

TSF Client Outcome Survey

Please help us improve our services by sharing your experience with us.

Please indicate your level of agreement with the following statements about our service.

Clients report improved wellbeing for their self, their family, or their children.

1. *"My wellbeing or my family or children's wellbeing has improved as a result of the services/support I received from this organization."*

Strongly Disagree Disagree Neutral Agree Strongly Agree

Clients report an increase in knowledge about available perinatal services.

2. *"I am more knowledgeable of the services and community resources available during and after pregnancy."*

Strongly Disagree Disagree Neutral Agree Strongly Agree

Clients report an increase in accessibility to resources and services.

3. *"I feel support from this organization."*

Strongly Disagree Disagree Neutral Agree Strongly Agree

Clients express satisfaction with services.

4. *"I am satisfied with the services I have received through this organization."*

Strongly Disagree Disagree Neutral Agree Strongly Agree