Everyone Counts 2020: Third Nationally Coordinated Point in Time Count

**Survey Forms**

This document includes recommended survey templates, including screening tools, tally sheets and survey forms for use in sheltered and unsheltered locations. Use of these forms is not mandatory, but they are examples that provide the data necessary to respond to the **Core Screening and Survey Questions**. Instructions on completing these forms are below. Each surveyor would be given a tally sheet and a package of survey forms.

# Screening Tools

These sheets include a script for the surveyor to follow, asking for the individual’s consent to participate. They also include the Core Screening Questions. These questions determine whether or not the surveyor should begin the survey with each respondent. In these examples, the screening criteria are set to include only the Core Populations. Communities can adjust these criterial to screen in optional populations. For those who are screened in, the surveyor starts the survey by noting the responses to question C. In unsheltered locations, those who are *not* screened in are recorded on the tally sheet.

# Tally Sheet (unsheltered locations only)

At the top of the sheet, surveyors indicate their search area/location, the time of their shift, their name and a contact number. If there are any discrepancies with the entries, or missing data, surveyor may be contacted to provide clarity. This sheet can be used when a respondent declines to answer the survey, has already answered the survey, has been screened out or has been observed only. This sheet captures where the individual was encountered, the reason they were not surveyed; and whether they are included among observed homelessness (clearly sleeping outdoors, or in a car, but were unable to respond to the screening questions).

# Survey Forms

Surveyors indicate their name, contact number, specific location (e.g., the intersection) and time the survey was completed at the top of each survey form. Each form has a *survey number*, which provides an anonymous unique identifier and can be used to keep track of forms and to link family data. Please contact Employment and Social Development Canada (HPSR@hrsdc-rhdcc.gc.ca) to receive the digital copies of these forms that include a function to add Survey Numbers to the printed forms through the “Mail Merge” function in Microsoft Word.

The first question on the survey form is the last screening question. Surveyors should note the response to this question before going through the remaining questions. Questions should be asked exactly as they are written, but prompts or explanations may be given when the respondent is unsure. The form includes suggested prompts (e.g., defining Canadian Military). Any local questions can be added to the survey, but it is recommended that they use similar formatting.

The majority of survey questions require a single response. For these questions, surveyors would check the circle next to the given response. Other questions allow multiple responses. For these questions, a checkbox appears beside each answer. This offers a straightforward visual clue to the surveyor indicating where multiple answers are allowed and where they are not.

# Optional Hidden Homelessness Question

People who are considered to be experiencing “Hidden Homelessness” are individuals who are staying with someone else because they are without a place of his or her own. In order to determine which respondents are experiencing “Hidden Homelessness”, your community can consider including question C1. as a follow-up question to people who responded c.- g. for question C., *“Where are you staying tonight/Where did you stay last night?”.* The inclusion of these individuals in the count, helps to provide a better understanding of the experience of homelessness in Canada.

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

|  |  |
| --- | --- |
| 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]**
 |

# UNSHELTERED SCREENING TOOL [OVERNIGHT]

Hello, my name is and I’m a volunteer for the **(*Community Name*) housing needs survey**. We are conducting a survey to provide better programs and services to people experiencing homelessness. The survey takes about 10 minutes to complete.

* **Participation is voluntary** and **your name will not be recorded**.
* You can choose to **skip any question** or to **stop the interview at any time**.
* Results will contribute to the understanding of homelessness across Canada, and will help with research to improve services.
1. **Have you answered this survey with a person with this** *(****identifier****)***?**

**[YES: Thank and tally] [NO: Go to B]**

1. **Are you willing to participate in the survey?**

**[YES: Go to C] [NO: Thank and tally]**

1. **Where are you staying tonight? [DO NOT READ CATEGORIES]**

|  |  |
| --- | --- |
| 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) ENCAMPMENT OR ABANDONED BUILDING
5. VEHICLE (CAR, VAN, RV, TRUCK, BOAT)
6. UNSURE: INDICATE PROBABLE LOCATION \_\_\_\_\_(b. - l.)
 | **[BEGIN SURVEY]** |

* Thank you for agreeing to take part in the survey. Please note that you will receive (***item***) as a thank you for your participation.

