

## Service-Based Count Form

Program/Location: \_\_\_\_\_ County: \_\_\_\_\_  
 Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

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]*

1. Where did you sleep on the night of January XX?

*[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 Q18]*

2. Did another volunteer or survey worker already ask you these same questions about where you were staying on that night?

Yes → *[GO TO Q20]*

No

DK/REF

Now a few questions about your household.

3. Including yourself, how many adults and children were there in your household, who were sleeping in the same location with you on that night?

\_\_\_\_\_ Adults (Age 18 and older)

\_\_\_\_\_ Children (Age 17 and younger)

4a. What are your initials? (PERSON 1)

*[IF RESPONDENT SAYS DON'T KNOW OR REFUSED, WRITE OUT "DON'T KNOW" OR "REFUSED"]*

4a. Person 1

4b. Person 2

4c. Person 3

4b-4c. 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"]*

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**[COMPLETE THE COLUMN FOR PERSON 1 BY ASKING Q5-Q17. THEN COMPLETE THE COLUMNS FOR PERSONS 2-3 FOR ALL OTHER HOUSEHOLD MEMBERS IN ORDER OF OLDEST TO YOUNGEST, BY ASKING Q5-Q17 FOR EACH PERSON. IF OTHER HOUSEHOLD MEMBERS ARE PRESENT, ASK EACH INDIVIDUALLY FOR THEIR ANSWERS TO Q5-Q17. IF OTHER HOUSEHOLD MEMBERS ARE NOT PRESENT, PERSON 1 SHOULD ANSWER FOR THEM. IF MORE THAN 3 PEOPLE IN HH, USE ANOTHER SURVEY.]**

	Person 1	Person 2	Person 3
5. How is <b>[FILL INITIALS OF PERSON 2-3]</b> 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 → _____
6. Just to confirm, did you stay with <b>[FILL INITIALS OF PERSON 2-3]</b> on the night of January XX <b>[FILL TIME SET BY CoC FOR PIT COUNT]</b> ?	<b>[SKIP FOR PERSON 1]</b>	Yes No DK/REF	Yes No DK/REF
<b>[IF Q6=NO ASK Q6A, OTHERWISE GO TO Q7]</b> a. Where were you staying on the night of the count? <b>[READ CATEGORIES FROM Q1. RECORD NUMBER HERE.]</b>	<b>[SKIP FOR PERSON 1]</b>	Location where slept on night of count (refer to Q1): # _____	Location where slept on night of count (refer to Q1): # _____

**[IF SHELTERED (9-13 FROM Q1), STOP AND GO BACK TO Q5 FOR NEXT PERSON]**

	Person 1	Person 2	Person 3
7. How old are you/is <b>[FILL INITIALS]</b> ? <b>[ENTER NUMBER]</b>	_____	_____	_____
a. <b>[IF HESITANT ASK:]</b> Are you...?	Under 18 18-24 25-34 35-44 45-54 55-64 65+ DK/REF	Under 18 18-24 25-34 35-44 45-54 55-64 65+ DK/REF	Under 18 18-24 25-34 35-44 45-54 55-64 65+ DK/REF

