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**WeAllCount 2018**

Youth Count Survey

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| **Youth Survey central 1** | **Interview Date:** | **City:**  |

*[Text written like this should* ***NOT*** *be read out loud and is only intended as support instruction for you]*

*[Please fill in the bubbles by writing an X or filling it in]*

X

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| **Hello, my name is \_\_\_\_\_\_\_\_\_\_\_ and I’m conducting a survey to better understand housing situations to help provide better services. Can I ask you two quick questions?**⃝ Yes 🡪 *[Continue survey]* ⃝ No 🡪 *[****STOP*** *survey and thank respondent]* |
| **Where did you sleep last Thursday night/Friday morning (Jan 26th/27th)?** | ⃝ Street or sidewalk⃝ Vehicle (car, van, RV, truck)⃝ Tent/Hand-built structure⃝ Park⃝ Abandoned building⃝ Bus, transit station, airport⃝ Under bridge/overpass⃝ Woods or outdoor encampment⃝ Other location: *[specify]* | ⃝ Emergency shelter⃝ Transitional housing⃝ Motel/Hotel⃝ Jail, hospital, treatment program⃝ Safe Haven⃝ Couch surfing⃝ Other unstable location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*If option above stop at question 25*⃝ House or apartment⃝ Any other stable housing *[****STOP*** *survey and thank respondent]* |
| **Has another volunteer asked you these same questions about where you were staying last Thursday night?** | ⃝ Yes 🡪 *[****STOP*** *survey and thank respondent]*⃝ No ⃝ Doesn’t Know/Refused  |
| **What is your age?** | ⃝ Under 18 ⃝ 18-24⃝ 25 and Over 🡪 *[****STOP*** *survey and thank respondent]* |
| **Would you like to take a 10 minute survey? You will get a $10 Subway gift card for your time. You can refuse to answer any question or end the survey at any time. Your answers are confidential and will only be used to improve the quality of our services. Would you like to continue?** ⃝ Yes 🡪 *[Continue survey]* ⃝ No 🡪 *[****STOP*** *survey and thank respondent]* |
| **Including yourself, how many adults and children slept in the same location with you last Thursday night?** |  Adults Adults Children (Over 25) (18-24) (Under 18)  |