# UNSHELTERED TALLY SHEET

**Area: Time: to Interviewer: Contact phone #:**

**Instructions**: For those who are ***not* surveyed**, please fill in the sheet below indicating the reason. For those who DECLINE or are OBSERVED only, but who are clearly homeless, please also indicate the reason you believe they are homeless (e.g., asleep outside with belongings).

|  |  |  |  |
| --- | --- | --- | --- |
| # | Location (e.g., building, park, nearest intersection) | Reason not Surveyed | \*Observed Homelessness |
| **Declined\*** | **Already Responded** | **Screened Out (Response to C)** | **Observed\*** | **Observed Homeless** | **Indicators of Homelessness** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |  |
| 26 |  |  |  |  |  |  |  |

UNSHELTERED SURVEY [OVERNIGHT] **Survey Number: 0000**

**Location: Time: AM/PM**

**Interviewer: Contact #:**

**C. [Surveyor: Indicate overnight location]**

|  |  |
| --- | --- |
| 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) ENCAMPMENT OR ABANDONED BUILDING
5. VEHICLE (CAR, VAN, RV, TRUCK, BOAT)
6. UNSURE: INDICATE PROBABLE LOCATION \_\_\_\_\_(b. - l.)
 | **[BEGIN SURVEY]** |

**BEGIN SURVEY**

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

|  |  |
| --- | --- |
| * NONE
* PARTNER - Survey #: \_\_\_ \_\_\_ \_\_\_ \_\_\_
 | * OTHER (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 CLAIMANT--------->
* 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
 |

1. **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
 |

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 DISABILITY[e.g. an issue with mobility, dexterity, capacity] | * YES
 | * NO
 | * DON’T KNOW
 | * DECLINE TO ANSWER
 |
| LEARNING DISABILITY OR COGNITIVE LIMITATIONS[e.g. ADHD, dyslexia, autism spectrum disorder, brain injury] | * YES
 | * NO
 | * DON’T KNOW
 | * DECLINE TO ANSWER
 |
| MENTAL HEALTH ISSUE[e.g. depression, 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.]

|  |  |  |
| --- | --- | --- |
| * 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.]

|  |  |  |  |
| --- | --- | --- | --- |
| * STRAIGHT/HETEROSEXUAL
* GAY
* LESBIAN
 | * BISEXUAL
* TWO-SPIRIT
* PANSEXUAL
 | * ASEXUAL
* QUESTIONING
* QUEER
 | * 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
* EXPERIENCED DISCRIMINATION
 | * 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
 | * 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. 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
* DECLINE TO ANSWER
 |

# UNSHELTERED SCREENING TOOL [NEXT-DAY]

Hello, my name is and I’m a volunteer for the **(*Community Name*) housing needs survey**. We are conducting a survey to provide better programs and services to people experiencing homelessness. The survey takes about 10 minutes to complete.

* **Participation is voluntary** and **your name will not be recorded**.
* You can choose to **skip any question** or to **stop the interview at any time**.
* Results will contribute to the understanding of homelessness across Canada, and will help with research to improve services.
1. **Have you answered this survey with a person with this** *(****identifier****)***?**

**[YES: Thank and tally] [NO: Go to B]**

1. **Are you willing to participate in the survey?**

**[YES: Go to C] [NO: Thank and tally]**

1. **Where did you stay last night? [DO NOT READ CATEGORIES]**

|  |  |
| --- | --- |
| 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) ENCAMPMENT OR ABANDONED BUILDING
5. VEHICLE (CAR, VAN, RV, TRUCK, BOAT)
6. UNSURE: INDICATE PROBABLE LOCATION \_\_\_\_\_(b. - l.)
 | **[BEGIN SURVEY]** |

* Thank you for agreeing to take part in the survey. Please note that you will receive (***item***) as a thank you for your participation.

**UNSHELTERED SURVEY [NEXT DAY] Survey Number: 0000**

**Location: Time: AM/PM**

**Interviewer: Contact #:**

**C. [Surveyor: Indicate overnight location]**

|  |  |
| --- | --- |
| 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) ENCAMPMENT OR ABANDONED BUILDING
5. VEHICLE (CAR, VAN, RV, TRUCK, BOAT)
6. UNSURE: INDICATE PROBABLE LOCATION \_\_\_\_\_(b. - l.)
 | **[BEGIN SURVEY]** |

**BEGIN SURVEY**

1. **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 #: \_\_\_ \_\_\_ \_\_\_ \_\_\_
 | * OTHER (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 CLAIMANT--------->
* 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
 |

1. **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
 |

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 DISABILITY[e.g. an issue with mobility, dexterity, capacity] | * YES
 | * NO
 | * DON’T KNOW
 | * DECLINE TO ANSWER
 |
| LEARNING DISABILITY OR COGNITIVE LIMITATION[e.g. ADHD, dyslexia, autism spectrum disorder, brain injury] | * YES
 | * NO
 | * DON’T KNOW
 | * DECLINE TO ANSWER
 |
| MENTAL HEALTH ISSUE[e.g. depression, 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.]

