



WeAllCount 2019

Unsheltered Street Survey

Use on: January 25th-January 27th, 2019

Use for: Street Count Interviews

Geocode: 63210 San Diego 501

Interview Date:

Site Location:

Hello, my name is _____, and your name is _____?

I'm conducting a survey as part of the San Diego Point-in-Time Count to better understand housing situations and help provide better services. Can I ask you two quick questions?

Yes → *[Continue survey]* No → *[STOP survey and thank respondent]*

<p>1 Where did you sleep last Thursday night/Friday morning (Jan 24th/25th)?</p>	<p><input type="radio"/> Street or sidewalk</p> <p><input type="radio"/> Vehicle (car, van, RV, truck)</p> <p><input type="radio"/> Tent/Hand-built structure</p> <p><input type="radio"/> Park, beach or riverbed</p> <p><input type="radio"/> Abandoned building</p> <p><input type="radio"/> Bus, transit station, airport</p> <p><input type="radio"/> Under bridge/overpass</p> <p><input type="radio"/> Woods or outdoor encampment</p> <p><input type="radio"/> Other location: <i>[specify]</i></p> <input type="text"/>	<p><input type="radio"/> Emergency shelter</p> <p><input type="radio"/> Transitional housing</p> <p><input type="radio"/> Motel/Hotel</p> <p><input type="radio"/> House or apartment</p> <p><input type="radio"/> Jail, hospital, treatment program</p> <p><input type="radio"/> Safe Haven</p> <p><input type="radio"/> Couch surfing</p> <p><input type="radio"/> Any other housing</p> <p><i>[STOP survey and thank respondent for their time]</i></p>
<p>2 Has another volunteer asked you these same questions about where you were staying last Thursday night?</p>	<p><input type="radio"/> Yes → <i>[STOP survey and thank respondent for their time]</i></p> <p><input type="radio"/> No</p> <p><input type="radio"/> Doesn't Know/Refused</p>	
<p>3 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?</p> <p><input type="radio"/> Yes → <i>[Continue survey]</i> <input type="radio"/> No → <i>[STOP survey and thank respondent for their time]</i></p>		
<p>4 Including yourself, how many adults or children in your household slept in the same location with you last Thursday night?</p>	<p>Adults (Over 18) <input type="text"/></p>	<p>Children (Under 18) <input type="text"/></p>

*[Individuals who slept with other adults and/or children in the same location are considered a **household**. If other household individuals **are present**, use one survey form but interview each individual separately. If other household individuals are **not present**, ask if they will answer for them.]*

“I’m going to ask you some general questions. Let’s begin!”

	Head of Household	Person 2	Person 3	Person 4	Person 5
5 What are your... Initials? Date of Birth? Age?	<input type="text"/> <input type="text"/> <input type="text"/> <i>First Middle Last</i>	<input type="text"/> <input type="text"/> <input type="text"/> <i>First Middle Last</i>	<input type="text"/> <input type="text"/> <input type="text"/> <i>First Middle Last</i>	<input type="text"/> <input type="text"/> <input type="text"/> <i>First Middle Last</i>	<input type="text"/> <input type="text"/> <input type="text"/> <i>First Middle Last</i>
	<input type="text"/> <input type="text"/> <input type="text"/> <i>Month Day Year</i>	<input type="text"/> <input type="text"/> <input type="text"/> <i>Month Day Year</i>	<input type="text"/> <input type="text"/> <input type="text"/> <i>Month Day Year</i>	<input type="text"/> <input type="text"/> <input type="text"/> <i>Month Day Year</i>	<input type="text"/> <input type="text"/> <input type="text"/> <i>Month Day Year</i>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6 How are persons 2 through 5 related to you? <i>[This question is only for the Head of Household]</i>	<input type="radio"/> Head of Household	<input type="radio"/> Child <input type="radio"/> Spouse or Partner <input type="radio"/> Other Family Member <input type="radio"/> Other, non-related	<input type="radio"/> Child <input type="radio"/> Spouse or Partner <input type="radio"/> Other Family Member <input type="radio"/> Other, non-related	<input type="radio"/> Child <input type="radio"/> Spouse or Partner <input type="radio"/> Other Family Member <input type="radio"/> Other, non-related	<input type="radio"/> Child <input type="radio"/> Spouse or Partner <input type="radio"/> Other Family Member <input type="radio"/> Other, non-related
7 Are you Hispanic or Latino?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused

<p>8 What is your primary race? <i>[Please select one]</i></p>	<input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Doesn't Know <input type="radio"/> Refused <input type="radio"/> Other: <input type="text"/>	<input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Doesn't Know <input type="radio"/> Refused <input type="radio"/> Other: <input type="text"/>	<input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Doesn't Know <input type="radio"/> Refused <input type="radio"/> Other: <input type="text"/>	<input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Doesn't Know <input type="radio"/> Refused <input type="radio"/> Other: <input type="text"/>	<input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Doesn't Know <input type="radio"/> Refused <input type="radio"/> Other: <input type="text"/>
<p>9 Which gender do you most identify with?</p>	<p>Head of Household</p> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Trans Male to Female <input type="radio"/> Trans Female to Male <input type="radio"/> Gender Non-Conforming <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<p>Person 2</p> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Trans Male to Female <input type="radio"/> Trans Female to Male <input type="radio"/> Gender Non-Conforming <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<p>Person 3</p> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Trans Male to Female <input type="radio"/> Trans Female to Male <input type="radio"/> Gender Non-Conforming <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<p>Person 4</p> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Trans Male to Female <input type="radio"/> Trans Female to Male <input type="radio"/> Gender Non-Conforming <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<p>Person 5</p> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Trans Male to Female <input type="radio"/> Trans Female to Male <input type="radio"/> Gender Non-Conforming <input type="radio"/> Doesn't Know <input type="radio"/> Refused
<p>10 Are you experiencing homelessness because you are currently fleeing domestic violence, dating violence, sexual assault, or stalking?</p>	<p>Head of Household</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<p>Person 2</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<p>Person 3</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<p>Person 4</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<p>Person 5</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused

