



# WeAllCount 2019

## Unsheltered Street Survey

Use on: January 25<sup>th</sup>-January 27<sup>th</sup>, 2019

Use for: Street Count Interviews

Geocode: 63210 San Diego 501

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. Would you like to take a brief survey? You will get a \$10 gift card for your time. Your participation is voluntary and you can end the survey at any time. Your answers are confidential and will only be used to improve the quality of homeless services in San Diego.

Would you like to complete a survey?

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

<p><b>1</b> Where did you sleep last Thursday night/Friday morning (Jan 24th/25th)? <i>[Only ask this]</i></p>	<p><input type="radio"/> Street or sidewalk  <input type="radio"/> Vehicle (car, van, truck)  <input type="radio"/> Recreational Vehicle (RV)  <input type="radio"/> Tent/Hand-built structure  <input type="radio"/> Park, beach or riverbed  <input type="radio"/> Abandoned building  <input type="radio"/> Bus, transit station, airport  <input type="radio"/> Under bridge/overpass  <input type="radio"/> Woods or outdoor encampment  <input type="radio"/> Other location: <i>[specify]</i></p> <input type="text"/>	<p><input type="radio"/> Emergency shelter  <input type="radio"/> Transitional housing  <input type="radio"/> Motel/Hotel  <input type="radio"/> House or apartment  <input type="radio"/> Jail, hospital, treatment program  <input type="radio"/> Safe Haven  <input type="radio"/> Couch surfing  <input type="radio"/> Any other housing</p> <p><i>[STOP survey and thank respondent for their time]</i></p>
<p><b>2</b> 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>  <input type="radio"/> No  <input type="radio"/> Doesn't Know/Refused</p>	
<p><b>3</b> 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.]*

	Head of Household	Person 2	Person 3
<p><b>4</b></p> <p>As a part of the count, we collect Full names, Social Security #'s, and birth dates to make sure no one is counted twice. This is not required, and you will still get the gift card whether or not you share this information and complete the survey. We will not share your information with anyone outside of this organization.</p> <p><i>[If they are unwilling to share this information, ask the following....]</i></p> <p>If you are only comfortable sharing a partial SS # and your initials that is helpful as well.</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="text"/>  <i>First Name</i> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="text"/>  <i>Last Name</i> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <input style="width: 30px; height: 30px;" type="text"/> <input style="width: 30px; height: 30px;" type="text"/> <input style="width: 30px; height: 30px;" type="text"/> </div> <i>Initials (if name not provided)</i> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <input style="width: 30px; height: 30px;" type="text"/> <input style="width: 30px; height: 30px;" type="text"/> <input style="width: 30px; height: 30px;" type="text"/> </div> <i>Month Day Year</i> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; width: 50px; margin: 0 auto;"> <input type="text"/>  <i>Age</i> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <input style="width: 30px; height: 30px;" type="text"/> <span style="font-size: 1.2em;">-</span> <input style="width: 30px; height: 30px;" type="text"/> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <span style="font-size: 0.8em;">xxx</span> <span style="font-size: 0.8em;">xx</span> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; width: 50px; margin: 0 auto;"> <input type="text"/>  <span style="font-size: 0.8em;">xxxx</span> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="radio"/> Doesn't Know  <input type="radio"/> Refused </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="text"/>  <i>First Name</i> </div> <div style="border: 1px solid black; 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padding: 5px; margin-bottom: 5px;"> <input type="radio"/> Doesn't Know  <input type="radio"/> Refused </div>
<p><b>5</b></p> <p><b>How are persons 2 and 3 related to you?</b></p> <p><i>[This question is only for the Head of Household]</i></p>	<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
<p><b>6</b></p> <p><b>Are you Hispanic or Latino?</b></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
<p><b>7</b></p> <p><b>What is your primary race?</b></p> <p><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: <div style="border: 1px solid black; padding: 5px; width: 100px; margin-top: 5px;"> <input type="text"/> </div>	<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: <div style="border: 1px solid black; padding: 5px; width: 100px; margin-top: 5px;"> <input type="text"/> </div>	<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: <div style="border: 1px solid black; padding: 5px; width: 100px; margin-top: 5px;"> <input type="text"/> </div>

<p>8 Which gender do you most identify with?</p>	<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>	<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>	<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>
<p>9 Are you experiencing homelessness because you are currently fleeing domestic violence, dating violence, sexual assault, or stalking?</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>10 Is this the first time you've been homeless</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>11 How long have you been homeless <u>this time</u>? Only include time spent staying in shelters and/or on the streets.  <i>[Round to nearest month]</i></p>	<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</p>	<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</p>	<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</p>
<p>12 How many times have you been homeless in the past three years?  <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>	<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</p>	<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"/> Reused</p>	<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</p>

<p>13 If you had to add it all up, how many months have you been homeless in the past three years? <i>[round If up to the nearest total]</i></p>	<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</p>	<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</p>	<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</p>
<p>14 Did you become homeless in San Diego County?</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>15 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></p>	<p><input type="radio"/> Yes  <input type="radio"/> No → <i>[SKIP to Q 17]</i>  <input type="radio"/> Doesn't Know  <input type="radio"/> Refused</p>	<p><input type="radio"/> Yes  <input type="radio"/> No → <i>[SKIP to Q 17]</i>  <input type="radio"/> Doesn't Know  <input type="radio"/> Refused</p>	<p><input type="radio"/> Yes  <input type="radio"/> No → <i>[SKIP to Q 17]</i>  <input type="radio"/> Doesn't Know  <input type="radio"/> Refused</p>
<p>a Were you ever called into active duty as a member of the National Guard or as a Reservist?</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>b Do you use Veteran's Administration (VA) Medical or Health Care Services?</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>c Do you receive any VA Compensation or Pension?</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>6 Do you have a physical disability? <i>[E.g. hearing, mobility, and visual impairments]</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>17 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>18 Do you struggle with mental health issues?</p> <p><i>[E.g. chronic depression, bipolar disorder, PTSD]</i></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Doesn't Know</p> <p><input type="radio"/> Refused</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Doesn't Know</p> <p><input type="radio"/> Refused</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Doesn't Know</p> <p><input type="radio"/> Refused</p>
<p>19 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><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Doesn't Know</p> <p><input type="radio"/> Refused</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Doesn't Know</p> <p><input type="radio"/> Refused</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Doesn't Know</p> <p><input type="radio"/> Refused</p>
<p>20 Just so I understand what you told me previously, do you have a disability?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No → <i>[SKIP to Q 22]</i></p> <p><input type="radio"/> Doesn't Know</p> <p><input type="radio"/> Refused</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No → <i>[SKIP to Q 22]</i></p> <p><input type="radio"/> Doesn't Know</p> <p><input type="radio"/> Refused</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No → <i>[SKIP to Q 22]</i></p> <p><input type="radio"/> Doesn't Know</p> <p><input type="radio"/> Refused</p>
<p>21 Do you think any of the disabilities we talked about prevent you from working or maintaining stable housing?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Doesn't Know</p> <p><input type="radio"/> Refused</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Doesn't Know</p> <p><input type="radio"/> Refused</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Doesn't Know</p> <p><input type="radio"/> Refused</p>

**Thank you so much for sharing your story with us.**