

UNSHELTERED SURVEY [OVERNIGHT]

Survey Number: 0000

Location: _____

Time: _____ **PM**

Interviewer: _____

Contact #: _____

UNSHELTERED SCREENING TOOL

Hello, my name is _____ and I'm a volunteer for the **Kelowna housing needs survey**. We are conducting a survey to provide better programs and services to people experiencing homelessness. The survey takes 10 minutes.

- **Participation is voluntary and your name will not be recorded.**
- You can choose to **skip any question** or to **stop the interview at any time.**
- Results will contribute to the understanding of homelessness across Canada, and will help with research to improve services.

A. Have you answered this survey with a person with this button pin?

[YES: Thank and tally] [NO: Go to B.]

B. Are you willing to participate in the survey?

[YES: Go to C.] [NO: Thank and tally]

C. Where are you staying tonight? [DO NOT READ CATEGORIES]

<p>a. <i>DECLINE TO ANSWER</i></p> <p>b. <i>OWN APARTMENT/ OWN HOUSE</i></p> <p>c. <i>HOSPITAL, JAIL, PRISON, REMAND CENTRE</i></p>	<p>d. <i>SOMEONE ELSE'S PLACE</i> Go to D.</p> <p>e. <i>MOTEL/HOTEL</i> Go to E.</p>	<p>f. EMERGENCY SHELTER, DOMESTIC VIOLENCE SHELTER: _____</p> <p>g. TRANSITIONAL SHELTER: _____</p> <p>h. PUBLIC SPACE (E.G., SIDEWALKS, BEACHES, PARKS, FORESTS, BUS SHELTER)</p> <p>i. VEHICLE (CAR, VAN, RV, TRUCK)</p> <p>j. MAKESHIFT SHELTER, TENT OR SHACK</p> <p>k. ABANDONED/VACANT BUILDING</p> <p>l. OTHER UNSHELTERED LOCATION UNFIT FOR HUMAN HABITATION</p> <p>m. RESPONDENT DOESN'T KNOW [LIKELY HOMELESS]</p>
<p>THANK AND TALLY - NOTE RESPONSE TO C</p>	<p>CONTINUE SCREENING</p>	<p>BEGIN SURVEY - NOTE RESPONSE TO C</p>

D. Can you stay there as long as you want or is this a temporary situation? If b. or c. – Go to E. (Next Question)

a. AS LONG AS WANTED b. TEMPORARY SITUATION c. DON'T KNOW d. DECLINE TO ANSWER

E. Do you have a house or apartment that you can safely return to? If b. or c. – Start Survey

a. YES b. NO c. DON'T KNOW d. DECLINE TO ANSWER

- Thank you for agreeing to take part in the survey. Please note that you will receive a Tim Horton's Gift Card as a thank you for your participation.

BEGIN SURVEY

1. What family members are staying with you tonight? [Indicate survey numbers for adults. Check all that apply]

<input type="checkbox"/> NONE	<input type="checkbox"/> OTHER ADULT - Survey #: _____
<input type="checkbox"/> PARTNER - Survey #: _____	<input type="checkbox"/> DECLINE TO ANSWER
<input type="checkbox"/> CHILD(REN)/DEPENDENT(S)	
[indicate gender and age for each]	
GENDER	
AGE	
	1 2 3 4 5 6 7 8

2. How old are you? [OR] What year were you born? [If unsure, ask for best estimate.]

AGE _____ **OR** YEAR BORN _____ DON'T KNOW DECLINE TO ANSWER

For the next questions, "homelessness" means any time when you have been without a secure place to live, including sleeping in shelters, on the streets, or living temporarily with others.

3. How old were you the first time you experienced homelessness?

AGE _____ DON'T KNOW DECLINE TO ANSWER

4. In total, how much time have you been homeless over the PAST YEAR? [Best estimate.]

LENGTH _____ DAYS | WEEKS | MONTHS DON'T KNOW DECLINE TO ANSWER

5. In total, how many different times have you experienced homelessness over the PAST YEAR? [Best estimate.]

NUMBER OF TIMES _____ [Includes this time] DON'T KNOW DECLINE TO ANSWER

6. Have you stayed in an emergency shelter in the past year? [Give local examples of homeless shelters]

YES NO DON'T KNOW DECLINE TO ANSWER

7. How long have you been in Kelowna?

<input type="radio"/> LENGTH _____ DAYS / WEEKS / MONTHS / YEARS -----> <input type="radio"/> ALWAYS BEEN HERE <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER	Where did you live before you came here? <input type="radio"/> COMMUNITY _____ PROVINCE _____ OR COUNTRY _____ <input type="radio"/> DECLINE TO ANSWER
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→ What is the main reason you came to Kelowna? [Do not read categories; select one]

<input type="checkbox"/> TO FIND HOUSING <input type="checkbox"/> EMPLOYMENT (SEEKING) <input type="checkbox"/> EMPLOYMENT (SECURED) <input type="checkbox"/> TO ATTEND SCHOOL <input type="checkbox"/> FIRE EVACUATION	<input type="checkbox"/> TO ACCESS EMERGENCY SHELTER(S) <input type="checkbox"/> TO ACCESS SERVICES AND SUPPORTS <input type="checkbox"/> FAMILY MOVED HERE <input type="checkbox"/> TO VISIT FRIENDS/FAMILY <input type="checkbox"/> FEAR FOR SAFETY	<input type="checkbox"/> RECREATION/SHOPPING <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> DECLINE TO ANSWER
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8. Did you come to Canada as an immigrant, refugee or refugee claimant?

