

Survey: Understanding Women's Homelessness in San Francisco

All responses will remain anonymous.
This survey is confidential and voluntary.



Opening Question

1. Do you identify as a woman, female, or feminine spirited?

2. How do you identify?
 - Cis woman
 - Trans woman
 - Non-binary
 - Feminine spirited
 - Other

Section 1: Demographics

1. What is your age?
 - 18–24
 - 25–40
 - 41–60
 - 61+

2. What is your race/ethnicity?

3. Are you currently parenting or caregiving to any minor children?
 Yes No # _____

4. Do you have any children under the age of 18 who are not currently in your care?
 Yes No # _____

5. Is housing a barrier to getting your children back?
 Yes No Not sure

6. Are you a veteran?
 Yes No

7. Are you disabled?
 Yes No Not sure

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Section 2: Housing History

If the survey is being given during street outreach, ask if they are unhoused first.

1. In the past 30 days, which of the following places did you stay at most often?
 Street Shelter Transitional housing Jail/prison
 With a friend or family member A place where you are on the lease
 Other (please specify)

2. Have you been assessed for housing through a coordinated entry system in the last five years?
 Yes No Not sure

3. If yes, was it in the last six months?
 Yes No Not sure

4. If yes, which system were you assessed with?
 Survivor Adult Family TAY Not sure

5. If yes, was the assessment within the last 6 months?
 Yes No

6. If yes, were you offered housing?
 Yes No

7. If yes, did you move into that housing?
 Yes No

8. Have you been homeless before?
 Yes No

9. Have you accessed shelter in the past and did you feel safe to stay there?
 Yes No Not sure

10. If no, what would make you feel safer to stay in a shelter?

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11. Have you ever felt like you were treated unfairly at a shelter?

Yes No Not sure

12. Have you ever termed out of shelter or transitional housing before you were ready?

13. Have you been homeless for more than a year, or at least on four separate occasions in the last 3 years?

14. How long have you been currently experiencing homelessness?

Section 3: Causes of Homelessness

1. Name any of the reasons that have ever caused you to be unhoused. *(Check all that apply)*

- Domestic violence
- Sexual assault / sex trafficking / human trafficking
- Divorce
- Job loss
- Incarceration
- Mental health challenges
- Physical health challenges
- Couldn't afford rent
- Substance use
- Discrimination (gender, race, etc.)
- Eviction
- Family conflict
- Other

Please describe:

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2. Have you ever had any of these experiences? (Check all that apply)

- Domestic violence
- Sexual assault / sex trafficking / human trafficking
- Divorce
- Job loss
- Incarceration
- Mental health challenges
- Physical health challenges
- Couldn't afford rent
- Substance use
- Discrimination (gender, race, etc.)
- Eviction
- Family conflict
- Other

Please describe:

Section 4: Experiences During Homelessness

1. Have you experienced violence or abuse while unhoused?

- Yes No

2. If yes, what type? (Check all that apply)

- Physical violence
- Sexual violence
- Violence in an intimate relationship
- Violence from a stranger
- Exploitation
- Sex trafficking
- Stalking/harrassment
- Emotional abuse
- Victim of a crime
- Police violence or from a security agent
- Violence in shelters
- Other

Please describe:

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3. When did the violence occur?

- Within the last 6 months
- Within the last year
- 1-3 years ago
- In your lifetime

4. Have you felt safe in shelter or transitional housing environments?

- Yes No Sometimes Never accessed shelter

Please explain:

5. In what shelter type would you feel safe? (choose all that apply)

- Family shelter
- Gender-specific (e.g. women-only)
- Co-ed
- Transgender or LGBT shelter
- Sober environment
- Shelter specifically for survivors of domestic violence

Please explain:

6. Is there anything in the current shelter system that makes you feel safe?

7. Is there anything you would change in the current shelter system to make you feel safe?

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8. Do you feel that your gender identity has affected how you are treated while homeless?
 Yes No

If yes, how?

Section 5: Barriers to Exiting Homelessness

1. What has made it difficult for you to exit homelessness? *(Check all that apply)*

- Lack of income
- No ID or documents
- Criminal record
- Safety concerns
- Inadequate shelter options
- Discrimination
- Mental health needs
- Substance use needs
- Waiting lists are too long
- Pet or support animal
- Other barriers:

2. What resources or support would help you find housing?

3. What resources or support would help you stay in housing?

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Section 6: Dream Questions

1. In five years, if we connected you to all the support needed, how do you imagine your life would improve?

2. If you could create your home in any way you wanted—without limits—what would it look, feel, and be like? What would surround you, who would be there with you, and what kind of life would you imagine inside it?