

We All Count Survey

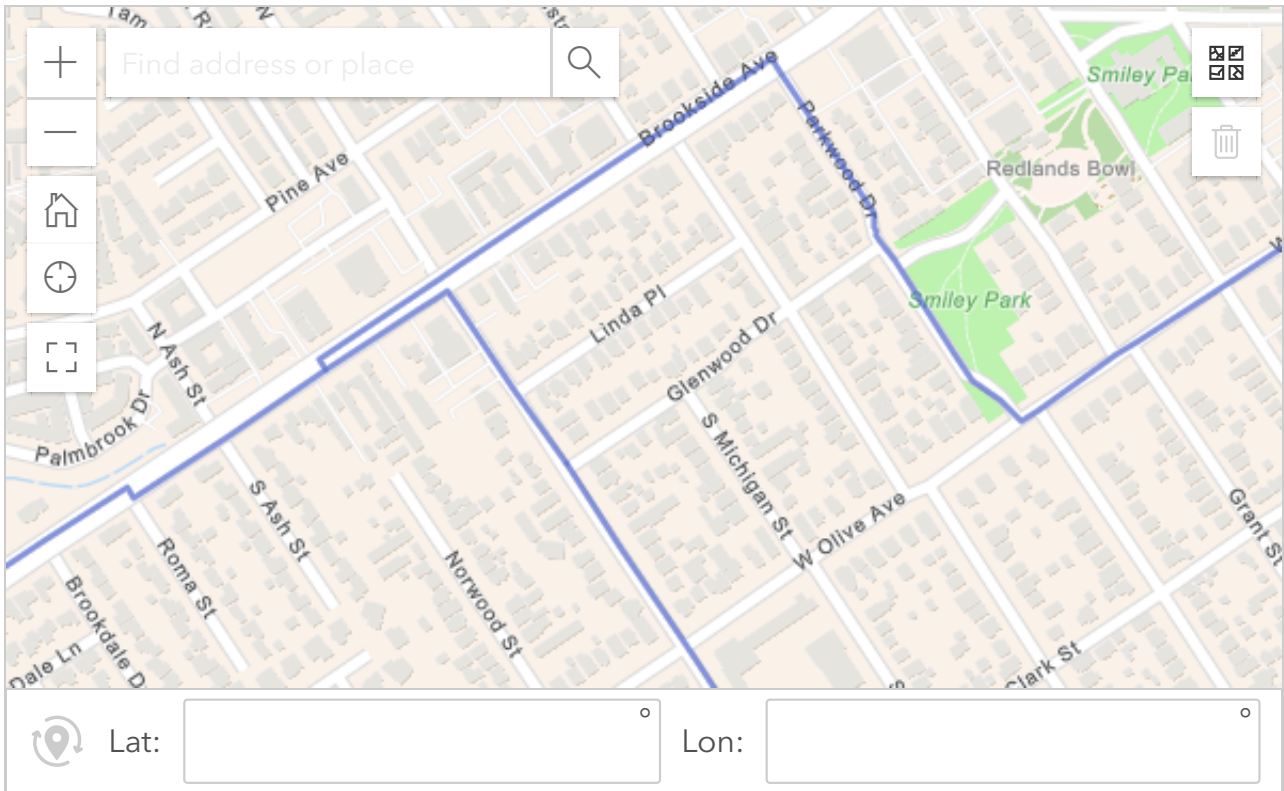
Please click the boxes to fill out date and time*

 1/27/2022

 04:00 AM

Please click the circle with the 4 prongs to drop a pin to denote the location of this survey or use the "find address or place" box to manually input the address.

LOCATION MUST BE TURNED ON, ON YOUR DEVICE



Surveyor name or initials:*

Sample

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, help provide better services and increase funding for the community. 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 No

Type in the persons name.*

If client refuses write "refused".

Sample

Did another volunteer or survey worker already ask you questions about where you are staying tonight?*

Yes (end the survey) No (continue with survey)

Where did you sleep on the night of January 26th 2022?*

Do not read the categories.

Abandoned building ▼

Are you 25 and up or 24 and under?*

25 and up

24 and under

The next section is in regards to total Household members. Please fill out the total number of household members for each age range.

