



Point-in-Time Homeless Count & Survey

Survey Instructions: Unsheltered Count Form for Night of the Count

PLEASE REMEMBER:

When encountering an individual for enumeration, share and/or keep in mind the following points:

1. Be polite and ask if you can have 10 minutes of their time;
2. Inform individuals that we are conducting a count and simple survey of people who are homeless;
3. Their participation will help provide better programs and services for people who are homeless;
4. Their participation is **completely anonymous and confidential**;
5. You are not asking for their name, social security number, or any personal information that can be linked to the participant.
6. If an individual does not wish to speak to you, thank them and complete an observation form.

PLEASE NOTE:

1. One form should be used for each location where homeless persons are counted;
2. Each enumerator needs to fill out the top of each homeless count survey form before collecting data.

Who Will Be Counted

Individuals who, on the night of the point-in-time (PIT) count, meet the following definition of homelessness described by the U.S. Department of Housing and Urban Development (HUD):

Unsheltered homeless: Individuals and families *“with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground”* on the night designated for the count.

Special Notes:

- Questions 1 through 13 should be captured for all members of a household. Where possible, these survey questions should only be administered to individuals 18 years or older, and adults may provide responses on behalf of other members of the household who are under 18 years old. However, where an adult is not present, the survey questions should be administered to all persons who are under 18 years old (e.g., unaccompanied children).
- For the purposes of completing HUD’s PIT reporting requirements, Questions 14 through 19 should be captured only for all adult members of a household.

How to Complete the Homeless Count and Survey

- INSTRUCTIONS will appear in ALL [CAPS]
- Read carefully all the words written on the form
- Read response categories to respondents unless instructed otherwise. DO NOT READ the “DK/REF” (respondent doesn’t know or refused to answer) categories.
- Check boxes **CLEARLY**
 - Yes No
- If you ask the respondent a question, make sure that you do not leave fields blank. Where appropriate, check one of the don’t know or refused boxes
 - DK = Don’t Know (respondent doesn’t know)
 - REF = Refused (respondent refused to answer)
- The form is designed to collect information about multiple people in a household—up to 5 people per household. If more than 5 people appear to be staying together as a household, **use a second form** and securely affix the forms together.

Top of the Page	
Program/Location:	Write down the program name and its address (street number, street name, and city).
County:	Write down the county where you are conducting the count.
Interviewer:	Please write your first and last name.
Date:	Write the date you are conducting the count.
Time:	Indicate the time you are conducting the count, circling AM or PM as appropriate.

The **GOAL** of questions 1 through 2 is to gain cooperation, confirm the person is unsheltered, and to prevent surveying the same person twice.

Question 1: Where are you sleeping tonight?

An answer choice from the **left** side of the box (1 – 8) will continue on to the next question.

Do not leave this question blank.

Question 2: Did another volunteer or survey worker already ask you these same questions about where you are staying tonight?

The purpose of this question is to reduce the chance that someone gets double counted because another PIT volunteer interviewed them already.

If someone gives an answer choice of “Yes,” please end the interview and do not continue.

The **GOAL** of questions 3 through 6a is to determine the individuals (adults/children) who stayed together the night of the count, their relationship, and their homeless status on the night of the count. These questions are necessary to establish who to include in the household.

Question 3: Including yourself, how many adults and children are there in your household, who are sleeping in the same location with you tonight?

Only interested in the household members who are staying with the respondent **TONIGHT**.

Do not leave this column blank.

Questions 4 through 19

➤ Each column in the table represents a **separate person** staying together in a household.

Question 4a through 4e: What are your initials?

4a: Person 1: Ask the first respondent who represents each household for his/her initials and write them in the first column.
4b-4e: Ask the respondent for the initials of the household members who stayed with them **on the night of the count**. LIST IN ORDER OF AGE: OLDEST TO YOUNGEST **BE SURE TO WRITE CLEARLY AND USE ALL CAPITAL LETTERS.**

