This Survey Template is designed to mirror the base "Unsheltered Survey" within the Counting Us app with the sleeping location question removed. The questions are color coded as noted below.
RED FONT = HUD required questions that are needed in order to produce the HUD Point in Time report.
GREEN FONT = Optional questions used to derive a multiplier for communities that chose the option to include the Vehicle and Makeshift Shelters survey in contract section 2.5.
BLUE FONT = This question is required for communities that chose to include the Miracle Messages Family Reunification survey in contract section 2.10.
PURPLE FONT = These are commonly asked research questions that can be removed without impacting any reporting or conditional logic.
BLACK FONT = Supporting questions designed to help improve the integrity of the data.
YELLOW FONT = Community custom questions.

Introduction & Screener

*** Hello, my name is _____ and I'm a surveyor for the point-in-time count. We are conducting a survey to better understand homelessness in our community and improve programs. If you participate, your responses will be kept confidential. You can choose to skip any question, and your answers will not affect your eligibility for any compensation or services. I need to read each question all the way through. Can I have about 10 minutes of your time? ***

1. Have you already been interviewed today for the Point in Time Count? ***Note: If Yes --- STOP***	❑ Yes ❑ No
2. What is your name?	First Name (or Initial): _____ Last Name (or Initial): _____ ❑ Person prefers not to answer
a. If hesitant, ask "What are your initials?"	**Text box**

Demographic Questions

3. What is your gender? (select all that apply)	❑ Woman ❑ Man ❑ Culturally Specific Identity (e.g., Two-Spirit) ❑ Transgender ❑ Non-Binary ❑ Questioning ❑ Different Identity ❑ Person doesn't know ❑ Person prefers not to answer
a. If Different Identity, please specify	**Text box**
4. What is your sex?	❑ Female ❑ Male ❑ Person doesn't know ❑ Person prefers not to answer
5. What is your date of birth?	(mm/dd/yyyy) ___/ ___ /_____
a. If refused to answer date of birth, ask "How old are you?"	**Numeric Box**

b. If refused to answer age, "What age range do you fall into?"	❑ <5 ❑ 5-12 ❑ 13-17 ❑ 18-24 ❑ 25-34 ❑ 35-44 ❑ 45-54 ❑ 55-64 ❑ 65+
6. What is your race? (select all that apply)	❑ American Indian, Alaska Native, or Indigenous (Specify Tribe (optional): _____) ❑ Asian or Asian American ❑ Black, African American, or African ❑ Hispanic/Latina/o ❑ Middle Eastern or North African ❑ Native Hawaiian or Pacific Islander ❑ White ❑ Other: _____ ❑ Person doesn't know ❑ Person prefers not to answer
7. Which of these options best describes your sexual orientation?	❑ Lesbian ❑ Gay ❑ Bisexual ❑ Queer ❑ Straight ❑ Other Identity: _____ ❑ Person doesn't know ❑ Person prefers not to answer
8. Is this the first time you have been homeless?	❑ Yes ❑ No ❑ Person Doesn't Know ❑ Person prefers not to answer
9. How long have you been homeless this time? Only include time you spent staying in shelters and/or on the streets.	❑ 0 to 3 months ❑ 4 to 6 months ❑ 7 to 11 months ❑ 12 to 23 months ❑ 24 to 35 months ❑ 36 months or more
10. How many months did you stay in shelters or on the streets over the past 3 years?	❑ 0 to 3 months ❑ 4 to 6 months ❑ 7 to 11 months ❑ 12 to 23 months ❑ 24 to 35 months ❑ 36 months or more
11. How many separate times in the past 3 years have lived in a shelter, on the streets, or in a car?	❑ Fewer than 4 times ❑ 4 or more times ❑ Person doesn't know ❑ Person prefers not to answer
12. How long in months have you been in this community?	❑ 0 to 3 months ❑ 4 to 6 months ❑ 7 to 11 months ❑ 12 to 23 months ❑ 24 to 35 months ❑ 36 months or more
13. Do you remember the address where you were living when you became homeless this time?	❑ Yes ❑ No ❑ Person Doesn't Know ❑ Person prefers not to answer
a. If yes	**Street:** _____ **City:** _____ **State:** _____ **Zip:** _____

Sensitive Questions - (Skip for individuals under 18)

***Next, I'm going to read you a list of "yes-no" questions about different situations you may be facing. The information you choose to share on these next questions will help our community better understand the specific services and resources that people in our community need.**
Again, this survey is confidential, and your answers will not affect your eligibility for services or programs. And we can skip any question you don't feel comfortable answering. *

14. Do you have a Substance Use Disorder?	❑ No ❑ Alcohol use disorder ❑ Drug use disorder ❑ Both Alcohol and Drug use disorders ❑ Person Doesn't Know ❑ Person prefers not to answer
a. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?	❑ Yes ❑ No ❑ Person Doesn't Know ❑ Person prefers not to answer
15. Do you have a Chronic Health Condition?	❑ Yes ❑ No ❑ Person Doesn't Know ❑ Person prefers not to answer
a. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?	❑ Yes ❑ No ❑ Person Doesn't Know ❑ Person prefers not to answer
16. Do you have a Mental Health Disorder?	❑ Yes ❑ No ❑ Person Doesn't Know ❑ Person prefers not to answer
a. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?	❑ Yes ❑ No ❑ Person Doesn't Know ❑ Person prefers not to answer
17. Do you have a Physical Disability?	❑ Yes ❑ No ❑ Person Doesn't Know ❑ Person prefers not to answer
a. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?	❑ Yes ❑ No ❑ Person Doesn't Know ❑ Person prefers not to answer
18. Do you have a Developmental Disability?	❑ Yes ❑ No ❑ Person Doesn't Know ❑ Person prefers not to answer
19. Do you receive disability benefits?	❑ Yes ❑ No ❑ Person Doesn't Know ❑ Person prefers not to answer
20. Are you living with HIV or AIDS?	❑ Yes ❑ No ❑ Person Doesn't Know ❑ Person prefers not to answer
21. Are you currently experiencing homelessness due to fleeing domestic violence?	❑ Yes ❑ No ❑ Person Doesn't Know ❑ Person prefers not to answer

22. Before age 18, were you ever placed in a foster home or a group home?	❑ Yes ❑ No ❑ Person Doesn't Know ❑ Person prefers not to answer
23. Are you a veteran? *(served in the US Armed Forces OR been called into duty as a member of the National Guard or as a Reservist)*	❑ Yes ❑ No ❑ Person Doesn't Know ❑ Person prefers not to answer

Final Questions

These are the last few questions

24. Notes	**Text box**

***Those are all the questions I have for you. We realize that some of the topics covered are personal and can be difficult to think and talk about. We appreciate your willingness to participate tonight. Thank you for taking the survey! ***