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 |