<p>Question 5: How is [FILL INITIALS] related to you/Person 1?</p>	<p>The first person in column 1 should be the main respondent you are talking to. The most common answers are listed for you. If a respondent indicates a relationship best described as “Other, non-family,” specify the relationship in the space provided.</p>
<p>Question 6: Just to confirm, are you staying with [FILL INITIALS OF PERSON 1] here, in this location, tonight?</p>	<p>You do not need to ask this to the first person in column 1 who is the main respondent.</p> <p>If the person answers No, ask Question 6a to determine where they will stay tonight.</p>
<p>Question 6a: Where are you staying tonight?</p>	<p>You do not need to ask this to the first person in column 1 who is the main respondent. Read the categories listed under Question 1.</p> <p>This should only be asked if the person answers “No” to Question 6.</p>
<p>The GOAL of questions 7 through 13 is to gather demographic information about homeless people.</p>	
<p>Question 7: How old are you/is [FILL INITIALS]?</p>	<p>Write the response in the column for each person. Refer to each person by the initials in the appropriate column.</p> <p>If they are hesitant to give their age, ask Question 7a to find out their age range instead of exact age.</p>
<p>Question 7a: Are you...?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Under 18 <input type="checkbox"/> 18 – 24 <input type="checkbox"/> 25+ <input type="checkbox"/> DK/REF (Do not read) 	<p>Ask this question only if they are hesitant to give their age in Question 7.</p>
<p>Question 8: Are you male, female or transgender?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgendered 	<p>[Read CATEGORIES] If answer “Transgendered”, ask whether transgendered Male to Female or Female to Male.</p> <p><i>Do not leave this question blank.</i></p>

<p>Question 9: Are you Hispanic or Latino?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF 	<p><i>For purposes of this survey, the terms “Spanish,” “Hispanic,” and “Latino” are used interchangeably. Some respondents identify with all three terms, while others may identify with only one. In any case, for this survey, all three terms have the same meaning. In other words:</i></p> <p><i>Spanish = Hispanic = Latino</i></p>
<p>Question 10: What is your race? You can select one or more races.</p> <ul style="list-style-type: none"> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Please specify _____ (DO NOT READ) <input type="checkbox"/> DK/REF 	<p>Read all categories except “Please specify.”</p> <p>When you ask the race question, you are not looking for the color of a person’s skin.</p> <p>You are looking for the racial group or groups with which the person most closely identifies.</p> <p>Respondents can be more than one race, check each race mentioned.</p> <p>If respondent reports something not on the list, record the answer in the “Please specify” space provided.</p>
<p>Question 11: Have you ever served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)?</p>	<p>Only check YES if the person served for the United States and not if they served for another country.</p> <p>If Yes, skip to Question 13. If No, ask question 12.</p>
<p>Question 12: Were you ever called into active duty as a member for the National Guard or as a Reservist?</p>	<p>Do not ask if Question 11 = Yes.</p>
<p>Question 13: Have you ever received health care or benefits from a Veterans Administration medical center?</p>	<p><i>Do not leave this question blank.</i></p>

The GOAL of questions 14 through 16a is to establish whether the person is chronically homeless.

To be considered chronically homeless, a person must be: living in a place not meant for human habitation, a safe haven, or in an emergency shelter; and have been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last three years; and can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.

Ask these questions only to **all adult** respondents.

<p>Question 14: Is this the first time you have been homeless?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF</p>	<p><i>Do not leave this question blank.</i></p>
<p>Question 15: How long have you been homeless <u>this time</u>? Only include time spent staying in shelters and/or on the streets.</p> <p>___ Days ___ Weeks ___ Months ___ Years ___ DK/REF</p>	<p>If the respondent mentions this is their first time being homeless, do not ask question 16 and skip to question 17.</p> <p><i>Do not leave this question blank. YOU MAY FILL IN MORE THAN ONE category if the respondent gives you the information. For example “One year, and three months,” write the number “1” before “Years” and “3” in the space before “Months.”</i></p>
<p>Question 16: Including this time, how many separate times have you stayed in shelters or on the streets in the <u>past 3 years</u> that is since [DATE, YEAR]? Was it 4 or more times or less than 4 times?</p> <p><input type="checkbox"/> Less than 4 times <input type="checkbox"/> 4 or more times <input type="checkbox"/> DK/REF</p>	<p>Do not ask this question or Question 16a if the respondent indicates that this is the first time they have been homeless. Instead skip to question 17.</p> <p>Be sure to emphasize the number of times homeless. Rephrasing with words such as “separate occasions” or “periods” will help if the respondent does not understand.</p> <p>[DATE/YEAR] should be three years prior to the date and year you are conducting the count.</p>

Question 16a: In total, how long did you stay in shelters or on the streets for those [NUMBER FROM Q16] times?

- Days
- Weeks
- Months
- Years
- DK/REF

This question asks for the **total length of time** the person was homeless on the occasions listed in question 16. Help the respondent to come up with a total length of time s/he was homeless over the different periods of homelessness identified in Question 16. *Use more than one category if necessary (for example, if a respondent says "One year, and three months," write the number "1" before "Years" and "3" in the space before "Months."*

The GOAL of questions 17 through 21 is to compile a cross-section of information that identifies sub-populations that (HUD) requires all Continuum of Care communities to identify.

