

2022 MN Point-in-Time Count – January 26, 2022



SURVEYOR QUESTIONS

Surveyor name:	Continuum of Care:	County:
Agency/team:	School district: [School-based surveys only]	

Is this the first survey you are filling out for this family/household? Yes No – I am adding additional family members

Specific location: _____

Household ID: **[See instructions. Complete after survey]**

[Surveyor Narrative] Hello, my name is [Name] and I am a volunteer for [Name of CoC/agency/county]. We are surveying people experiencing homelessness to help improve programs and services. This survey asks questions about you and others in your household. It asks about where you stay now and some of your life experiences. Your participation is voluntary, and your responses will only be used anonymously.

Can I have about 10 minutes of your time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No [END SURVEY. Complete observation form if able]				
Did another volunteer already ask you where you are staying tonight/where you stayed last night?	<input type="checkbox"/> Yes [END SURVEY]	<input type="checkbox"/> No				
Where did you/will you sleep on Wednesday night (January 26th, 2022)?						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> UNSHELTERED: <input type="checkbox"/> Abandoned building/house without utilities <input type="checkbox"/> Bridge/overpass/railroad <input type="checkbox"/> Bus/light rail/train <input type="checkbox"/> Doorway/skyway <input type="checkbox"/> Park <input type="checkbox"/> Private property (storage, barn, fish house) <input type="checkbox"/> Street or sidewalk <input type="checkbox"/> Vehicle (car, truck, van, camper) <input type="checkbox"/> Woods/caves/open space <input type="checkbox"/> Restaurant/laundromat <input type="checkbox"/> Up all night walking <input type="checkbox"/> Other (Unsheltered) </td> <td style="width: 50%; vertical-align: top;"> OTHER: <input type="checkbox"/> Couch-hopping/Temporarily staying with family or friends <input type="checkbox"/> Hospital, jail or treatment program [END SURVEY] </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> SHELTERED: [If conducting unsheltered count, you may END SURVEY if respondent selects a sheltered response] <input type="checkbox"/> Emergency shelter (<i>shelter name</i> _____) <input type="checkbox"/> Motel/hotel (voucher stay <i>agency providing</i> _____) <input type="checkbox"/> Transitional housing (<i>agency providing</i> _____) </td> </tr> </table>			UNSHELTERED: <input type="checkbox"/> Abandoned building/house without utilities <input type="checkbox"/> Bridge/overpass/railroad <input type="checkbox"/> Bus/light rail/train <input type="checkbox"/> Doorway/skyway <input type="checkbox"/> Park <input type="checkbox"/> Private property (storage, barn, fish house) <input type="checkbox"/> Street or sidewalk <input type="checkbox"/> Vehicle (car, truck, van, camper) <input type="checkbox"/> Woods/caves/open space <input type="checkbox"/> Restaurant/laundromat <input type="checkbox"/> Up all night walking <input type="checkbox"/> Other (Unsheltered)	OTHER: <input type="checkbox"/> Couch-hopping/Temporarily staying with family or friends <input type="checkbox"/> Hospital, jail or treatment program [END SURVEY]	SHELTERED: [If conducting unsheltered count, you may END SURVEY if respondent selects a sheltered response] <input type="checkbox"/> Emergency shelter (<i>shelter name</i> _____) <input type="checkbox"/> Motel/hotel (voucher stay <i>agency providing</i> _____) <input type="checkbox"/> Transitional housing (<i>agency providing</i> _____)	
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In which county did you/will you stay on Wednesday night (January 26th, 2022)? _____						
What are the first three letters of your first name?	First: _____					
What are the first three letters of your last name?	Last: _____					
How old are you?	Will anyone/did anyone stay with you tonight/that night?					
<input type="checkbox"/> 0-4 <input type="checkbox"/> 10-13 <input type="checkbox"/> 18-24 <input type="checkbox"/> 5-9 <input type="checkbox"/> 14-17 <input type="checkbox"/> 25-55 <input type="checkbox"/> 56+	<input type="checkbox"/> Yes [Go to next question] <input type="checkbox"/> No [SKIP to Demographics section]					
Including yourself, how many adults and children in your household/family are staying with you tonight? By <u>household</u> , I mean the people who live with you now or most of the time. [If couch-hopping/staying with family or friends, do not count the permanent residents.] # of Adults (age 25 and older) _____ # of Young Adults (age 18 to 24) _____ # of children (17 and younger) _____						
[If household includes ONLY young adults and/or children, ask:] Including yourself, how many are the parent or legal guardian of a child in your household?						
_____ # of Parents Age 18-24	_____ # of Parents Age 17 and younger					

