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Onderzoekscentrum maatschappelijke zorg



**Questionnaire**

**Experiences with social shelters, women’s shelters and homeless young people’s shelters**

*Intended for people receiving support from social shelters, women’s or homeless young people’s shelters*

CQ-index Shelter services (non-ambulant)

Version 2.0

**This questionnaire was developed by Beijersbergen & Wolf of the research centre for social care (Onderzoekscentrum maatschappelijke zorg (Omz)). The Omz is part of UMC St Radboud.**

The basic design for the CQI measuring instruments was developed by NIVEL in cooperation with the Department of Social Medicine at the Academic Medical Centre (AMC).

**Why have you received this questionnaire?**

You receive shelter and assistance from <naam voorziening>. The organization would like to know what you think about this. Facilities that provide assistance then hear what is going well and what they can do better.

Your answers are **anonymous** and **confidential**: You do not have to write your name anywhere. <naam voorziening> will therefore not find out what you have answered**.**

**What are the questions about?**

* This questionnaire concerns **the shelter and assistance from** <naam voorziening>**.** Maybe you also receive assistance from other agencies, such as a mental healthcare centre or legal advice centre. If questions concern this kind of assistance, it will be stated.
* Most of the questions are about the **past 6 months**. Have you been receiving shelter and assistance from <naam voorziening> for **less than** 6 months? In that case **answer** the questions **for that shorter period**.
* Does the questionnaire include the word ‘**facility’**? We then mean <naam voorziening>.

**How should you fill in the questionnaire?**

* Answer the questions by ticking the box next to your answer. Nearly all questions can **only have one answer**. If you can provide multiple answers, this is stated in the question.
* Did you accidentally tick the wrong box? In that case, cross it out with a line. Then put a tick in the correct box:

Wrong box Correct box

* You can sometimes skip a few questions. In that case, there is an arrow after your answer. You can then see which question you can continue with. For example:
* Yes
* No 🡪 go to question 15
* Sometimes there is a text box under a question. For example:

Please enter your answer in the text box. Write clearly and in block letters.

1. **Questions about yourself**

The following questions are about you.

1. **How old are you?**

years

1. **Are you a man or a woman?**

* man
* woman

1. **What is highest level of education you have completed?**

* No education (primary education: not completed)
* Primary education (primary school, special primary education)
* Lower or pre-vocational education (such as lower vocational technical school (LTS), lower secondary vocational education in business and administration (LEAO), domestic science school (LHNO), lower secondary professional education (VMBO)
* General secondary education (such as intermediate general secondary education (MAVO), advanced elementary education ((M)ULO), upper secondary vocational education (MBO-kort), lower secondary professional education (VMBO-t)
* Upper secondary vocational education and day-time education (such as upper secondary vocational education (MBO-lang), technical secondary school (MTS), upper secondary vocational education in business and administration (MEAO, BOL, BBL, INAS)
* Higher general and pre-university education (such as higher level general secondary education (HAVO), pre-university education (VWO), Athenaeum (pre-university school modern), Gymnasium (pre-university education with Latin and/or Greek), (secondary) modern school (HBS), girls' secondary school (MMS)
* Higher professional education (such as HBO, institute of technology (HTS), higher education in business and administration (HEAO), HBO-V, bachelor of science)
* University education
* Other, i.e.:

1. **What is the country of your birth?**

* Netherlands
* Indonesia/former Dutch East Indies
* Surinam
* Morocco
* Turkey
* Germany
* (formerly) Dutch Antilles
* Aruba
* Other, i.e.:

(please write in block letters)

1. **What is the country of birth of your father?**

* Netherlands
* Indonesia/former Dutch East Indies
* Surinam
* Morocco
* Turkey
* Germany
* (formerly) Dutch Antilles
* Aruba
* Other, i.e.:

(please write in block letters)

1. **What is the country of birth of your mother?**

* Netherlands
* Indonesia/former Dutch East Indies
* Surinam
* Morocco
* Turkey
* Germany
* (formerly) Dutch Antilles
* Aruba
* Other, i.e.:

(please write in block letters)

1. **Where did you sleep during the past month? You may tick more than one box.**

* On the street
* In the night shelter/transient shelter
* With family, friends or acquaintances: temporarily
* With family, friends or acquaintances: for a longer period
* Elsewhere, for example, own independent accommodation

1. **Since when have you received shelter and assistance from this facility?**

-

Month Year

For example:

-

9

0

0

2

1

0

Month Year

1. **How would you describe your general physical health?**

* excellent
* very good
* good
* moderate
* poor

1. **How would you describe your general mental health?**

* excellent
* very good
* good
* moderate
* poor

1. **The conditions in the facility**

The following questions are about the **conditions** in the facility. Think about the **last 6 months**. Have you been receiving assistance from the **facility** for **less than** 6 months? In that case **answer** the questions **for that shorter period**.

