

Unsheltered Count Form for Night of Count

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

Hello, my name is _____ and I'm a volunteer for the Rural Nevada CoC. We are conducting a survey to count people experiencing homelessness to provide better programs and services to them. 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. Can I have about 10 minutes of your time?

- Yes → [GO TO Q1] No → [THANK RESPONDENT AND GO TO OBSERVATION TOOL]

<p>1. Where are you sleeping tonight?</p> <p><i>[DO NOT READ CATEGORIES. SELECT ONLY ONE CATEGORY.]</i></p>	<p>1. Abandoned building</p> <p>2. Bus, train station, airport</p> <p>3. Woods or outdoor encampment</p> <p>4. Street, Sidewalk, or Park</p> <p>5. Under bridge/overpass</p> <p>6. Car, Truck, or Boat</p> <p>7. RV</p> <p>8. Other location (specify) → _____</p>	<p>} [GO TO Q2]</p>
<p>9. Emergency shelter</p> <p>10. House or apartment (you rent/Own)</p> <p>11. Hospital</p> <p>12. In a place you are being evicted from in 2 weeks</p> <p>13. Jail</p>	<p>13. Motel/hotel – Paid by agency</p> <p>14. Motel/hotel – Paid for by you</p> <p>15. Transitional Housing</p> <p>16. Treatment Program</p> <p>17. With a friend or family member</p>	<p>} THANK YOU THAT IS THE ONLY QUESTION I HAVE RIGHT NOW</p>
<p>2. Did another volunteer or survey worker already ask you these same questions about where you are staying tonight?</p>	<p><input type="checkbox"/> Yes → THANK YOU THOSE ARE ALL THE QUESTIONS I HAVE</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> DK/REF</p>	

Now a few questions about your household.

<p>3. Including yourself, how many adults and children are there in your household, <u>who are sleeping in the same location with you tonight?</u></p>	<p>_____ Adults (Age 18 and older)</p> <p>_____ Children (Age 17 and younger)</p>		
<p>4a. What is your full name?</p> <p><i>[IF HESITANT ASK FOR INITIALS OR NICKNAME]</i></p>	<p>4a. Person 1</p> <p>_____</p>	<p>4b. Person 2</p> <p>_____</p>	<p>4c. Person 3</p> <p>_____</p>
<p>4b-4c. What are the full names of other people in your household from oldest to youngest?</p> <p><i>[IF HESITANT ASK FOR INITIALS OR NICKNAME]</i></p>	<p>_____</p>		<p>_____</p>

Unsheltered Count Form

[COMPLETE THE COLUMN FOR PERSON 1 BY ASKING Q5-Q17. THEN COMPLETE THE COLUMNS FOR PERSONS 2-3 FOR OTHER HOUSEHOLD MEMBERS IN ORDER OF OLDEST TO YOUNGEST, BY ASKING THE FOLLOWING QUESTIONS FOR EACH PERSON. IF OTHER HOUSEHOLD MEMBERS ARE PRESENT, ASK EACH INDIVIDUALLY FOR THEIR ANSWERS TO Q5-Q17. IF OTHER HOUSEHOLD MEMBERS ARE NOT PRESENT, PERSON 1 SHOULD ANSWER FOR THEM. IF MORE THAN 3 PEOPLE IN HH, USE ANOTHER SURVEY.]

	Person 1	Person 2	Person 3
5. How is <i>[FILL THE NAME OF PERSON 2-3]</i> related to you/Person 1?	Self	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family <input type="checkbox"/> Non-Married Partner <input type="checkbox"/> Other, Non-Family → _____	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family <input type="checkbox"/> Non-Married Partner <input type="checkbox"/> Other, Non-Family → _____
6. Just to confirm, are you staying with <i>[FILL NAMES OF PERSON 2-3]</i> here, in this location, tonight?	[SKIP FOR PERSON 1]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
<i>[IF Q6=NO ASK A, OTHERWISE GO TO Q7]</i> a. Where are you staying tonight? <i>[READ CATEGORIES FROM Q1. RECORD NUMBER HERE.]</i>	[SKIP FOR PERSON 1]	Location where sleeping tonight (refer to Q1): # _____	Location where sleeping tonight (refer to Q1): # _____
7. What is your gender? You can select as many as apply.	<input type="checkbox"/> Woman (Girl, if child) <input type="checkbox"/> Man (Boy, if child) <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity	<input type="checkbox"/> Woman (Girl, if child) <input type="checkbox"/> Man (Boy, if child) <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity	<input type="checkbox"/> Woman (Girl, if child) <input type="checkbox"/> Man (Boy, if child) <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity
8. What is your date or birth? IF HESITANT ASK FOR AGE	_____	_____	_____
a. <i>[IF HESITANT ASK:] Which age group do you fit into?</i>	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+ <input type="checkbox"/> DK/REF	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+ <input type="checkbox"/> DK/REF	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+ <input type="checkbox"/> DK/REF

