Unsheltered Count Form for Night of Count

Location: _____ **County:** _____
Interviewer: _____ **Date:** _____ **Time:** _____ **AM/PM**

2016-Hello, my name is _____ and I'm a volunteer for the *[NAME OF CoC]*. We are conducting a survey to count homeless people to provide better programs and services to them. Your participation is voluntary and your responses to questions 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?

☐ **Yes → [*GO TO Q1*]** ☐ **No → [*THANK RESPONDENT AND GO TO OBSERVATION TOOL*]**

1. Where are you sleeping tonight? ***[DO NOT READ CATEGORIES. SELECT ONLY ONE CATEGORY.]***	**1. Street or sidewalk** **2. Vehicle (car, van, RV, truck)** **3. Park** **4. Abandoned building** **5. Bus, train station, airport** **6. Under bridge/overpass** **7. Woods or outdoor encampment** **8. Other location (specify) →** _____ ***[GO TO Q2]***	**9. Emergency shelter** **10. Transitional housing** **11. Motel/hotel** **12. House or apartment** **13. Jail, hospital, treatment program** ***[SKIP TO Q20]***
2. Did another volunteer or survey worker already ask you these same questions about where you are staying tonight?	☐ **Yes** ☐ **No** ☐ **DK/REF**	
3. Including yourself, how many adults and children are there in your household, <u>who are sleeping in the same location with you tonight?</u>	_____ **Adults (Age 18 and older)** _____ **Children (Age 17 and younger)**	

	4a. Person 1	4b. Person 2	4c. Person 3	4d. Person 4	4e. Person 5
4a. What are your initials? (PERSON 1) ***[IF RESPONDENT SAYS DON'T KNOW OR REFUSED, WRITE OUT "DON'T KNOW" OR "REFUSED"]***					
4b-4e. What are the initials of other people in your household from oldest to youngest? ***[IF DON'T KNOW OR REFUSED WRITE OUT "DON'T KNOW" OR "REFUSED"]***					

[COMPLETE THE COLUMN FOR PERSON 1 BY ASKING Q5-Q13. THEN COMPLETE THE COLUMNS FOR PERSONS 2-5 FOR ALL OTHER HOUSEHOLD MEMBERS IN ORDER OF OLDEST TO YOUNGEST, BY ASKING Q5-Q13 FOR EACH PERSON. IF OTHER HOUSEHOLD MEMBERS ARE PRESENT, ASK EACH INDIVIDUALLY FOR THEIR ANSWERS TO Q5-Q13. IF OTHER HOUSEHOLD MEMBERS ARE NOT PRESENT, PERSON 1 SHOULD ANSWER FOR THEM.]

	Person 1	Person 2	Person 3	Person 4	Person 5
5. How is *[FILL INITIALS]* related to you/Person 1?	**Self**	□ Child □ Spouse □ Other Family □ Non-Married Partner □ Other, Non-Family → _____	□ Child □ Spouse □ Other Family □ Non-Married Partner □ Other, Non-Family → _____	□ Child □ Spouse □ Other Family □ Non-Married Partner □ Other, Non-Family → _____	□ Child □ Spouse □ Other Family □ Non-Married Partner □ Other, Non-Family → _____
6. Just to confirm, are you staying with *[FILL INITIALS OF PERSON 1]* here, in this location, tonight?	***[SKIP FOR PERSON 1]***	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF
[IF Q6=NO ASK Q6A, OTHERWISE GO TO Q7] **a. Where are you staying tonight? *[READ CATEGORIES FROM Q1. RECORD NUMBER HERE.]***	***[SKIP FOR PERSON 1]***	Location where sleeping tonight (refer to Q1): # _____	Location where sleeping tonight (refer to Q1): # _____	Location where sleeping tonight (refer to Q1): # _____	Location where sleeping tonight (refer to Q1): # _____
7. How old are you/is *[FILL INITIALS]*? *[ENTER NUMBER]*					
a. *[IF HESITANT ASK:]* Are you…?	☐ Under 18 ☐ 18-24 ☐ 25 + ☐ DK/REF	☐ Under 18 ☐ 18-24 ☐ 25 + ☐ DK/REF	☐ Under 18 ☐ 18-24 ☐ 25 + ☐ DK/REF	☐ Under 18 ☐ 18-24 ☐ 25 + ☐ DK/REF	☐ Under 18 ☐ 18-24 ☐ 25 + ☐ DK/REF

