

QUESTIONNAIRE FOR VSM PARTICIPANTS

Each party, and each attorney, who participated in the VSM process should please complete this Questionnaire and fax (538-1454), e-mail (mcp@mediatehawaii.org), or mail it to the Mediation Center of the Pacific (245 N. Kukui Street, Ste. 206, Honolulu, HI 96817).

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
The Volunteer Settlement Master (VSM) was prepared for our meeting.	5	4	3	2	1
The VSM was fair.	5	4	3	2	1
The VSM helped the parties reach a resolution.	5	4	3	2	1
The VSM helped identify options and alternatives.	5	4	3	2	1
The VSM treated everyone with respect.	5	4	3	2	1
The VSM helped the parties realistically understand possible outcomes.	5	4	3	2	1
The VSM kept the session focused on settlement.	5	4	3	2	1
I would recommend meeting with a VSM to others.	5	4	3	2	1

FC-D No. _____ NAME OF VSM _____