Unsheltered Count Form

	Person 1	Person 2	Person 3
<p>9. What is your race? You can select as many as apply.</p> <p>IF American Indian, Alaska Native, or Indigenous, ASK WHICH TRIBE THEY BELONG TO</p>	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous Tribe: _____ <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Hispanic/Latino/a/e <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> DK/REF	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous Tribe: _____ <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Hispanic/Latino/a/e <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> DK/REF	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous Tribe: _____ <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Hispanic/Latino/a/e <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> DK/REF
<p>10. Is this the first time you have been homeless?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> REF
<p>11. How long have you been homeless <u>this time</u>? Only include time spent staying in shelters and/or on the streets.</p>	<input type="checkbox"/> 0 to 3 months <input type="checkbox"/> 4 to 6 months <input type="checkbox"/> 7 to 11 months <input type="checkbox"/> 12 to 23 months <input type="checkbox"/> 24 to 35 months <input type="checkbox"/> 36 months or more <input type="checkbox"/> Don't Know <input type="checkbox"/> REF	<input type="checkbox"/> 0 to 3 months <input type="checkbox"/> 4 to 6 months <input type="checkbox"/> 7 to 11 months <input type="checkbox"/> 12 to 23 months <input type="checkbox"/> 24 to 35 months <input type="checkbox"/> 36 months or more <input type="checkbox"/> Don't Know <input type="checkbox"/> REF	<input type="checkbox"/> 0 to 3 months <input type="checkbox"/> 4 to 6 months <input type="checkbox"/> 7 to 11 months <input type="checkbox"/> 12 to 23 months <input type="checkbox"/> 24 to 35 months <input type="checkbox"/> 36 months or more <input type="checkbox"/> Don't Know <input type="checkbox"/> REF
<p>12. How many months did you stay in shelter or on the streets over the past 3 years?</p>	<input type="checkbox"/> 0 to 3 months <input type="checkbox"/> 4 to 6 months <input type="checkbox"/> 7 to 11 months <input type="checkbox"/> 12 to 23 months <input type="checkbox"/> 24 to 35 months <input type="checkbox"/> 36 months or more <input type="checkbox"/> Don't Know <input type="checkbox"/> REF	<input type="checkbox"/> 0 to 3 months <input type="checkbox"/> 4 to 6 months <input type="checkbox"/> 7 to 11 months <input type="checkbox"/> 12 to 23 months <input type="checkbox"/> 24 to 35 months <input type="checkbox"/> 36 months or more <input type="checkbox"/> Don't Know <input type="checkbox"/> REF	<input type="checkbox"/> 0 to 3 months <input type="checkbox"/> 4 to 6 months <input type="checkbox"/> 7 to 11 months <input type="checkbox"/> 12 to 23 months <input type="checkbox"/> 24 to 35 months <input type="checkbox"/> 36 months or more <input type="checkbox"/> Don't Know <input type="checkbox"/> REF
<p>13. How many separate times have you stayed in shelters or on the streets in the past 3 years? How many episodes of homelessness?</p>	<input type="checkbox"/> 0 times <input type="checkbox"/> 1 to 3 times <input type="checkbox"/> 4 or more times	<input type="checkbox"/> 0 times <input type="checkbox"/> 1 to 3 times <input type="checkbox"/> 4 or more times	<input type="checkbox"/> 0 times <input type="checkbox"/> 1 to 3 times <input type="checkbox"/> 4 or more times

Unsheltered Count Form

	Person 1	Person 2	Person 3
14. How long in months have you been in this community?	<input type="checkbox"/> 0 to 3 months <input type="checkbox"/> 4 to 6 months <input type="checkbox"/> 7 to 11 months <input type="checkbox"/> 12 to 23 months <input type="checkbox"/> 24 to 35 months <input type="checkbox"/> 36 months or more	<input type="checkbox"/> 0 to 3 months <input type="checkbox"/> 4 to 6 months <input type="checkbox"/> 7 to 11 months <input type="checkbox"/> 12 to 23 months <input type="checkbox"/> 24 to 35 months <input type="checkbox"/> 36 months or more	<input type="checkbox"/> 0 to 3 months <input type="checkbox"/> 4 to 6 months <input type="checkbox"/> 7 to 11 months <input type="checkbox"/> 12 to 23 months <input type="checkbox"/> 24 to 35 months <input type="checkbox"/> 36 months or more

[ONLY ASK QUESTIONS FOLLOWING QUESTIONS TO PERSONS AGE 18 AND OLDER]

The next set of questions asks about sensitive topics. You don't have to answer any question that you don't want to but your feedback will help us improve services in the community.

