



Introduction	
<p>1. Have you already been interviewed for the Point in Time Count today?</p> <p><u>OR (After January 28, 2026):</u></p> <p>Have you already been interviewed about where you were sleeping on the night of the count (January 28, 2026)?</p> <p><u>IF YES: END SURVEY HERE</u></p> 	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>2. Where are/were you sleeping on the night of the count (January 28, 2026)?</p> <p><u>IF RESPONSE IS IN BOLD FONT: END SURVEY HERE</u></p> 	<p> <input type="checkbox"/> Abandoned building <input type="checkbox"/> Under a bridge / overpass <input type="checkbox"/> Jail <input type="checkbox"/> Bus/ Train station <input type="checkbox"/> Vehicle / Boat / RV <input type="checkbox"/> Motel/Hotel paid for w/ own \$ <input type="checkbox"/> Motel/Hotel paid for by agency <input type="checkbox"/> Transitional housing <input type="checkbox"/> Emergency shelter <input type="checkbox"/> Outdoor encampment <input type="checkbox"/> House or apartment - rent/own <input type="checkbox"/> Treatment program <input type="checkbox"/> Park <input type="checkbox"/> Hospital <input type="checkbox"/> Street or Sidewalk <input type="checkbox"/> w/ friend or family (couch surfing) <input type="checkbox"/> In a place being evicted from <input type="checkbox"/> Other: _____ </p>
<p>3. What is your name?</p>	<p>First Name (or Initial): _____</p> <p>Last Name (or Initial): _____</p> <p><input type="checkbox"/> Person prefers not to answer</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 <input type="checkbox"/> Man <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity <input type="checkbox"/> Person doesn't know <input type="checkbox"/> Person prefers not to answer </p>
<p>If Different Identity, please specify</p>	

What is your date of birth?	(mm/dd/yyyy) __/ __/____ <input type="checkbox"/> Person doesn't know <input type="checkbox"/> Person prefers not to answer
If refused to answer date of birth, ask "How old are you?"	
If refused to answer age, "What age range do you fall into?"	<input type="checkbox"/> <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 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+
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"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Queer <input type="checkbox"/> Straight <input type="checkbox"/> Other: _____ <input type="checkbox"/> Person doesn't know <input type="checkbox"/> Person prefers not to answer
Is this the first time you have been homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person 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 times <input type="checkbox"/> 4 or more times <input type="checkbox"/> Person doesn't know <input type="checkbox"/> Person 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"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
If yes,	Street: _____ City: _____ State: _____ Zip: _____

Sensitive Questions - (Skip for individuals under 18)

*Next, I'm going to read you a list of "yes-no" 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. Again, this survey is confidential, and your answers will not affect your eligibility for services or programs. And 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 <input type="checkbox"/> Alcohol and Drug use disorders <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
If yes, 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"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
Do you have a Chronic Health Condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
If yes, 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"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
Do you have a Mental Health Disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
If yes, 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"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
Do you have a Physical Disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
If yes, 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"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
Do you have a Developmental Disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
Do you receive disability benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
Are you living with HIV or AIDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer

Do you have a traumatic injury to the brain?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
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"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
Are you a survivor of domestic violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
If yes, when did the experience(s) occur?	<input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago (excluding six months exactly) <input type="checkbox"/> Six months to one year ago (excluding one year exactly) <input type="checkbox"/> One year ago, or more <input type="checkbox"/> Person 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"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
Before age 18, were you ever placed in a foster home or a group home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person 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"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer

Final Questions	
These are the last few questions:	
<p>*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! *</p>	