

HS Shelter Survey

Ad Hoc Committee to End Homelessness - Shelter Survey

	Shelter Survey
1.	Are you currently experiencing homelessness? * • Yes • No
2.	How long have you been experiencing homelessness?
	C Less than 1 month
	O 1 month to 6 months
	○ 6 months to a year
	A year or more
3.	What city did you sleep in last night? *
	O Auburn
	O Bonney Lake
	O Buckley
	○ Carbonado
	○ DuPont
	○ Eatonville
	○ Edgewood

○ Fife	
○ Fircrest	
Gig Harbor	
○ Lakewood	
○ Milton	
Orting	
O Pacific	
O Puyallup	
Roy	
Ruston	
Sumner	
O University Place	
O South Prarie	
○ Steilacoom	
○ Wilkeson	
Other - Write In	
4. How old are you? *	
5. Including yourself, how many peop	ole live in your household? *
6. How many kids under 18 are in yo	ur household? *
7. What is your gender?	
○ Female	

○ Trans Female (MTF or Male to Female)	
○ Trans Male (FTM or Female to Male)	
○ Gender Non-Conforming	
O Prefer not to say	
8. What is your ethnicity?	
○ Non-Hispanic/ Non-Latino	
O Hispanic/ Latino	
O Prefer not to say	
9. 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	
10. What is your sexual orientation?	
○ Heterosexual	
○ Gay	
○ Lesbian	
○ Bisexual	
O Questioning/Unsure	
Other	
O Prefer not to say	
11. Do you have a disabling condition?	
○ Yes	

○ No
O Prefer not to say
12. Have you used an emergency shelter in the last 5 years? *
○ Yes
○ No
O Prefer not to say
13. How likely are you to stay in an emergency shelter in the future? *
O Very Likely
O Somewhat likely
O Not very likely
O Prefer not to say
Other - Write In
14. 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
15. 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
16. 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
17. 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
18. 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	
19. 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	
24 hours security Other - Write In	

Submit