

# 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. Person 1

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

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

\_\_\_\_\_

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 <i>[FILL INITIALS OF PERSON 2-3]</i> related to you/Person 1?	<b>Self</b>	<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 → _____
6. Just to confirm, did you stay with <i>[FILL INITIALS OF PERSON 2-3]</i> on the night of January XX <i>[FILL TIME SET BY CoC FOR PIT COUNT]</i> ?	<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
<i>[IF Q6=NO ASK Q6A, OTHERWISE GO TO Q7]</i> a. Where were you staying on the night of the count? <i>[READ CATEGORIES FROM Q1. RECORD NUMBER HERE.]</i>	<i>[SKIP FOR PERSON 1]</i>	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 <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
8. Are you Hispanic or Latino?	<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

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	Person 1	Person 2	Person 3
<p><b>9. What is your race? You can select one or more races.</b></p> <p><i>[READ CATEGORIES, DO NOT READ "Please Specify."]</i></p>	<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 → _____ <input type="checkbox"/> DK/REF	<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 → _____ <input type="checkbox"/> DK/REF	<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 → _____ <input type="checkbox"/> DK/REF
<p><b>10. What is your gender?</b></p>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Don't identify as Male, Female, or Transgender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Don't identify as Male, Female, or Transgender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Don't identify as Male, Female, or Transgender
<p><b>11. Have you served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)?</b></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 Q11=NO ASK Q12, OTHERWISE GO TO Q13]</i></p> <p><b>12. Were you ever called into active duty as a member of the National Guard or as a Reservist?</b></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>13. Have you ever received health care or benefits from a Veterans Administration medical center?</b></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>14. 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></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>15. Is this the first time you have been homeless?</b></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>16. How long have you been homeless <u>this time</u>? Only include time spent staying in shelters and/or on the streets.</b></p>	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF

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	Person 1	Person 2	Person 3
<p><b>[IF Q15=YES (FIRST TIME HOMELESS) THEN SKIP TO INSTRUCTION AFTER Q17A, OTHERWISE ASK Q17]</b></p> <p><b>17. 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?</b></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
<p><b>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]</b></p>	_____ 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.

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

	Person 1	Person 2	Person 3
<p><b>a. Do you/Does Person [2-3] drink alcoholic beverages or use drugs (illegal or prescription for non-medical reasons)?</b></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>b. Do you/Does Person [2-3] have psychiatric or emotional conditions such as depression or schizophrenia?</b></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>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?</b></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

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	Person 1	Person 2	Person 3
<p>d. <b>[IF ONE OR MORE ANSWERS FROM A TO C =YES, THEN ASK D. IF PERSON HAS NONE OF THESE HEALTH ISSUES SKIP TO Q18.]</b></p> <p>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>e. <b>[IF D = YES, THEN ASK E. IF NOT, SKIP TO QUESTION Q18.]</b></p> <p>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>19. 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>20. 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>21. Have you/Has Person [2-3] 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>	<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 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!**