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Demographics															
Are you Hispanic/Latin(a)(o)(x)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Refused (DKR)															
How do you identify your gender?	How do you identify your race? You can include all that apply.														
Female <input type="checkbox"/> Male <input type="checkbox"/> A gender that is not singularly Female or Male (e.g., non-binary, genderfluid, agender, culturally specific gender) <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> DKR <input type="checkbox"/>	American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> DKR <input type="checkbox"/>														
If Native American, of which tribe are you an enrolled member? [SKIP if not American Indian, Alaska Native, or Indigenous]	<table border="0"> <tr> <td>Not enrolled member of any tribe <input type="checkbox"/></td> <td>Mdewakanton Sioux Indians <input type="checkbox"/></td> </tr> <tr> <td>Minnesota Chippewa Tribe - Bois Forte <input type="checkbox"/></td> <td>Minnesota Chippewa Tribe - Fond du Lac <input type="checkbox"/></td> </tr> <tr> <td>Minnesota Chippewa Tribe - Grand Portage <input type="checkbox"/></td> <td>Minnesota Chippewa Tribe - Leech Lake <input type="checkbox"/></td> </tr> <tr> <td>Minnesota Chippewa Tribe - Mille Lacs Band <input type="checkbox"/></td> <td>Minnesota Chippewa Tribe - White Earth <input type="checkbox"/></td> </tr> <tr> <td>Lower Sioux Indian Community in the State of Minnesota <input type="checkbox"/></td> <td>Prairie Island Indian Community in the State of Minnesota <input type="checkbox"/></td> </tr> <tr> <td>Red Lake Band of Chippewa Indians <input type="checkbox"/></td> <td>Upper Sioux Community <input type="checkbox"/></td> </tr> <tr> <td>Shakopee Mdewakanton Sioux Community of Minnesota <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> </table>	Not enrolled member of any tribe <input type="checkbox"/>	Mdewakanton Sioux Indians <input type="checkbox"/>	Minnesota Chippewa Tribe - Bois Forte <input type="checkbox"/>	Minnesota Chippewa Tribe - Fond du Lac <input type="checkbox"/>	Minnesota Chippewa Tribe - Grand Portage <input type="checkbox"/>	Minnesota Chippewa Tribe - Leech Lake <input type="checkbox"/>	Minnesota Chippewa Tribe - Mille Lacs Band <input type="checkbox"/>	Minnesota Chippewa Tribe - White Earth <input type="checkbox"/>	Lower Sioux Indian Community in the State of Minnesota <input type="checkbox"/>	Prairie Island Indian Community in the State of Minnesota <input type="checkbox"/>	Red Lake Band of Chippewa Indians <input type="checkbox"/>	Upper Sioux Community <input type="checkbox"/>	Shakopee Mdewakanton Sioux Community of Minnesota <input type="checkbox"/>	Other <input type="checkbox"/>
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Housing History	
The next set of questions are about your housing history. [If currently couch-hopping/temporarily staying with family or friends, these questions refer to times you've been in shelter or staying outside only.]	
Have you been continuously homeless – like in a shelter or staying outside – for a year or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
Is this the first time you've been homeless – like in a shelter or staying outside?	<input type="checkbox"/> Yes [SKIP to Veteran section] <input type="checkbox"/> No <input type="checkbox"/> DKR
Think back over the last three years. During that time, have you been homeless 4 or more times – like in a shelter or staying outside?	<input type="checkbox"/> Yes <input type="checkbox"/> No [SKIP to Veteran section] <input type="checkbox"/> DKR
If yes, do these times, added together, amount to a year or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR

Veteran Status	
Did you serve in the United States Armed Forces, which includes the Army, Navy, Air Force, Marine Corps, and Coast Guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
Have you joined the Homeless Veterans Registry?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
[If respondent has not joined registry or is unsure, state:] When we complete this survey, I'd be happy to help you apply for the veteran's registry or provide the number to connect you to the resources they offer.	

