SURVEY **Survey Number: XXXX**

**Location: Time: AM/PM**

**Interviewer: Contact #:**

UNIQUE IDENTIFIER

**First Name Initial \_\_\_\_\_\_\_ Last Name Initial \_\_\_\_\_\_\_\_ Month of Birth [1-12] \_\_\_\_\_\_\_\_ Day of Birth [1-30] \_\_\_\_\_\_**

**6 Digit ID [EX. JD1220] \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_**

**SCREENING QUESTIONS**

1. **Do you have a permanent residence that you can return to tonight?**

|  |  |  |  |
| --- | --- | --- | --- |
| * 1. YES
 | * 1. NO
 | * 1. DON’T KNOW
 | * 1. DECLINE TO ANSWER
 |

1. **Where are you staying tonight?**

|  |  |
| --- | --- |
| 1. PUBLIC SPACE (E.G., SIDEWALKS, SQUARES, PARKS, FORESTS, BUS SHELTER)
2. VEHICLE (CAR, VAN, RV, TRUCK)
3. MAKESHIFT SHELTER, TENT OR SHACK
 | 1. ABANDONED/VACANT BUILDING
2. OTHER UNSHELTERED LOCATION UNFIT FOR HUMAN HABITATION (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_
3. RESPONDENT DOESN’T KNOW [LIKELY HOMELESS]
 |

**BEGIN SURVEY**

1. **What family members are with you?** [Indicate survey numbers for adults]

|  |  |
| --- | --- |
| * NONE
* PARTNER - Survey #: \_\_\_ \_\_\_ \_\_\_ \_\_\_
 | * OTHER ADULT - Survey #: \_\_\_ \_\_\_ \_\_\_ \_\_\_
* DECLINE TO ANSWER
 |

|  |
| --- |
| * CHILD(REN)/DEPENDENT(S) [indicate age for child/dependent]
 |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| GENDER |  |  |  |  |  |  |  |  |  |  |
| AGE |  |  |  |  |  |  |  |  |  |  |

1. **How old are you? [OR] What year were you born?** [If unsure, ask for best estimate]

|  |  |  |
| --- | --- | --- |
| * AGE \_\_\_\_\_\_\_\_**OR** YEAR BORN \_\_\_\_\_\_\_\_\_\_\_\_\_
 | * DON’T KNOW
 | * DECLINE TO ANSWER
 |
| *If youth is under the age of 15, terminate survey, tally and notify Team Leader and/or shelter and service staff.* |

1. **What gender do you identify with?** [Select one. Do not read categories]

|  |  |  |
| --- | --- | --- |
| * MALE
* FEMALE
* TRANSGENDER
* TRANS WOMAN
* TRANS MAN
* TWO-SPIRIT
 | * GENDERQUEER
* GENDERFLUID
* ANDROGYNOUS
* NON-BINARY
* INTERSEX
 | * DON’T KNOW
* DECLINE TO ANSWER
 |

1. **Do you identify as part of the Lesbian, Gay, Bisexual, Two-Spirited or Queer, community?**

|  |  |  |  |
| --- | --- | --- | --- |
| * YES
 | * NO
 | * DON’T KNOW
 | * DECLINE TO ANSWER
 |

1. **Do you identify as Aboriginal or do you have Aboriginal ancestry? This includes First Nations, Métis, Inuit, with or without status.** (*Note:* *You may consider including “Indigenous” or locally-used terminology here, in consultation with your community.*) [If yes, please follow-up to specify.]

|  |  |  |
| --- | --- | --- |
| * YES --------------------------------------------->
* NO
* DON’T KNOW
* DECLINE TO ANSWER
 | **If YES:** | * FIRST NATIONS
* INUIT
* MÉTIS
* NON-STATUS / HAVE ABORIGINAL ANCESTRY
 |

1. **Did you move to** [COMMUNITIY] **in the past year?**

|  |  |  |  |
| --- | --- | --- | --- |
| * YES
 | * NO
 | * DON’T KNOW
 | * DECLINE TO ANSWER
 |

 **🡪 6B. If you moved to [**COMMUNITY] **in the last year, where were you living prior to coming here?**

|  |  |  |
| --- | --- | --- |
| * COMMUNITY NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* AND PROVINCE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* OR COUNTRY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * DON’T KNOW
 | DECLINE TO ANSWER |

1. **Did you come to Canada as an immigrant or refugee within the past 5 years?**

|  |  |  |  |
| --- | --- | --- | --- |
| * YES
 | * NO
 | * DON’T KNOW
 | * DECLINE TO ANSWER
 |

1. **Were you born in Canada?**

|  |  |  |  |
| --- | --- | --- | --- |
| * YES
* NO ------------------------------>
* DON’T KNOW
* DECLINE TO ANSWER
 | * **If NO:**
 | * CANADIAN CITIZEN
* PERMANENT RESIDENT
* REFUGEE CLAIMANT

