Q**UESTIONS 1 through 6 CAN BE COPIED FROM PIT SURVEY IF AVAILABLE**

What is your full name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you a military veteran? Yes no
2. What is your date of birth? \_\_\_\_\_\_\_\_\_\_
3. What is your primary race? American Indian or Alaska Native\_\_\_ White\_\_\_ Asian\_\_ Black/African American\_\_\_\_ Native Hawaiian or pacific Islander\_\_\_ Refused to Answer\_\_\_\_
4. What is your secondary race? American Indian or Alaska Native\_\_\_ White\_\_\_ Asian\_\_ Black/African American\_\_\_\_ Native Hawaiian or pacific Islander\_\_\_ Refused to Answer\_\_\_\_
5. Are you Hispanic or Latino? Yes no
6. What is your gender? Female\_\_\_ Male\_\_ Transgender male\_\_\_ Transgender Female\_\_\_ Gender non-conforming\_\_\_\_ Declined to answer\_\_\_\_
7. How long have you been homeless? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. How long have you been sleeping out? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Where have you been staying? (all that apply) Street or sidewalk\_\_\_\_\_ Bus, train station or airport\_\_\_\_ Abandoned building\_\_\_\_ Woods\_\_\_\_\_ Under bridge or overpass\_\_\_\_ other(specify)\_\_\_\_\_
10. If multiple answers, is there one place you have stayed most nights? \_\_\_\_\_\_\_\_\_\_\_
11. Why are you currently sleeping out? *(Directions: Check the box corresponding to the answer(s) most appropriate based on the person’s response)*

|  |  |
| --- | --- |
| □ | Prefer it to shelter |
|  | If so, how come? |
|  | □ Safety □ Privacy □ Freedom □ Shelter Atmosphere  □ Other *(please list)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| □ | Restricted from shelter |
|  | If so, which shelter(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | How long have you been restricted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Do you know why? |
|  | □ Unknown □ Threats □ Violence □ Use of Substances  □ Other *(please list)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you have a Criminal Trespass Order? □ Unknown □ Yes □ No |
|  | If yes, from which shelter(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Have you tried to get back into shelter? □ Yes □ No |
| □ | Prefer to stay with partner/friend |
| □ | Like the people where I stay |
| □ | Prefer to stay with pet(s) |
| □ | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Are you actively looking for permanent housing? □ Yes □ No

If yes, from which agency and/or person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Would you like help with housing? □ Yes □ No
2. Are you concerned about other issues? *(Check all that apply)*

□ Health □ Mental Health □ Substance Use □ Work □ Disability

□ Food Stamps/SNAP □ Medicaid/Medicare (MaineCare) □ GA

□ VA benefits □ Other *(please list)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you getting help addressing these issues? □ Yes □ No

If yes, from which agency and/or person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Would you like help with any issues? □ Yes □ No (*If yes, check all that apply)*

□ Health □ Mental Health □ Substance Use □ Work □ Disability

□ Food Stamps/SNAP □ Medicaid/Medicare (MaineCare) □ GA

□ VA benefits □ Other *(please list)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which places do you go to for meals, to get out of the cold, find rest or a safe space (etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Have you had, or do you have, a housing/rental voucher? □ Yes □ No (*If yes, check all that apply)*

□ Section 8 □ BRAP □ Shelter Plus Care □ VASH □ STEP □ Other: \_\_\_\_\_\_\_\_\_\_\_

Decrease □ Slight Decrease □ No Change □ Slight Increase

□ Substantial Increase

1. Other changes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Since you began sleeping out:**

1. How many times have you visited a Doctor or Clinic? \_\_\_\_\_\_
2. Are you taking any medications? Yes no

3. Do you think your health has been impacted by living outside? Yes no

|  |  |  |  |
| --- | --- | --- | --- |
| **During the past week: How often did you:** | **None** | **Some** | **A lot** |
| 1. Socialize with other people (talk or visit with friends or relatives) |  |  |  |
| 1. Take part in social, religious, or recreation activities (meetings, church, movies, sports, parties) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Since you have been living outside, how many times have you:** | **None** | **Some** | **A Lot** |
| 1. Visited an emergency room |  |  |  |
| 1. Seen a mental health professional |  |  |  |
| 1. Seen a substance use counselor |  |  |  |
|  |  |  |  |
| **Since you have been living outside:** | **Yes, describes**  **me Exactly** | **Somewhat**  **Describes me** | **No, it doesn’t describe me at all** |
| 1. My health has become worse |  |  |  |
| 1. I drink more |  |  |  |
| 1. I use more drugs |  |  |  |
| 1. I have more mental health problems. |  |  |  |
| 1. I find it harder to find a place to live |  |  |  |
| 1. I have other physical health problems |  |  |  |
| 1. I have had more police contacts |  |  |  |
| 1. I have spent more time in jail |  |  |  |

**To improve service to homeless people, we need to understand as much as we can from those of you who have been homeless. Would you be willing to talk with us again if we offer to compensate you for your time? Yes no**