

Kansas Balance of State Continuum of Care 2023 Point-in-Time (PIT) Count Survey

Surveyor _____ County _____ Shelter _____ Agency Name _____

Complete survey for all Household members and submit together.

Please complete each section to the extent possible, as incomplete surveys may not be useable!

Hello –With your permission, I will ask some demographic questions along with a few health and housing questions. The purpose of this survey is to have a grasp on who is homeless in our community. The result of this survey is completely anonymous, and the final report will not contain any personally identifiable information. You may refuse to complete this survey or any specific question you do not want to answer.

May I continue? **YES** **NO, refused to complete survey**

1. Where did you sleep on the night of January 25th?

- | | |
|--|---|
| <input type="checkbox"/> Street or sidewalk | <input type="checkbox"/> Emergency Shelter |
| <input type="checkbox"/> Vehicle | <input type="checkbox"/> Transitional housing |
| <input type="checkbox"/> Park | <input type="checkbox"/> Cold night shelter |
| <input type="checkbox"/> Abandoned building | <input type="checkbox"/> Motel/hotel paid by agency |
| <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"/> Woods or outdoor encampment | <input type="checkbox"/> Jail, hospital, treatment program* |
| <input type="checkbox"/> Not sure | <input type="checkbox"/> Refused to answer |



*If the answer is jail, hospital, or treatment program, ask if they stayed there less than 90 days. If yes, verify previous living situation. Continue on if they mark an eligible field.

2. Did another volunteer or survey worker already ask you these same questions about where you slept last night?

Yes No *If NO, please continue. If YES, survey.*

Please provide initials: _____

First, Middle, Last

Refused initials

3. Age range:

- Under age 18
 18-24
 25-34
 35-44
 45-54
 55-64
 65 and older

4. Birthdate (for de-duplication only)

_____/_____/_____
 Refused birthdate DV/VSP agency refused

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

Total number of people in the household: _____

Household type:

- Single person
 Single person household with children
 Two-person household with NO children
 Two-person household with children
 Other _____
 Don't know
 Refused

6. Are you experiencing homelessness because you are currently fleeing domestic violence, dating violence, sexual assault, or stalking?

Yes No Don't know Refused

7. Gender (please select one)

- Male A gender that is not singularly "Female" or "Male"
 Female Questioning
 Transgender Don't know Refused

8. Race (select all that apply)

- American Indian/Alaskan Native White
 Asian or Asian American Don't know
 Black, African American, or African Refused
 Native Hawaiian or Pacific Islander

9. Are you Hispanic or Latin(a)(o)(x)?

Yes No Don't know Refused

If 17 and under UNLESS you are an unaccompanied youth or HoH

10. Is this the first time you have been homeless?

Yes No Don't know Refused

11. How long have you been in this episode of homelessness?

- 1 week or less 3 months to 1 year
 1 week to 1 month 1 year or longer
 1 to 3 months Don't know Refused

12. How many times have you been on the streets in the past 3 years including today?

- Never Twice Four or more times
 Once Three times Don't know Refused

13. How many months have you been homeless in the past 3 years?

14. Have you ever served in the U.S. Armed Forces, National Guard or as a Reservist?

Yes No Don't know Refused

15. Do you have long-term issues with any of the following which keep you from living in stable housing? Please check all that apply.

- Alcohol abuse Physical disability
 Developmental disability Post-Traumatic Stress Disorder (PTSD)
 Drug abuse Severe & Persistent Mental Illness
 HIV/AIDS related illness Traumatic Brain Injury (TBI)