Heat Relief Network Client Survey

Your participation is voluntary and the information you provide is anonymous. There is no form of personal identification being asked. Your feedback will help us understand where improvements to the Heat Relief Network can be made and how we can increase awareness of heat relief efforts throughout the region.

How did you hear about this hydration station? (check all that apply)
- Visibility (sign, location, etc.)
- Referral from friend
- Referral from Heat Relief Network partner
- Referral from local organization (church, community center)
- Announcement by a public official (medical, police, fire, EMS)
- Media (Television, radio, newspaper)
- Internet
- E-mail
- Paper map
- Online interactive map
- Previously visited the center
- Other (please describe)

What is the main reason you came here today?
- For water or snacks
- For shelter or toiletries (lip balm, sunblock, etc.)
- Respite from the heat
- Other (please explain)

What was the biggest obstacle you faced in seeking help from the Heat Relief Network?
- Lack of transportation
- Don’t know where to go or who to contact
- Don’t have phone or internet to access interactive map
- Limited mobility or other impairment
- Limited service areas
- Language barriers
- Other (please describe)
Have you been to this location multiple times this summer?
☐ No, first time here
☐ Yes, twice
☐ Yes, three or more times

How did you get to this location?
☐ Walk
☐ Bike
☐ Public Transportation (bus, light rail)
☐ Personal Vehicle
☐ Agency pickup (Dial-A-Ride, shuttle, Uber, Lyft, etc.)

How far did you have to travel to get here?
☐ A few blocks (less than a mile)
☐ 1-2 miles
☐ 3-4 miles
☐ Over 5 miles

Do you have any pets with you?
☐ Yes
☐ No

What is your age range?
☐ Under 18
☐ 18-24
☐ 25-61
☐ 62 or above

How can the Hear Relief Network be improved?

Additional feedback: