2015 POINT IN TIME Count Form

Program/Location: _____ **County:** _____
Interviewer: _____ **Date:** _____ **Time:** _____ **AM/PM**

Hello, my name is _____ and I'm a volunteer for the Johnson County Continuum of Care. We are conducting a survey to improve programs and services for those households without housing. Your participation is voluntary and your responses to questions will not be shared with anyone outside of our team. I need to read each question all the way through. Would you share about 10 minutes of your time with me? ☐ **Yes → [*GO TO Q1*]** ☐ **No → [*THANK RESPONDENT*]**

1. Where did you sleep on the night of January 27 – Tuesday night? ***[DO NOT READ CATEGORIES. SELECT ONLY ONE CATEGORY – CIRCLE THEIR RESPONSE.]***	**1.** Street or sidewalk **2.** Vehicle (car, van, RV, truck) **3.** Park **4.** Abandoned building **5.** Bus, train station, airport **6.** Under bridge/overpass **7.** Woods or outdoor encampment **8.** Other location (specify) → _____ ***[GO TO Q1a]***	**9.** Emergency shelter _____ **10.** Transitional housing **11.** Motel/hotel paid for by unrelated others ***[GO TO Q1a]*** **12.** House or apartment **13.** Jail, hospital, treatment program **14.** Motel/hotel, self-pay ***[THANK RESPONDENT]***
1. a. Were you in Johnson County?	☐ **Yes → *[GO TO Q2]***	☐ **No → [*THANK RESPONDENT*]**
2. Did another volunteer or survey worker already ask you these same questions about where you were staying on that night?	☐ **Yes → *[GO TO Q23]*** ☐ **No** ☐ **DK/REF**	
3. Including yourself, how many adults and children were there in your household, <u>who were sleeping in the same location with you on that night?</u>	_____ **Adults (Age 18 and older)** _____ **Children (Age 17 and younger)**	

	4a. Person 1	4b. Person 2	4c. Person 3	4d. Person 4	4e. Person 5
4a. What are your initials? (PERSON 1) ***[IF RESPONDENT SAYS DON'T KNOW OR REFUSED, WRITE OUT "DON'T KNOW" OR "REFUSED"]***					

4b-4e. What are the initials of other people in your household from oldest to youngest? *[IF DON'T KNOW OR REFUSED WRITE OUT "DON'T KNOW" OR "REFUSED"]*				

[COMPLETE THE COLUMN FOR PERSON 1 BY ASKING Q5-Q16. THEN COMPLETE THE COLUMNS FOR PERSONS 2-5 FOR ALL OTHER HOUSEHOLD MEMBERS IN ORDER OF OLDEST TO YOUNGEST, BY ASKING Q5-Q16 FOR EACH PERSON. IF OTHER HOUSEHOLD MEMBERS ARE PRESENT, ASK EACH INDIVIDUALLY FOR THEIR ANSWERS TO Q5-Q16. IF OTHER HOUSEHOLD MEMBERS ARE NOT PRESENT, PERSON 1 SHOULD ANSWER FOR THEM.]

	Person 1	Person 2	Person 3	Person 4	Person 5
5. How is *[FILL INITIALS]* related to you/Person 1?	**Self**	□ Child □ Spouse □ Other Family □ Non-Married Partner □ Other, Non-Family → _____	□ Child □ Spouse □ Other Family □ Non-Married Partner □ Other, Non-Family → _____	□ Child □ Spouse □ Other Family □ Non-Married Partner □ Other, Non-Family → _____	□ Child □ Spouse □ Other Family □ Non-Married Partner □ Other, Non-Family → _____
6. Just to confirm, did you stay with [FILL INTIALS OF PERSON 1] on the night of January XX [FILL TIME SET BY CoC FOR PIT COUNT]?	***[SKIP FOR PERSON 1]***	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF
[IF Q6=NO ASK Q6A, OTHERWISE GO TO Q7] **a. Where were you staying on the night of the count?** ***[READ CATEGORIES FROM Q1. RECORD NUMBER HERE.]***	***[SKIP FOR PERSON 1]***	Location where slept on night of count (refer to Q1): # _____	Location where slept on night of count (refer to Q1): # _____	Location where slept on night of count (refer to Q1): # _____	Location where slept on night of count (refer to Q1): # _____
		[IF SHELTERED (9-13 FROM Q1), STOP AND GO BACK TO Q5 FOR NEXT PERSON]			
7. How old are you/is *[FILL INITIALS]*? ***[PLEASE ENTER AGE IN YEARS]***					

a. *[IF HESITANT ASK:]* Are you…?	☐ Under 18 ☐ 18-24 ☐ 25 + ☐ DK/REF	☐ Under 18 ☐ 18-24 ☐ 25 + ☐ DK/REF	☐ Under 18 ☐ 18-24 ☐ 25 + ☐ DK/REF	☐ Under 18 ☐ 18-24 ☐ 25 + ☐ DK/REF	☐ Under 18 ☐ 18-24 ☐ 25 + ☐ DK/REF
	Person 1	**Person 2**	**Person 3**	**Person 4**	**Person 5**
8. Are you male, female, or transgender?	☐ Male ☐ Female ☐ Transgender Male to Female ☐ Transgender Female to Male	☐ Male ☐ Female ☐ Transgender Male to Female ☐ Transgender Female to Male	☐ Male ☐ Female ☐ Transgender Male to Female ☐ Transgender Female to Male	☐ Male ☐ Female ☐ Transgender Male to Female ☐ Transgender Female to Male	☐ Male ☐ Female ☐ Transgender Male to Female ☐ Transgender Female to Male
9. Are you Hispanic or Latino?	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF
10. What is your race? You can select one or more races. ***[READ CATEGORIES, DO NOT READ "Please Specify."]*** ***Specifying "Multi-racial" is not sufficient, please mark all categories known to respondent.***	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Please specify → ________________ ☐ DK/REF	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Please specify → ________________ ☐ DK/REF	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Please specify → ________________ ☐ DK/REF	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Please specify → ________________ ☐ DK/REF	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Please specify → ________________ ☐ DK/REF
11. Have you served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)?	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF
12. *[IF Q11=NO ASK Q12, OTHERWISE GO TO Q13]* Were you ever called into active duty as a member of the National Guard or as a Reservist?	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF

