**ARN Client Survey- All surveys are confidential.**

Please mark services you received from ARN:

* Emergency Shelter
* Therapy Services
* Addiction Counseling
* Crisis Line support
* Support while working with law enforcement,

States Attorney, doctors/medical, etc.

* Help from staff (transportation, housing advocacy,

food basket/stamps, or any other needs you had)

* Financial Assistance
* Other

After working with ARN, I know more about community resources:

* Yes
* No

I know more ways to plan for my safety:

* Yes
* No

Since I first contacted ARN, I feel that my safety has increased:

* Yes
* No

***If you received Therapy services through ARN, please complete***

***the following:***

I have noticed an improvement in my mental health since receiving

Therapy services:

* Yes
* No

I have noticed an increase in my overall well-being since receiving

Therapy services:

* Yes
* No

I have learned techniques to cope with trauma since I first

contacted ARN:

* Yes
* No
* ***SEE BACK FOR ADDITION QUESTIONS***

***If you received Addiction Counseling services through ARN, please complete the following:***

I can identify relapse triggers and practice coping mechanisms:

* Yes
* No

I can successfully put into practice strategies discussed with LAC during sessions into real like:

* Yes
* No

Since receiving Addiction Counseling services, I feel that my recovery has strengthened:

* Yes
* No

Please provide any additional comments or suggestions

on how we can better serve you and others needing ARN.