Evaluation Form for Shelter Residents

This is an anonymous questionnaire. Please do not put your name on it. We value your feedback, and the answers you provide will be used to improve the services we provide. Thank you in advance for taking the time to answer the following questions.

I heard about this program through: ________________________

How long have you been at the shelter?

☐ 1-14 days     ☐ 15-28 days     ☐ 29-42 days     ☐ more than 42 days

How would you rate your experience with the crisis line:

☐ Excellent    ☐ Good        ☐ Average    ☐ Poor       ☐ Didn’t use it

Please check the box under the response that best matches how you feel:

Because of the services I received through the shelter….

Very Much / A Lot  Somewhat  A little  Not at All

I feel more supported.           ☐ ☐ ☐ ☐

I am more aware of community resources/services I might need.      ☐ ☐ ☐ ☐

I know more about my choices and options.         ☐ ☐ ☐ ☐

I have a better understanding of common reactions to domestic violence. ☐ ☐ ☐ ☐

I know more ways to plan for my safety.            ☐ ☐ ☐ ☐

I know people I can turn to for help and support.     ☐ ☐ ☐ ☐

I have a plan to help me meet my financial and housing needs. ☐ ☐ ☐ ☐

I am more hopeful about the future.       ☐ ☐ ☐ ☐

I feel more in control of my life.             ☐ ☐ ☐ ☐

IF YOU HAD CHILDREN WITH YOU PLEASE ANSWER:

I learned more about how domestic violence may affect my child(ren). ☐ ☐ ☐ ☐

My child(ren) have learned who to call and when to get help when necessary. ☐ ☐ ☐ ☐
I identify as:  ☐ Female  ☐ Male

I am:  ☐ under 18  ☐ 18-29  ☐ 30-44  ☐ 45-64  ☐ 65 or over

I consider myself to be (please check all that apply):
☐ African American/Black  ☐ Native American / Alaskan Native
☐ White/Caucasian  ☐ Latina/Hispanic
☐ Asian/Asian American  ☐ Arabic/Chaldean
☐ Hawaiian/Pacific Islander  ☐ Other (please describe): ____________________________

I am a person with (please check all that apply):
☐ a physical disability  ☐ an emotional/psychiatric disability
☐ a hearing disability  ☐ an alcohol/chemical disability
☐ a visual disability  ☐ a learning/developmental disability
☐ a cognitive disability  ☐ other disability
☐ no disability

Any additional comments/suggestions or statements? ____________________________

☐ Please check this box if you give us permission to share your comments on public relations materials and/or funding reports. Again, this information will remain anonymous.