1. **Do you have privacy in the facility?**

* never
* sometimes
* often
* always

1. **Is the atmosphere pleasant?**

* never
* sometimes
* often
* always

1. **Are the house rules clear?**

* never
* sometimes
* often
* always

1. **Is it clean in the facility?**

* never
* sometimes
* often
* always

1. **Is the food you receive in the facility good?**

* never
* sometimes
* often
* always
* not applicable

1. **Are you safe in the facility?**

* never
* sometimes
* often
* always

1. **Sometimes there are difficult situations in the facility. Because someone causes a nuisance, for example. Do the employees do something when that happens?**

* never
* sometimes
* often
* always
* not applicable

1. **Sometimes there are dangerous situations in and around the facility. Because someone is threatening or aggressive, for example. Do the employees do something when that happens?**

* never
* sometimes
* often
* always
* not applicable

1. **The contact with the employee from the facility**

The following questions are about the **employee from the facility** with whom you have had the most **contact during the last six months**.

1. **Is the employee polite to you?**

* never
* sometimes
* often
* always

1. **Does the employee listen attentively to you?**

* never
* sometimes
* often
* always

1. **Does the employee have enough time for you?**

* never
* sometimes
* often
* always

1. **Does the employee take you seriously?**

* never
* sometimes
* often
* always

1. **Appropriate shelter and assistance from the facility**

The following questions are about **all shelter and assistance from the facility**. Think about the **last 6 months**.

1. **Can you make your own decisions about your life in the facility?**

* never
* sometimes
* often
* always

1. **Does the facility take account of what you want?**

* never
* sometimes
* often
* always

1. **Do you receive as much assistance as you need?**

* never
* sometimes
* often
* Always

1. **Do you receive assistance as quickly as you need?**

* never
* sometimes
* often
* always

1. **Can you reach employees when you need assistance?**

* never
* sometimes
* often
* always

1. **Do you receive advice about your safety?**

* never
* sometimes
* often
* always

1. **Have agreements been made about your support?**

* yes
* no

1. **Do the employees discuss with you whether the shelter and assistance is still suitable?**

* never
* sometimes
* often
* always

1. **Do you receive the information you need?**

* never
* sometimes
* often
* always

1. **Do you receive information at the right moment?**

* never
* sometimes
* often
* always

1. **Do the employees explain things to you in an understandable manner?**

* never
* sometimes
* often
* always

1. **Do you know what you can do if you have a complaint about the facility or an employee?**

* yes
* no

1. **Is all the assistance you receive coordinated?**

* never
* sometimes
* often
* always

1. **Children**

The following questions are about **children**. Think about the **last 6 months**.

1. **Do you have any children? And if so, are your children with you in this facility?**

* no, I have no children 🡪 **go to question 42**
* yes, but my children are not with me in this facility 🡪 **go to question 42**
* yes, all my children are with me in this facility
* yes, a number of my children are with me in this facility

1. **Have any agreements been made with you about the supervision of your children?**

* yes
* no

1. **Do your children receive as much assistance as they need?**

* never
* sometimes
* often
* always

1. **Are your children safe in the facility?**

* never
* sometimes
* often
* always

1. **Do you receive advice about raising your children?**

* never
* sometimes
* often
* always

1. **Are there any play activities for your children that are suited to their age?**

* never
* sometimes
* often
* always

1. **Result of the assistance from the facility and from other agencies**

The following questions are about the result of the **assistance that you have had from the facility and from other agencies**. Examples of other agencies are a **mental healthcare institution** or **legal advice centre**. Think about the **last 6 months**.

1. **Are you getting better as a result of the assistance?**

* never
* sometimes
* often
* always

1. **Can you do things that are important to you better as a result of the assistance?**

* never
* sometimes
* often
* always

1. **As a result of the assistance, are you better able to deal with people and situations that you previously had problems with?**

* never
* sometimes
* often
* always

1. **As a result of the assistance, are you able to make better decisions about your life?**

* never
* sometimes
* often
* always

1. **As a result of the assistance, do you have more hope for the future?**

* never
* sometimes
* often
* always

1. **Do you receive assistance from other agencies?**

* yes
* no

1. **Overall opinion about this facility**

The following question is about what you think about the **facility**. Think about the **last 6 months**.

1. **How do you rate this facility? A 0 means: really poor. A 10 means: excellent.**

* *0 really poor facility*
* *1*
* *2*
* *3*
* *4*
* *5*
* *6*
* *7*
* *8*
* *9*
* *10 excellent facility*

1. **Final questions**
2. **Has someone helped you to fill in this questionnaire?**

**You may tick more than one box.**

* No 🡪 **go to question 51**
* Yes, a researcher
* Yes, an employee from the facility
* Yes, an interpreter
* Yes, someone else, i.e.:

(please write in block letters)

1. **How has this person assisted you? You may tick more than one box.**

* Read the questions out loud
* Wrote down my answers
* Answered the questions for me
* Translated the questions into my language
* Has helped in another way, i.e.:

1. **How can the shelter and assistance by the facility be improved?**

(please write in block letters)

1. **When did you fill in the questionnaire?**

-

Month Year

For example:

-

9

0

0

2

1

0

Month Year

(please write in block letter)**What should you do with the completed questionnaire?**

* Is the researcher present? In that case, give the questionnaire back to the researcher.
* Is the researcher not present? Do this:
  + Ask your counsellor for a reply envelope.
  + Put the questionnaire in the reply envelope and seal it.
  + Give the envelope to your counsellor. He/she will ensure that the envelope is received by the researchers.

**Thank you for completing the questionnaire!**