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. HOTEL/MOTEL 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)
7. UNSURE: INDICATE PROBABLE LOCATION \_\_\_\_\_(b. - m.)
 |  **[BEGIN SURVEY]** |

**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
 |

**1b. If you haven’t stayed in a homeless shelter in the past year, what are the main reasons?** (Do not read categories; check 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. **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
 |

**4c. In total, *how many different times* have you experienced homelessness over the PAST YEAR (the past 12 months)?** (Best estimate.)

|  |  |  |  |
| --- | --- | --- | --- |
| * NUMBER OF TIMES \_\_\_\_\_\_\_\_\_\_ (Includes this time)
 |  | * 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 on another type of visa?**

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

**6b. Are you a Canadian Citizen?**

|  |  |
| --- | --- |
| * YES
* NO, PERMANENT RESIDENT
* NO, OTHER
 | * 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
 |

**7b. 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
 |

**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
 |

**8c. 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, 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
 |

**10b. Approximately how long after leaving foster care/group home did you become homeless?**

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

**10c. 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. **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), 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 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
 |

**15. 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
 |

1. **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
 |

1. **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* |

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

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

1. **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
* PET(S)
* CHILDREN
 | * DISCRIMINATION
* DON’T WANT HOUSING
* OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* NO BARRIERS TO HOUSING
* DON’T KNOW
* DECLINE TO ANSWER
 |

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

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

1. **I am 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
* DON’T KNOW
* DECLINE TO ANSWER
 |