

Sheltered Count Form for Night of Count

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]

RECORD SHELTER INFO	Program/Location: _____		
	County: _____		Interviewer: _____
	Date: _____		Time: _____ AM/PM
	Type of Program (circle one): Emergency shelter Transitional Housing Safe Havens		
1. Did another volunteer or survey worker already ask you these same questions about where you are staying tonight?	<input type="checkbox"/> Yes → [GO TO Q17] <input type="checkbox"/> No <input type="checkbox"/> Don't Know / Refuse to Answer (DK/REF)		
2. 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 (Under age 18)		
3a. What are your initials? (PERSON 1) <i>[IF RESPONDENT SAYS DON'T KNOW OR REFUSED, WRITE OUT "DON'T KNOW" OR "REFUSED"]</i>	3a. Person 1 _____	3b. Person 2	3c. Person 3
3b-3c. What are the initials of other people in your household from oldest to youngest? <i>[IF DON'T KNOW OR REFUSED WRITE OUT "DON'T KNOW" OR "REFUSED"]</i>	_____	_____	_____

[COMPLETE THE COLUMN FOR PERSON 1 BY ASKING Q4-Q15. THEN COMPLETE THE COLUMNS FOR PERSONS 2-3 FOR ALL OTHER HOUSEHOLD MEMBERS IN ORDER OF OLDEST TO YOUNGEST, BY ASKING Q4-Q12 FOR EACH PERSON. IF OTHER HOUSEHOLD MEMBERS ARE PRESENT, ASK EACH INDIVIDUALLY FOR THEIR ANSWERS TO Q4-Q15. IF OTHER HOUSEHOLD MEMBERS ARE NOT PRESENT AT THE TIME OF THE INTERVIEW, PERSON 1 SHOULD ANSWER FOR THEM.]

Sheltered Count Form

	Person 1	Person 2	Person 3
4. How is <i>[FILL INITIALS]</i> related to you/Person 1?	Self	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family <input type="checkbox"/> Non-Married Partner <input type="checkbox"/> Other, Non-Family → _____	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family <input type="checkbox"/> Non-Married Partner <input type="checkbox"/> Other, Non-Family → _____
5. Just to confirm, are you staying with <i>[FILL INITIALS OF PERSON 1]</i> tonight?	<i>[SKIP FOR PERSON 1]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
6. How old are you/is <i>[FILL INITIALS]</i> ? <i>[ENTER NUMBER]</i>	_____	_____	_____
a. <i>[IF HESITANT ASK:]</i> Are you...?	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> DK/REF	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> DK/REF	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> DK/REF
7. Are you Hispanic or Latin(a)(o)(x)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
8. What is your race? You can select one or more races.	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> DK/REF	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> DK/REF	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> DK/REF

Sheltered Count Form

	Person 1	Person 2	Person 3
<p>9. What is your gender? You can select one or more genders.</p>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> A gender that is not singularly 'Female' or 'Male' (e.g., non-binary, genderfluid, agender, culturally specific gender) <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> DK/REF	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> A gender that is not singularly 'Female' or 'Male' (e.g., non-binary, genderfluid, agender, culturally specific gender) <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> DK/REF	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> A gender that is not singularly 'Female' or 'Male' (e.g., non-binary, genderfluid, agender, culturally specific gender) <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> DK/REF
<p>10. Have you served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
<p>11. [IF Q10=NO ASK Q11, OTHERWISE GO TO Q12] Were you ever called into active duty as a member of the National Guard or as a Reservist?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
<p>12. Have you ever received health care or benefits from a Veterans Administration medical center?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
<p>13. Is this the first time you have been homeless?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
<p>14. How long have you been homeless <u>this time</u>? Only include time spent staying in shelters and/or on the streets.</p>	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF
<p>[IF Q13=YES (FIRST TIME HOMELESS) THEN SKIP TO INSTRUCTION AFTER Q15A, OTHERWISE CONTINUE TO Q15]</p> <p>15. Including this time, how many separate times have you stayed in shelters or on the streets since January 2014? Was it 4 or more times or less than 4 times?</p>	<input type="checkbox"/> Less than 4 times <input type="checkbox"/> 4 or more times <input type="checkbox"/> DK/REF	<input type="checkbox"/> Less than 4 times <input type="checkbox"/> 4 or more times <input type="checkbox"/> DK/REF	<input type="checkbox"/> Less than 4 times <input type="checkbox"/> 4 or more times <input type="checkbox"/> DK/REF

Sheltered Count Form

	Person 1	Person 2	Person 3
<p>a. If you add up all the times you have been homeless in the last 3 years, how long have you been homeless?</p> <p>[ENTER DAYS, WEEKS, MONTHS, <u>OR</u> YEARS]</p>	_____ Days	_____ Days	_____ Days
	_____ Weeks	_____ Weeks	_____ Weeks
	_____ Months	_____ Months	_____ Months
	_____ Years	_____ Years	_____ Years
	_____ DK/REF	_____ DK/REF	_____ DK/REF

[GO BACK TO Q4, COMPLETE COLUMNS FOR PERSONS 2-3 FOR ALL OTHER HH MEMBERS IN ORDER OF OLDEST TO YOUNGEST.]

[ONLY ASK QUESTIONS Q16-Q20 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.

Sheltered Count Form

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

	Person 1	Person 2	Person 3
<p>a. Do you/Does Person [2-3] drink alcoholic beverages or use drugs (illegal or prescription for non-medical reasons)?</p> <p><i>[IF NECESSARY:] “non-medical reasons” means because of the experience or feeling the drug caused.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
<p>b. Do you/Does Person [2-3] have psychiatric or emotional conditions such as depression or schizophrenia?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
<p>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?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
<p><i>[IF ONE OR MORE ANSWERS FROM A TO C =YES, THEN ASK D. IF PERSON HAS NONE OF THESE HEALTH ISSUES SKIP TO Q17.]</i></p>			
<p>d. Do any of the situations we just discussed keep you from holding a job or living in stable housing?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
<p><i>[IF D = YES, THEN ASK E. IF NOT, SKIP TO QUESTION Q17.]</i></p>			
<p>e. Which ones keep you from holding a job or living in stable housing?</p>	<input type="checkbox"/> (a) Alcohol use/ Illegal drug use <input type="checkbox"/> (b) Psychiatric / emotional condition <input type="checkbox"/> (c) Physical disability	<input type="checkbox"/> (a) Alcohol use/ Illegal drug use <input type="checkbox"/> (b) Psychiatric / emotional condition <input type="checkbox"/> (c) Physical disability	<input type="checkbox"/> (a) Alcohol use/ Illegal drug use <input type="checkbox"/> (b) Psychiatric / emotional condition <input type="checkbox"/> (c) Physical disability

Just a few more questions...

	Person 1	Person 2	Person 3
<p>17. Have you/Has Person [2-3] ever received special education (or special ed.) services for more than 6 months?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
<p>18. Do you/Does Person [2-3] have AIDS or an HIV-related illness?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
<p>19. Do you/Does Person [2-3] receive any disability benefits such as Social Security Income, Social Security Disability Income, or Veteran’s Disability Benefits?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF

Sheltered Count Form

	Person 1	Person 2	Person 3
20. Are you experiencing homelessness because you are currently fleeing domestic violence, dating violence, sexual assault, or stalking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF

[IF MORE ADULTS IN HH GO BACK TO Q16 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!