Everyone Counts 2024: Nationally Coordinated Point-in-Time Count Enumeration and Survey on Homelessness

# Recommended Forms

This document includes the following forms:

1. [Unsheltered tally sheet](#_UNSHELTERED_TALLY_SHEET) (for data collection)
2. [Unsheltered enumeration and survey screening tool](#_2._UNSHELTERED_ENUMERATION) (script for reference)
3. [Unsheltered survey](#SurveyE) (for data collection)
4. [Sheltered survey screening tool](#_4._SHELTERED_SURVEY) (script for reference)
5. [Sheltered survey](#SurveyS) (for data collection)
6. [Unsheltered enumeration screening tool](#_6._UNSHELTERED_ENUMERATION) (for data collection)

The use of these forms is **not mandatory**. They are examples that include the **Screening and Core Survey Questions** as laid out in the Standards for Participation. Instructions on completing these forms are below.

# Screening Tools

These sheets include a script for the enumerator or surveyor to follow, and ask for the individual’s consent to participate. They also include the Core Screening Questions. In the enumeration, the final screening question is asked and recorded, and then the enumeration is complete. For the survey, these screening questions determine whether or not the surveyor should begin the detailed survey with each respondent. Communities can adjust criteria to screen optional locations in or out of the survey. For those who are screened in, the surveyor starts the survey by noting the responses to question C. For the enumeration in unsheltered locations, those who decline to or are unable to answer screening questions can be recorded on the tally sheet, if your community is including observed homelessness. If you are completing the unsheltered enumeration separate from the unsheltered survey, ensure your identification items are different for each so that prospective participants aren’t inadvertently screened out.

# Tally Sheet (unsheltered enumeration 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, the surveyor may be contacted to provide clarity. This sheet can be used when a person declines to or is unable to answer the screening questions, for example if they are asleep. This sheet captures where the individual was encountered, the reason they were not surveyed, and indicators of homelessness.

# 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 us (hpd.data-donnees.dpmi@infc.gc.ca) to obtain digital copies of survey 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 proceeding with the remaining questions. Questions should be asked exactly as they are written, but prompts or explanations may be given to provide necessary clarifications. The form includes suggested prompts (e.g., defining Canadian Military). Local questions can be added at the end of the survey, and it is recommended that they use similar formatting.

The majority of survey questions require a single response. For these questions, surveyors will mark the circle next to the response provided. 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 responses are allowed and where they are not.

# Hidden and Systems Homelessness Question

People who are experiencing “Hidden Homelessness” are those staying with someone else because they are without a safe and secure place of their own. People experiencing “Systems Homelessness” are those experiencing homelessness who spend the night of the count in a health or correctional facility. In order to determine which respondents are experiencing hidden and systems homelessness, your must include question C1 in the survey as a follow-up question to people who responded c.- g. to question C., *“Where are you staying tonight/Where did you stay last night?”.* The inclusion of these individuals in the survey helps to provide a better understanding of different experiences 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 TALLY SHEET

**Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_to\_\_\_\_\_ Surveyor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions:** To record *observed homelessness*, please take note of those who decline to or are unable to respond, but who may be experiencing homelessness in the table below. Please also indicate the reason you believe they are experiencing homelessness (e.g., alseep outside with belongings).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Location** | **Encampment? (Y/N)** | **Reason not surveyed (select one)** | **Indicators of Homelessness****(e.g., alseep outside with belongings)** |
| **Declined** | **Unable** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |
| **11** |  |  |  |  |  |
| **12** |  |  |  |  |  |
| **13** |  |  |  |  |  |
| **14** |  |  |  |  |  |

# 2. UNSHELTERED ENUMERATION AND SURVEY SCREENING TOOL

Hello, my name is and I’m a volunteer for the **(*Community Name*) housing needs and homelessness survey**.

1. **Have you answered a survey with a person with this** *(****identifier****)***?**

**[YES: Thank and end survey] [NO: Continue script to B]**

We are conducting a survey so we can better understand the history and needs of people who are experiencing homelessness. The survey takes about 10 minutes to complete.

