

Community Based Services Survey

(Based on the Documenting Our Work Shelter Surveys)

This feedback is meant to be anonymous. The information you provide will be shared and used to improve services. Feel free to skip any question that you do not want to answer or that might identify you.

1) How long have you been receiving services? (please check one)
 Less than a week More than 1 month, but less than 3 months
 1 week to 1 month More than 3 months

2) If a friend of mine was thinking of coming here for help, I would: (please check one)
 Strongly recommend coming here
 Recommend coming here
 Recommend NOT coming here
 Strongly recommend NOT coming here

3) The following list describes different types of services you may have wanted, and may have received. Every woman wants and needs different things, so there are no “right” answers. Please rate **each** of the items on the list according to the help you received:

3 = I got all of the help of this kind that I wanted 2 = I got some of the help of this kind that I wanted 1 = I wanted this kind of help, but I didn't get any 0 = it doesn't apply to me—I didn't want or need this	
<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"/> learning about my options and choices	<input type="checkbox"/> paying attention to my own wants and needs
<input type="checkbox"/> emotional support for myself	<input type="checkbox"/> a job or job training
<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

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___ safety planning	___ child care
___ education/school for myself	___ health issues for myself
___ education/school for my children	___ health issues for my children
___ reconnecting with my community	___ keeping access to my faith community
___ my abuse-related injuries	___ leaving my relationship
___ budgeting & handling my money	___ TANF (welfare) benefits
___ child protection system issues	___ other government benefits
___ child welfare system issues	___ finding housing I can afford
___ ideas for handling the stress in my life	___ connections to other people who can help me
___ responding to my children when they are upset or causing trouble	___ dealing with my feelings that upset me
___ protective/restraining order	___ my own arrest
___ my abuser's arrest	___ custody or visitation questions
___ divorce-related issues	___ immigration issues
___ issues related to my disability	___ legal system/legal issues
___ other (please describe)	

5) Because of the services I have received from this program so far, I feel:

	Yes	No
I know more ways to plan for my safety		
I know more about community resources		
I know more about sexual and/or domestic violence and its impact		
I am more hopeful about my life		

6) We try our best to make sure people feel welcomed and respected.
Please tell us how we did:

	strongly agree	agree	disagree	strongly disagree	doesn't apply
Staff treated me with respect.	4	3	2	1	0
Shelter staff were caring and supportive.	4	3	2	1	0
Staff spent enough time talking about my safety	4	3	2	1	0
Staff spent enough time talking about my children's safety	4	3	2	1	0
Over all, my religious/spiritual beliefs were respected.	4	3	2	1	0
Over all, my sexual orientation was respected.	4	3	2	1	0
Over all, my racial/ethnic background was respected.	4	3	2	1	0
Shelter staff helped address any needs related to my disability	4	3	2	1	0
Shelter staff helped address any needs related to my youth or advancing age	4	3	2	1	0

7) We try to respectfully meet the needs of different people (for example, needs related to: age, race, ethnicity, sexual orientation, gender, ability or disability, gender identity, educational background, economic status, etc).
What do you think we could do better?

8) What do you think you would have done if these services did not exist?

9) Please describe any difficulties or concerns you have had with our services.

10) Please describe any positive experiences you have had with our services.

We ask the next few questions to see if different people have different experiences here. This can improve our services. Please skip any question that you worry may identify you.

11. 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) _____

12. I consider myself to be (check as many as apply):
 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

11. I have _____ minor children (age 17 or younger). How many are with you here? _____ [# of children]

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 other

Thank you very much!!