**SURVEY OUTCOME**

**MERISMOS PROGRAM**

1. What services did you receive? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What are the dates you received the services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Did you receive a Welcome Registration Packet? Yes No
4. Did you sign an Authorization to Release Information? Yes No
5. Did you sign a Disclosure Statement and Informed Consent? Yes No
6. Did you receive a Mental Health and Wellness Form? Yes No
7. Did you receive a Spirit-Soul Connectivity Form? Yes No
8. Was Confidentiality explained? Yes No
9. Were class objectives met? Yes No
10. Did Instructor provide Biblical and Clinical principles? Yes No
11. Was the class helpful? If yes, explain …. Yes No
12. Would you return to engage in Phase 2 and Phase 3? Yes No
13. Were the Ministering Trauma Counselors helpful? Yes No
14. Were the assignments and Group Process helpful? Yes No
15. Were the class expectations explained? Yes No
16. Would you recommend this class to others? Yes No