* **Participation is voluntary** and **your name will not be recorded**.
* This survey asks about personal experiences. You can choose to **skip any question** or to **stop the survey at any time**.
* Results will contribute to the understanding of homelessness across Canada, and will help develop programs and services that prevent and end homelessness.
* If you require supports at any time, please let us know.
1. **Are you willing to participate in the survey?**

**[YES: Go to C] [NO: Thank and record on tally sheet, if applicable]**

1. **Where are you staying tonight?** **/ Where did you stay last night? (DO NOT READ CATEGORIES)**

|  |  |
| --- | --- |
| 1. DECLINE TO ANSWER
 | **[THANK and record on tally sheet *if* community is including observed homelessness and surveyor believes individual is experiencing homelessness.]** |
| 1. OWN APARTMENT/HOUSE
 | **[THANK & END]** |
| 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 SURVEY]**
2. No (not permanent AND/OR not safe) **[BEGIN SURVEY]**
3. Don’t Know **[BEGIN SURVEY]**
4. Decline to answer **[THANK & TALLY, if applicable]**
 |
| 1. HOMELESS SHELTER (e.g. 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 (e.g. car, van, recreational vehicle (RV), truck, boat)
 | **[BEGIN SURVEY]** |
| 1. UNSURE: INDICATE PROBABLE LOCATION \_\_\_\_\_ (b. – m.)
 | **[Follow instructions for probable location indicated]** |

* 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 SCREENING TOOL

3. UNSHELTERED SURVEY **Survey Number: 0000**

**Location: Time: AM/PM**

**Interviewer: Contact #:**

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

|  |  |
| --- | --- |
| 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. No (not permanent AND/OR not safe)
2. Don’t Know
 |
| 1. HOMELESS SHELTER (e.g. 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 (e.g. car, van, recreational vehicle (RV), truck, boat)
 |  |
| 1. UNSURE: INDICATE PROBABLE LOCATION \_\_\_\_\_ (b. – m.)
 |  |

**BEGIN SURVEY**

1. **Have you spent at least one night in any of the following locations in the past year?** (check all that apply)

|  |  |
| --- | --- |
| * HOMELESS SHELTER (e.g. emergency, family or domestic violence shelter)
* HOTEL/MOTEL FUNDED BY CITY OR HOMELESS PROGRAM
* TRANSITIONAL SHELTER/HOUSING
* UNSHELTERED IN A PUBLIC SPACE (e.g. street, park, bus shelter, forest or abandoned building)
* ENCAMPMENT (e.g. group of tents, makeshift shelters or other

long-term outdoor settlement)* VEHICLE (e.g. car, van, recreational vehicle (RV), truck, boat)
 | * SOMEONE ELSE’S PLACE BECAUSE YOU HAD NOWHERE ELSE TO GO
* HOSPITAL OR OTHER HEALTH FACILITY
* JAIL, PRISON OR OTHER CORRECTIONAL FACILITY
* NO
* DON’T KNOW
* DECLINE TO ANSWER
 |

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

|  |  |
| --- | --- |
| * NONE
* PARTNER - Survey #: \_\_\_ \_\_\_ \_\_\_ \_\_\_
 | * PET(S)
* OTHER ADULT (Can include other family or friends)
 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * CHILD(REN)/DEPENDENT(S)
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| [indicate age for each child/dependent] | AGE |  |  |  |  |  |  |  |  |
| * DECLINE TO ANSWER
 |

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, and includes sleeping in shelters, on the streets, or living temporarily with others without having your own permanent housing (e.g. couch surfing).**

**4. 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
 |

**4b. In total, for *how much time* have you experienced homelessness over the PAST 3 YEARS?** (Does not need to be exact. Best estimate.)

|  |  |  |  |
| --- | --- | --- | --- |
| * LESS THAN HALF
 | * ABOUT HALF OR MORE
 | * DON’T KNOW
 | * DECLINE TO ANSWER
 |

1. **How old were you the first time you experienced homelessness?**

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

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

|  |  |  |
| --- | --- | --- |
| * YES, IMMIGRANT --------------------------------->
* YES, REFUGEE ------------------------------------->
* YES, ASYLUM CLAIMANT IN CANADA ------->
* YES, TEMPORARY FOREIGN WORKER ------->
* YES, OTHER WORK PERMIT -------------------->
* YES, STUDY PERMIT ------------------------------>
* YES, TEMPORARY RESIDENT ------------------->
* YES, OTHER (including undocumented) ----->
* 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?** (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
* 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)

|  |  |
| --- | --- |
| * *IDENTIFY AS INDIGENOUS ONLY*
* 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* DON’T KNOW
* DECLINE TO ANSWER
 |

