



City and County of San Francisco

# Shelter Monitoring Committee

## Site Name Being Surveyed: Hamilton Family Shelter

### Survey Questions

The data is shared with the sites, but the individual client responses are kept confidential.

Questions: Please rate your response for the following questions by circling the answer that best fits. If you don't think the question applies to you, circle 1.

	Doesn't Apply	Never	Sometimes	Often	Always
1. Do you feel safe at the shelter?	1	2	3	4	5
2. Does staff treat you with respect and speak to you in a professional manner?	1	2	3	4	5
3. Does staff de-escalate arguments and help to break up verbal fights between clients?	1	2	3	4	5
4. Is the sleeping area quiet at night?	1	2	3	4	5
5. Do the meals provided here meet your needs, e.g. enough food provided or does the site accommodate your special needs like being vegetarian.	1	2	3	4	5

Questions: Please rate your response for the following questions by circling the number the best fits. If you don't think the question applies to you, circle 1.

	Doesn't Apply	One night	Less than a month	More than a month	More than 90 days
6. How long have you been at this shelter?	1	2	3	4	5

### Other Comments: