

PIT Count Youth Survey (Comprehensive)

Hello, my name is _____. Today we are asking youth some questions to better understand their housing status. It is up to you whether you want to participate, and your answers will not be shared with anyone outside of our team. **Can I have about 10 minutes of your time?** Yes **[Go to Q1]** No **[Thank respondent; go to observation tool]**

1. **How old are you?**

- Under 18 18-24 25 and older **[Switch to Adult survey; begin with Q3]**

2. **Where did you sleep on the night of [NIGHT OF COUNT]?**

UNSHELTERED	<input type="checkbox"/> Street or sidewalk
	<input type="checkbox"/> Vehicle (car, van, RV, truck)
	<input type="checkbox"/> Park or other public outdoor space
	<input type="checkbox"/> Abandoned or empty building/squatting
	<input type="checkbox"/> Bus, train station, airport
	<input type="checkbox"/> Under bridge/overpass
SHELTERED	<input type="checkbox"/> Outdoor encampment
	<input type="checkbox"/> Other location (specify): _____
	<input type="checkbox"/> Emergency shelter
	<input type="checkbox"/> Transitional housing
NOT HOMELESS	<input type="checkbox"/> Runaway Homeless Youth Program (TLP/MGH)
	<input type="checkbox"/> Youth shelter
	<input type="checkbox"/> Motel/hotel
	<input type="checkbox"/> House or apartment
	<input type="checkbox"/> Jail, hospital, treatment program

[If respondent answers with any of these, thank them for their time, and do not continue with survey.]

3. **Can you tell me all the places you slept in the past week?**

- | | |
|--|---|
| <input type="checkbox"/> Street or sidewalk | <input type="checkbox"/> Emergency shelter |
| <input type="checkbox"/> Vehicle (car, van, RV, truck) | <input type="checkbox"/> Transitional housing |
| <input type="checkbox"/> Park or other public outdoor space | <input type="checkbox"/> Runaway Homeless Youth Program (TLP/MGH) |
| <input type="checkbox"/> Abandoned/empty building/squatting | <input type="checkbox"/> Youth shelter |
| <input type="checkbox"/> Bus, train station, airport | <input type="checkbox"/> Motel/hotel |
| <input type="checkbox"/> Under bridge/overpass | <input type="checkbox"/> House or apartment |
| <input type="checkbox"/> Outdoor encampment | <input type="checkbox"/> Jail, hospital, treatment program |
| <input type="checkbox"/> Other location (specify below): _____ | |

4. **Did another volunteer or survey worker already ask you these same questions about where you are staying tonight?**

- No Yes → **Thank you! Those are all the questions I have**

5. **What is your race? You can select one or more races. [Read all except 'please specify']**

- American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander
 White Other (specify below): _____
 Don't Know/Refuse to Answer

6. **Are you Hispanic or Latino?**

- Yes, Hispanic/Latino
 No, not Hispanic/Latino
 Don't Know/Refuse to Answer

7. **How would you define your gender?**

- Male Female Transgender (M→F) Transgender (F→M)
 Don't identify as male, female, or transgender Don't know / Refuse to answer

8. **How long have you been homeless this time? Think about only time spent staying in shelters and/or on the streets.**

- ____ Days ____ Weeks ____ Months ____ Years
 Don't know / Refuse to answer

9. **Is this the first time that you have been living on the street, in a shelter, or transitional housing program?**

- Yes **[Skip to Q12]** No Don't know / Refuse to answer

10. **Including this time, how many separate times have you been homeless (living on the street or in a shelter) in the past three years, that is, since January 2014? Was it 4 or more times or less than 4 times?**

- Less than 4 times 4 or more times Don't know / Refuse to answer

11. **If you add up all the times you have been homeless in the last 3 years, about how long have you been homeless? Your best guess is fine.**

- ____ Days ____ Weeks ____ Months ____ Years
 Don't know / Refuse to answer

12. **Which of the following best represents how you think of yourself?**

- Lesbian or gay Straight Bisexual
 Something else I don't know I'd rather not say

13. **[If female:] Are you currently pregnant? [If male or 'other':] Are you expecting to become a parent in the next 9 months?**

- Yes No Don't know / Refuse to answer

[If under 18 (Q1 = less than 18), skip to Q17]

14. Have you ever served in the US Armed Forces (Army, Navy, Air Force, Marines, or Coast Guard)?

- Yes No Don't know / Refuse to answer

15. Were you ever called into active duty as a member of the National Guard or as a Reservist?

- Yes No Don't know / Refuse to answer

16. Have you ever received health care or benefits from a Veterans Administration Medical Center?

- Yes No Don't know / Refuse to answer

17. During the past 30 days, on how many days did you have [If female:] 4 or more drinks of alcohol in a row / [If male:] 5 or more drinks of alcohol in a row?

- 0 days 1 day 2 days 3 to 5 days
 6 to 9 days 10 to 19 days 20+ days Don't know / Refuse to answer

18. During the past 30 days, on how many days did you use marijuana on your own – that is without a doctor telling you to?