**9. Have you ever served in the Canadian Military or RCMP?** (Military includes Canadian Navy, Army, and Air Force, Regular and Reserve, Army Rangers including completing basic training)

|  |  |  |
| --- | --- | --- |
| * 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. **Have you been experiencing difficulties related to any of the following?:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  YES | NO | DON’T KNOW | DECLINE TO ANSWER |
| ILLNESS OR MEDICAL CONDITION(e.g. diabetes, tuberculosis (TB), or human immunodeficiency virus (HIV)) |  |  |  |  |
| PHYSICAL MOBILITY(e.g. spinal cord injury, arthritis, or limited movement or dexterity) |  |  |  |  |
| LEARNING, INTELLECTUAL/DEVELOPMENTAL, OR COGNITIVE FUNCTION(e.g. fetal alcohol spectrum disorder (FASD), autism, attention deficit hyperactivity disorder (ADHD), dyslexia, or dementia) |  |  |  |  |
| ACQUIRED BRAIN INJURY(e.g. due to an accident, violence, overdose, stroke or brain tumour) |  |  |  |  |
| MENTAL HEALTH ISSUE [diagnosed/undiagnosed](e.g. depression, post-traumatic stress disorder (PTSD), bipolar or schizophrenia) |  |  |  |  |
| SUBSTANCE USE (e.g. alcohol or opiates) |  |  |  |  |
| SENSES, SUCH AS SEEEING OR HEARING(e.g. blindness or deafness) |  |  |  |  |

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”.)

|  |  |  |
| --- | --- | --- |
| **HOUSING AND FINANCIAL ISSUES** | **CONFLICT WITH:** | **EXPERIENCED DISCRIMINATION BY:** |
| * NOT ENOUGH INCOME FOR HOUSING (e.g. loss of benefit, income, or job)
* UNFIT/UNSAFE HOUSING CONDITION
* BUILDING SOLD OR RENOVATED
* OWNER MOVED IN
 | * SPOUSE/PARTNER
* PARENT/GUARDIAN
* LANDLORD
* OTHER (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
 | * SPOUSE/PARTNER
* PARENT/GUARDIAN
* LANDLORD
* OTHER (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
 |
| **OTHER** * COMPLAINT (e.g. noise/damage)
* LEFT THE COMMUNITY/RELOCATED
* DEATH OR DEPARTURE OF FAMILY MEMBER
* PET(S)
* OTHER REASON

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **EXPERIENCED ABUSE BY:** | **HEALTH OR CORRECTIONS** |
| * SPOUSE/PARTNER
* PARENT/GUARDIAN
* LANDLORD
* OTHER (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
 | * PHYSICAL HEALTH ISSUE/DISABILITY
* MENTAL HEALTH ISSUE
* SUBSTANCE USE ISSUE
* HOSPITALIZATION OR TREATMENT PROGRAM
* INCARCERATION (jail or prison)
 |
| * DON’T KNOW
 | * DECLINE TO ANSWER
 |
|  |  |  |

**14b. Was your most recent housing loss related to an eviction?**

|  |  |  |  |
| --- | --- | --- | --- |
| * 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)

|  |  |  |
| --- | --- | --- |
| **Formal or Informal Work*** FULL TIME EMPLOYMENT
* PART TIME EMPLOYMENT
* CASUAL EMPLOYMENT (e.g. contract work)
* INFORMAL INCOME SOURCES (e.g. bottle returns, panhandling, sex work)
 | **Benefits*** 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 BENEFITS
* GST/HST REFUND
 | **Other*** MONEY FROM FAMILY/FRIENDS
* OTHER MONEY FROM A SERVICE AGENCY
* OTHER (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* NO INCOME
* DON’T KNOW
* DECLINE TO ANSWER
 |

#  4. SHELTERED SURVEY SCREENING TOOL

Hello, my name is and I’m a volunteer for the **(*Community Name*) housing needs and homelessness survey**.

1. **Have you answered a survey with a person with this** *(****identifier****)***?**

**[YES: Thank and end survey] [NO: Continue scipt to B]**

We are conducting a survey so we can better understand people’s needs and experiences who are experiencing homelessness. The survey takes about 10 minutes to complete.

* **Participation is voluntary** and **your name will not be recorded**.
* This survey asks about personal experiences. 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 develop programs and services that prevent and end homelessness.
* If you require supports at any time, please let us know.
1. **Are you willing to participate in the survey?**

**[YES: Go to C] [NO: Thank and end survey]**

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

|  |  |
| --- | --- |
| * YES
 | * NO
 |
| **[BEGIN SURVEY & NOTE *h. -*  *j*. ON SURVEY, AS APPROPRIATE]** | **[ASK RESPONDENT WHERE THEY ARE STAYING TONIGHT]** |

**Where are you staying tonight? / Where did you stay last night? (DO NOT READ CATEGORIES)**

|  |  |
| --- | --- |
| 1. DECLINE TO ANSWER
2. OWN APARTMENT/HOUSE
 | **[THANK & END]** |
| 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 (e.g. 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 (e.g. car, van, recreational vehicle (RV), truck, boat)
 | **[BEGIN SURVEY]** |
| 1. UNSURE: INDICATE PROBABLE LOCATION \_\_\_\_\_ (b. – m.)
 | **[Follow instructions for probable location indicated]** |

