities? If so which one/s?

Were they:

helpful [ ]  understanding [ ]  informative [ ]  dismissive [ ]

Any comments about how you were treated?

**Before contacting us for support: *(tick as many as apply, if any):***

[ ]  Never spoken about this before

[ ]  Low self esteem

[ ]  Unable to work

[ ]  Unable to have good relationships

[ ]  Isolated

[ ]  Flashbacks

[ ]  Depressed

[ ]  Self-harming

[ ]  Eating problems

[ ]  Drinking too much

[ ]  Suicidal

**How do you feel now? (*tick as many as apply)***

[ ]  Same as before

[ ]  Slightly better

[ ]  A lot better

[ ]  More able to cope

[ ]  Able to make a decision about future

[ ]  Able to work

[ ]  More self-confident

[ ]  Worse than before

[ ]  Self harming less

[ ]  More in control

[ ]  Like myself more

[ ]  Less isolated

**Anything else, not mentioned above?**

**It is sometimes useful for us to be able to pass on survivors’ comments to funders to help them to understand the impact and importance of our work. We always ensure that comments are anonymous. Would you agree to us using your comments for this purpose?**

**Please don’t feel any obligation to agree to this!**

I agree that my comments can be used. / I do not want my comments to be used**.**

It would help us if you were able to answer the following questions to help us to make our services supportive to women and girls of all backgrounds and social groups. If you would prefer not to answer any or all of the questions please feel free to leave them blank.

1. **Age**

Please select your age range from the below:

[ ]  10 and under

[ ]  11-15

[ ]  16-17

[ ]  18-24

[ ]  25-34

[ ]  35-44

[ ]  45-54

[ ]  55-64

[ ]  65-74

[ ]  75+

1. **Disability**

Do you consider yourself to have a disability? (This includes physical or mental health disabilities)

 Yes [ ]  No [ ]

1. **Ethnicity**

Please select the ethnic group or background which best describes you from the below:

**White**

[ ]  English / Welsh / Scottish / Northern Irish / British

[ ]  Irish

[ ]  Gypsy or Irish Traveller

[ ]  Any other White background\_\_\_\_\_\_\_\_\_\_\_\_

**Mixed / multiple ethnic groups**

[ ]  White and Black Caribbean

[ ]  White and Black African

[ ]  White and Asian

[ ]  Any other mixed/multiple ethnic background\_\_\_\_\_\_\_\_

**Asian / Asian British**

[ ]  Indian

[ ]  Pakistani

[ ]  Bangladeshi

[ ]  Chinese

[ ]  Any other Asian background\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**African / Caribbean / Black / Black British**

[ ]  Caribbean

[ ]  African

[ ]  Any other African / Caribbean / Black background\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other ethnic group**

[ ]  Arab

[ ]  Any other ethnic group\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Religion or Belief**

Please select your Religion or Belief from the below:

[ ]  Buddhist

[ ]  Christian

[ ]  Hindu

[ ]  Jew

[ ]  Muslim

[ ]  Sikh

[ ]  Other Religion or Belief (please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  No Religion

1. **Gender**

Would you describe yourself as:

[ ]  Male

[ ]  Female

[ ]  Other (please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Gender Identity**

Have you ever identified as a transgender person?

 Yes [ ]  No [ ]

1. **Sexual Orientation**

What is your sexual orientation?

[ ]  Bisexual

[ ]  Gay Woman / Lesbian

[ ]  Heterosexual / Straight

[ ]  Other

1. **Marriage/Civil Partnership Status**

Please select your marriage/civil partnership status from the below:

[ ]  Married

[ ]  In a registered same-sex civil partnership

[ ]  Not married or in a registered same-sex civil partnership

1. **Pregnancy/Maternity**

Please select all that apply:

[ ]  I am pregnant

[ ]  I am caring for a child up to 6 months old

[ ]  I am caring for other children

[ ]  I have other caring responsibilities

[ ]  None of the above

**Thank you for your feedback. Please return this form by email to** **contact@cambridgerapecrisis.org.uk** **or by post to:**

**Cambridge Rape Crisis**

**Box R**

**12 Mill Road**

**Cambridge**

**CB1 2AD**