

HS Sheller Survey	
Ad Hoc Committee to End Homelessness - S	helter Survey
Are you currently experiencing homelessness? * Yes	
○ No	
2. What city did you sleep in last night? *	
AuburnBonney Lake	
BuckleyCarbonado	
○ DuPont	
EatonvilleEdgewood	
○ Fife○ Fircrest	
○ Gig Harbor	
◯ Lakewood◯ Milton	
OrtingPacific	
O Puyallup	
○ Roy○ Ruston	
SumnerTacoma	
O University Place	
South PrarieSteilacoom	
WilkesonOther - Write In	
3. How old are you? *	
4. Including yourself, how many people live in your household? *	
5. How many kids under 18 are in your household? *	
6. What is your gender?	
* Female	
Trans Female (MTF or Male to Female)Trans Male (FTM or Female to Male)	
Gender Non-ConformingPrefer not to say	
7. What is your ethnicity?	
* Non-Hispanic/ Non-Latino	
Hispanic/ LatinoPrefer not to say	
8. What is your race? (select multiple)	
* American Indian or Alaska Native	
☐ Asian☐ Black or African American	
☐ Native Hawaiian or Other Pacific Islander	
☐ White ☐ Prefer not to say	
9. What is your sexual orientation?	
○ Heterosexual	
○ Gay○ Lesbian	
Bisexual Questioning/Unsure	
Other	
O Prefer not to say	
10. Do you have a disabling condition? * O Yes	
○ No	
○ Prefer not to say	
11. Have you used an emergency shelter in the last 5 years? *	
○ Yes○ No	
O Prefer not to say	
12. How likely are you to stay in an emergency shelter in the future? *	
Very LikelySomewhat likely	
Not very likelyPrefer not to say	
Other	
13. When do you use emergency shelters? * During cold weather - to escape the cold	
☐ During hot weather - to escape the heat	
☐ Year round - weather doesn't matter☐ Other - Write In	
14. What do you consider when choosing a shelter? (select multiple) *	
☐ Location of the shelter	
☐ How easy it is to gain entry to the shelter☐ The reputation of the shelter	
☐ Your previous experience at the shelter☐ Cleanliness of the shelter	
☐ Rules about drugs and alcohol use☐ Rules about pets at the shelter	
☐ Bed availability at the shelter	
☐ Curfew times at the shelter ☐ Other - Write In	
15. What are some reasons you may not use services at a shelter? *	
☐ Don't trust staff or volunteers	
□ Don't know services available□ No transportation to services	
□ Don't know what to expect from services□ Services are at bad times	
☐ No place to store my things☐ I don't want to	
☐ Other - Write In	
16. What do you like about emergency shelters? *	
☐ Good Locations	
☐ Hours are convenient☐ Shelters are Safe	
☐ Easy to get to ☐ Storage for my things is on site	
☐ Staff is respectful and trustworthy	
Other - Write In	
17. What would improve emergency shelters? (select multiple) *	
□ Better day time hours□ Easier daytime storage of my things	
☐ Toilets and showers on site	
 ☐ More services like food and transportation ☐ Located closer to buses and shopping 	
☐ Healthcare on site	
Other - Write In	

Submit

18. How many staff should be hired to work at emergency shelters? *

☐ We can manage ourselves – no staffing is needed

☐ Daytime staffing to assist with services

☐ 24 hours security

Other - Write In