



Introduction	
<p>Have you already been interviewed about where you're sleeping tonight?</p> <p><u>OR (After January 22, 2025):</u></p> <p>Have you already been interviewed about where you were sleeping on January 22, 2025?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><b>IF YES: END INTERVIEW HERE</b> </p>
<p>Where are/were you sleeping on January 22, 2025?</p>	<p><input type="checkbox"/> Abandoned building</p> <p><input type="checkbox"/> Bus, train station, airport</p> <p><input type="checkbox"/> Outdoor encampment</p> <p><input type="checkbox"/> Park</p> <p><input type="checkbox"/> Street or Sidewalk</p> <p><input type="checkbox"/> Under bridge/overpass</p> <p><input type="checkbox"/> Vehicle/ Boat/ RV</p> <p><input type="checkbox"/> Other (write response):</p> <p><input type="checkbox"/> Emergency shelter</p> <p><input type="checkbox"/> House or apartment that you rent or own</p> <p><input type="checkbox"/> Hospital</p> <p><input type="checkbox"/> In a place being evicted from within two weeks</p> <p><input type="checkbox"/> Jail</p> <p><input type="checkbox"/> Motel/Hotel paid for by an agency</p> <p><input type="checkbox"/> Motel/Hotel paid for with your own funds</p> <p><input type="checkbox"/> Transitional housing</p> <p><input type="checkbox"/> Treatment program</p> <p><input type="checkbox"/> With a family or friend in their house/apartment</p> <p><b>IF ANY OF THE ABOVE IN THIS COLUMN: END INTERVIEW HERE</b> </p>
<p>What is your first name?</p>	
<p>What is your last name?</p>	
<p>If hesitant, ask "What are your initials?"</p>	

Demographic Questions	
<p>What is your gender? (select all that apply)</p>	<p><input type="checkbox"/> Woman (Girl, if child) <input type="checkbox"/> Man (Boy, if child)</p> <p><input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit)</p> <p><input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary</p> <p><input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity</p> <p><input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p>
<p>If Different Identity, please specify</p>	
<p>What is your date of birth?</p>	<p>(mm/dd/yyyy) _____/_____/_____</p> <p><input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p>
<p>If refused to answer date of birth, ask "What is your age?"</p>	
<p>If refused to answer age, "What age range do you fall into?"</p>	<p><input type="checkbox"/> &lt;5 <input type="checkbox"/> 5-12 <input type="checkbox"/> 13-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54</p> <p><input type="checkbox"/> 55-64 <input type="checkbox"/> 65+</p>

What is your race? (select all that apply)	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous (Specify Tribe (optional): _____) <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Which of these options best describes your sexual orientation?	<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Queer <input type="checkbox"/> Straight <input type="checkbox"/> Other: _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

## Homeless History

Is this the first time you've been homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
How long have you been homeless <u>this time</u> ? Only include time you spent staying in shelters and/or on the streets.	<input type="checkbox"/> 0 to 3 months <input type="checkbox"/> 4 to 6 months <input type="checkbox"/> 7 to 11 months <input type="checkbox"/> 12 to 23 months <input type="checkbox"/> 24 to 35 months <input type="checkbox"/> 36 months or more
How many months did you stay in shelters or on the streets over the past 3 years?	<input type="checkbox"/> 0 to 3 months <input type="checkbox"/> 4 to 6 months <input type="checkbox"/> 7 to 11 months <input type="checkbox"/> 12 to 23 months <input type="checkbox"/> 24 to 35 months <input type="checkbox"/> 36 months or more
How many separate times in the past 3 years have lived in a shelter, on the streets, or in a car?	<input type="checkbox"/> Fewer than 4 <input type="checkbox"/> 4 or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
How long in months have you been in this community?	<input type="checkbox"/> 0 to 3 months <input type="checkbox"/> 4 to 6 months <input type="checkbox"/> 7 to 11 months <input type="checkbox"/> 12 to 23 months <input type="checkbox"/> 24 to 35 months <input type="checkbox"/> 36 months or more
Do you remember the address where you were living when you became homeless this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<b>If yes,</b>	Street: City: State: <span style="float: right;">Zip:</span>

## Sensitive Questions - (Skip for individuals under 18)

\*Next, I'm going to read you a list of questions about different situations you may be facing. The information you choose to share on these next questions will help our community better understand the specific services and resources that people in our community need. This survey is confidential, and your answers will not affect your eligibility for services or programs. We can skip any question you don't feel comfortable answering. \*

Do you have a substance use disorder?	<input type="checkbox"/> No <input type="checkbox"/> Alcohol use disorder <input type="checkbox"/> Drug use disorder <input type="checkbox"/> Both Alcohol and Drug use disorders <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<b>If yes,</b> is this a long-term disability that impairs your ability to hold a job or live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Do you have a Chronic Health Condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

<b>If yes</b> , is this a long-term disability that impairs your ability to hold a job or live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Do you have a Mental Health Disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<b>If yes</b> , is this a long-term disability that impairs your ability to hold a job or live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Do you have a Physical Disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<b>If yes</b> , is this a long-term disability that impairs your ability to hold a job or live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Do you have a Developmental Disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Do you receive disability benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Are you living with HIV or AIDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Do you have a traumatic injury to the brain?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<b>If yes</b> , do you feel this keeps you from holding a job or living in stable housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Are you a survivor of domestic violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<b>If yes</b> , when did the experience(s) occur?	<input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago <input type="checkbox"/> Six months to one year ago <input type="checkbox"/> One year ago, or more <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Are you experiencing homelessness because you are currently fleeing domestic violence, dating violence, or stalking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Are you a veteran? ( <i>served in the US Armed Forces OR been called into duty as a member of the National Guard or as a Reservist</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Would you be interested in a follow up visit by a street outreach worker or case manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<b>If yes</b> , how and where can they contact you (location, cell phone, shelter, etc.)?	

## End Survey

\*Those are all the questions I have for you. We realize some of the topics covered are personal and can be difficult to think and talk about. We appreciate your willingness to participate. Thank you for your time.\*

**Please use the notes field on the next page to record any additional information that you consider important to collect.**

Surveyor To Complete:	
Please indicate the County where you are completing this survey:	<input type="checkbox"/> Allegany <input type="checkbox"/> Calvert <input type="checkbox"/> Charles <input type="checkbox"/> Cecil <input type="checkbox"/> Frederick <input type="checkbox"/> Garrett <input type="checkbox"/> Harford <input type="checkbox"/> St. Mary's <input type="checkbox"/> Washington
Notes (Any distinguishing characteristics to prevent duplication, ex: specific location, identifying tattoos, companion animals, etc.)	
Did the person present as an individual or household?	<input type="checkbox"/> Individual <input type="checkbox"/> Household
<b>If household</b> , what is the total number of household members?	
<b>If household</b> , what number in the household was this person? (ex: 1 = first person you interviewed)	

## Surveyor Information

Surveyor First and Last Name:	
Surveyor Agency/Organization:	
Surveyor Email Address:	
Date conducting this survey:	