<input type="radio"/> YES, IMMIGRANT -----> <input type="radio"/> YES, REFUGEE-----> <input type="radio"/> YES, REFUGEE CLAIMANT-----> <input type="radio"/> NO <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER	If YES: How long have you been in Canada? <input type="radio"/> LENGTH: _____ DAYS WEEKS MONTHS YEARS OR DATE: ____/____/____ DAY / MONTH / YEAR <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER
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9. Do you identify as Indigenous or do you have Indigenous ancestry? This includes First Nations with or without status, Métis, and Inuit. [If yes, please follow-up to specify.]

<input type="radio"/> YES -----> <input type="radio"/> NO <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER	If YES: <input type="radio"/> FIRST NATIONS (with or without status) <input type="radio"/> INUIT <input type="radio"/> MÉTIS <input type="radio"/> HAVE INDIGENOUS ANCESTRY
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If YES: Which Indigenous community are you from?

<input type="radio"/> Name: _____	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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10. Have you ever had any service in the Canadian Military or RCMP?

[Military includes Canadian Navy, Army, or Air Force]

<input type="radio"/> YES, MILITARY	<input type="radio"/> YES, RCMP	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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11. What gender do you identify with? [Show list.]

<input type="radio"/> MALE / MAN	<input type="radio"/> TRANS FEMALE / TRANS WOMAN	<input type="radio"/> NOT LISTED: _____
<input type="radio"/> FEMALE / WOMAN	<input type="radio"/> TRANS MALE / TRANS MAN	<input type="radio"/> DON'T KNOW
<input type="radio"/> TWO-SPIRIT	<input type="radio"/> GENDERQUEER/GENDER NON-CONFORMING	<input type="radio"/> DECLINE TO ANSWER

12. How do you describe your sexual orientation, for example straight, gay, lesbian? [Show list.]

<input type="radio"/> STRAIGHT/HETEROSEXUAL	<input type="radio"/> BISEXUAL	<input type="radio"/> QUEER	<input type="radio"/> DON'T KNOW
<input type="radio"/> GAY	<input type="radio"/> TWO-SPIRIT	<input type="radio"/> NOT LISTED	<input type="radio"/> DECLINE TO ANSWER
<input type="radio"/> LESBIAN	<input type="radio"/> QUESTIONING	<input type="radio"/> : _____	

13. What happened that caused you to lose your housing most recently? [Do not read the options. Check all that apply. "Housing" does not include temporary arrangements (e.g., couch surfing) or shelter stays.]

<input type="checkbox"/> ILLNESS OR MEDICAL CONDITION <input type="checkbox"/> ADDICTION OR SUBSTANCE USE <input type="checkbox"/> JOB LOSS <input type="checkbox"/> UNABLE TO PAY RENT OR MORTGAGE <input type="checkbox"/> UNSAFE HOUSING CONDITIONS <input type="checkbox"/> EXPERIENCED ABUSE BY: PARENT / GUARDIAN <input type="checkbox"/> EXPERIENCED ABUSE BY: SPOUSE / PARTNER	<input type="checkbox"/> CONFLICT WITH: PARENT / GUARDIAN <input type="checkbox"/> CONFLICT WITH: SPOUSE / PARTNER <input type="checkbox"/> INCARCERATED (JAIL OR PRISON) <input type="checkbox"/> HOSPITALIZATION OR TREATMENT PROGRAM <input type="checkbox"/> OTHER REASON : _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> DECLINE TO ANSWER
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14. What are your sources of income? [Read list and check all that apply]

<input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> INFORMAL/SELF-EMPLOYMENT (E.G., BOTTLE RETURNS, PANHANDLING) <input type="checkbox"/> EMPLOYMENT INSURANCE <input type="checkbox"/> WELFARE/SOCIAL ASSISTANCE	<input type="checkbox"/> DISABILITY BENEFIT <input type="checkbox"/> SENIORS BENEFITS (E.G., CPP/OAS/GIS) <input type="checkbox"/> GST REFUND <input type="checkbox"/> CHILD AND FAMILY TAX BENEFITS <input type="checkbox"/> MONEY FROM FAMILY/FRIENDS	<input type="checkbox"/> OTHER SOURCE: _____ <input type="checkbox"/> NO INCOME <input type="checkbox"/> DECLINE TO ANSWER
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15. Have you ever been in foster care and/or group home?

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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→ If YES: Approximately how long after leaving foster care/group home did you become homeless?

<input type="radio"/> LENGTH _____ DAYS / WEEKS / MONTHS / YEARS	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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16. What challenges or problems have you experienced when trying to find housing? [Select all that apply]

<input type="checkbox"/> LOW INCOME <input type="checkbox"/> PETS <input type="checkbox"/> CHILDREN <input type="checkbox"/> ADDICTION <input type="checkbox"/> DISCRIMINATION	<input type="checkbox"/> MENTAL HEALTH ISSUES <input type="checkbox"/> CRIMINAL HISTORY <input type="checkbox"/> NO INCOME ASSISTANCE <input type="checkbox"/> RENTS TOO HIGH	<input type="checkbox"/> POOR HOUSING CONDITIONS <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/> HEALTH/DISABILITY ISSUES <input type="checkbox"/> FAMILY BREAKDOWN/CONFLICT	<input type="checkbox"/> DON'T WANT HOUSING <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> NO BARRIERS TO HOUSING <input type="checkbox"/> NONE OF THE ABOVE <input type="checkbox"/> DECLINE TO ANSWER
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