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) 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? / 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 ADULT(S) (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
 |

**In total, *how many different times* have you experienced homelessness over the PAST YEAR? (the last 12 months)** [Best estimate.]

|  |  |  |
| --- | --- | --- |
| * NUMBER OF TIMES \_\_\_\_\_\_\_\_ [Includes this time]
 | * 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
 |

**🡪 If not, what are the main reasons?** [Do not read categories; select all that apply)

|  |  |  |
| --- | --- | --- |
| * TURNED AWAY (SHELTERS ARE FULL)
* TURNED AWAY (BANNED)
* LACK OF TRANSPORTATION
 | * FEAR FOR SAFETY
* BED BUGS & OTHER PESTS
* CROWDED
 | * OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 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
 |

**Are you a Canadian Citizen?**

|  |  |  |  |
| --- | --- | --- | --- |
| * YES
* NO ----------------------------------->
* DON’T KNOW
* DECLINE TO ANSWER
 | **If NO:** | * PERMANENT RESIDENT
* REFUGEE CLAIMANT
* TEMPORARY FOREIGN WORKER
 | * INTERNATIONAL STUDENT
* OTHER (PLEASE SPECIFY)

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

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
 |

**🡪 What is the main reason you came to (*community name)?*** [Do not read categories; select one)

|  |  |  |
| --- | --- | --- |
| * TO ACCESS EMERGENCY SHELTER(S)
* TO ACCESS SERVICES AND SUPPORTS
* FAMILY MOVED HERE
* TO VISIT FRIENDS/FAMILY
* TO FIND HOUSING
 | * EMPLOYMENT (SEEKING)
* EMPLOYMENT (SECURED)
* TO ATTEND SCHOOL
* FEAR FOR SAFETY
 | * RECREATION/SHOPPING
* OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_
* DON’T KNOW
* DECLINE TO ASNWER
 |

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
 |

**🡪 Which Indigenous community are you from?**

|  |  |  |
| --- | --- | --- |
| * COMMUNITY /RESERVE NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * 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
 |

**🡪 Approximately how long after leaving foster care/group home did you become homeless?**

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

**🡪 Do you feel that Child Protection Services was helpful in transitioning you to independence after leaving foster care/group home?**

|  |  |  |  |
| --- | --- | --- | --- |
| * 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
 |

**Do you identify as having an acquired brain injury that happened after birth? (e.g. from injury related to an accident, violence, overdose, a stroke or brain tumor)**

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

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

|  |  |  |
| --- | --- | --- |
| * PRIMARY SCHOOL
* SOME HIGH SCHOOL
* HIGH SCHOOL GRADUATE/GED
 | * SOME POST SECONDARY
* POST SECONDARY GRADUATE
* GRADUATE DEGREE (E.G., MASTERS, Ph.D.)
 | * NO FORMAL EDUCATION
* DON’T KNOW
* DECLINE TO ANSWER
 |

**People may identify as belonging to a particular racial group. For example, some people may identify as Black or African-Canadian, other people may identify as Asian or South Asian and other people may identify as white. What racialized identity do you identify with?**[Do not list categories. Select all that apply]

|  |  |
| --- | --- |
| * ABORIGINAL OR INDIGENOUS
* ARAB
* ASIAN (E.G., CHINESE, KOREAN, JAPANESE, ETC.)
* SOUTH-EAST ASIAN (E.G., VIETNAMESE, CAMBODIAN, MALAYSIAN, LAOTIAN, ETC.)
* SOUTH ASIAN (E.G., EAST INDIAN, PAKISTANI, SRI LANKAN, ETC.)
* WEST ASIAN (E.G., IRANIAN, AFGHAN, ETC.)
 | * BLACK OR AFRICAN CANADIAN
* FILIPINO
* HISPANIC OR LATIN AMERICAN
* WHITE (E.G., EUROPEAN-CANADIAN)
* OTHER (PLEASE SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* DON’T KNOW
* DECLINE TO ANSWER
 |

**In the past year (12 months) have you:** [Ask respondents to give their best estimate]

|  |  |  |
| --- | --- | --- |
| BEEN TO AN EMERGENCY ROOM | Y \_\_\_\_ N\_\_\_\_ | # \_\_\_\_\_\_\_\_ *Times* |
| BEEN HOSPITALIZED  | Y \_\_\_\_ N\_\_\_\_ | # \_\_\_\_\_\_\_\_ *Times* |
|  **🡪**DAYS YOU HAVE SPENT HOSPITALIZED |  |  \_\_\_\_\_\_\_\_ *Days Total* |
| INTERACTED WITH POLICE (*Tickets, arrests, searches)*  | Y \_\_\_\_ N\_\_\_\_ | # \_\_\_\_\_\_\_\_ *Times* |
| BEEN TO PRISON/JAIL  | Y \_\_\_\_ N\_\_\_\_ | # \_\_\_\_\_\_\_\_ *Times* |
|  **🡪**DAYS YOU HAVE SPENT IN PRISON/JAIL  |  |  \_\_\_\_\_\_\_\_ *Days Total* |

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

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

**What challenges or problems have you experienced when trying to find housing?** [Select all that apply]

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

**In what language do you feel best able to express yourself?**

|  |  |  |
| --- | --- | --- |
| * ENGLISH
* FRENCH
 | * NO PREFERENCE
* NEITHER (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * DON’T KNOW
* DECLINE TO ANSWER
 |

**I’m going to read a list of services that you may or may not need. Let me know which of these apply to you. Do you have a need for services related to:** [Read categories, select all that apply]

|  |  |  |
| --- | --- | --- |
| * SERIOUS/ONGOING MEDICAL CONDITION
* ADDICTION OR SUBSTANCE USE
* MENTAL HEALTH *(Counselling, treatment, etc.)*
 | * PHYSICAL DISABILITY
* LEARNING DISABILITY
* BRAIN INJURY
 | * PREGNANCY
* NONE OF THE ABOVE
* DECLINE TO ANSWER
 |