



Duke University, Division of Student Affairs
Office of Assessment and Professional Development Programs

Women's Center Services Questionnaire

Default Question Block

Thank you for taking the time to complete this survey about your experiences with the Women's Center. It should take less than 5 minutes to complete.

Your responses are anonymous and the data we collect will only be reviewed in aggregate terms. They will help us learn more about how the office can better meet the needs of the Duke community.

I understand that my individual responses will be anonymous and not used to identify me.

Practitioner Impressions

Who is/was your primary therapist?

- Amy Cleckler
 Sheila Broderick

Please rate your perception of her therapeutic responses during your session(s).

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
She demonstrated a sense of care and concern.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
She listened appropriately to what I had to say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
She respected me and my concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
She offered helpful feedback.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Since your appointment(s) with your therapist, are you experiencing:

	N/A - I never experienced this.	No	Yes
Less self-blame	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased feeling of ownership in your recovery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased feelings of happiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fewer nightmares	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Decreased anxiety

Fewer panic attacks

Do you have any feedback or suggestions for your therapist?

What challenges or barriers did you face, if any, in gaining access to our services?

Is there anything else you want us to know?

Thank you for taking the time to complete this survey about your experiences with the Women's Center!

for questions about this questionnaire, email research@studentaffairs.duke.edu