UNSHELTERED SURVEY **Survey Number: 0000**

**Location: Time: AM/PM**

**Interviewer: Contact #:**

**C. Where are you staying tonight? / Where did you stay last night?**

|  |  |
| --- | --- |
| 1. DECLINE TO ANSWER
2. OWN APARTMENT / HOUSE
 | **[THANK & END SURVEY]** |
| 1. SOMEONE ELSE’S PLACE
2. MOTEL/HOTEL (SELF FUNDED)
3. HOSPITAL
4. TREATMENT CENTRE
5. JAIL, PRISON, REMAND CENTRE
 | **C1. Do you have access to a permanent residence where you can safely stay as long as you want?** 1. Yes **[THANK & END]**
2. No (not permanent AND/OR not safe) **[BEGIN SURVEY]**
3. Don’t Know **[BEGIN SURVEY]**
4. Decline to answer **[THANK & END]**
 |
| 1. HOMELESS SHELTER (EMERGENCY, FAMILY OR DOMESTIC VIOLENCE SHELTER)
2. HOTEL/MOTEL (FUNDED BY CITY OR HOMELESS PROGRAM)
3. TRANSITIONAL SHELTER/HOUSING
4. UNSHELTERED IN A PUBLIC SPACE (E.G. STREET, PARK, BUS SHELTER, FOREST OR ABANDONED BUILDING)
5. ENCAMPMENT (E.G. GROUP OF TENTS, MAKESHIFT SHELTERS OR OTHER LONG-TERM OUTDOOR SETTLEMENT)
6. VEHICLE (CAR, VAN, RV, TRUCK, BOAT)
7. UNSURE: INDICATE PROBABLE LOCATION \_\_\_\_\_(b. - m.)
 | **[BEGIN SURVEY]** |

**BEGIN SURVEY**

1. **Do you have family members or anyone else who is staying with you tonight? / Did you have any family members or anyone else who stayed with you last night?** [Indicate survey number for partners. Check all that apply]

|  |  |
| --- | --- |
| * NONE
* PARTNER - Survey #: \_\_\_ \_\_\_ \_\_\_ \_\_\_
 | * OTHERS (Can include other family or friends)
* DECLINE TO ANSWER
 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * CHILD(REN)/DEPENDENT(S)
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| [indicate gender and age for each] | 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
 |

* **For this survey, “homelessness” means any time when you have been without a permanent and secure place to live, including sleeping in shelters, on the streets, or living temporarily with others without having your own permanent housing (e.g. couch surfing).**
1. **How old were you the first time you experienced homelessness?**

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

1. **In total, for *how much time* have you experienced homelessness over the PAST YEAR (the last 12 months)?** [Does not need to be exact. Best estimate.]

|  |  |  |
| --- | --- | --- |
| * LENGTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DAYS | WEEKS | MONTHS
 | * DON’T KNOW
 | * DECLINE TO ANSWER
 |

1. **Have you stayed in a homeless shelter in the past year? For example,** (*COMMUNITY NOTE: Include examples of emergency shelters and extreme weather shelters for interviewers to provide*).

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

1. **Did you come to Canada as an immigrant, refugee or a refugee claimant (i.e. applied for refugee status after coming to Canada)?**

|  |  |  |
| --- | --- | --- |
| * YES, IMMIGRANT ------------------------->
* YES, REFUGEE------------------------------>
* YES, REFUGEE CLAIM IN CANADA--->
* NO
* DON’T KNOW
* DECLINE TO ANSWER
 | **If YES:** | **How long have you been in Canada?*** LENGTH: \_\_\_\_\_\_\_\_\_\_\_ DAYS | WEEKS | MONTHS | YEARS

OR DATE: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_ DAY / MONTH / YEAR* DON’T KNOW
* DECLINE TO ANSWER
 |

1. **How long have you been in** (***community name***)**?**

|  |  |  |  |
| --- | --- | --- | --- |
| * LENGTH \_\_\_\_\_\_ DAYS / WEEKS / MONTHS / YEARS
 | * ALWAYS BEEN HERE
 | * DON’T KNOW
 | * DECLINE TO ANSWER
 |
| ⮱ **Where did you live before you came here?** | * CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PROVINCE/TERRITORY/COUNTRY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* DECLINE TO ANSWER
 |