- 0 days 1 day 2 days 3 to 5 days
 6 to 9 days 10 to 19 days 20+ days Don't know / Refuse to answer

19. During the past 30 days, on how many days did you use other illicit drugs or substances on your own – that is without a doctor telling you to?

- 0 days 1 day 2 days 3 to 5 days
 6 to 9 days 10 to 19 days 20+ days Don't know / Refuse to answer

20. Do you have any physical disabilities?

- Yes No Don't know / Refuse to answer

21. Have you ever received special education services from school at any point for more than 6 months?

- Yes No Don't know / Refuse to answer

22. Have you ever received services, or felt like you needed help with your mental health?

- Yes No Don't know / Refuse to answer

23. Do you have HIV/AIDS or have you had any related illness?

- Yes No Don't know / Refuse to answer

24. Have any of the issues we just discussed (alcohol or drug use, physical or mental disabilities, your mental health, learning difficulties, or HIV/AIDS) ever kept you from getting a job or obtaining or staying in stable housing?

- Yes No Don't know / Refuse to answer

25. Do you receive a disability check, such as a Social Security check (SSI or SSDI) or a Veteran Disability Compensation check?

- Yes No Don't know / Refuse to answer

26. 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 Don't know / Refuse to answer

[For Q27-29: Only ask 'Part B' if answer is 'Yes']

27. Have you ever been placed in foster care or stayed in a group home?

- No Don't know / Refuse to answer Yes

25B. If you left [SETTING] in the past 3 years, did anyone help you get housing?

- Yes No Not in past 3 years Don't know / Refused to answer

28. Have you stayed overnight or longer in jail, prison, or a juvenile detention facility?

- No Don't know / Refuse to answer Yes

26B. If you left [SETTING] in the past 3 years, did anyone help you get housing?

- Yes No Not in past 3 years Don't know / Refused to answer

29. Have you stayed overnight or longer in a treatment or healthcare facility?

- No Don't know / Refuse to answer Yes

27B. If you left [SETTING] in the past 3 years, did anyone help you get housing?

- Yes No Not in past 3 years Don't know / Refused to answer

30. Are you currently enrolled in school?

- Yes, and attend regularly Yes, and attend irregularly
 Yes, suspended No, graduated from high school
 No, obtained GED No, expelled
 No, dropped out within last 6 months No, dropped out 6 months ago or more
 Don't know Refused

31. What is the highest grade or level of schooling you completed?

- Less than 5th grade
- 5th to 6th grade
- 7th to 8th grade
- 9th to 11th grade
- 12th grade
- School program does not have grade levels
- GED completion
- Some post-secondary education/college
- Don't know
- Refuse to answer

32. In the past year, in what ways did you make money? [Select all that apply]

- Full-time job
- Part-time job including on-call or irregular hours
- Working under the table
- Money from friends or family
- Hustling
- Panhandling
- Sex work
- Government program (disability, welfare, food stamps, unemployment, etc.)
- Other (specify): _____
- Don't know / Refuse to answer

33. Think about the last time you felt that you were living in safe and stable housing. How long ago was that?

- Less than 1 month ago
- 1 month to less than 3 months ago
- 3 months to less than 6 months ago
- 6 months to 1 year
- More than 1 year
- Never felt stably housed [Skip to Q36]
- Don't know / Refuse to answer

34. Who did you live with the last time you lived in stable housing?

- Family member
- Partner/significant other
- Don't know / Refuse to answer
- Friend(s)/roommate(s)
- Alone

35. What is the primary reason you left or lost your last stable housing situation?

- Chose to leave
- Don't know
- Forced to leave
- Refuse to answer

36. In order to stay in any housing situation, have you ever...? [Select all that apply]

- Stayed with someone you didn't know or trust
- Stayed somewhere that didn't feel safe
- Stayed with a sexual partner that you would not have otherwise
- Stayed on a couch or floor for longer than one week
- None of the above
- Refuse to answer

37. In the past year, what services or supports, for example from government programs or charities, have you accessed? [Select all that apply]

- Free meals
- Transportation assistance or bus passes
- Job training or employment services
- Drop-in/day services
- Legal assistance
- Health services
- Mental health services
- Substance abuse treatment/services
- Housing services
- Education services
- Other (specify): _____
- None
- Don't know / Refuse to answer

38. In the past year, what issues have you encountered in trying to get help or access services? [Select all that apply]

- Lack of transportation
- Did not have ID/personal documents
- Did not know where to go for help
- Did not qualify for service
- Placed on a waitlist and never heard back
- Language barrier
- Could not access because of age
- No issues accessing services/assistance
- Other (specify): _____
- Don't know / Refuse to answer

Those are all the questions we have for you. We realize that some of the topics covered are personal and can be difficult to talk about. As a reminder your responses will not be shared with anyone outside of our team. Thank you for taking the survey and being a part of this important data collection effort.