TEMPORARY FOREIGN WORKER | * INTERNATIONAL STUDENT
* OTHER (PLEASE SPECIFY)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Over the past year, *how* *much of the time* have you been homeless?** [Best estimate.]

|  |  |  |
| --- | --- | --- |
| * LENGTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DAYS / WEEKS / MONTHS
* DON’T KNOW
* DECLINE TO ANSWER
 | IF UNSURE: | * 0-2 MONTHS
* 3-5 MONTHS
* 6-12 MONTHS
 |

1. **Over the past year, *how many different times* have you experienced homelessness?**

[Includes this time. Best estimate.]

|  |  |  |
| --- | --- | --- |
| * NUMBER OF TIMES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* DON’T KNOW
* DECLINE TO ANSWER
 | IF UNSURE: | * 1 TIME [current episode]
* 2 TIMES
* 3 OR MORE TIMES
 |

1. **How old were you when you first became homeless in your life?**

|  |  |  |
| --- | --- | --- |
| * AGE\_\_\_\_\_\_\_\_\_\_\_
 | * DON’T KNOW
 | * DECLINE TO ANSWER
 |

1. **Have you stayed in an emergency shelter in the past year?**

|  |  |  |  |
| --- | --- | --- | --- |
| * YES
 | * NO
 | * DON’T KNOW
 | * DECLINE TO ANSWER
 |

**🡪 12B. If “NO”, why not?**

|  |  |  |
| --- | --- | --- |
|  | * DON’T KNOW
 | * DECLINE TO ANSWER
 |

1. **What happened that caused you to lose your housing most recently?** [Do not read the options. Select all that apply. “Housing” does not include temporary arrangements (e.g., couch surfing) or shelter stays.]

|  |  |
| --- | --- |
| * ILLNESS OR MEDICAL CONDITION
* ADDICTION OR SUBSTANCE USE
* JOB LOSS
* EVICTED: UNABLE TO PAY RENT
* EVICTED: OTHER REASON
* DOMESTIC ABUSE: SPOUSE OR PARTNER
* DOMESTIC ABUSE: PARENT OR GUARDIAN
 | * FAMILY CONFLICT: SPOUSE OR PARTNER
* FAMILY CONFLICT: PARENT OR GUARDIAN
* CONFLICT WITH A ROOMMATE
* LEFT CARE (CHILD PROTECTION)/[PROV. TERM]
* INCARCERATED (JAIL OR PRISON)
* HOSPITALIZATION OR TREATMENT PROGRAM
* UNSAFE HOUSING CONDITIONS
* DON’T KNOW
* DECLINE TO ANSWER
 |
| Other reason/Notes: |

1. **What is the highest level of education you completed?**

|  |  |  |
| --- | --- | --- |
| * ELEMENTARY
* SOME HIGH SCHOOL
 | * HIGH SCHOOL GRADUATE
* SOME POST SECONDARY
* POST SECONDARY GRADUATE
 | * DON’T KNOW
* DECLINE TO ANSWER
 |

1. **Are you currently attending school?**

|  |  |  |  |
| --- | --- | --- | --- |
| * YES
 | * NO
 | * DON’T KNOW
 | * DECLINE TO ANSWER
 |

1. **As a child, were you ever involved with child protection services (also known as children’s aid or the child welfare system)?**

|  |  |  |  |
| --- | --- | --- | --- |
| * YES
 | * NO
 | * DON’T KNOW
 | * DECLINE TO ANSWER
 |

1. **Have you ever been in foster care and/or group home?**

|  |  |  |  |
| --- | --- | --- | --- |
| * YES
 | * NO
 | * DON’T KNOW
 | * DECLINE TO ANSWER
 |

1. **Do you want to get into permanent housing?**

|  |  |  |  |
| --- | --- | --- | --- |
| * YES
 | * NO
 | * DON’T KNOW
 | * DECLINE TO ANSWER
 |

1. **What do you think is keeping you from finding a place of your own?** [Select all that apply]

|  |  |
| --- | --- |
| * LOW INCOME
* NO INCOME ASSISTANCE
* RENT IS TOO HIGH
* POOR HOUSING CONDITIONS
* DOMESTICK VIOLENCE
* HEALTH/DISABILITY ISSUES
* MENTAL HEALTH ISSUES
* ADDICTION
* FAMILY BREAKDOWN/CONFLICT
 | * CRIMINAL HISTORY
* PETS
* CHILDREN
* DISCRIMINATION
* DON’T WANT HOUSING
* OTHER (PLEASE SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* NO BARRIERS TO HOUSING
* NONE OF THE ABOVE
* DECLINE TO ANSWER
 |

1. **What would help you find permanent, stable housing?**

|  |  |  |
| --- | --- | --- |
| * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * DON’T KNOW
 | * DECLINE TO ANSWER
 |