

Shelter Resident Survey #1 – Just after arriving

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

____ _ 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 mental health provider 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?

9.

While I'm here I hope I can get help with (*check all that apply to you; there are no "right" answers*):

<input type="checkbox"/> safety for myself	<input type="checkbox"/> transportation
<input type="checkbox"/> safety for my children	<input type="checkbox"/> support from other women
<input type="checkbox"/> emotional support for myself	<input type="checkbox"/> a job or job training

While I'm here I hope I can get help with (<i>check all that apply to you; there are no "right" answers</i>):	
<input type="checkbox"/> learning about my options and choices	<input type="checkbox"/> paying attention to my own wants and needs
<input type="checkbox"/> paying attention to my children's wants and needs	<input type="checkbox"/> understanding about domestic violence
<input type="checkbox"/> counseling for my children	<input type="checkbox"/> counseling for myself
<input type="checkbox"/> safety planning	<input type="checkbox"/> child care
<input type="checkbox"/> education/school for myself	<input type="checkbox"/> health issues for myself
<input type="checkbox"/> education/school for my children	<input type="checkbox"/> health issues for my children
<input type="checkbox"/> reconnecting with my community	<input type="checkbox"/> keeping access to my faith community
<input type="checkbox"/> my abuse-related injuries	<input type="checkbox"/> leaving my relationship
<input type="checkbox"/> budgeting & handling my money	<input type="checkbox"/> TANF (welfare) benefits
<input type="checkbox"/> child protection system issues	<input type="checkbox"/> other government benefits
<input type="checkbox"/> child welfare system issues	<input type="checkbox"/> finding housing I can afford
<input type="checkbox"/> ideas for handling the stress in my life	<input type="checkbox"/> connections to other people who can help me
<input type="checkbox"/> responding to my children when they are upset or causing trouble	<input type="checkbox"/> dealing with my feelings that upset me
<input type="checkbox"/> protective/restraining order	<input type="checkbox"/> my own arrest
<input type="checkbox"/> my abuser's arrest	<input type="checkbox"/> custody or visitation questions
<input type="checkbox"/> divorce-related issues	<input type="checkbox"/> immigration issues
<input type="checkbox"/> issues related to my disability	<input type="checkbox"/> legal system/legal issues
<input type="checkbox"/> other (<i>what?</i>)	

We ask the next questions to see if different women have different experiences here, so we can continue to improve our services for ALL women. But please leave any item blank if you are concerned it will identify you.

10. I consider myself to be a survivor of (check as many as apply):
 Domestic violence Sexual assault Dating violence Stalking
 Childhood Abuse Other (please describe) _____

11. I consider myself to be:
 African American/Black Hispanic/Latina Asian/Pacific Islander
 Multiracial Native American/Alaskan Native White
 Other (what?) _____

If there is a particular ethnic background that is important to you, please identify: _____

12. My age is: 17 or younger 18 – 24 25 - 34 35 – 49
 50 - 64 65 or older

13. I have _____ minor children--age 17 or younger [*write in number of children you have under age 18*].

Please write in # of children with you in shelter in each age group:
 under 1 yr 1 – 5 yrs 6 – 12 yrs over age 12

14. I consider myself to be: heterosexual/straight lesbian/gay
 bi-sexual other (*please describe*): _____

15. 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

16. My gender is: female male transgender
 other (*please describe*): _____

Thank you very much!!