Client Survey Questions

#

Introductory Script

Hello [client’s name], my name is [interviewer] and I am conducting a survey of former public defender clients. The survey is focused on demographic and social services information as well as your experience with the public defender.

The survey will take approximately 15-20 minutes and participation is voluntary. If you choose to complete the survey, you will [insert incentives or compensation, if any]. Your answers to the survey are anonymous; however, I will need to confirm your mailing address or email in order to send you [insert incentives, if any].

## Demographics

I’m going to start by asking you a few biographical questions. Your answers will remain anonymous and will not be shared with anyone other than the public defender without your permission.

1. What is your age?
2. What is your current address?
	1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. How long have you resided there?
		1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What is your gender?
	1. Woman
	2. Man
	3. Prefer not to answer
4. What is your race?
	1. American Indian or Alaskan Native
	2. Asian
	3. Black or African American
	4. Native Hawaiian or Pacific Islander
	5. White
	6. Some other race, ethnicity, or origin
	7. Prefer to self-describe: \_\_\_\_\_\_\_\_\_
	8. Prefer not to say
5. Are you a U.S. citizen?
	1. Yes
	2. No
	3. Prefer not to answer
6. Are you a veteran/served in the U.S. armed forces?
	1. Yes
	2. No
	3. Prefer not to answer

## Services Assessment

Now, we’re going to transition into some questions to help us better understand what services you may need.

1. Are you currently on probation or parole?
	1. Yes
	2. No
2. Do you currently have government identification?
	1. If yes:
		1. Driver’s license
		2. Non-driver’s license
		3. EBT
		4. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. If no:
		1. Are you currently seeking ID?
			1. Yes
			2. No
3. Do you have access to reliable transportation, either public transit or your own vehicle?
	1. If no:
		1. Do you use public transportation?
			1. Yes
			2. No
		2. If yes:
			1. On average, how many times a week do you use public transportation?
				1. 1-3
				2. 3-6
				3. Every day
				4. Multiple times a day

## Employment & Income

1. Are you currently employed?
	1. If yes:
		1. What is your job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		2. In a typical week, how many hours do you work?
			1. <20
			2. 20-35
			3. >35
		3. How long have you been employed by your current employer?
			1. < 1 month
			2. 1 -6 months
			3. 6 - 12 months
			4. > 1 year
		4. Do you have any special licenses or certifications for your employment?
			1. Yes
				1. What license/certification(s) do you have?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - 1. No
	1. If no:
		1. Are you actively seeking employment?
			1. If yes:
				1. Have you ever been denied a job because of an arrest or criminal conviction?

Yes

No

* + - 1. No
1. Are you currently receiving any of the following benefits?
	1. If yes: (circle all that apply)
		1. SSI
		2. SSDI
		3. Unemployment
		4. Food assistance (SNAP)
		5. Temporary cash assistance (TANF)
		6. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Health

1. Do you have health insurance?
	1. If yes is it:
		1. Through an employer
		2. Medicare
		3. Medicaid
		4. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. If no, are you currently seeking health insurance?
		1. Yes
		2. No
2. Are you currently prescribed any medications?
	1. Yes
	2. No
3. Have you ever received a diagnosis from a mental health professional?
	1. Yes
	2. No
	3. Prefer not to answer
4. Are you currently in need of mental health counseling or treatment?
	1. Yes
	2. No
	3. Prefer not to answer
5. Are you currently in need of treatment for drug or alcohol use?
	1. Yes
	2. No
	3. Prefer not to answer

## Housing

1. Do you currently have a stable place to live?
	1. If yes:
		1. Do you rent or own your housing?
			1. Rent
			2. Own
			3. Other?
		2. If you know, what type of housing is it?
			1. Private housing
			2. Public housing or Subsidized Housing (e.g. Section 8)
			3. Shelter
			4. Motel
			5. Transitional housing
	2. If no:
		1. Where are you currently living?
			1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How many people live with you?
	1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you have any children living with you?
	1. Yes
	2. No
	3. Sometimes
4. Are you currently struggling with rent payments?
	1. Yes
	2. No
	3. Prefer not to answer
	4. N/A
5. Are you currently facing eviction?
	1. Yes
	2. No
6. Have you experienced homelessness in the last 12 months?
	1. Yes
	2. No

## Public Defender Questions (Optional)

Now I’d like to ask you some questions about your experience with the public defender and your overall impressions of the office.

1. Have you ever been represented by the public defender for a criminal legal matter?
	1. Yes
	2. No
2. If yes, when was that?
	1. \_\_\_\_\_\_\_\_\_
3. What was the name of your attorney?
	1. \_\_\_\_\_\_\_\_\_
4. I’d like to ask you a few questions about your experience with the public defender. On a scale of 1 to 5, 1 being I strongly disagree and 5 being I strongly agree, I’d like you to rank how accurate each statement is, based on your experience:
	1. The public defender provided me with adequate representation.
	2. Throughout my criminal case, I knew who my attorney was.
	3. The public defender helped me understand what was happening in my criminal case and the possible outcomes.
	4. The public defender called me back or communicated with me to talk through any of my questions.
	5. The public defender asked me about my life and my priorities.
	6. The public defender advocated on my behalf with the prosecutor and judge.
	7. The public defender helped me get a fair outcome for my criminal case.
	8. Overall, I am satisfied with the representation I have received.
5. Switching gears, I’d like to ask you some questions about your feelings about the public defender more generally. Using the same scale of 1-5, rate the accuracy of each of these statements:
	1. The public defender’s office is a reliable source for legal representation.
	2. The public defender’s office reflects the values and beliefs of my community.
	3. The public defender’s office advocates for my community.
6. ​​On a scale from 1 to 10, how likely are you to recommend the public defender to a friend or family member in need of a criminal defense lawyer?
7. Why — or why not — would you recommend the public defender?
8. Is there anything else you would like to share about your experience with the public defender or the office as a whole?