

Appendix A - PiT Count 2024 Survey

UNSHELTERED SURVEY

Survey Number: 0000

Location: ☐ Cambridge ☐ Kitchener ☐ Waterloo ☐ North Dumfries ☐ Wellesley ☐ Wilmot ☐ Woolwich

Date: _____ Time: _____ AM/PM

Interviewer: _____ Contact #: _____

C. Where are you staying tonight? / Where did you stay last night?

a. DECLINE TO ANSWER b. OWN APARTMENT/HOUSE	}	[THANK & END SURVEY]
c. SOMEONE ELSE’S PLACE d. HOTEL/MOTEL SELF-FUNDED e. HOSPITAL f. TREATMENT CENTRE g. JAIL, PRISON, REMAND CENTRE	}	C1. Do you have access to a permanent residence where you can safely stay as long as you want? a. Yes [THANK & END] b. No (not permanent AND/OR not safe) [BEGIN SURVEY] c. Don’t Know [BEGIN SURVEY] d. Decline to answer [THANK & END]
h. HOMELESS SHELTER (e.g. emergency, family or domestic violence shelter, warming centre, drop-in) i. HOTEL/MOTEL FUNDED BY CITY OR HOMELESS PROGRAM j. TRANSITIONAL SHELTER/HOUSING k. UNSHELTERED IN A PUBLIC SPACE (e.g. street, park, bus shelter, forest, or abandoned building) l. ENCAMPMENT (e.g. group of tents, makeshift shelters, or other long-term outdoor settlement) m. VEHICLE (e.g. car, van, recreational vehicle (RV), truck, boat) n. UNSURE: INDICATE PROBABLE LOCATION ____ (b. - m.)	}	[BEGIN SURVEY]

BEGIN SURVEY

1. Have you spent at least one night in any of the following locations in the past year? (check all that apply)

<input type="checkbox"/> HOMELESS SHELTER (e.g. emergency, family or domestic violence shelter, warming centre, drop-in)	<input type="checkbox"/> HOSPITAL OR OTHER HEALTH FACILITY
<input type="checkbox"/> HOTEL/MOTEL FUNDED BY CITY OR HOMELESS PROGRAM	<input type="checkbox"/> JAIL, PRISON, OR OTHER CORRECTIONAL FACILITY
<input type="checkbox"/> TRANSITIONAL SHELTER/HOUSING	<input type="checkbox"/> NO
<input type="checkbox"/> UNSHELTERED IN A PUBLIC SPACE (e.g. street, park, bus shelter, forest, or abandoned building)	<input type="checkbox"/> DON’T KNOW
<input type="checkbox"/> ENCAMPMENT (e.g. group of tents, makeshift shelters, or other long-term outdoor settlement)	<input type="checkbox"/> DECLINE TO ANSWER
<input type="checkbox"/> VEHICLE (e.g. car, van, recreational vehicle (RV), truck, boat)	
<input type="checkbox"/> SOMEONE ELSE’S PLACE BECAUSE YOU HAD NOWHERE ELSE TO GO	

1b. If you haven't stayed in a homeless shelter in the past year, what are the main reasons? (Do not read categories; check all that apply)

<input type="checkbox"/> TURNED AWAY - SHELTERS ARE FULL	<input type="checkbox"/> FEAR FOR SAFETY	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> TURNED AWAY - BANNED	<input type="checkbox"/> BED BUGS & OTHER PESTS	<input type="checkbox"/> DON'T KNOW
<input type="checkbox"/> LACK OF TRANSPORTATION	<input type="checkbox"/> CROWDED	<input type="checkbox"/> DECLINE TO ANSWER

2. Do you have family members or anyone else who is staying with you tonight? / Did any family members or anyone else stay with you last night? (Indicate survey number for partners. Check all that apply)

<input type="checkbox"/> NONE	<input type="checkbox"/> PET(S)																
<input type="checkbox"/> PARTNER - Survey #: _____	<input type="checkbox"/> OTHER ADULT (Can include other family or friends)																
<input type="checkbox"/> CHILD(REN)/DEPENDENT(S) [indicate age for each child/dependent]	<table><tr><th>CHILD 1</th><th>CHILD 2</th><th>CHILD 3</th><th>CHILD 4</th><th>CHILD 5</th><th>CHILD 6</th><th>CHILD 7</th><th>CHILD 8</th></tr><tr><td>AGE</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5	CHILD 6	CHILD 7	CHILD 8	AGE							
CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5	CHILD 6	CHILD 7	CHILD 8										
AGE																	
<input type="checkbox"/> DECLINE TO ANSWER																	

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

<input type="radio"/> AGE _____ OR YEAR BORN _____	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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3 a) Are you, or is someone in your household currently pregnant?

