

DCCSAN Community Survey

I, _____, have visited the DCCSAN website and viewed in detail the following links on this site:

Did you view the following?

Yes	No	DCCSAN Home page	Yes	No	<i>What is Abuse?</i> Video
Yes	No	About Us	Yes	No	Services
Yes	No	<i>A DCCSAN Client Speaks</i> Video	Yes	No	Resources
Yes	No	Events	Yes	No	Photo Gallery
Yes	No	Contact DCCSAN	Yes	No	Donate

Did you visit the links on our home page?

Yes	No	National Children's Alliance
Yes	No	The National Children's Advocacy Center
Yes	No	Children's Advocacy Centers of Oklahoma, Inc.

Did you learn about DCCSAN from your employer? Yes No
Employer: _____ Occupation: _____

Optional:

Male Female Residence (Town)
Race: Caucasian African American Hispanic Native American Tribe
Religious Affiliation? _____ None
Are you disabled? Yes No

Please answer the following question:

Have you or anyone you know received services at DCCSAN? Yes No
Did you know about DCCSAN prior to this survey? Yes No
Do you have children? Yes No Number Ages: 0-4 5-9 10-14 15-18
Do you know what to do if you suspect child abuse or a child discloses abuse to you? Yes No
Would you like more information about DCCSAN? Yes No
Would you like ticket information for Winterset? Yes No
Did you find this website useful? Yes No
Would you be interest in an in-service or visit to the center? Yes No
What needs do you identify in our community?

Please provide any additional comments that would help evaluate the effectiveness of DCCSAN.