

This Survey Template is designed to mirror the base “Unsheltered Survey” within the Counting Us app. 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 volunteer for local outreach. 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, and the information will not be shared with anyone outside of our team. I need to read each question all the way through. Can I have about 10 minutes of your time? \*

<p>1. Have you already been interviewed today for the Point in Time Count?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes --- STOP)</p>
<p>2. <b>Where are you sleeping on the night of the Count? (If an option in bold is selected, continue with the survey)</b></p>	<p><input type="checkbox"/> Abandoned building      <input type="checkbox"/> Under a bridge / overpass  <input type="checkbox"/> Jail      <input type="checkbox"/> Bus/ Train station  <input type="checkbox"/> <b>Vehicle / Boat / RV</b>      <input type="checkbox"/> Motel/Hotel paid for w/ own \$  <input type="checkbox"/> <b>Motel/Hotel paid for by agency</b>  <input type="checkbox"/> Emergency shelter      <input type="checkbox"/> Transitional housing  <input type="checkbox"/> <b>Outdoor encampment</b>      <input type="checkbox"/> House or apt – rent/own  <input type="checkbox"/> Treatment program      <input type="checkbox"/> <b>Park</b>  <input type="checkbox"/> Hospital      <input type="checkbox"/> <b>Street or Sidewalk</b>  <input type="checkbox"/> w/ friend or family (couch surfing)  <input type="checkbox"/> In a place being evicted from  <input type="checkbox"/> <b>Other:</b> _____</p>
<p>a. <b>What type of vehicle or structure are you sleeping in?</b></p>	<p><input type="checkbox"/> Car      <input type="checkbox"/> Boat      <input type="checkbox"/> Abandoned Building  <input type="checkbox"/> RV      <input type="checkbox"/> Tent      <input type="checkbox"/> Van  <input type="checkbox"/> Makeshift Shelter      <input type="checkbox"/> Other</p>
<p>b. <b>Please provide details on the condition of the RV:</b></p>	<p><input type="checkbox"/> Disrepair    <input type="checkbox"/> No access to sewer, water, or electricity  <input type="checkbox"/> Parked in an unusual place    <input type="checkbox"/> Habitable</p>
<p>c. <b>Including yourself, how many people are sleeping in this vehicle or structure?</b></p>	<p><b>Numeric box</b></p>

3. What is your name?	First Name (or Initial): _____ Last Name (or Initial): _____ <input type="checkbox"/> Person prefers not to answer
a. If hesitant, ask “What are your initials?”	Text box

### Demographic Questions

4. What is your gender? (select all that apply)	<input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity <input type="checkbox"/> Person doesn't know <input type="checkbox"/> Person prefers not to answer
a. If Different Identity, please specify	Text box
5. What is your date of birth?	(mm/dd/yyyy) ___/___/_____ <input type="checkbox"/> Person doesn't know <input type="checkbox"/> Person prefers not to answer
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?”	<input type="checkbox"/> <5 <input type="checkbox"/> 5-12 <input type="checkbox"/> 13-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+
6. What is your race? (select all that apply)	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous (Specify Tribe (optional): _____) <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Person doesn't know <input type="checkbox"/> Person prefers not to answer
7. Which of these options best describes your sexual orientation?	<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Queer <input type="checkbox"/> Straight <input type="checkbox"/> Other Identity: _____ <input type="checkbox"/> Person doesn't know <input type="checkbox"/> Person prefers not to answer
8. Is this the first time you have been homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
9. How long have you been homeless <u>this time</u> ? Only include time you spent staying in shelters and/or on the streets.	<input type="checkbox"/> 0 to 3 months <input type="checkbox"/> 4 to 6 months <input type="checkbox"/> 7 to 11 months <input type="checkbox"/> 12 to 23 months <input type="checkbox"/> 24 to 35 months <input type="checkbox"/> 36 months or more
10. How many months did you stay in shelters or on the streets over the past 3 years?	<input type="checkbox"/> 0 to 3 months <input type="checkbox"/> 4 to 6 months <input type="checkbox"/> 7 to 11 months <input type="checkbox"/> 12 to 23 months <input type="checkbox"/> 24 to 35 months <input type="checkbox"/> 36 months or more

<p><b>11. How many separate times in the past 3 years have lived in a shelter, on the streets, or in a car?</b></p>	<p><input type="checkbox"/> Fewer than 4 times                      <input type="checkbox"/> 4 or more times  <input type="checkbox"/> Person doesn't know                      <input type="checkbox"/> Person prefers not to answer</p>
<p><b>12. How long in months have you been in this community?</b></p>	<p><input type="checkbox"/> 0 to 3 months   <input type="checkbox"/> 4 to 6 months   <input type="checkbox"/> 7 to 11 months   <input type="checkbox"/> 12 to 23 months  <input type="checkbox"/> 24 to 35 months   <input type="checkbox"/> 36 months or more</p>
<p><b>13. Do you remember the address where you were living when you became homeless this time?</b></p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No  <input type="checkbox"/> Person Doesn't Know  <input type="checkbox"/> Person prefers not to answer</p>
<p><b>a. If yes</b></p>	<p><b>Street:</b> _____                      <b>City:</b> _____  <b>State:</b> _____                      <b>Zip:</b> _____</p>

**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. \*

<p><b>14. Do you have a Substance Use Disorder?</b></p>	<p><input type="checkbox"/> No   <input type="checkbox"/> Alcohol use disorder   <input type="checkbox"/> Drug use disorder   <input type="checkbox"/> Both Alcohol and Drug use disorders  <input type="checkbox"/> Person Doesn't Know   <input type="checkbox"/> Person prefers not to answer</p>
<p><b>a. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?</b></p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No  <input type="checkbox"/> Person Doesn't Know  <input type="checkbox"/> Person prefers not to answer</p>
<p><b>15. Do you have a Chronic Health Condition?</b></p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No  <input type="checkbox"/> Person Doesn't Know  <input type="checkbox"/> Person prefers not to answer</p>
<p><b>a. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?</b></p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No  <input type="checkbox"/> Person Doesn't Know  <input type="checkbox"/> Person prefers not to answer</p>
<p><b>16. Do you have a Mental Health Disorder?</b></p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No  <input type="checkbox"/> Person Doesn't Know  <input type="checkbox"/> Person prefers not to answer</p>
<p><b>a. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?</b></p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No  <input type="checkbox"/> Person Doesn't Know  <input type="checkbox"/> Person prefers not to answer</p>

17. Do you have a Physical Disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
18. Do you have a Developmental Disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
19. Do you receive disability benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
20. Are you living with HIV or AIDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
21. Are you a survivor of domestic violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
22. Before age 18, were you ever placed in a foster home or a group home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer

**Final Questions**

These are the last few questions

24. Do you have any friends or family you'd like to reconnect with, even if you do not currently know how to reach them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer  (If the response is "Yes," please complete the <i>Reunification Survey</i> after completing this survey.)
25. 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! \*