Introduction

*** 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 completed a youth count survey this week?	❑ Yes ❑ No
Thank you for your time, we only need to survey each person once. NOTE TO SURVEYOR - click BACK in top left corner. Do not continue with the survey.	

Screener

2. What is your first name? (If hesitant, ask for initial)	Text box
3. *What is your last name? (If hesitant, ask for initial)*	Text box
4. 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?"	Numeric box
If under 25	**Thank you for your time, we only need to survey people under the age of 25. NOT TO SURVEYOR - click BACK in the top left corner. Do not continue with survey.**
5. Where did you sleep the night of the count?	❑ Abandoned building ❑ Bus; train station; or airport ❑ Outdoor encampment ❑ Park ❑ Street or sidewalk ❑ Under bridge/overpass ❑ Transitional housing ❑ Hotel/motel paid for by an agency ❑ Hotel/motel paid with own money ❑ In a place they're being evicted from

	❑ Vehicle/boat/RV ❑ Emergency shelter ❑ Hospital ❑ Treatment program ❑ Jail ❑ Foster or group home	❑ With friends or family (couch surfing) ❑ With stranger or acquaintance (couch surfing) ❑ House or apartment (rent/own) ❑ Other (specify)
If not meeting definition of literally homeless	Thank you for your time, I don't have any more questions for you.	

Demographic Questions

6. Are you pregnant or a parent?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
a. *(If Yes to Parenting): Do you generally have your child(ren) with you on a daily basis?*	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
7. 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: _____ (if other, specify) ❑ Client doesn't know ❑ Client prefers not to answer ❑ Data not collected
8. What is your gender? (select all that apply)	❑ Woman (Girl; if child) ❑ Man (Boy; if child) ❑ Culturally Specific Identity (e.g., Two-Spirit) ❑ Transgender ❑ Non-Binary	❑ Questioning ❑ Different Identity (___ specify) ❑ Client doesn't know ❑ Client prefers not to answer

9. Which of these options best describes your sexual orientation?	❑ Lesbian ❑ Bisexual ❑ Gay ❑ Queer	❑ Straight ❑ Other (___ specify) ❑ Person doesn't know ❑ Person prefers not to answer
10. Have you ever been in foster care/DCF custody?	❑ Yes ❑ No	❑ Person doesn't know ❑ Person prefers not to answer
a. If yes, how many years?	❑ Less than one year ❑ 1 to 2 years	❑ 3 to 5 years ❑ 5+ years
b. If yes: Are you still in Foster Care/DCF custody?	❑ Yes ❑ No	❑ Don't Know ❑ Refused
c. If no: What age did you leave?	Text box	
11. Have you ever been in juvenile detention, jail, or prison?	❑ Yes ❑ No	❑ Doesn't know ❑ Prefers not to answer
a. If yes, how long?	❑ Less than 1 month ❑ More than 1 month; less than 6 months ❑ More than 6 months; less than a year ❑ 1-2 years	❑ 3-5 years ❑ 5+ years ❑ Doesn't know ❑ Prefers not to answer
b. If yes, are you currently on probation or parole?	❑ Yes ❑ No	❑ Doesn't know ❑ Prefers not to answer
12. Have you ever served in the U.S. military?	❑ Yes ❑ No	❑ Doesn't know ❑ Prefers not to answer

Sensitive Questions

***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. *

13. Has anyone ever encouraged/pressured/forced you to	❑ Yes	❑ Doesn't know

exchange sexual acts for money, drugs, food, place to stay, clothing or protection?	❑ No	❑ Prefers not to answer
a. If yes, are you currently in a situation like this?	❑ Yes ❑ No	❑ Doesn't know ❑ Prefers not to answer
14. Do you have any substance use issues?	❑ No ❑ Alcohol Use Disorder ❑ Drug Use Disorder	❑ Both Alcohol and Drug Use Disorders ❑ Client doesn't know ❑ Client 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	❑ Doesn't know ❑ Prefers not to answer
15. Do you have a chronic health condition?	❑ Yes ❑ No	❑ Doesn't know ❑ 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	❑ Doesn't know ❑ Prefers not to answer
16. Do you have any mental health issues or disorders?	❑ Yes ❑ No	❑ Doesn't know ❑ 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	❑ Doesn't know ❑ Prefers not to answer
17. Do you have a physical disability?	❑ Yes ❑ No	❑ Doesn't know ❑ 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	❑ Doesn't know ❑ Prefers not to answer
18. Do you have a developmental disability?	❑ Yes ❑ No	❑ Doesn't know ❑ Prefers not to answer
19. Have you ever been told you might be HIV positive or have AIDS?	❑ Yes ❑ No	❑ Doesn't know ❑ Prefers not to answer
20. Are you a survivor of domestic abuse or violence?	❑ Yes ❑ No	❑ Doesn't know ❑ Prefers not to answer
a. If yes, are you currently fleeing?	❑ Yes ❑ No	❑ Doesn't know ❑ Prefers not to answer

Homeless History		
21. Is this the first time you have been homeless?	❑ Yes ❑ No	❑ Doesn't know ❑ Prefers not to answer
22. 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
23. 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
24. How many separate times in the past 3 years have you lived in a shelter, on the streets, or in a car?	❑ Fewer than 4 times ❑ 4 or more times	❑ Doesn't know ❑ Prefers not to answer
25. 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