**8a. Do you identify as First Nations (with or without status), Métis, or Inuit, or do you have North American Indigenous ancestry?** [If yes, please specify] (*COMMUNITY NOTE: The wording of this question can be adapted to what makes sense in your community, for example by listing specific First Nations*)

|  |  |  |  |
| --- | --- | --- | --- |
| * YES, FIRST NATIONS
* YES, INUIT
 | * YES, MÉTIS
* YES, INDIGENOUS ANCESTRY
 | * NO
* DON’T KNOW
 | * DECLINE TO ANSWER
 |

**8b. In *addition* to your response in the question above, do you identify with any of the racial identities listed below?** [Show or Read list. Select all that apply]

|  |  |
| --- | --- |
| * ARAB (e.g., Syrian, Egyptian, Yemeni)
* ASIAN-EAST (e.g., Chinese, Korean, Japanese)
* ASIAN- SOUTH-EAST (e.g., Filipino, Vietnamese, Cambodian, Malaysian, Laotian)
* ASIAN-SOUTH OR INDO-CARIBBEAN (e.g., Indian, Pakistani, Sri Lankan, Indo-Guyanese, Indo-Trinidadian)
* ASIAN-WEST (e.g., Iranian, Afghan)
* BLACK-CANADIAN/AMERICAN
* BLACK-AFRICAN (e.g., Ghanaian, Ethiopian, Nigerian)
 | * BLACK-AFRO-CARIBBEAN OR AFRO-LATINX (e.g., Jamaican, Haitian, Afro-Brazilian.)
* LATIN AMERICAN (e.g., Brazilian, Mexican, Chilean, Cuban)
* WHITE (e.g. European, French, Ukrainian, Euro-Latinx)
* NOT LISTED (PLEASE SPECIFY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* IDENTIFY AS INDIGENOUS ONLY
* DON’T KNOW
* DECLINE TO ANSWER
 |

1. **Have you ever served in the Canadian Military or RCMP?**

[Military includes Canadian Navy, Army, or Air Force]

|  |  |  |
| --- | --- | --- |
| * YES, MILITARY
* YES, RCMP
 | * BOTH MILITARY AND RCMP
* NO
 | * DON’T KNOW
* DECLINE TO ANSWER
 |

1. **As a child or youth, were you ever in foster care or in a youth group home (*COMMUNITY NOTE: include any other Provincial child welfare programs*)?** [Note: This question applies specifically to child welfare programs.]

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

1. **Do you identify as having any of the following health challenges at this time:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ILLNESS OR MEDICAL CONDITION[e.g. diabetes, arthritis, TB, HIV] | * YES
 | * NO
 | * DON’T KNOW
 | * DECLINE TO ANSWER
 |
| PHYSICAL LIMITATION[e.g. challenges with mobility, physical abilities or dexterity] | * YES
 | * NO
 | * DON’T KNOW
 | * DECLINE TO ANSWER
 |
| LEARNING OR COGNITIVE LIMITATIONS[e.g. dyslexia, autism spectrum disorder, or as a result of ADHD or an acquired brain injury] | * YES
 | * NO
 | * DON’T KNOW
 | * DECLINE TO ANSWER
 |
| MENTAL HEALTH ISSUE [diagnosed/undiagnosed][e.g. depression, Post traumatic stress disorder (PTSD), bipolar disorder] | * YES
 | * NO
 | * DON’T KNOW
 | * DECLINE TO ANSWER
 |
| SUBSTANCE USE ISSUE[e.g. tobacco, alcohol, opiates] | * YES
 | * NO
 | * DON’T KNOW
 | * DECLINE TO ANSWER
 |

1. **What gender do you identify with?** [Show list or read list.]

|  |  |  |
| --- | --- | --- |
| * MAN
* WOMAN
* TWO-SPIRIT
 | * TRANS WOMAN
* TRANS MAN
* NON-BINARY (GENDERQUEER)
 | * NOT LISTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* DON’T KNOW
* DECLINE TO ANSWER
 |

