Hello, my name is ______ and I’m a volunteer for [Ohio BoSCoC County]. We are conducting a survey to count homeless people to provide better programs and services to them. Your participation is voluntary and your responses to questions will not be shared with anyone not associated with our survey. 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]

### 1. Where are you sleeping tonight?

[Do not read categories. Select only one category]

- Street or sidewalk
- Vehicle (car, van, RV, truck)
- Park
- Abandoned building
- Bus, train station, airport
- Under bridge/overpass
- Woods or outdoor encampment
- Other location (specify):

[Go to 1a]

1a. Enter the physical or geographic location AND address where the person is sleeping tonight.

For example, “under Main Street Bridge” and “123 N. High St.”

### 2. Did another survey worker already ask you these same questions about where you are staying tonight?

- Yes → [Thank respondent for their time, end the survey]
- No
- Don’t Know/Refused

### 3. Including yourself, how many people and children are there in your household, who are sleeping in the same location with you tonight?

- ______ number of respondents age 55 and older
- ______ number of respondents 25-54
- ______ number of respondents 18-24
- ______ number of respondents 17 and younger
<table>
<thead>
<tr>
<th>Unsheltered Count Form</th>
<th>Person #1 Initials: ______</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4a. What is your name?</strong> (Person 1)</td>
<td>Person 1</td>
</tr>
<tr>
<td>[If respondent says Don’t Know or Refused write DK or REF]</td>
<td>□ Child</td>
</tr>
<tr>
<td></td>
<td>□ Spouse or Partner</td>
</tr>
<tr>
<td></td>
<td>□ Other Relation Member</td>
</tr>
<tr>
<td></td>
<td>□ Other, Non-Relation Member</td>
</tr>
<tr>
<td><strong>4b. What are the names of other people in your household from oldest to youngest?</strong></td>
<td>Person 1</td>
</tr>
<tr>
<td>[If respondent says Don’t Know or Refused write DK or REF]</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
</tr>
<tr>
<td></td>
<td>□ DK/REF</td>
</tr>
<tr>
<td><strong>5. How is Person ___ (Person 2-5) related to you (Person 1)?</strong></td>
<td>Self</td>
</tr>
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<tr>
<td><strong>6. Just to confirm, are you staying with ____ (Person 1) here, in this location, tonight?</strong></td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
</tr>
<tr>
<td></td>
<td>□ DK/REF</td>
</tr>
<tr>
<td><em>If Q6=No, ask Q6a, otherwise go to Q7</em></td>
<td></td>
</tr>
<tr>
<td><strong>6a. Where are you staying tonight?</strong> [Use categories from Q1; write answer here. If response is unsheltered location, provide exact location- see Q1a- and proceed with Q7. If response is sheltered location, stop and go back to Q6 for next person.]</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Person 1</td>
</tr>
<tr>
<td>----</td>
<td>----------</td>
</tr>
<tr>
<td>7.</td>
<td><strong>What is your date of birth?</strong></td>
</tr>
<tr>
<td></td>
<td>□ Under 5</td>
</tr>
<tr>
<td></td>
<td>□ 5-12</td>
</tr>
<tr>
<td></td>
<td>□ 13-17</td>
</tr>
<tr>
<td></td>
<td>□ 25-34</td>
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<tr>
<td></td>
<td>□ 35-44</td>
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<td></td>
<td>□ 45-54</td>
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<td></td>
<td>□ 55-61</td>
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<tr>
<td></td>
<td>□ 62+</td>
</tr>
<tr>
<td></td>
<td>□ DK/REF</td>
</tr>
</tbody>
</table>

*If hesitant, ask: Are you...?*

| 8. | **What is your gender?** | □ Male | □ Female | □ Trans Male F->M | □ Trans Female M->F | □ Gender non-conforming/binary | □ DK/REF |
|    | □ Male | □ Female | □ Trans Male F->M | □ Trans Female M->F | □ Gender non-conforming/binary | □ DK/REF |
|    | □ Male | □ Female | □ Trans Male F->M | □ Trans Female M->F | □ Gender non-conforming/binary | □ DK/REF |
|    | □ Male | □ Female | □ Trans Male F->M | □ Trans Female M->F | □ Gender non-conforming/binary | □ DK/REF |
|    | □ Male | □ Female | □ Trans Male F->M | □ Trans Female M->F | □ Gender non-conforming/binary | □ DK/REF |
|    | □ Male | □ Female | □ Trans Male F->M | □ Trans Female M->F | □ Gender non-conforming/binary | □ DK/REF |

| 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 | □ Yes | □ No | □ DK/REF | □ Yes | □ No | □ DK/REF | □ Yes | □ No | □ DK/REF |
### Unsheltered Count Form

