

CLIENT FEEDBACK SURVEY

Survey _____

To be completed by shelter staff prior to providing survey to client.

Day/Month/Year: _____

Name of Shelter: _____

Type of Shelter: Women’s Emergency Second Stage Seniors Abuse Shelter

Number of days at the shelter: _____

Number of times client met with outreach worker

0-5 times 6-10 times More than 10 times Not applicable

Seniors Abuse Shelter Program: Client Feedback Survey

Are we helping? Please tell us.

We hope that we have been able to meet your needs and help you on your journey.

- This is a voluntary survey. You have the choice to complete the survey or leave it blank. Your choice will not affect your ability to access seniors abuse shelter services in the future.
- Please answer these questions to the best of your ability so we know what services and supports are working well and how we can continue to improve our services.
- We do not need to know your name – your answers will be completely confidential.
- If you need any help, please let a staff member know.

1. Please check either “Yes”, “No” or “Doesn’t apply to me.”

| | | | | |
|-----|---|------------------------------|-----------------------------|--|
| (a) | Did you feel safe inside the shelter? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Doesn’t apply to me |
| (b) | Did the services at the shelter meet your basic living needs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Doesn’t apply to me |
| (c) | Did the services help you better understand the choices available to you in your situation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Doesn’t apply to me |
| (d) | Did the services help you better understand what other services are available to you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Doesn’t apply to me |
| (e) | Did the services help you better understand the danger to yourself? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Doesn’t apply to me |
| (f) | Did the services/support meet your unique cultural needs? (for example, Aboriginal, ethnic minority) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Doesn’t apply to me |
| (g) | Did the services help you gain access to other services in the community (e.g., referrals, legal supports)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Doesn’t apply to me |

2. How helpful was the service to you?

It was extremely helpful | It was mostly helpful | It wasn't that helpful | It wasn't helpful at all

3. Is your life better now because you received this help?

It is much better | It is a bit better | It isn't really much better | It isn't better at all

4. How well did the service meet your needs?

All of my needs were met | Most of my needs were met | Some of my needs were met | None of my needs were met

5. Did you contact this shelter to leave an abusive situation?

Yes No

6. As a result of my shelter stay, or being supported in the community, I am more able to keep myself safer from abuse.

Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable

7. The staff at Safe House were sensitive to my social, cultural and spiritual beliefs.

Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable

8. The staff were sensitive to my language of comfort

Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable

9. What were the most helpful services you received?

10. What could we have been done better to help you?

11. What services or supports do you feel you still need?

12. Other comments or suggestions?

Thank you for taking the time to answer this survey.

Please place this in an envelope provided, seal the envelope and then give to any shelter staff member.