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| **“I’m going to ask you some general survey questions. Let’s begin!”** |
|  | **Head of Household/ P1** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **What are your…****Initials?****Date of Birth?****Age?** | *Month**Day**Year**First**Middle**Last* | *First**Middle**Last**Month**Year**Day* | *First**Middle**Last**Month**Year**Day* | *First**Middle**Last**Month**Year**Day* | *First**Middle**Last**Month**Year**Day* |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **How are Person 2 to 5 related to you?***[This question is only for the Head of Household]* | ⃝ Head of Household | ⃝ Child⃝ Spouse or Partner⃝ Other Family Member⃝ Other, non-related | ⃝ Child⃝ Spouse or Partner⃝ Other Family Member⃝ Other, non-related | ⃝ Child⃝ Spouse or Partner⃝ Other Family Member⃝ Other, non-related | ⃝ Child⃝ Spouse or Partner⃝ Other Family Member⃝ Other, non-related |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **What is your primary race?***[Please select one]* | ⃝ American Indian or  Alaskan Native⃝ Asian⃝ Black or African  American⃝ Native Hawaiian or  Other Pacific Islander⃝ White⃝ Doesn’t Know⃝ Refused⃝ Other: | ⃝ American Indian or  Alaskan Native⃝ Asian⃝ Black or African  American⃝ Native Hawaiian or  Other Pacific Islander⃝ White⃝ Doesn’t Know⃝ Refused⃝ Other:  | ⃝ American Indian or  Alaskan Native⃝ Asian⃝ Black or African  American⃝ Native Hawaiian or  Other Pacific Islander⃝ White⃝ Doesn’t Know⃝ Refused⃝ Other: | ⃝ American Indian or  Alaskan Native⃝ Asian⃝ Black or African  American⃝ Native Hawaiian or  Other Pacific Islander⃝ White⃝ Doesn’t Know⃝ Refused⃝ Other: | ⃝ American Indian or  Alaskan Native⃝ Asian⃝ Black or African  American⃝ Native Hawaiian or  Other Pacific Islander⃝ White⃝ Doesn’t Know⃝ Refused⃝ Other: |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Are you Hispanic or Latino?** | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused |
|  **Which gender** **identity do you**  **most identify**  **with?**  | ⃝ Male⃝ Female⃝ Trans Male to Female⃝ Trans Female to Male⃝ Gender Non- Conforming⃝ Non-Binary⃝ Doesn’t Know⃝ Refused | ⃝ Male⃝ Female⃝ Trans Male to Female⃝ Trans Female to Male⃝ Gender Non- Conforming⃝ Non-Binary⃝ Doesn’t Know⃝ Refused | ⃝ Male⃝ Female⃝ Trans Male to Female⃝ Trans Female to Male⃝ Gender Non- Conforming⃝ Non-Binary⃝ Doesn’t Know⃝ Refused | ⃝ Male⃝ Female⃝ Trans Male to Female⃝ Trans Female to Male⃝ Gender Non- Conforming⃝ Non-Binary⃝ Doesn’t Know⃝ Refused | ⃝ Male⃝ Female⃝ Trans Male to Female⃝ Trans Female to Male⃝ Gender Non- Conforming⃝ Non-Binary⃝ Doesn’t Know⃝ Refused |
|  **Which of the**  **following best**  **represents how**  **you think of**  **yourself?**  | ⃝ Lesbian or Gay⃝ Straight⃝ Bisexual⃝ Something Else⃝ Doesn’t Know⃝ Refused | ⃝ Lesbian or Gay⃝ Straight⃝ Bisexual⃝ Something Else⃝ Doesn’t Know⃝ Refused | ⃝ Lesbian or Gay⃝ Straight⃝ Bisexual⃝ Something Else⃝ Doesn’t Know⃝ Refused | ⃝ Lesbian or Gay⃝ Straight⃝ Bisexual⃝ Something Else⃝ Doesn’t Know⃝ Refused | ⃝ Lesbian or Gay⃝ Straight⃝ Bisexual⃝ Something Else⃝ Doesn’t Know⃝ Refused |
| **Are you currently experiencing an abusive relationship?**  | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
|  **Are you currently** **employed or****attending school?**  | ⃝ Currently Employed⃝ Attending School⃝ Both⃝ Neither⃝ Doesn’t Know⃝ Refused | ⃝ Currently Employed⃝ Attending School⃝ Both⃝ Neither⃝ Doesn’t Know⃝ Refused | ⃝ Currently Employed⃝ Attending School⃝ Both⃝ Neither⃝ Doesn’t Know⃝ Refused | ⃝ Currently Employed⃝ Attending School⃝ Both⃝ Neither⃝ Doesn’t Know⃝ Refused | ⃝ Currently Employed⃝ Attending School⃝ Both⃝ Neither⃝ Doesn’t Know⃝ Refused |
|  **How long ago**  **were you last**  **employed or**  **attending school?**  | ⃝ Currently Employed/  in school⃝ Less than 1 Month⃝ 1-6 Months⃝ 6-12 Months⃝ 1-2 Years⃝ 2-5 Years⃝ 5+ Years⃝ Never Employed⃝ Doesn’t Know⃝ Refused | ⃝ Currently Employed/  in school⃝ Less than 1 Month⃝ 1-6 Months⃝ 6-12 Months⃝ 1-2 Years⃝ 2-5 Years⃝ 5+ Years⃝ Never Employed⃝ Doesn’t Know⃝ Refused | ⃝ Currently Employed/  in school⃝ Less than 1 Month⃝ 1-6 Months⃝ 6-12 Months⃝ 1-2 Years⃝ 2-5 Years⃝ 5+ Years⃝ Never Employed⃝ Doesn’t Know⃝ Refused | ⃝ Currently Employed/  in school⃝ Less than 1 Month⃝ 1-6 Months⃝ 6-12 Months⃝ 1-2 Years⃝ 2-5 Years⃝ 5+ Years⃝ Never Employed⃝ Doesn’t Know⃝ Refused | ⃝ Currently Employed/  in school⃝ Less than 1 Month⃝ 1-6 Months⃝ 6-12 Months⃝ 1-2 Years⃝ 2-5 Years⃝ 5+ Years⃝ Never Employed⃝ Doesn’t Know⃝ Refused |