|  |  |  |
| --- | --- | --- |
| * 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.]

|  |  |  |  |
| --- | --- | --- | --- |
| * STRAIGHT/HETEROSEXUAL
* GAY
* LESBIAN
 | * BISEXUAL
* TWO-SPIRIT
* PANSEXUAL
 | * ASEXUAL
* QUESTIONING
* QUEER
 | * 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
* EXPERIENCED DISCRIMINATION
 | * 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
 | * 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. 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
* DECLINE TO ANSWER
 |

# SHELTERED SCREENING TOOL

Hello, my name is and I’m a volunteer for the **(*Community Name*) housing needs survey**. We are conducting a survey to provide better programs and services to people experiencing homelessness. The survey takes about 10 minutes to complete.

* **Participation is voluntary** and **your name will not be recorded**.
* You can choose to **skip any question** or to **stop the interview at any time**.
* Results will contribute to the understanding of homelessness across Canada, and will help with research to improve services.
1. **Have you answered this survey with a person with this (*identifier*)?**

**[YES: Thank and tally] [NO: Go to B]**

1. **Are you willing to participate in the survey?**

**[YES: Go to C] [NO: Thank and tally]**

1. **Are you staying here tonight?**

|  |  |
| --- | --- |
| * YES
 | * NO
 |
| **[BEGIN SURVEY & NOTE *h. -*  *j*. ON SURVEY, AS APPROPRIATE]** | **[ASK RESPONDENT TO SPECIFY LOCATION]** |

**[Surveyor, specify overnight location]**

|  |  |
| --- | --- |
| 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) ENCAMPMENT OR ABANDONED BUILDING
5. VEHICLE (CAR, VAN, RV, TRUCK, BOAT)
6. UNSURE: INDICATE PROBABLE LOCATION \_\_\_\_\_(b. - l.)
 | **[BEGIN SURVEY]** |

* Thank you for agreeing to take part in the survey. Please note that you will receive (***item***) as a thank you for your participation.

SHELTERED SURVEY **Survey Number: 2000**

**Facility/Program Name: Time: AM/PM**

**Interviewer: Contact #:**

1. **[Surveyor: Indicate overnight location]**

|  |  |
| --- | --- |
| 1. HOMELESS SHELTER (EMERGENCY, FAMILY OR DOMESTIC VIOLENCE SHELTER)
2. HOTEL/MOTEL (FUNDED BY CITY OR HOMELESS PROGRAM)
3. TRANSITIONAL SHELTER/HOUSING
 | **Other location:** |

**BEGIN SURVEY**

1. **Do you have family members or anyone else who is staying with you tonight?** [Indicate survey numbers for partners. Check all that apply]

|  |  |
| --- | --- |
| * NONE
* PARTNER - Survey #: \_\_\_ \_\_\_ \_\_\_ \_\_\_
 | * OTHER (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 CLAIMANT--------->
* 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?*** COMMUNITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROVINCE\_\_\_\_\_\_

OR COUNTRY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* DECLINE TO ANSWER
 |

1. **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
 |

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 DISABILITY[e.g. an issue with mobility, dexterity, capacity] | * YES
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 | * DECLINE TO ANSWER
 |
| MENTAL HEALTH ISSUE[e.g. depression, 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.]

|  |  |  |
| --- | --- | --- |
| * 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.]

|  |  |  |  |
| --- | --- | --- | --- |
| * STRAIGHT/HETEROSEXUAL
* GAY
* LESBIAN
 | * BISEXUAL
* TWO-SPIRIT
* PANSEXUAL
 | * ASEXUAL
* QUESTIONING
* QUEER
 | * 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”.]

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| --- | --- | --- |
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* UNFIT/UNSAFE HOUSING CONDITION
* BUILDING SOLD OR RENNOVATED
* OWNER MOVED IN
* LANDLORD/TENANT CONFLICT
* COMPLAINT (E.G. PETS/NOISE/DAMAGE)
* LEFT THE COMMUNITY/RELOCATED
* EXPERIENCED DISCRIMINATION
 | * 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
 | * 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. 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)
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* VETERAN/VAC BENEFITS
 | * CHILD AND FAMILY TAX BENEFITS
* GST/HST REFUND
* OTHER MONEY FROM A SERVICE AGENCY
* OTHER SOURCE: \_\_\_\_\_\_\_\_\_\_\_\_
* NO INCOME
* DECLINE TO ANSWER
 |