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

5 SHELTERED SURVEY **Survey Number: 2000**

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

**Interviewer: Contact #:**

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

|  |  |
| --- | --- |
| 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. No (not permanent AND/OR not safe) **[BEGIN SURVEY]**
2. Don’t Know **[BEGIN SURVEY]**
 |
| 1. HOMELESS SHELTER (e.g. 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 (e.g. car, van, recreational vehicle (RV), truck, boat)
 | **[BEGIN SURVEY]** |
| 1. UNSURE: INDICATE PROBABLE LOCATION \_\_\_\_\_ (b. – m.)
 | **[Follow instructions for probable location indicated]** |

**BEGIN SURVEY**

1. **Have you spent at least one night in any of the following locations in the past year?** (check all that apply)

|  |  |
| --- | --- |
| * HOMELESS SHELTER (emergency, family or domestic violence shelter)
* HOTEL/MOTEL FUNDED BY CITY OR HOMELESS PROGRAM
* TRANSITIONAL SHELTER/HOUSING
* UNSHELTERED IN A PUBLIC SPACE (e.g. street, park, bus shelter, forest or abandoned building)
* ENCAMPMENT (e.g. group of tents, makeshift shelters or other

long-term outdoor settlement)* VEHICLE (e.g. car, van, recreational vehicle (RV), truck or boat)
 | * SOMEONE ELSE’S PLACE BECAUSE YOU HAD NOWHERE ELSE TO GO
* HOSPITAL OR OTHER HEALTH FACILITY
* JAIL, PRISON OR OTHER CORRECTIONAL FACILITY
* NO
* DON’T KNOW
* DECLINE TO ANSWER
 |

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 #: \_\_\_ \_\_\_ \_\_\_ \_\_\_
 | * PET(S)
* OTHER ADULT (Can include other family or friends)
 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * CHILD(REN)/DEPENDENT(S)
 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| [indicate age for each child/dependent] | AGE |  |  |  |  |  |  |  |  |
| * DECLINE TO ANSWER
 |

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, and includes sleeping in shelters, on the streets, or living temporarily with others without having your own permanent housing (e.g. couch surfing).**

**4. 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
 |

**4b. In total, for *how much time* have you experienced homelessness over the PAST 3 YEARS?** (Does not need to be exact. Best estimate.)

|  |  |  |  |
| --- | --- | --- | --- |
| * LESS THAN HALF
 | * ABOUT HALF OR MORE
 | * DON’T KNOW
 | * DECLINE TO ANSWER
 |

1. **How old were you the first time you experienced homelessness?**

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

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

|  |  |  |
| --- | --- | --- |
| * YES, IMMIGRANT --------------------------------->
* YES, REFUGEE ------------------------------------->
* YES, ASYLUM CLAIMANT IN CANADA ------->
* YES, TEMPORARY FOREIGN WORKER ------->
* YES, OTHER WORK PERMIT -------------------->
* YES, STUDY PERMIT ------------------------------>
* YES, TEMPORARY RESIDENT ------------------->
* YES, OTHER (including undocumented) ----->
* 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
 |

**8. Do you identify as First Nations (with or without status), Métis or Inuit?** (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
* 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)

|  |  |
| --- | --- |
| * *IDENTIFY AS INDIGENOUS ONLY*
* 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* DON’T KNOW
* DECLINE TO ANSWER
 |

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

(Military includes Canadian Navy, Army, and Air Force, Regular and Reserve, Army Rangers including completing basic training)

|  |  |  |
| --- | --- | --- |
| * 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. **Have you been experiencing difficulties related to any of the following?:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  YES | NO | DON’T KNOW | DECLINE TO ANSWER |
| ILLNESS OR MEDICAL CONDITION(e.g. diabetes, tuberculosis (TB) or human immunodeficiency virus (HIV)) |  |  |  |  |
| PHYSICAL MOBILITY(e.g. spinal cord injury, arthritis, or limited movement or dexterity) |  |  |  |  |
| LEARNING, INTELLECTUAL/DEVELOPMENTAL, OR COGNITIVE FUNCTION (e.g. fetal alcohol spectrum disorder (FASD), autism, attention deficit hyperactivity disorder (ADHD), dyslexia, or dementia) |  |  |  |  |
| ACQUIRED BRAIN INJURY(e.g. due to an accident, violence, overdose, stroke, or brain tumour) |  |  |  |  |
| MENTAL HEALTH [diagnosed/undiagnosed](e.g. depression, post-traumatic stress disorder (PTSD), bipolar, or schizophrenia) |  |  |  |  |
| SUBSTANCE USE(e.g. alcohol or opiates) |  |  |  |  |
| SENSES, SUCH AS SEEING OR HEARING(e.g. blindness or deafness) |  |  |  |  |