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

	Head of Household	Person 2	Person 3	Person 4	Person 5
<p>11 Is this the first time you’ve been homeless?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn’t Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn’t Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn’t Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn’t Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn’t Know <input type="radio"/> Refused
<p>12 How long have you been homeless <u>this time</u>? Only include time spent staying in shelters and/or on the streets.</p> <p><i>[Round to nearest month]</i></p>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> More than 12 <input type="radio"/> Doesn’t Know <input type="radio"/> Refused	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> More than 12 <input type="radio"/> Doesn’t Know <input type="radio"/> Refused	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> More than 12 <input type="radio"/> Doesn’t Know <input type="radio"/> Refused	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> More than 12 <input type="radio"/> Doesn’t Know <input type="radio"/> Refused	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> More than 12 <input type="radio"/> Doesn’t Know <input type="radio"/> Refused
<p>13 How many times have you been homeless in the past three years?</p> <p><i>[This only includes streets, emergency shelters, or safe havens. A break in homelessness is more than 7 days not in any of these locations.]</i></p>	<input type="radio"/> 1 <i>[only time]</i> <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 or more <input type="radio"/> Doesn’t know <input type="radio"/> Refused	<input type="radio"/> 1 <i>[only time]</i> <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 or more <input type="radio"/> Doesn’t know <input type="radio"/> Refused	<input type="radio"/> 1 <i>[only time]</i> <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 or more <input type="radio"/> Doesn’t know <input type="radio"/> Refused	<input type="radio"/> 1 <i>[only time]</i> <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 or more <input type="radio"/> Doesn’t know <input type="radio"/> Refused	<input type="radio"/> 1 <i>[only time]</i> <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 or more <input type="radio"/> Doesn’t know <input type="radio"/> Refused

14	Head of Household	Person 2	Person 3	Person 4	Person 5
<p>If you had to add it all up, how many months have you been homeless in the past three years?</p> <p><i>[round If up to the nearest total]</i></p> <p><i>ex. 1 day = 1 month; 35 days = 2 months]</i></p>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> More than 12 <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> More than 12 <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> More than 12 <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> More than 12 <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> More than 12 <input type="radio"/> Doesn't Know <input type="radio"/> Refused
<p>15</p> <p>Did you become homeless in San Diego County?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused

“I’m going to ask you questions about serving in the military.”

	Head of Household	Person 2	Person 3	Person 4	Person 5
16 Have you ever served on active duty in the US Armed Forces? <i>[such as the Army, Navy, Air Force, Marine Corps, or Coast Guard]</i>	<input type="radio"/> Yes <input type="radio"/> No → <i>[SKIP to Q 17]</i> <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No → <i>[SKIP to Q 17]</i> <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No → <i>[SKIP to Q 17]</i> <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No → <i>[SKIP to Q 17]</i> <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No → <i>[SKIP to Q 177]</i> <input type="radio"/> Doesn't Know <input type="radio"/> Refused
a Were you ever called into active duty as a member of the National Guard or as a Reservist?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused
b Do you use Veteran's Administration (VA) Medical or Health Care Services?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused
c Do you receive any VA Compensation or Pension?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused

“I’m going to ask you some questions about your health”

[okay to add observational notes to this section, if you see a disability or mental issue you do not have to ask the questions]

<p>17 Do you have a physical disability? <i>[E.g. hearing, mobility, and visual impairments]</i></p>	<p>Head of Household</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused</p>	<p>Person 2</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused</p>	<p>Person 3</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused</p>	<p>Person 4</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused</p>	<p>Person 5</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused</p>
<p>18 Are you living with HIV/AIDS?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused</p>
<p>19 Do you struggle with mental health issues? <i>[E.g. chronic depression, bipolar disorder, PTSD or schizophrenia]</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused</p>
<p>20 Do you feel you have a substance abuse issue? <i>[This could include alcohol or drug use both illegal and prescription for non-medical reasons]</i></p>	<p>Head of Household</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused</p>	<p>Person 2</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused</p>	<p>Person 3</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused</p>	<p>Person 4</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused</p>	<p>Person 5</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused</p>

	Head of Household	Person 2	Person 3	Person 4	Person 5
21 Just so I understand what you told me previously, do you have a disability?	<input type="radio"/> Yes <input type="radio"/> No → <i>[SKIP to Q 22]</i> <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No → <i>[SKIP to Q 22]</i> <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No → <i>[SKIP to Q 22]</i> <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No → <i>[SKIP to Q 22]</i> <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No → <i>[SKIP to Q 22]</i> <input type="radio"/> Doesn't Know <input type="radio"/> Refused
a Do you think any of the disabilities we talked about prevent you from working or maintaining stable housing?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't Know <input type="radio"/> Refused

22

In order for us to make sure everyone gets counted we use social security numbers. Can you provide us with yours?

You can also fill it in yourself so that I will not see it. This is not required, and you will still get the gift card whether or not you share this information. I am asking you to disclose this information to the Regional Task Force to help us assess and improve homeless services. We will not share your information with anyone outside of this organization.

[Only ask Question 22 to the person you are interviewing. Do not collect household information for this question.]

SSN: - -
#

Name:
First Name Last Name

Doesn't Know
 Refused



Thank you for taking the survey!

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