

# 2024 Point-in-Time (PIT) Count Survey

Town of Survey: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Interviewer: \_\_\_\_\_ Date: 01/\_\_\_\_/2024 Time: \_\_\_\_\_ AM/PM

## Introduction & Screener

**\*Hello, my name is \_\_\_\_\_ and I'm a volunteer for local outreach. We are conducting a survey to better understand homelessness in our community and improve programs. If you participate your responses will be kept confidential. You can choose to skip any question and your answers will not affect your eligibility for any compensation or services, and the information will not be shared with anyone outside of our team. I need to read each question all the way through. Can I have about 10 minutes of your time? \***

**1. Have you already been interviewed today for the Point in Time Count?**

- Yes (If Yes --- STOP)
- No

**2. Where are you sleeping on the night of the Count?**

- Abandoned building
- Under a bridge / overpass
- Bus/ Train station
- Vehicle / Boat / RV
- Motel/Hotel paid for by agency
- Emergency shelter
- Outdoor encampment
- Park
- Street or Sidewalk
- Other: \_\_\_\_\_

If the answer is any of the options below this line, **DO NOT CONTINUE**. Thank them for their time and end the survey.

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- Jail
- Motel/Hotel paid for w/ own funds
- Transitional housing
- House or apt – rent/own
- Treatment program
- Hospital
- w/ friend or family (couch surfing)
- In a place being evicted from

**3. What is your name?**

First Name (or Initial): \_\_\_\_\_  
 Last Name (or Initial): \_\_\_\_\_  
 PPNTA

**a. If hesitant, ask "What are your initials?"**

Initials: \_\_\_\_\_

## Demographic Questions

<p>4. What is your gender? (select all that apply)</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"/> PPNTA
<p>a. If Different Identity, please specify</p>	<p>Other: _____</p>
<p>5. What is your date of birth?</p>	<p>___/___/_____ <input type="checkbox"/> Person doesn't know <input type="checkbox"/> PPNTA</p>
<p>a. If refused to answer date of birth, ask "How old are you?"</p>	<p>Age: _____</p>
<p>b. If refused to answer age, "What age range do you fall into?"</p>	<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+
<p>6. What is your race? (select all that apply)</p>	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian America <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"/> Person doesn't know <input type="checkbox"/> PPNTA
<p>7. Is this the first time you have been homeless?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> PPNTA
<p>8. How long have you been homeless <u>this time</u>? Only include time you spent staying in shelters and/or on the streets.</p>	<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
<p>9. How many months did you stay in shelters or on the streets over the past 3 years?</p>	<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
<p>10. How many separate times in the past 3 years have lived in a shelter, on the streets, or in a car?</p>	<input type="checkbox"/> Fewer than 4 times <input type="checkbox"/> 4 or more times <input type="checkbox"/> Person doesn't know <input type="checkbox"/> PPNTA
<p>11. Do you remember the zip code or city where you were living when you became homeless this time?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> PPNTA
<p>a. If yes:</p>	<p>Zip or City: _____</p>

**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. \***

<p><b>12. Do you have a Substance Use Disorder?</b></p>	<p><input type="checkbox"/> No    <input type="checkbox"/> Alcohol use disorder    <input type="checkbox"/> Drug use disorder  <input type="checkbox"/> Both Alcohol and Drug use disorders  <input type="checkbox"/> Person Doesn't Know    <input type="checkbox"/> PPNTA</p>
<p>a. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Person Doesn't Know    <input type="checkbox"/> PPNTA</p>
<p><b>13. Do you have a Chronic Health Condition?</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Person Doesn't Know    <input type="checkbox"/> PPNTA</p>
<p>a. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Person Doesn't Know    <input type="checkbox"/> PPNTA</p>
<p><b>14. Do you have a Mental Health Disorder?</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Person Doesn't Know    <input type="checkbox"/> PPNTA</p>
<p>a. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Person Doesn't Know    <input type="checkbox"/> PPNTA</p>
<p><b>15. Do you have a Physical Disability?</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Person Doesn't Know    <input type="checkbox"/> PPNTA</p>
<p>a. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Person Doesn't Know    <input type="checkbox"/> PPNTA</p>
<p><b>16. Do you have a Developmental Disability?</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Person Doesn't Know    <input type="checkbox"/> PPNTA</p>
<p><b>17. Are you living with HIV or AIDS?</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Person Doesn't Know    <input type="checkbox"/> PPNTA</p>
<p><b>18. Are you a survivor of domestic violence?</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Person Doesn't Know    <input type="checkbox"/> PPNTA</p>
<p>a. If yes, when did the experience(s) occur?</p>	<p><input type="checkbox"/> 3 months or less    <input type="checkbox"/> 3-6 months    <input type="checkbox"/> 6 months- 1 year  <input type="checkbox"/> more than 1 year    <input type="checkbox"/> PPNTA</p>
<p>b. If yes, are you currently fleeing?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Person Doesn't Know    <input type="checkbox"/> PPNTA</p>
<p><b>19. Are you a veteran?</b> <i>(served in the US Armed Forces OR been called into duty as a member of the National Guard or as a Reservist)</i></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Person Doesn't Know    <input type="checkbox"/> PPNTA</p>

**End of Survey**

**\*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! \***

**20. Notes**

**Text box**