Instrument, Supplemental Digital Content 1

**Trauma Informed Care**

**UMC/CASFV Advocate Services**

**Please respond to the following statements by marking the response that most closely reflects your opinion. If a statement does not apply to you, leave it blank.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| 1. I was informed about where I could find the patient in a timely manner. |  |  |  |  |
| 2. The Trauma/SANE staff on duty met with me during my visit and reviewed the patient’s needs in a timely manner. |  |  |  |  |
| 3. I feel like the patient's movement from one treatment area to another was done in a calm, efficient manner, with little or no trauma to the patient. |  |  |  |  |
| 4. I was provided with a private space to talk with the patient. |  |  |  |  |
| 5. I was provided with a private space to talk with the patient's loved ones. |  |  |  |  |
| 6. I encountered no barriers in acquiring a sexual assault case number and authorization for the medical forensic exam and evidence collection. |  |  |  |  |
| 7. I empowered the patient in their option to accept or decline components of the crisis intervention therapy process. |  |  |  |  |
| 8. I empowered the patient to available community resources. |  |  |  |  |
| 9. I reassured the patient that the event was not their fault. |  |  |  |  |
| 10. I asked the patient how they would want to be addressed regarding gender. |  |  |  |  |
| 11. I offered an appropriate interpreter to help address cultural concerns. |  |  |  |  |