1. **How do you describe your sexual orientation, for example straight, gay, lesbian?** [Show list or read list.]

|  |  |  |  |
| --- | --- | --- | --- |
| * STRAIGHT/HETEROSEXUAL
* GAY
* LESBIAN
 | * BISEXUAL
* TWO-SPIRIT
* PANSEXUAL
 | * ASEXUAL
* QUEER
* QUESTIONING
 | * NOT LISTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* DON’T KNOW
* DECLINE TO ANSWER
 |

**14a. What happened that caused you to lose your housing most recently?** [Do not read the options. Check all that apply. “Housing” does not include temporary arrangements (e.g., couch surfing) or shelter stays. Follow up for the reason if the respondent says “eviction” or that they “chose to leave”.]

|  |  |  |
| --- | --- | --- |
| **A: HOUSING AND FINANCIAL ISSUES**  | **B: INTERPERSONAL AND FAMILY ISSUES** | **C: HEALTH OR CORRECTIONS** |
| * NOT ENOUGH INCOME FOR HOUSING (E.G. LOSS OF BENEFIT, INCOME, OR JOB)
* UNFIT/UNSAFE HOUSING CONDITION
* BUILDING SOLD OR RENNOVATED
* OWNER MOVED IN
* LANDLORD/TENANT CONFLICT
* COMPLAINT (E.G. PETS/NOISE/DAMAGE)
* LEFT THE COMMUNITY/RELOCATED
 | * CONFLICT WITH: SPOUSE / PARTNER
* CONFLICT WITH: PARENT / GUARDIAN
* CONFLICT WITH: OTHER (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* EXPERIENCED ABUSE BY: SPOUSE / PARTNER
* EXPERIENCED ABUSE BY: PARENT / GUARDIAN
* EXPERIENCED ABUSE BY: OTHER (\_\_\_\_\_­­\_\_\_\_\_)
* DEPARTURE OF FAMILY MEMBER
* EXPERIENCED DISCRIMINATION
 | * PHYSICAL HEALTH ISSUE
* MENTAL HEALTH ISSUE
* SUBSTANCE USE ISSUE
* HOSPITALIZATION OR TREATMENT PROGRAM
* INCARCERATION (JAIL OR PRISON)
 |
| * OTHER REASON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * DON’T KNOW
 | * DECLINE TO ANSWER
 |

|  |
| --- |
| **14b. Was your most recent housing loss related to the COVID-19 pandemic?** |
| * YES
 | * NO
 | * DON’T KNOW
 | * DECLINE TO ANSWER
 |

|  |
| --- |
| **14c. How long ago did that happen (that you lost your housing most recently)?** (Best estimate) |
| * LENGTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DAYS | WEEKS | MONTHS | YEARS
 | * DON’T KNOW
 | * DECLINE TO ANSWER
 |

1. **What are your sources of income?** [Reminder that this survey is anonymous. **Read list** and check all that apply ]

|  |  |  |
| --- | --- | --- |
| * FULL TIME EMPLOYMENT
* PART TIME EMPLOYMENT
* CASUAL EMPLOYMENT (E.G. CONTRACT WORK)
* INFORMAL INCOME SOURCES (E.G. BOTTLE RETURNS, PANHANDLING)
* MONEY FROM FAMILY/FRIENDS
 | * EMPLOYMENT INSURANCE
* DISABILITY BENEFIT [Name of PROV. DISABILITY BENEFIT]
* SENIORS BENEFITS (E.G. CPP/OAS/GIS)
* WELFARE/SOCIAL ASSISTANCE [Prov. Benefit]
* VETERAN/VAC BENEFITS
 | * CHILD AND FAMILY TAX BENEFITS
* GST/HST REFUND
* OTHER MONEY FROM A SERVICE AGENCY
* OTHER SOURCE: \_\_\_\_\_\_\_\_\_\_\_\_
* NO INCOME
* DON’T KNOW
* DECLINE TO ANSWER
 |