 **“Now I’m going to ask you some questions about your physical, mental, and sexual health.”**

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|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Do you have a physical disability?***[E.g. hearing, mobility, and visual impairments]* | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused |
| **Do you have a developmental disability?***[E.g. autism, behavior disorders, and intellectual disabilities]* | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused |
| **Do you have a chronic health condition?***[E.g. heart disease, severe asthma, traumatic brain injury, PTSD, cancer, emphysema, or liver disease]* | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused |
|  **Have you ever been**  **diagnosed with a**  **STI?**  | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused |
| **Are you living with HIV/AIDS?** | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Do you have any mental health issues?***[E.g. chronic*  *depression,*  *bipolar disorder, or*  *schizophrenia]* | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused |
| **Do you feel you have an impairment caused by alcohol use?** | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused |
| **Do you feel you have an impairment caused by drug abuse? This includes prescription drugs if used differently than prescribed.** | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused |
| **Just so I** **understand****what you told me** **previously, do you** **have a disability?**  | ⃝ Yes⃝ No [Skip to Q24}⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No [Skip to Q24}⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No [Skip to Q24}⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No [Skip to Q24}⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No [Skip to Q24} ⃝ Doesn’t Know⃝ Refused |
| **Do you expect this disability to be long term or permanent?** | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused |
| **Doesthis disability****impair your ability to live****independently?** | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused |
| **“We have two additional questions to see if you have experienced…”** |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Have you ever been in jail, prison, or juvenile hall?** | ⃝ Jail⃝ Prison⃝ Juvenile Hall⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Jail⃝ Prison⃝ Juvenile Hall⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Jail⃝ Prison⃝ Juvenile Hall⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Jail⃝ Prison⃝ Juvenile Hall⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Jail⃝ Prison⃝ Juvenile Hall⃝ No ⃝ Doesn’t Know⃝ Refused |
| **Have you ever served on active duty in the US Armed forces?** | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused |

**“I’m going to ask you some specific questions about your housing history and services you are accessing.
Please try to give me your best estimates.”**