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Sensitive Questions

[Surveyor Narrative] The next set of questions asks about sensitive topics and may be upsetting. We want to keep your information private. If you prefer, you may read each question silently and point to the answers that apply to you. Otherwise, I can read them out loud and you can respond with the numbers or a quick yes or no. You don't have to answer any question you don't want to, and I'll simply move on. How would you like to proceed?

[Give respondent a moment to decide, then proceed with questions. Circle the numbered response.]

Are you, or have you been, a victim/survivor of domestic violence?	1. Yes 2. No 3. DKR
[clarify if needed] Has anyone you stayed with ever tried to harm you, control your daily activities, resources, and/or documents, or force you to do things you do not want to do?	

Are you currently fleeing a domestic violence situation?	1. Yes 2. No 3. DKR
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Now I'm going to ask about your health. Do any of the following apply to you?	1. AIDS or HIV-related illness 2. Chronic health condition (such as diabetes, cancer, or heart disease) 3. Developmental Disability 4. Drug or alcohol use disorder 5. Physical disability or mobility impairment 6. PTSD (Post Traumatic Stress Disorder) 7. Psychiatric or emotional conditions such as depression or schizophrenia
[Circle all that apply. Skip question if none apply.]	

Thank you, I appreciate your time. Your responses will be combined with those of other people taking this survey and used to help improve programs for people experiencing homelessness.

[If additional adults (18+) in household, CONTINUE]

Additional Family Members

	Adult 2:	Adult 3:	Adult 4:
Household ID [Surveyor Only - COMPLETE FOR EACH HOUSEHOLD. These fields MUST be completed and will be used to link group members. Refer to instructions if needed.]	____ - ____ - ____	____ - ____ - ____	____ - ____ - ____
Will you/did you also stay in a shelter or outside Wednesday night (January 26th, 2022)? [or in same location as first respondent if staying with family or friends]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]
Can I ask you a few additional questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]	<input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY]
What are the first three letters of your first and last names?	First: _____ Last: _____	First: _____ Last: _____	First: _____ Last: _____
How old are you?	Under 18 <input type="checkbox"/> 0-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-13 <input type="checkbox"/> 14-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-55 <input type="checkbox"/> 56+	Under 18 <input type="checkbox"/> 0-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-13 <input type="checkbox"/> 14-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-55 <input type="checkbox"/> 56+	Under 18 <input type="checkbox"/> 0-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-13 <input type="checkbox"/> 14-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-55 <input type="checkbox"/> 56+
Are you Hispanic/Latin(a)(o)(x)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR