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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➔ For this survey, “homelessness” means any time when you have been without a permanent and secure place to live, and includes sleeping in shelters, on the streets, or living temporarily with others without having your own permanent housing (e.g. couch surfing).

4. In total, for how much time have you experienced homelessness over the PAST YEAR (the last 12 months)? (Does not need to be exact. Best estimate.)

<input type="radio"/> LENGTH _____ DAYS WEEKS MONTHS	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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4b. In total, for how much time have you experienced homelessness over the PAST 3 YEARS? (Does not need to be exact. Best estimate.)

<input type="radio"/> LESS THAN HALF	<input type="radio"/> ABOUT HALF OR MORE	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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5. How old were you the first time you experienced homelessness?

<input type="radio"/> AGE _____	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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6. Did you come to Canada as an immigrant, refugee, asylum claimant (i.e. applied for refugee status after coming to Canada), or through another process?

<input type="radio"/> YES, IMMIGRANT ----->	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
<input type="radio"/> YES, REFUGEE ----->	
<input type="radio"/> YES, ASYLUM CLAIMANT IN CANADA ----->	
<input type="radio"/> YES, TEMPORARY FOREIGN WORKER ----->	
<input type="radio"/> YES, OTHER WORK PERMIT ----->	
<input type="radio"/> YES, STUDY PERMIT ----->	
<input type="radio"/> YES, TEMPORARY RESIDENT ----->	
<input type="radio"/> YES, OTHER (including undocumented) ----->	
<input type="radio"/> NO	
<input type="radio"/> DON'T KNOW	
<input type="radio"/> DECLINE TO ANSWER	

How long have you been in Waterloo Region?

<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"/> CITY: _____	<input type="radio"/> PROVINCE/TERRITORY/COUNTRY: _____		
<input type="radio"/> DECLINE TO ANSWER			

7b. What is the main reason you came to Waterloo Region? (Do not read categories; select one)

<input type="radio"/> TO ACCESS EMERGENCY SHELTER(S)	<input type="radio"/> EMPLOYMENT (SEEKING)	<input type="radio"/> RECREATION/SHOPPING
<input type="radio"/> TO ACCESS SERVICES AND SUPPORTS	<input type="radio"/> EMPLOYMENT (SECURED)	<input type="radio"/> OTHER: _____
<input type="radio"/> FAMILY MOVED HERE	<input type="radio"/> TO ATTEND SCHOOL	<input type="radio"/> DON'T KNOW
<input type="radio"/> TO VISIT FRIENDS/FAMILY	<input type="radio"/> FEAR FOR SAFETY	<input type="radio"/> DECLINE TO ANSWER
<input type="radio"/> TO FIND HOUSING		

8. Do you identify as First Nations (with or without status), Métis, or Inuit?

<input type="radio"/> YES, FIRST NATIONS	<input type="radio"/> YES, MÉTIS	<input type="radio"/> NO	<input type="radio"/> DECLINE TO ANSWER
<input type="radio"/> YES, INUIT	<input type="radio"/> INDIGENOUS ANCESTRY	<input type="radio"/> DON'T KNOW	

8a. In **addition** to your response in the question above, do you identify with any of the racial identities listed below? (Show or Read list. Select all that apply)

<input type="checkbox"/> IDENTIFY AS INDIGENOUS ONLY	<input type="checkbox"/> BLACK-AFRICAN (e.g., Ghanaian, Ethiopian, Nigerian)
<input type="checkbox"/> ARAB (e.g., Syrian, Egyptian, Yemeni)	<input type="checkbox"/> BLACK-AFRO-CARIBBEAN OR AFRO-LATINX (e.g., Jamaican, Haitian, Afro-Brazilian.)
<input type="checkbox"/> ASIAN-EAST (e.g., Chinese, Korean, Japanese)	<input type="checkbox"/> LATIN AMERICAN (e.g., Brazilian, Mexican, Chilean, Cuban)
<input type="checkbox"/> ASIAN- SOUTH-EAST (e.g., Filipino, Vietnamese, Cambodian, Malaysian, Laotian)	<input type="checkbox"/> WHITE (e.g. European, French, Ukrainian, Euro-Latinx)
<input type="checkbox"/> ASIAN-SOUTH OR INDO-CARIBBEAN (e.g., Indian, Pakistani, Sri Lankan, Indo-Guyanese, Indo-Trinidadian)	<input type="checkbox"/> NOT LISTED (PLEASE SPECIFY): _____
<input type="checkbox"/> ASIAN-WEST (e.g., Iranian, Afghan)	<input type="checkbox"/> DON'T KNOW
<input type="checkbox"/> BLACK-CANADIAN/AMERICAN	<input type="checkbox"/> DECLINE TO ANSWER

9. Have you ever served in the Canadian Military or RCMP?

(Military includes Canadian Navy, Army, and Air Force, Regular and Reserve, Army Rangers including completing basic training)

<input type="radio"/> YES, MILITARY	<input type="radio"/> BOTH MILITARY AND RCMP	<input type="radio"/> DON'T KNOW
<input type="radio"/> YES, RCMP	<input type="radio"/> NO	<input type="radio"/> DECLINE TO ANSWER

10. As a child or youth, were you ever in foster care or in a youth group home?

(Note: This question applies specifically to child welfare programs.)

