

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 to 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:

	Very Much / A Lot	Somewhat	A little	Not at All
Because of the services I received through the shelter....				
I feel more supported.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am more aware of community resources/services I might need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know more about my choices and options.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a better understanding of common reactions to domestic violence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know more ways to plan for my safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know people I can turn to for help and support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a plan to help me meet my financial and housing needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am more hopeful about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel more in control of my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YOU HAD CHILDREN WITH YOU PLEASE ANSWER:				
I learned more about how domestic violence may affect my child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child(ren) have learned who to call and when to get help when necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.