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	Person 1	Person 2	Person 3	Person 4	Person 5
8. Are you male, female, or transgender?	☐ Male ☐ Female ☐ Transgender Male to Female ☐ Transgender Female to Male	☐ Male ☐ Female ☐ Transgender Male to Female ☐ Transgender Female to Male	☐ Male ☐ Female ☐ Transgender Male to Female ☐ Transgender Female to Male	☐ Male ☐ Female ☐ Transgender Male to Female ☐ Transgender Female to Male	☐ Male ☐ Female ☐ Transgender Male to Female ☐ Transgender Female to Male
9. Are you Hispanic or Latino?	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF
10. What is your race? You can select one or more races. *[READ CATEGORIES, DO NOT READ "Please Specify."]*	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Please specify → ________________ ☐ DK/REF	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Please specify → ________________ ☐ DK/REF	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Please specify → ________________ ☐ DK/REF	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Please specify → ________________ ☐ DK/REF	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Please specify → ________________ ☐ DK/REF
11. Have you served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)?	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
12. [IF Q11=NO ASK Q12, OTHERWISE GO TO Q13] Were you ever called into active duty as a member of the National Guard or as a Reservist?	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
13. Have you ever received health care or benefits from a Veterans Administration medical center?	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF

14. Is this the first time you have been homeless?	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF
15. How long have you been homeless <u>this time</u>? Only include time spent staying in shelters and/or on the streets.	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF
[IF Q14=YES (FIRST TIME HOMELESS) THEN SKIP TO INSTRUCTION AFTER Q16A, OTHERWISE ASK Q16] **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 January 2011? Was it 4 more times or less than 4 times?**	☐ Less than 4 times ☐ 4 or more times ☐ DK/REF	☐ Less than 4 times ☐ 4 or more times ☐ DK/REF	☐ Less than 4 times ☐ 4 or more times ☐ DK/REF	☐ Less than 4 times ☐ 4 or more times ☐ DK/REF	☐ Less than 4 times ☐ 4 or more times ☐ DK/REF
a. In total, how long did you stay in shelters or on the streets for those times? ***[ENTER DAYS OR WEEKS OR MONTHS OR YEARS]***	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF

[GO BACK TO Q5, COMPLETE COLUMNS FOR PERSONS 2-5 FOR <u>ALL</u> OTHER HH MEMBERS IN ORDER OF OLDEST TO YOUNGEST. THEN ASK Q17-Q21 FOR ADULTS ONLY.]

[ONLY ASK QUESTIONS Q14-Q21 TO PERSONS AGE 18 AND OLDER]

17. Please tell me whether any of these situations apply to you.

	Person 1	Person 2	Person 3	Person 4	Person 5
a. Do you/Does Person [2-5] drink alcohol?	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
b. Do you/Does Person [2-5] use illegal drugs? This includes prescription drugs that were not prescribed for you.	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF

c. Do you/Does Person [2-5] have any ongoing health problems or medical conditions such as diabetes, cancer, heart disease?	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
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.]	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
e. Do you/Does Person [2-5] have psychiatric or emotional conditions such as depression or schizophrenia?	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
f. Do you/Does Person [2-5] have a physical disability?	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
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?	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
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.]* **Do any of the situations we just discussed keep you from holding a job or living in stable housing?**	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
i. *[IF H = YES, THEN ASK I. IF NOT, SKIP TO QUESTION Q18.]* **Which ones keep you from holding a job or living in stable housing?**	□ (a) Alcohol use □ (b) Illegal drug use □ (c) Ongoing health issue □ (d) PTSD □ (e) Psychiatric / emotional condition □ (f) Physical disability □ (g) Brain injury	□ (a) Alcohol use □ (b) Illegal drug use □ (c) Ongoing health issue □ (d) PTSD □ (e) Psychiatric / emotional condition □ (f) Physical disability □ (g) Brain injury	□ (a) Alcohol use □ (b) Illegal drug use □ (c) Ongoing health issue □ (d) PTSD □ (e) Psychiatric / emotional condition □ (f) Physical disability □ (g) Brain injury	□ (a) Alcohol use □ (b) Illegal drug use □ (c) Ongoing health issue □ (d) PTSD □ (e) Psychiatric / emotional condition □ (f) Physical disability □ (g) Brain injury	□ (a) Alcohol use □ (b) Illegal drug use □ (c) Ongoing health issue □ (d) PTSD □ (e) Psychiatric / emotional condition □ (f) Physical disability □ (g) Brain injury

Just a few more questions … **18. Have you/Has Person [2-5] ever received special education (or special ed.) services for more than 6 months?**	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
19. Do you/Does Person [2-5] have AIDS or an HIV-related illness?	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
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?	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
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?	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
Thanks for taking the survey!	***[IF MORE ADULTS IN HH GO BACK TO Q17 TO COMPLETE COLUMNS FOR PERSONS 2-5.]***				