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
 |

**14. 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”.)

|  |  |  |
| --- | --- | --- |
| **HOUSING AND FINANCIAL ISSUES** | **CONFLICT WITH:** | **EXPERIENCED DISCRIMINATION BY:** |
| * NOT ENOUGH INCOME FOR HOUSING (e.g. loss of benefit, income, or job)
* UNFIT / UNSAFE HOUSING CONDITION
* BUILDING SOLD OR RENNOVATED
* OWNER MOVED IN
 | * SPOUSE/PARTNER
* PARENT/GUARDIAN
* LANDLORD
* OTHER (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
 | * SPOUSE/PARTNER
* PARENT/GUARDIAN
* LANDLORD
* OTHER (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
 |
| **OTHER** * COMPLAINT (e.g. noise/damage)
* LEFT THE COMMUNITY/RELOCATED
* DEATH OR DEPARTURE OF FAMILY MEMBER
* PET(S)
* OTHER REASON

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **EXPERIENCED ABUSE BY:** | **HEALTH OR CORRECTIONS** |
| * SPOUSE/PARTNER
* PARENT/GUARDIAN
* LANDLORD
* OTHER (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
 | * PHYSICAL HEALTH ISSUE/DISABILITY
* MENTAL HEALTH ISSUE
* SUBSTANCE USE ISSUE
* HOSPITALIZATION OR TREATMENT PROGRAM
* INCARCERATION (jail or prison)
 |
| * DON’T KNOW
 | * DECLINE TO ANSWER
 |
|  |  |  |

**14b. Was your most recent housing loss related to an eviction?**

|  |  |  |  |
| --- | --- | --- | --- |
| * 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)

|  |  |  |
| --- | --- | --- |
| **Formal or Informal Work*** FULL TIME EMPLOYMENT
* PART TIME EMPLOYMENT
* CASUAL EMPLOYMENT (e.g. contract work)
* INFORMAL INCOME SOURCES (e.g. bottle returns, panhandling, sex work)
 | **Benefits*** 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 BENEFITS
* GST/HST REFUND
 | **Other*** MONEY FROM FAMILY/FRIENDS
* OTHER MONEY FROM A SERVICE AGENCY
* OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* NO INCOME
* DON’T KNOW
* DECLINE TO ANSWER
 |

#  6. UNSHELTERED ENUMERATION SCREENING TOOL

Hello, my name is and I’m a volunteer for the **(*Community Name*) homelessness survey**.

1. **Have you answered a survey with a person with this** *(****identifier****)***?**

**[YES: Thank and end survey] [NO: Continue script to B]**

We are conducting this to measure recent changes in the population experiencing homelessness in our community. This asks 2 questions and should only take 1 minute to complete.

* **Participation is voluntary** and **your name will not be recorded**.
* This survey asks about personal experiences. You can choose to **skip any question** or to **stop at any time**.
* Results will contribute to the understanding of homelessness across Canada, and will help develop programs and services that prevent and end homelessness.
* If you require supports at any time, please let us know.
1. **Are you willing to participate in the survey?**

**[YES: Go to C] [YES: Go to C] [NO: Thank and record on tally sheet, if applicable]**

1. **Where are you staying tonight?** **/ Where did you stay last night? (DO NOT READ CATEGORIES) (Circle appropriate letter)**

|  |  |
| --- | --- |
| 1. DECLINE TO ANSWER
 | **[THANK and record on tally sheet *if* community is including observed homelessness and surveyor believes individual is experiencing homelessness.]** |
| 1. OWN APARTMENT / HOUSE
2. SOMEONE ELSE’S PLACE
3. MOTEL / HOTEL (SELF FUNDED)
4. HOSPITAL
5. TREATMENT CENTRE
6. JAIL, PRISON, REMAND CENTRE

**[THANK, RECORD, and END SURVEY]**1. HOMELESS SHELTER (e.g. 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)1. ENCAMPMENT (e.g. group of tents, makeshift shelters or other long-term

outdoor settlement)1. VEHICLE (e.g. car, van, recreational vehicle (RV), truck, boat)
2. UNSURE: INDICATE PROBABLE LOCATION \_\_\_\_\_ (b. – m.)
 |

* Thank you for agreeing to take part in this survey.