



Example Survey Questions to Capture Chronic Status: 2016 Point-In-Time Count

1. **This time, how long have you been living in a shelter, a car, on the streets, in a bus or train station, an abandoned building, or outdoors in general?** (check one)

Surveyor Guidance: *If the person being surveyed needs further clarification, remind them that this refers to the amount of time since they **last** spent time at friend or family member's house, in a hotel/motel, or in any other type of apartment/housing for more than 7 days at a time. If they spend a night in a hotel here, and a night in a friend's house there, that are still considered homeless.*

Seven (7) consecutive days in any type of housing (not including jails, hospital, and other institutions) constitutes a break in homelessness.

<input type="checkbox"/> A week or Less <input type="checkbox"/> More than 1 week and less than one month <input type="checkbox"/> 1-3 months <input type="checkbox"/> 4-6 months <input type="checkbox"/> 7-11 months <input type="checkbox"/> Don't Know/Refused	<input type="checkbox"/> Twelve Months or More
<p><u>If your answer is in this column (above), please answer these questions:</u></p>	



- 1b. **Including this time, how many separate times have you been homeless in the past three years (Since January 2013)?**

Surveyor Guidance: *If the respondent Be sure to emphasize the number of times homeless. Rephrasing with words such as "separate occasions" or "periods" will help if the respondent does not understand*

<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three	<input type="checkbox"/> Four or More	<input type="checkbox"/> Don't Know/Refused
<p><u>If your answer is in this column (above), please answer these questions:</u></p>				



1c. If you add up the time you have been in a shelter, living in your car, on the streets, etc. since January 2013, how long is that in months?

Surveyor Guidance: If the respondent mentions jail, mental health facility, or hospital stays ask them if any of the stays were longer than 3 months; if less, their length of stay in these institutions will count toward their time homeless.

<input type="checkbox"/> Less than 1 month	<input type="checkbox"/> 1-3 Months	<input type="checkbox"/> 4-6 Months	<input type="checkbox"/> 7-11 Months	<input type="checkbox"/> 12 Months or More
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2. Do you have an alcohol or drug problem, serious mental health problem, a developmental disability, or a chronic physical illness or other disability?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know/Refused
<u>If your answer is in this column (above), please answer these questions:</u>		



2b. Do you have any of the following disabilities or long-term illnesses?

<input type="checkbox"/> Addiction to alcohol or drugs	<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Physical Disability
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Other Long-Term Illness (cancer, hepatitis, etc.)	<input type="checkbox"/> Other Addiction (gambling, etc.)	<input type="checkbox"/> Don't Know/Refused

2c. Does this disability or illness limit your ability to get or keep a job or take care of personal matters, such as taking care of yourself, taking medications a doctor has prescribed, taking care of your children, going shopping, or getting around in the community?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know/Refused
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