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|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **When did you become homeless this time?***[Ask for a specific date or round to nearest month]* | *Month**Day**Year*⃝ Doesn’t know⃝ Refused | ⃝ Doesn’t know⃝ Refused  | ⃝ Doesn’t know⃝ Refused | *Month**Day**Year*⃝ Doesn’t know⃝ Refused | *Month**Day**Year**Month**Day**Year**Month**Day**Year*⃝ Doesn’t know⃝ Refused |
| **How many times have you been homeless in the past three years?***[This* ***only*** *includes streets, emergency shelters, or safe havens]* | ⃝ 1 *[only time]*⃝ 2⃝ 3⃝ 4 or more⃝ Doesn’t know⃝ Refused | ⃝ 1 *[only time]*⃝ 2⃝ 3⃝ 4 or more⃝ Doesn’t know⃝ Refused | ⃝ 1 *[only time]*⃝ 2⃝ 3⃝ 4 or more⃝ Doesn’t know⃝ Refused | ⃝ 1 *[only time]*⃝ 2⃝ 3⃝ 4 or more⃝ Doesn’t know⃝ Refused | ⃝ 1 *[only time]*⃝ 2⃝ 3⃝ 4 or more⃝ Doesn’t know⃝ Refused |
| **How many months have you been homeless in the past three years?** *[round up to the nearest total**ex. 1 day = 1 month; 35 days = 2 months]* | ⃝ 1 ⃝ 2⃝ 3 ⃝ 4⃝ 5 ⃝ 6⃝ 7 ⃝ 8⃝ 9 ⃝ 10⃝ 11 ⃝ 12⃝ More than 12⃝ Doesn’t Know⃝ Refused | ⃝ 1 ⃝ 2⃝ 3 ⃝ 4⃝ 5 ⃝ 6⃝ 7 ⃝ 8⃝ 9 ⃝ 10⃝ 11 ⃝ 12⃝ More than 12⃝ Doesn’t Know⃝ Refused | ⃝ 1 ⃝ 2⃝ 3 ⃝ 4⃝ 5 ⃝ 6⃝ 7 ⃝ 8⃝ 9 ⃝ 10⃝ 11 ⃝ 12⃝ More than 12⃝ Doesn’t Know⃝ Refused | ⃝ 1 ⃝ 2⃝ 3 ⃝ 4⃝ 5 ⃝ 6⃝ 7 ⃝ 8⃝ 9 ⃝ 10⃝ 11 ⃝ 12⃝ More than 12⃝ Doesn’t Know⃝ Refused | ⃝ 1 ⃝ 2⃝ 3 ⃝ 4⃝ 5 ⃝ 6⃝ 7 ⃝ 8⃝ 9 ⃝ 10⃝ 11 ⃝ 12⃝ More than 12⃝ Doesn’t Know⃝ Refused |
| **What was the primary cause of your homelessness?***Please choose one, you may read these out loud* | ⃝ Loss of Job⃝ Money Issues⃝ Loss of family member⃝ Disability⃝ Abuse/Violence⃝ Kicked Out/Ran Away⃝ Aged Out of Foster  Care⃝ Time in Jail/Prison⃝ Divorce⃝ Other:⃝ Doesn’t Know⃝ Refused | ⃝ Loss of Job⃝ Money Issues⃝ Loss of family member⃝ Disability⃝ Abuse/Violence⃝ Kicked Out/Ran Away⃝ Aged Out of Foster  Care⃝ Time in Jail/Prison⃝ Divorce⃝ Other:⃝ Doesn’t Know⃝ Refused | ⃝ Loss of Job⃝ Money Issues⃝ Loss of family member⃝ Disability⃝ Abuse/Violence⃝ Kicked Out/Ran Away⃝ Aged Out of Foster  Care⃝ Time in Jail/Prison⃝ Divorce⃝ Other:⃝ Doesn’t Know⃝ Refused | ⃝ Loss of Job⃝ Money Issues⃝ Loss of family member⃝ Disability⃝ Abuse/Violence⃝ Kicked Out/Ran Away⃝ Aged Out of Foster Care⃝ Time in Jail/Prison⃝ Divorce⃝ Other:⃝ Doesn’t Know⃝ Refused | ⃝ Loss of Job⃝ Money Issues⃝ Loss of family member⃝ Disability⃝ Abuse/Violence⃝ Kicked Out/Ran Away⃝ Aged Out of Foster  Care⃝ Time in Jail/Prison⃝ Divorce⃝ Other:⃝ Doesn’t Know⃝ Refused |
| **Are you currently accessing any of the following services in the community?** *[Mark all that apply]* |  Emergency Shelter Bus Passes Transitional Housing Mental Health Alcohol/Drug Counseling Employment Drop-in/Day Shelter Free Meals Legal Assistance Immigration Health Services Other:⃝ Not Using Services⃝ Doesn’t Know⃝ Refused |  Emergency Shelter Bus Passes Transitional Housing Mental Health Alcohol/Drug Counseling Employment Drop-in/Day Shelter Free Meals Legal Assistance Immigration Health Services Other:⃝ Not Using Services⃝ Doesn’t Know⃝ Refused |  Emergency Shelter Bus Passes Transitional Housing Mental Health Alcohol/Drug Counseling Employment Drop-in/Day Shelter Free Meals Legal Assistance Immigration Health Services Other:⃝ Not Using Services⃝ Doesn’t Know⃝ Refused |  Emergency Shelter Bus Passes Transitional Housing Mental Health Alcohol/Drug Counseling Employment Drop-in/Day Shelter Free Meals Legal Assistance Immigration Health Services Other:⃝ Not Using Services⃝ Doesn’t Know⃝ Refused |  Emergency Shelter Bus Passes Transitional Housing Mental Health Alcohol/Drug Counseling Employment Drop-in/Day Shelter Free Meals Legal Assistance Immigration Health Services Other:⃝ Not Using Services⃝ Doesn’t Know⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **What services would assist you in securing stable housing?***[Mark all that apply]* |  Rental Subsidy Legal Assistance Deposit Money Utility Costs Employment services Family Support Help Other:⃝ Doesn’t Know⃝ Refused  |  Rental Subsidy Legal Assistance Deposit Money Utility Costs Employment services Family Support Help Other:⃝ Doesn’t Know⃝ Refused |  Rental Subsidy Legal Assistance Deposit Money Utility Costs Employment services Family Support Help Other:⃝ Doesn’t Know⃝ Refused |  Rental Subsidy Legal Assistance Deposit Money Utility Costs Employment services Family Support Help Other:⃝ Doesn’t Know⃝ Refused |  Rental Subsidy Legal Assistance Deposit Money Utility Costs Employment services Family Support Help Other:⃝ Doesn’t Know⃝ Refused |

**Thank you for taking the survey!**

*[Subway cards should ONLY be given to those that are interviewed in person.]*