13. Have you ever received health care or benefits from a Veterans Administration medical center?	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
14. Is this the first time you have been homeless?	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF	☐ Yes ☐ No ☐ DK/REF
15. How long have you been homeless <u>this time</u>? Only include time spent staying in shelters and/or on the streets.	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF
[IF Q14=YES (FIRST TIME HOMELESS) THEN SKIP TO INSTRUCTION AFTER Q16A, OTHERWISE ASK Q16] **16. Including this time, how many separate times have you stayed in shelters or on the streets in the past 3 years, that is since January 2011? Was it 4 more times or less than 4 times?**	☐ Less than 4 times ☐ 4 or more times ☐ DK/REF	☐ Less than 4 times ☐ 4 or more times ☐ DK/REF	☐ Less than 4 times ☐ 4 or more times ☐ DK/REF	☐ Less than 4 times ☐ 4 or more times ☐ DK/REF	☐ Less than 4 times ☐ 4 or more times ☐ DK/REF
a. In total, how long did you stay in shelters or on the streets for those times? **[ENTER DAYS OR WEEKS OR MONTHS OR YEARS]**	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF

[GO BACK TO Q5, COMPLETE COLUMNS FOR PERSONS 2-5 FOR <u>ALL</u> OTHER HH MEMBERS IN ORDER OF OLDEST TO YOUNGEST. THEN ASK Q17-Q22 for ADULTS ONLY.]

[ONLY ASK QUESTIONS Q17-Q22 TO PERSONS AGE 18 AND OLDER]

17. Please tell me whether any of these situations apply to you. Your answers are fully confidential.

	Person 1	Person 2	Person 3	Person 4	Person 5
a. Do you/Does Person [2-5] drink alcohol?	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF

b. Do you/Does Person [2-5] use illegal drugs? This includes prescription drugs that were not prescribed for you.	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
c. Do you/Does Person [2-5] have any ongoing health problems or medical conditions such as diabetes, cancer, heart disease?	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
d. Do you/Does Person [2-5] have Post-Traumatic Stress Disorder or PTSD? [a condition that can occur in people who have seen or had life-threatening events such as natural disasters, serious accidents, war, or personal violence. It may cause feelings of detachment.]	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
e. Do you/Does Person [2-5] have psychiatric or emotional conditions such as depression or schizophrenia?	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
f. Do you/Does Person [2-5] have a physical disability?	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
g. Have you/Has Person [2-5] ever had a traumatic injury to your/their brain from a bump, blow, or wound to the head?	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
h. *[IF ANY YES for A-G, THEN ASK H. IF PERSON SAYS NO TO ALL, SKIP TO Q18.]* **Do any of the situations we just discussed keep you from holding a job or living in stable housing?**	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
i. *[IF H = YES, THEN ASK I. IF NOT, SKIP TO QUESTION Q18.]* **Which ones keep you from holding a job or living in stable housing?**	□ (a) Alcohol use □ (b) Illegal drug use □ (c) Ongoing health issue □ (d) PTSD □ (e) Psychiatric / emotional condition □ (f) Physical disability □ (g) Brain injury	□ (a) Alcohol use □ (b) Illegal drug use □ (c) Ongoing health issue □ (d) PTSD □ (e) Psychiatric / emotional condition □ (f) Physical disability □ (g) Brain injury	□ (a) Alcohol use □ (b) Illegal drug use □ (c) Ongoing health issue □ (d) PTSD □ (e) Psychiatric / emotional condition □ (f) Physical disability □ (g) Brain injury	□ (a) Alcohol use □ (b) Illegal drug use □ (c) Ongoing health issue □ (d) PTSD □ (e) Psychiatric / emotional condition □ (f) Physical disability □ (g) Brain injury	□ (a) Alcohol use □ (b) Illegal drug use □ (c) Ongoing health issue □ (d) PTSD □ (e) Psychiatric / emotional condition □ (f) Physical disability □ (g) Brain injury

Just a few more questions …					
18. Have you/Has Person [2-5] ever received special education (or special ed.) services for more than 6 months?	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
19. Do you/Does Person [2-5] have AIDS or an HIV-related illness?	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
20. Do you/Does Person *[2-5]* receive any disability benefits such as Social Security Income, Social Security Disability Income, or Veteran's Disability Benefits?	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
21. Have you ever been physically, emotionally, or sexually abused by a relative or another person you have stayed with, such as a spouse, partner, brother or sister, or parent?	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
22. Were you or any adult in your household in the child welfare/foster care system as a child or youth?	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF	□ Yes □ No □ DK/REF
23. Thank you – we very much appreciate you taking the time to answer our questions today.	***[IF MORE ADULTS IN HH GO BACK TO Q17 TO COMPLETE COLUMNS FOR PERSONS 2-5.]***				