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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10b. Approximately how long after leaving foster care/group home did you become homeless?

LENGTH _____ DAYS / WEEKS / MONTHS / YEARS	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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11. Have you been experiencing difficulties related to any of the following?

	YES	NO	DON'T KNOW	DECLINE TO ANSWER
ILLNESS OR MEDICAL CONDITION (e.g. diabetes, tuberculosis (TB) or human immunodeficiency virus (HIV))	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PHYSICAL MOBILITY (e.g. spinal cord injury, arthritis, or limited movement or dexterity)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LEARNING, INTELLECTUAL/DEVELOPMENTAL, OR COGNITIVE FUNCTION (e.g. fetal alcohol spectrum disorder (FASD), autism, attention deficit hyperactivity disorder (ADHD), dyslexia, or dementia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACQUIRED BRAIN INJURY (e.g. due to an accident, violence, overdose, stroke, or brain tumour)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MENTAL HEALTH [diagnosed/undiagnosed] (e.g. depression, post-traumatic stress disorder (PTSD), bipolar, or schizophrenia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SUBSTANCE USE (e.g. alcohol or opiates)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SENSES, SUCH AS SEEING OR HEARING (e.g. blindness or deafness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. What gender do you identify with? (Show list or read list.)

<input type="radio"/> MAN	<input type="radio"/> TRANS WOMAN	<input type="radio"/> NOT LISTED: _____
<input type="radio"/> WOMAN	<input type="radio"/> TRANS MAN	<input type="radio"/> DON'T KNOW
<input type="radio"/> TWO-SPIRIT	<input type="radio"/> NON-BINARY (GENDERQUEER)	<input type="radio"/> DECLINE TO ANSWER

13. How do you describe your sexual orientation, for example straight, gay, lesbian? (Show list or read list.)

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

14. 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. Follow up for the reason if the respondent says "eviction" or that they "chose to leave".)

HOUSING AND FINANCIAL ISSUES <input type="checkbox"/> NOT ENOUGH INCOME FOR HOUSING (e.g. rental increase, loss of benefit, income or job) <input type="checkbox"/> UNFIT/UNSAFE HOUSING CONDITION <input type="checkbox"/> BUILDING SOLD OR RENOVATED <input type="checkbox"/> OWNER MOVED IN	CONFLICT WITH: <input type="checkbox"/> SPOUSE/PARTNER <input type="checkbox"/> PARENT/GUARDIAN <input type="checkbox"/> LANDLORD <input type="checkbox"/> OTHER (_____)	EXPERIENCED DISCRIMINATION BY: <input type="checkbox"/> SPOUSE/PARTNER <input type="checkbox"/> PARENT/GUARDIAN <input type="checkbox"/> LANDLORD <input type="checkbox"/> OTHER (_____)
OTHER <input type="checkbox"/> COMPLAINT (e.g. noise/damage) <input type="checkbox"/> LEFT THE COMMUNITY/RELOCATED <input type="checkbox"/> DEATH OR DEPARTURE OF FAMILY MEMBER <input type="checkbox"/> PET(S) <input type="checkbox"/> OTHER REASON _____ _____ _____	EXPERIENCED ABUSE BY: <input type="checkbox"/> SPOUSE/PARTNER <input type="checkbox"/> PARENT/GUARDIAN <input type="checkbox"/> LANDLORD <input type="checkbox"/> OTHER (_____)	HEALTH OR CORRECTIONS <input type="checkbox"/> PHYSICAL HEALTH ISSUE/DISABILITY <input type="checkbox"/> MENTAL HEALTH ISSUE <input type="checkbox"/> SUBSTANCE USE ISSUE <input type="checkbox"/> HOSPITALIZATION OR TREATMENT PROGRAM <input type="checkbox"/> INCARCERATION (jail or prison)
	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER

14b. Was your most recent housing loss related to an eviction?

