

WA CERTIFIED DVIT PROGRAM'S NAME

DATE



Thank you for your feedback!

Your answers are confidential and will be used for statistical purposes by the State of Washington in order to make continuous improvements in treatment. **Do not** provide your name. When finished, seal this form in the envelope that was provided. Thank you!

- Please select your type of discharge from this program: Transfer Successful completion Incomplete
- What is your current age? 18-29 30-39 40-49 Over 50
- What is your ethnicity? Black Hispanic Caucasian Asian Native American Other: _____
- How many weeks did you attend treatment? 1-8 9-24 25-36 37-52 More than 52 weeks
- What level of treatment were you in at the time of discharge? Level 1 Level 2 Level 3 Level 4
- Who are you living with at this time? The victim A significant other who is not the victim No one or 'other'

When a scale of 1-5 is given, 5 is high or very likely. If you are being discharged from Level 4 treatment, start at 6 below.

1. Please rate your level of accountability before starting this program: 1 2 3 4 5
2. Please rate your level of accountability now: 1 2 3 4 5
3. Which of these 'thinking errors' did you use to justify or excuse your abusive behaviors (check all that apply):
 - Black and white thinking Personalization 'Should' statements Catastrophizing Magnifying
 - Minimizing Mindreading Fortune telling Overgeneralization Filtering
 - Discounting the positive Labeling Blaming Emotional reasoning Control fallacy
 - Always being 'right' Self-serving bias Fallacy of change
 - Other (please list): _____
4. Please select what your main motivations for using abusive behaviors were (check all that apply):
 - A sense of entitlement A belief that I should have power and control over my partner
 - Learned experience that abuse got me what I wanted The need to be right or win at all costs
 - Insecurity and/or fear Other: _____
5. Did you complete an accountability plan that you are still following? Yes No
6. Please describe the connection between thoughts, feelings and behaviors (use the back if you need more space):

7. Do you have the skills to meet your needs in non-abusive and health ways? Yes No

8. Give a recent example of a situation where you were successful in using a healthy relationship skill:

9. Did you have a pattern of abusive thinking and behaving before treatment? Yes No

10. If you answered yes to Question 9, then have you broken that pattern of abusive thinking and behaving? Yes No

11. Please select the types of abuse you used (check all that apply)

a. Before treatment:

- None Physical Emotional Sexual Verbal Psychological Financial Threats Other

b. During the first six months of treatment:

- None Physical Emotional Sexual Verbal Psychological Financial Threats Other

c. During the last six months of treatment:

- None Physical Emotional Sexual Verbal Psychological Financial Threats Other

12. Please check all the words that describe the relationship you have with the staff who led your treatment:

- Excellent Encouraging Supportive Tough love Negative Shaming or harsh Poor

Other: _____

What do you think this program did well? Use the back if you need more space.

What are some ways you think this program could improve? Use the back if you need more space.