If there are not household members in a age range put 0

Including yourself (Person 1), how many adults over 25 are there in your (their) household, who are sleeping in the same location tonight?*

1²³ 1

How many adults between 18-24 are there in your (their) household, who are sleeping in the same location tonight?*

1²³ 0

How many children under 18 are there in your (their) household, who are sleeping in the same location tonight?*

1²³ 0

Demographics and Homeless History Questions (1) ▾

As a part of the count, we collect Full names, Social Security #'s (except for youth) and birth dates to make sure no one is counted twice. We will not share your information with anyone outside of this organization. If you are only comfortable sharing a partial SS # and your initials that is helpful as well.

Ask the following questions to the original respondent and then repeat for other household members. If the other household members are not present the original respondent should answer for them.

What is your name or initials?*

If respondent says don't know or refused enter "Don't know" or "Refused"

What is your birthday month?*

1, 2, 3, 4, etc

Write "don't know" or "client refused" if not able to be collected

What is your birthday day?*

1, 2, 3, 4, 5, 6, etc

Write "don't know" or "client refused" if not able to be collected

What is your birthday year?*

1981, 1991, 2001, etc

Write "don't know" or "client refused" if not able to be collected

Just to verify, this is your age?*

If age is not correct, please update.

Write "don't know" or "client refused" if not able to be collected

What is your social security number?*

WRITE 'YOUTH' FOR YOUTH

FOR PARTIAL USE LAST 4 OF SOCIAL If respondent says don't know or refused enter "Don't know" or "Refused"

How are you related to Person 1?*

Person 1 is the Head of Household

Child

Spouse

Other Family

Non-Married Partner

Other, Non-Family

Are you Hispanic or Latino?*

Yes

No

Doesn't Know

Refused

What is your primary race?*

Read the categories, don't read "Other" or "Don't Know/Refused"

American Indian, Alaska Native, or Indigenous

Asian or Asian American

Black, African American, or African

Native Hawaiian or Pacific Islander

White

Doesn't Know

Refused

Which gender do you most identify with?*

Male

Female

A gender other than singularly female or male (ie: non-binary, genderfluid, agender, culturally specific gender)

Transgender

Questioning

Client Doesn't Know

Client Refused

Have you ever been on active duty in the military?*

Yes

No

Doesn't Know

Refused

Did you become homeless in San Diego?

Yes

No

Doesn't Know

Refused

Are you experiencing homelessness because you are currently fleeing domestic violence, dating violence, sexual assault, or stalking?

Yes

No

Doesn't Know

Refused

Is this the first time you have experienced homelessness?*

Yes

No

Doesn't Know

Refused

How long have you been experiencing homelessness this time? Only include time spent staying in shelters and/or on the streets.*

Round to nearest month

1

2

3

4

5

6

7

8

9

10

11

12

Demographics and Homeless History Questions

1

More than 12 Doesn't Know Refused

Including this time, how many times have you experienced homelessness in the past 3 years?*

This only includes streets, emergency shelters, or safe havens. A break in homelessness is more than 7 days noting any of these locations.

 1 (only time) 2 3 4 or more Doesn't Know Refused

If you had to add it all up, how many months have you been homeless in the past three years?*

Round up to the nearest month.

1

2

3

4

5

6

7

8

9

10

11

12

More than 12 Doesn't Know Refused

The next set of questions asks about sensitive topics. You don't have to answer any question that you don't want to however your answers will be combined with the answers of other people who take the survey and used to help provide better programs and services to those experiencing homelessness.

Do you have a physical disability? *

ie: hearing, mobility, and visual impairments

 Yes No Doesn't Know Refused

Do you have a developmental disability?*

ie: autism, behavior disorders, and intellectual disabilities

Yes

No

Doesn't Know

Refused

Do you struggle with a mental health disorder?*

ie: chronic depression, bipolar disorder, PTSD

Yes

No

Doesn't Know

Refused

Do you feel you have a substance abuse disorder?*

This could include alcohol or drug use both illegal and prescription for non-medical reasons.

 Yes No Doesn't Know Refused**Do you feel you have an impairment caused by alcohol use?** Yes No Doesn't Know Refused

Are you living with AIDS or an HIV-related illness?*

Yes

No

Doesn't Know

Refused

Do you think any of the disabilities we talked about are expected to be long term and prevent you from working or maintaining stable housing?*

Yes

No

Doesn't Know

Refused

**COMPLETE THE QUESTIONS FOR EACH HOUSEHOLD MEMBER.
REPEAT FOR EACH MEMBER OF THEIR HOUSEHOLD BY USING THE
BLUE CIRCLES UNDER THE "DEMOGRAPHICS & HOMELESS**

HISTORY" SECTION. DO NOT END THE SURVEY UNTIL EACH HOUSEHOLD MEMBER IS SURVEYED!

Submit