Answers to questions in this section are designed to be **self-reported** and do not call for your personal evaluation or interpretation. While the objective is to get a response to every question, the respondents may choose not to reply to any particular question or the entire set of questions. Ask the respondent each of the following questions as written on the survey instrument and CHECK the box "YES/NO" or "DK/Ref" based on their response. Remind them that their answers are **completely anonymous and confidential**.

Ask these questions only to **all adult** respondents.

Question 17: Please tell me whether any of these situations are true for you. [All yes/no questions]

<p>a. Do you/Does Person [2-5] drink alcohol?</p>	<p><i>Do not leave this question blank.</i></p>
<p>b. Do you/Does Person [2-5] use illegal drugs? This includes prescription drugs that were not prescribed for you.</p>	<p><i>Do not leave this question blank.</i></p>
<p>c. Do you/Does Person [2-5] have any ongoing health problems or medical conditions such as diabetes, cancer, heart disease?</p>	<p>An ongoing or chronic health or medical condition can include other conditions than those included in the question. The examples are provided to assist the respondent if they are not sure of what "ongoing health problems or medical conditions" are and the list is not meant to be exhaustive.</p> <p>A respondent may volunteer another type of condition. If so, select "Yes."</p>

<p>d. Do you/Does Person [2-5] have Post-Traumatic Stress Disorder or PTSD? [IF NECESSARY: a condition that can occur in people who have seen or had life-threatening events such as natural disasters, serious accidents, war, or personal violence. It may cause feelings of detachment.]</p>	<p>If the respondent does not understand what PTSD is, read the “IF NECESSARY” statement in the brackets.</p> <p>Try to read the cues from the respondents that indicate they do not understand. If they answer too quickly, read the statement.</p>
<p>e. Do you/Does Person [2-5] have psychiatric or emotional conditions such as depression or schizophrenia?</p>	<p>The examples are provided to assist the respondent if they are not sure of what “psychiatric or emotional conditions” means, and the list is not exhaustive.</p>
<p>f. Do you/Does Person [2-5] have a physical disability?</p>	<p><i>Do not leave this question blank.</i></p>
<p>g. Have you/Has Person [2-5] ever had a traumatic injury to your/their brain from a bump, blow, or wound to the head?</p>	<p><i>Do not leave this question blank.</i></p>
<p>h. [IF ONE OR MORE ANSWERS FROM A TO G =YES, THEN ASK H. IF PERSON HAS NONE OF THESE HEALTH ISSUES SKIP TO Q18.]</p> <p>Do any of the situations we just discussed keep you from holding a job or living in stable housing?</p>	<p>Look over all of the questions in the Q17 series. If ALL of them are NO SKIP to Question 18. If ANY questions from Q17a through Q17g are YES, ask Q17h.</p> <p>It may be helpful to remind the respondent which conditions you are talking about. For example, you may say: “You answered ‘Yes’ to drinking alcohol, using illegal drugs and having a physical disability.”</p>
<p>i. [IF H = YES, THEN ASK I. IF NOT, SKIP TO QUESTION Q17.]</p> <p>Which ones keep you from holding a job or living in stable housing?</p>	<p>If Q17h is YES, then for each situation, determine which situation(s) keeps them from holding a job or living in stable housing.</p> <p>For example, you may say: “You answered ‘Yes’ to drinking alcohol. Does this keep you from holding a job or living in stable housing? You also said ‘Yes’ to using illegal drugs. Does this keep you from holding a job or living in stable housing?” Continue asking Q17i until all applicable situations have been asked.</p>

<p>Just a few more questions ...</p> <p>Question 18: Have you/Has Person [2-5] ever received special education (or special ed.) services for more than 6 months?</p>	<p>This question refers to special education for developmental disabilities.</p>
<p>Question 19: Do you/Does Person [2-5] have AIDS or an HIV-related illness?</p>	<p><i>Do not leave this question blank.</i></p>
<p>Question 20: Do you/Does Person [2-5] receive any disability benefits such as Social Security Income, Social Security Disability Income, or Veteran's Disability Benefits?</p>	<p><i>Do not leave this question blank.</i></p>
<p>Question 21: Have you ever been physically, emotionally, or sexually abused by a relative or another person you have stayed with, such as a spouse, partner, brother or sister, or parent?</p>	<p><i>Do not leave this question blank.</i></p>
<p>Thanks for taking the survey.</p>	<p>If more adults are in the household and are present, go back to Q17 to complete the columns for persons 2-5.</p>