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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14c. How long ago did that happen (that you lost your housing most recently)? (Best estimate)

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

15. What are your sources of income? (Reminder that this survey is anonymous. **Read list** and check all that apply)

Formal or Informal Work	Benefits	Other
<input type="checkbox"/> FULL TIME EMPLOYMENT	<input type="checkbox"/> EMPLOYMENT INSURANCE	<input type="checkbox"/> MONEY FROM FAMILY/FRIENDS
<input type="checkbox"/> PART TIME EMPLOYMENT	<input type="checkbox"/> DISABILITY BENEFIT (e.g. WSIB)	<input type="checkbox"/> OTHER MONEY FROM A SERVICE AGENCY
<input type="checkbox"/> CASUAL EMPLOYMENT (e.g. contract work)	<input type="checkbox"/> SENIORS BENEFITS (e.g. CPP/OAS/GIS)	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> INFORMAL INCOME SOURCES (e.g. bottle returns, panhandling, sex work)	<input type="checkbox"/> SOCIAL ASSISTANCE (e.g. OW/ODSP)	
	<input type="checkbox"/> VETERAN/VAC BENEFITS	<input type="checkbox"/> NO INCOME
	<input type="checkbox"/> CHILD AND FAMILY BENEFITS	<input type="checkbox"/> DON'T KNOW
	<input type="checkbox"/> GST/HST REFUND	<input type="checkbox"/> DECLINE TO ANSWER

16. In the past year (12 months) have you:

BEEN TO AN EMERGENCY ROOM	Y ____ N ____
BEEN HOSPITALIZED	Y ____ N ____
INTERACTED WITH POLICE (<i>Tickets, arrests, searches</i>)	Y ____ N ____
BEEN TO PRISON/JAIL	Y ____ N ____

17. What challenges or problems have you experienced when trying to find housing? (Select all that apply) –

<input type="checkbox"/> LOW INCOME	<input type="checkbox"/> MENTAL HEALTH ISSUES	<input type="checkbox"/> DISCRIMINATION
<input type="checkbox"/> NO INCOME ASSISTANCE	<input type="checkbox"/> ADDICTION	<input type="checkbox"/> DON'T WANT HOUSING
<input type="checkbox"/> RENTS TOO HIGH	<input type="checkbox"/> FAMILY BREAKDOWN/CONFLICT	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> POOR HOUSING CONDITIONS	<input type="checkbox"/> CRIMINAL HISTORY	<input type="checkbox"/> NO BARRIERS TO HOUSING
<input type="checkbox"/> DOMESTIC VIOLENCE	<input type="checkbox"/> PET(S)	<input type="checkbox"/> DON'T KNOW
<input type="checkbox"/> HEALTH/DISABILITY ISSUES	<input type="checkbox"/> CHILDREN	<input type="checkbox"/> DECLINE TO ANSWER

18. Have you applied for or updated your Community Housing Waitlist application in the last 12 months?

☐ YES ☐ NO ☐ DON'T KNOW ☐ DECLINE TO ANSWER

19. What services would be helpful to you right now?

[Reminder that this survey is anonymous. **Read list** and check all that apply]

<input type="checkbox"/> ACCESSING INCOME SUPPORT PROGRAMS (E.G. ONTARIO WORKS, EMPLOYMENT INSURANCE)	<input type="checkbox"/> ADDICTIONS TREATMENT AND SUPPORT	<input type="checkbox"/> CARE FOR YOUR PET
<input type="checkbox"/> FINDING A JOB	<input type="checkbox"/> BRAIN INJURY TREATMENT AND SUPPORT	<input type="checkbox"/> BUS PASS
<input type="checkbox"/> GETTING ID	<input type="checkbox"/> MEDICAL SUPPORT	<input type="checkbox"/> INTERNET ACCESS
<input type="checkbox"/> LEGAL AID	<input type="checkbox"/> MENTAL HEALTH SUPPORT (COUNSELLING, TREATMENT, ETC.)	<input type="checkbox"/> OUTREACH WORKERS
<input type="checkbox"/> TRANSLATION SERVICES	<input type="checkbox"/> PREGNANCY SUPPORT	<input type="checkbox"/> PUBLIC PHONE
<input type="checkbox"/> FINDING AFFORDABLE HOUSING		<input type="checkbox"/> SECURE STORAGE
<input type="checkbox"/> HELP WRITING HOUSING APPLICATIONS	<input type="checkbox"/> DRUG TREATMENT REFERRALS	<input type="checkbox"/> SHOWERS
<input type="checkbox"/> HOUSING SEARCH SUPPORT	<input type="checkbox"/> DRUG CHECKING PROGRAM	
<input type="checkbox"/> GENDER SPECIFIC HOUSING AND SUPPORTS	<input type="checkbox"/> SAFE CONSUMPTION SITE (CTS, UPHN, ETC.)	<input type="checkbox"/> OTHER (PLEASE SPECIFY):
<input type="checkbox"/> LOW BARRIER HOUSING	<input type="checkbox"/> SAFER SUPPLY PROGRAM (PRESCRIPTION TO REPLACE UNREGULATED DRUGS)	
<input type="checkbox"/> PHYSICALLY ACCESSIBLE HOUSING		