15. Do you have a substance use disorder? Do you drink alcohol or use drugs (either prescription or non-prescription) for a non-medical reason?	<input type="checkbox"/> No <input type="checkbox"/> Alcohol Use <input type="checkbox"/> Drug Use <input type="checkbox"/> Both Alcohol and drug <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Alcohol Use <input type="checkbox"/> Drug Use <input type="checkbox"/> Both Alcohol and drug <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Alcohol Use <input type="checkbox"/> Drug Use <input type="checkbox"/> Both Alcohol and drug <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
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[IF YES to Alcohol and/or drugs, ASK] 16. Is this a long-term disability that impairs your ability to hold a job or live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
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17. Do you have a chronic health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
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[IF YES to Alcohol and/or drugs, ASK] 18. Is this a long-term disability that impairs your ability to hold a job or live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
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19. Do you have a mental health disorder? such as depression or schizophrenia or other mental health conditions.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
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[IF YES to Alcohol and/or drugs, ASK] 20. Is this a long-term disability that impairs your ability to hold a job or live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
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21. Do you have a physical disability? This could include having trouble completing basic daily activities such as lifting or carrying things, reaching, walking, or climbing stairs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
[IF YES to Alcohol and/or drugs, ASK] 22. Is this a long-term disability that impairs your ability to hold a job or live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
23. Do you have a developmental or intellectual disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
24. Do you receive consistent income? This could be a job or side hustle, disability benefits like Social Security Income, Social Security Disability Income, Social Security Retirement, Pension, Veteran Disability Benefits, etc.	<input type="checkbox"/> Yes, fixed income (SSI, SSDI, SSR, Pension, VDB) <input type="checkbox"/> Yes, earned income (job, side hustle) <input type="checkbox"/> No <input type="checkbox"/> Don't Know or Refused	<input type="checkbox"/> Yes, fixed income (SSI, SSDI, SSR, Pension, VDB) <input type="checkbox"/> Yes, earned income (job, side hustle) <input type="checkbox"/> No <input type="checkbox"/> Don't Know or Refused	<input type="checkbox"/> Yes, fixed income (SSI, SSDI, SSR, Pension, VDB) <input type="checkbox"/> Yes, earned income (job, side hustle) <input type="checkbox"/> No <input type="checkbox"/> Don't Know or Refused
25. Do you have AIDS or an HIV related illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected
26. Are you currently experiencing homelessness because you are fleeing domestic violence, dating violence, sexual assault or stalking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected

Unsheltered Count Form

	Person 1	Person 2	Person 3
<p>27. Are you a veteran? (served in the US Armed Forces OR been called into active duty as a member of the National Guard or as a Reservist)</p> <p>If Yes, have you connected with the VA or an agency who works with veterans?</p>	<input type="checkbox"/> Yes, I am a Veteran (And HAVE connected with the VA or a veteran agency) <input type="checkbox"/> Yes, I am a Veteran (And HAVE NOT connected with the VA or a veteran agency) <input type="checkbox"/> No <input type="checkbox"/> Don't know/Refused	<input type="checkbox"/> Yes, I am a Veteran (And HAVE connected with the VA or a veteran agency) <input type="checkbox"/> Yes, I am a Veteran (And HAVE NOT connected with the VA or a veteran agency) <input type="checkbox"/> No <input type="checkbox"/> Don't know/Refused	<input type="checkbox"/> Yes, I am a Veteran (And HAVE connected with the VA or a veteran agency) <input type="checkbox"/> Yes, I am a Veteran (And HAVE NOT connected with the VA or a veteran agency) <input type="checkbox"/> No <input type="checkbox"/> Don't know/Refused
	Person 1	Person 2	Person 3
<p>28. What is your sex?</p>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Sure <input type="checkbox"/> Refused to Answer	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Sure <input type="checkbox"/> Refused to Answer	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Sure <input type="checkbox"/> Refused to Answer
	Person 1	Person 2	Person 3
<p>29. Where did your current episode of homelessness begin? (City or County)</p> <p>30. How did you arrive in the current city/county?</p>	<input type="checkbox"/> _____ <input type="checkbox"/> Law Enforcement transport <input type="checkbox"/> Train or bus ticket funded by self <input type="checkbox"/> Train or bus ticket funded by government or non-profit agency	<input type="checkbox"/> _____ <input type="checkbox"/> Law Enforcement transport <input type="checkbox"/> Train or bus ticket funded by self <input type="checkbox"/> Train or bus ticket funded by government or non-profit agency	<input type="checkbox"/> _____ <input type="checkbox"/> Law Enforcement transport <input type="checkbox"/> Train or bus ticket funded by self <input type="checkbox"/> Train or bus ticket funded by government or non-profit agency

NOTES:

[IF MORE ADULTS IN HH GO BACK TO Q18 TO COMPLETE COLUMNS FOR PERSONS 2-3.]

Those are all the questions I have for you. We realize that some of the topics covered are personal and can be difficult to think and talk about. We appreciate your willingness to participate tonight.

Thank you for taking the survey!