



Crisis Support Services Questionnaire

The Teams in the Colorado Crisis Support Network continue to evaluate the services we offer. We would appreciate your assistance by providing your perceptions regarding the services provided by your Colorado Crisis Support Network Team. Please complete and return this questionnaire to the Team listed below.

Date of Service _____

1. Which intervention (service) did you participate in?

- _____ Debriefing
- _____ Defusing
- _____ Crisis management briefing
- _____ One-on-one intervention
- _____ Other _____

2. How distressing was this incident to you?

Not at all distressing	Somewhat distressing	Distressing	Very distressing
1	2	3	4

3. How beneficial were the services you received for this incident or event?

Not at all beneficial	Somewhat beneficial	Beneficial	Very beneficial
1	2	3	4

4. How helpful or useful was the information you received?

Not at all helpful	Somewhat helpful	Helpful	Very helpful
1	2	3	4

5. What aspect of the crisis support service was most valuable to you?

6. How likely are you to recommend this type of Crisis Support Service to others?

Not at all likely	Somewhat likely	Likely	Very likely
1	2	3	4

7. What suggestions do you have for improving the crisis support process or services?

Please return to:

Team Name

Attention

Address

City, State, Zip Code