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	Person 1	Person 2	Person 3
<b>8. What is your race? You can select one or more races.</b>	American Indian, Alaska Native, or Indigenous Asian or Asian American Black, African American, or African Hispanic/Latina /e/o Middle Eastern or North African Native Hawaiian or Pacific Islander White DK/REF	American Indian, Alaska Native, or Indigenous Asian or Asian American Black, African American, or African Hispanic/Latina /e/o Middle Eastern or North African Native Hawaiian or Pacific Islander White DK/REF	American Indian, Alaska Native, or Indigenous Asian or Asian American Black, African American, or African Hispanic/Latina /e/o Middle Eastern or North African Native Hawaiian or Pacific Islander White DK/REF
<b>9. What is your gender? You can select one or more genders.</b>	Woman (Girl if child) Man (Boy if child) Culturally Specific Identity Transgender Non-Binary Questioning Different Identity DK/REF	Woman (Girl if child) Man (Boy if child) Culturally Specific Identity Transgender Non-Binary Questioning Different Identity DK/REF	Woman (Girl if child) Man (Boy if child) Culturally Specific Identity Transgender Non-Binary Questioning Different Identity DK/REF
<b>10. Have you served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)?</b>	Yes No DK/REF	Yes No DK/REF	Yes No DK/REF
<b>[IF Q11=NO ASK Q12, OTHERWISE GO TO Q13]</b> <b>11. Were you ever called into active duty as a member of the National Guard or as a Reservist?</b>	Yes No DK/REF	Yes No DK/REF	Yes No DK/REF
<b>12. Have you ever received health care or benefits from a Veterans Administration medical center?</b>	Yes No DK/REF	Yes No DK/REF	Yes No DK/REF
<b>13. Do you/Does Person [2-3] receive any disability benefits such as Social Security Income, Social Security Disability Income, or Veteran's Disability Benefits?</b>	Yes No DK/REF	Yes No DK/REF	Yes No DK/REF
<b>14. Is this the first time you have been homeless?</b>	Yes No DK/REF	Yes No DK/REF	Yes No DK/REF

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	Person 1	Person 2	Person 3
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
[IF Q15=YES (FIRST TIME HOMELESS) THEN SKIP TO INSTRUCTION AFTER Q17A, OTHERWISE ASK Q17]			
16. Including this time, how many times have you been homeless in the past 3 years, that is, since January 2014? Was it 4 or 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
a. If you add up all the times you have been homeless in the last 3 years, how long have you been homeless? [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

**[GO BACK TO Q5, COMPLETE COLUMNS FOR PERSONS 2-3 FOR ALL OTHER HH MEMBERS IN ORDER OF OLDEST TO YOUNGEST. IF MORE THAN 3 PEOPLE IN HH, USE ANOTHER SURVEY.]**

**[ONLY ASK QUESTIONS Q18-Q21 TO PERSONS AGE 18 AND OLDER]**

The next set of questions asks about sensitive topics. You don't have to answer any question that you don't want to however your answers will be combined with the answers of other people who take the survey and used to help provide better programs and services to homeless people.

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

	Person 1	Person 2	Person 3
a. Do you/Does Person [2-3] drink alcoholic beverages or use drugs (illegal or prescription for non-medical reasons)?  [IF NECESSARY:] "non-medical reasons" means because of the experience or feeling the drug caused.	Yes No DK/REF	Yes No DK/REF	Yes No DK/REF
b. Do you/Does Person [2-3] have psychiatric or emotional conditions such as depression or schizophrenia?	Yes No DK/REF	Yes No DK/REF	Yes No DK/REF

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	Person 1	Person 2	Person 3
c. Do you/Does Person [2-3] have a physical disability? This could include something that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?	Yes No DK/REF	Yes No DK/REF	Yes No DK/REF
d. <i>[IF ONE OR MORE ANSWERS FROM A TO C = YES, THEN ASK D. IF PERSON HAS NONE OF THESE HEALTH ISSUES SKIP TO Q18.]</i> 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
e. <i>[IF D = YES, THEN ASK E. IF NOT, SKIP TO QUESTION Q18.]</i> Which ones keep you from holding a job or living in stable housing?	(a) Alcohol use / Illegal drug use (b) Psychiatric / emotional condition (c) Physical disability	(a) Alcohol use / Illegal drug use (b) Psychiatric / emotional condition (c) Physical disability	(a) Alcohol use / Illegal drug use (b) Psychiatric / emotional condition (c) Physical disability

## Just a few more questions ...

	Person 1	Person 2	Person 3
18. Have you/Has Person [2-3] 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
19. Do you/Does Person [2-3] have AIDS or an HIV-related illness?	Yes No DK/REF	Yes No DK/REF	Yes No DK/REF
20. Are you/Is Person [2-3] experiencing homelessness because you are currently fleeing domestic violence, dating violence, sexual assault, or stalking?	Yes No DK/REF	Yes No DK/REF	Yes No DK/REF

***[IF MORE ADULTS IN HH GO BACK TO Q18 TO COMPLETE COLUMNS FOR PERSONS 2-3.]***

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!