### Demographics

1. **What are your initials?**  
   - First __________  
   - Middle __________  
   - Last __________

2. **What is your birth date?**  
   - Month ____  
   - Day ____  
   - Year ____

3. **Which of the following best represents how you think of your gender?** (Shade all that apply)  
   - Male  
   - Female  
   - Transgender  
   - Don't identify as male, female, or transgender  
   - Gender non-conforming  
   - Gender-queer  
   - Non-binary  
   - Other not listed  
   - Refused

4. **Are you Hispanic/Latino?**  
   - Yes  
   - No  
   - Don't know/refused

5. **Which racial group do you identify with most?** (Shade all that apply)  
   - American Indian or Alaska Native  
   - Asian  
   - Black or African American  
   - Back or African American  
   - Native Hawaiian or Pacific Islander  
   - White

6. **Which of the following best represents how you think of your sexual orientation?** (Shade all that apply and write how many)  
   - Bisexual  
   - Straight  
   - Lesbian or Gay  
   - Other: __________  
   - Pansexual  
   - Queer  
   - Refused

7. **Are you currently pregnant, or is your partner or spouse currently pregnant?**  
   - Yes  
   - No  
   - Don't know

8. **Have you ever been in foster care?**  
   - Yes  
   - No  
   - Don't know

9. **Have you served in the U.S. Armed Forces? (Army, Navy, Air Force, Marine Corps, or Coast Guard)**  
   - Yes  
   - No  
   - Don't know

### Housing

10. **Where will you stay tonight? (Shade 1)**  
   - Your home/apartment  
   - Drug/alcohol treatment/detox center  
   - Jail/juvenile detention/prison  
   - Couchsurfing  
   - A friend's home/apartment  
   - Hospital  
   - Foster care placement  
   - Camper/RV  
   - Emergency shelter  
   - Transient housing  
   - Public facility  
   - Other: __________  
   - Tent  
   - Authorized encampment/Village

11. **Is this the first time that you have been living on the streets, in a vehicle, tent, or transitional housing program?**  
   - Yes  
   - No  
   - Don't know  
   - Does not apply to me

12. **Including this time, how many separate times have you been living on the streets, in a vehicle, a tent, or a shelter in the past three years, that is, since January 2015?**  
   - Less than 4 times  
   - 4-6 months  
   - 7-11 months  
   - More than 1 year  
   - More than 1 year

13. **If you add up all the times you have been living on the streets, in a vehicle, or tent, or shelter in the last 3 years, about how long have you been staying in these types of places in total? Your best guess is fine.**  
   - Days _____  
   - Weeks _____  
   - Months _____  
   - Years _____  
   - Don't know

14. **How old were you the first time you stayed in these types of places?**  
   - 0-17 years  
   - 18-24 years

15. **Do you live alone?**  
   - Yes  
   - No  
   - Please skip to Q17

16. **Who will you be staying with tonight?**  
   - How many people? (ex. 2 parents)  
   - Parent or legal guardian(s)  
   - Other adult family member(s)  
   - Sibling(s) under the age of 18  
   - My own child(ren) under 18  
   - Friends  
   - Roommates  
   - Other: __________

17. **Can you live where you are staying tonight for the next month?**  
   - Yes  
   - No  
   - Please skip to Q18

18. **How long have you been without a stable place to stay?**  
   - 7 days or less  
   - 1-3 months  
   - 3-6 months  
   - 6-11 months  
   - More than 1 year

19. **Do you feel safe where you stayed last night?**  
   - Yes  
   - No  
   - Don't know

20. **Please shade all the places you have you stayed in the last 3 months.**  
   - Your home/apartment  
   - Car/truck/RV  
   - Tent  
   - A friend's/relative's home  
   - Public facility  
   - Motel/hotel  
   - Foster care placement  
   - Other: __________  
   - A friend's home/apartment  
   - Hospital  
   - Emergency shelter  
   - Jail/juvenile detention/prison  
   - Drug/alcohol treatment/detox center  
   - Meth-ylenedioxymethamphetamine  
   - Foster care placement  
   - Other: __________  
   - Drug or alcohol abuse (including prescription drugs not prescribed for you)

21. **Employment and Education**

22. **Are you currently enrolled in school?**  
   - Yes  
   - No

23. **Do you experience any of the following:**

24. **Health**

25. **Are you currently experiencing domestic violence or abuse?**  
   - Yes  
   - No  
   - Decline to state

If you don't have anywhere to stay tonight, ask staff for the green piece of paper. Thank you for filling out this survey!