**Shelter Resident Survey -- #1**

Thank you for your help. Although doing this survey is voluntary, your answers to these questions will help us plan and improve our shelter services. Please answer honestly and on your own – there are no right or wrong answers. Your answers are confidential and very important to us. Please do this as soon as you can. When you have finished, please put the survey in the envelope you were given and seal it; then put it in the confidential place the shelter staff showed you.

(Please write in the first 2 letters of your mother’s first name, and the first 2 numbers of your most recent address, e.g. WE17. **No one** will be able to connect this information with you, but it will help us to better meet residents’ needs. If you still do not feel comfortable with this, **please** use two letters followed by two numbers that you will remember and can use again later; you will be asked to answer similar questions again later.)

1. Where have you heard about this emergency shelter? (*please check all that apply)*

\_\_ telephone book \_\_domestic violence (DV) advocate, incl. other DV shelter \_\_ people in court

\_\_ family member \_\_people from my religious/spiritual community \_\_ health care provider

\_\_ police \_\_child protective services staff \_\_ TANF (welfare) staff

\_\_ friend(s) \_\_social service agency staff, incl. homeless shelter \_\_ flyer/brochure/poster

\_\_ other (where?)

2. When was the ***first*** time you heard about this shelter?

\_\_ a day or two ago \_\_more than a day or two, but less than a month ago

\_\_between a month and a year ago \_\_more than a year ago

3. Have you ever stayed at this shelter before? no yes (***If yes):*** How long ago did you stay here?

\_\_in the past 6 months \_\_6 months to a year ago \_\_more than a year ago

4. When you decided to come here, what did you think this shelter would do for you?

5. Did you have any concerns about contacting this shelter? no yes (***Please*** *describe your concerns):*

6. Have you ever tried to stay at this shelter in the past and not been able to do so? no yes

***If yes:*** What was the reason you couldn’t stay here?

7. Please check all of the following that were true for you when you ***first arrived*** here this time:

\_\_ the staff made me feel welcome \_\_the staff treated me with respect

\_\_ the space felt comfortable \_\_it seemed like a place for women like me

\_\_the other women made me feel welcome \_\_none of these choices were true for me

8. What do you think you would have done if this shelter didn’t exist?

--over, please--

***These questions will help to tell us who is using our shelter, so we can continue to improve our services. Feel free to leave any item blank if you are concerned it would identify you.***

9. I consider myself to be:

\_\_\_\_ African American/ Black \_\_\_\_ Hispanic/Latina \_\_\_\_ Other (what?)

\_\_\_\_ Asian/ Pacific Islander \_\_\_\_ Multiracial

\_\_\_\_ Native American/Alaskan Native \_\_\_\_ White

*If there is a particular ethnic background that is important to you, please identify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

10. My age is: \_\_\_ 17 or younger \_\_\_ 18-24 \_\_\_ 25-34 \_\_\_ 35-49 \_\_\_ 50-64 \_\_\_ 65 or older

11. I have \_\_\_­­\_\_ minor children – age 18 or younger [*write in number of children you have under age 18*].

12. I consider myself to be:

\_\_\_\_ heterosexual/ straight \_\_\_\_ lesbian/ gay

\_\_\_\_ bisexual \_\_\_\_ other (*please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

13. The highest level of education I have so far is:

\_\_\_\_ 8th grade or less \_\_\_\_ High school grad or GED \_\_\_\_ College grad

\_\_\_\_ 9th – 11th grade \_\_\_\_ Some college \_\_\_\_ Advanced degree

14. My gender is: \_\_\_\_ female \_\_\_\_ male \_\_\_\_ transgender

**Thank you very much!!**

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