**Person #1 Initials: ______**

<table>
<thead>
<tr>
<th></th>
<th>Person 1</th>
<th>Person 2</th>
<th>Person 3</th>
<th>Person 4</th>
<th>Person 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10. What is your race? You can select one or more races.</strong></td>
<td>□ American Indian or Alaska Native</td>
<td>□ American Indian or Alaska Native</td>
<td>□ American Indian or Alaska Native</td>
<td>□ American Indian or Alaska Native</td>
<td>□ American Indian or Alaska Native</td>
</tr>
<tr>
<td></td>
<td>□ Asian</td>
<td>□ Asian</td>
<td>□ Asian</td>
<td>□ Asian</td>
<td>□ Asian</td>
</tr>
<tr>
<td></td>
<td>□ Black or African American</td>
<td>□ Black or African American</td>
<td>□ Black or African American</td>
<td>□ Black or African American</td>
<td>□ Black or African American</td>
</tr>
<tr>
<td></td>
<td>□ Native Hawaiian or Other Pacific Islander</td>
<td>□ Native Hawaiian or Other Pacific Islander</td>
<td>□ Native Hawaiian or Other Pacific Islander</td>
<td>□ Native Hawaiian or Other Pacific Islander</td>
<td>□ Native Hawaiian or Other Pacific Islander</td>
</tr>
<tr>
<td></td>
<td>□ White</td>
<td>□ White</td>
<td>□ White</td>
<td>□ White</td>
<td>□ White</td>
</tr>
<tr>
<td></td>
<td>□ Other- please specify:</td>
<td>□ Other- please specify:</td>
<td>□ Other- please specify:</td>
<td>□ Other- please specify:</td>
<td>□ Other- please specify:</td>
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<td>__________________</td>
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<td>__________________</td>
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<td></td>
<td>□ DK/REF</td>
<td>□ DK/REF</td>
<td>□ DK/REF</td>
<td>□ DK/REF</td>
<td>□ DK/REF</td>
</tr>
<tr>
<td><strong>11. Are you a veteran of the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)?</strong></td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
<td>□ No</td>
<td>□ No</td>
<td>□ No</td>
<td>□ No</td>
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<td></td>
<td>□ DK/REF</td>
<td>□ DK/REF</td>
<td>□ DK/REF</td>
<td>□ DK/REF</td>
<td>□ DK/REF</td>
</tr>
<tr>
<td><strong>12a. Is this the first time you’ve experienced homelessness?</strong></td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
<td>□ No</td>
<td>□ No</td>
<td>□ No</td>
<td>□ No</td>
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<tr>
<td></td>
<td>□ DK/REF</td>
<td>□ DK/REF</td>
<td>□ DK/REF</td>
<td>□ DK/REF</td>
<td>□ DK/REF</td>
</tr>
<tr>
<td><strong>12b. How many months have you been experiencing homelessness this time?</strong></td>
<td>______ Months</td>
<td>______ Months</td>
<td>______ Months</td>
<td>______ Months</td>
<td>______ Months</td>
</tr>
<tr>
<td><strong>12c. How many months did you stay in shelters or on the streets during the past 3 years (since January 2017)?</strong></td>
<td>______ Months</td>
<td>______ Months</td>
<td>______ Months</td>
<td>______ Months</td>
<td>______ Months</td>
</tr>
<tr>
<td><strong>12d. How many separate times have you stayed in shelters or on the streets in the past 3 years (since January 2017)?</strong></td>
<td>□ Fewer than 4</td>
<td>□ Fewer than 4</td>
<td>□ Fewer than 4</td>
<td>□ Fewer than 4</td>
<td>□ Fewer than 4</td>
</tr>
<tr>
<td></td>
<td>□ 4 or more times</td>
<td>□ 4 or more times</td>
<td>□ 4 or more times</td>
<td>□ 4 or more times</td>
<td>□ 4 or more times</td>
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<tr>
<td></td>
<td>□ DK/REF</td>
<td>□ DK/REF</td>
<td>□ DK/REF</td>
<td>□ DK/REF</td>
<td>□ DK/REF</td>
</tr>
</tbody>
</table>
13. Do any of the following situations keep you from holding a job or living in stable housing?

- (a) Alcohol use
- (b) Drug use
- (c) Chronic health condition
- (d) HIV/AIDS
- (e) Mental disability
- (f) Physical disability
- (g) Developmental delay

14. 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

15. Are you currently fleeing or experiencing physical, emotional, or sexual abuse by a relative or another person you have stayed with, such as a spouse, partner, brother or sister, or parent?

- Yes
- No
- DK/REF

Can I offer a shelter bed or motel/hotel stay to you? If not, thanks for taking the survey!

- Shelter offered and accepted
- Shelter offered and declined