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<p>How do you identify your gender?</p>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> A gender that is not singularly Female or Male (e.g., non-binary, genderfluid, agender, culturally specific gender) <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> DKR	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> A gender that is not singularly Female or Male (e.g., non-binary, genderfluid, agender, culturally specific gender) <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> DKR	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> A gender that is not singularly Female or Male (e.g., non-binary, genderfluid, agender, culturally specific gender) <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> DKR
<p>How do you identify your race? You can include all that apply.</p>	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> DKR	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> DKR	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> DKR
<p>If Native American, of which tribe are you an enrolled member? [SKIP if not American Indian, Alaska Native, or Indigenous]</p>	<input type="checkbox"/> Not enrolled member of any tribe <input type="checkbox"/> Lower Sioux Indian Community in the State of Minnesota <input type="checkbox"/> Mdewakanton Sioux Indians <input type="checkbox"/> Minnesota Chippewa Tribe - Bois Forte <input type="checkbox"/> Minnesota Chippewa Tribe - Fond du Lac <input type="checkbox"/> Minnesota Chippewa Tribe - Grand Portage <input type="checkbox"/> Minnesota Chippewa Tribe - Leech Lake <input type="checkbox"/> Minnesota Chippewa Tribe - Mille Lacs Band <input type="checkbox"/> Minnesota Chippewa Tribe - White Earth <input type="checkbox"/> Prairie Island Indian Community in the State of Minnesota <input type="checkbox"/> Red Lake Band of Chippewa Indians <input type="checkbox"/> Shakopee Mdewakanton Sioux Community of Minnesota <input type="checkbox"/> Upper Sioux Community <input type="checkbox"/> Other	<input type="checkbox"/> Not enrolled member of any tribe <input type="checkbox"/> Lower Sioux Indian Community in the State of Minnesota <input type="checkbox"/> Mdewakanton Sioux Indians <input type="checkbox"/> Minnesota Chippewa Tribe - Bois Forte <input type="checkbox"/> Minnesota Chippewa Tribe - Fond du Lac <input type="checkbox"/> Minnesota Chippewa Tribe - Grand Portage <input type="checkbox"/> Minnesota Chippewa Tribe - Leech Lake <input type="checkbox"/> Minnesota Chippewa Tribe - Mille Lacs Band <input type="checkbox"/> Minnesota Chippewa Tribe - White Earth <input type="checkbox"/> Prairie Island Indian Community in the State of Minnesota <input type="checkbox"/> Red Lake Band of Chippewa Indians <input type="checkbox"/> Shakopee Mdewakanton Sioux Community of Minnesota <input type="checkbox"/> Upper Sioux Community <input type="checkbox"/> Other	<input type="checkbox"/> Not enrolled member of any tribe <input type="checkbox"/> Lower Sioux Indian Community in the State of Minnesota <input type="checkbox"/> Mdewakanton Sioux Indians <input type="checkbox"/> Minnesota Chippewa Tribe - Bois Forte <input type="checkbox"/> Minnesota Chippewa Tribe - Fond du Lac <input type="checkbox"/> Minnesota Chippewa Tribe - Grand Portage <input type="checkbox"/> Minnesota Chippewa Tribe - Leech Lake <input type="checkbox"/> Minnesota Chippewa Tribe - Mille Lacs Band <input type="checkbox"/> Minnesota Chippewa Tribe - White Earth <input type="checkbox"/> Prairie Island Indian Community in the State of Minnesota <input type="checkbox"/> Red Lake Band of Chippewa Indians <input type="checkbox"/> Shakopee Mdewakanton Sioux Community of Minnesota <input type="checkbox"/> Upper Sioux Community <input type="checkbox"/> Other

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Additional Family Members: Housing History			
The next set of questions are about your housing history. [If currently couch-hopping/temporarily staying with family or friends, these questions refer to times you've been in shelter or staying outside only.]			
	Adult 2:	Adult 3:	Adult 4:
Have you been continuously homeless – <i>like in a shelter or staying outside</i> – for a year or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
Is this the first time you've been <i>homeless – like in a shelter or staying outside</i> ?	<input type="checkbox"/> Yes [SKIP to Veteran section] <input type="checkbox"/> No	<input type="checkbox"/> Yes [SKIP to Veteran section] <input type="checkbox"/> No	<input type="checkbox"/> Yes [SKIP to Veteran section] <input type="checkbox"/> No
Think back over the last three years. During that time, have you been homeless 4 or more times - <i>like in a shelter or staying outside</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No [SKIP to Veteran section]	<input type="checkbox"/> Yes <input type="checkbox"/> No [SKIP to Veteran section]	<input type="checkbox"/> Yes <input type="checkbox"/> No [SKIP to Veteran section]
[If yes] Do these times, added together, amount to a year or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
Additional Family Members: Veteran Status			
	Adult 2:	Adult 3:	Adult 4:
Did you serve in the United States Armed Forces, which includes the Army, Navy, Air Force, Marine Corps, and Coast Guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR

Additional Family Members: Sensitive Questions			
The next set of questions asks about sensitive topics and may be upsetting. We want to keep your information private. If you prefer, you may read each question silently and point to the answers that apply to you. Otherwise, I can read them out loud and you can respond with the numbers or a quick yes or no. You don't have to answer any question you don't want to, and I'll simply move on. How would you like to proceed? [Give respondent a moment to decide, then proceed with questions. Circle the numbered response.]			
	Adult 2:	Adult 3:	Adult 4:
Are you, or have you been, a victim/survivor of domestic violence?	1. Yes 2. No 3. DKR	1. Yes 2. No 3. DKR	1. Yes 2. No 3. DKR
Are you currently fleeing a domestic violence situation?	1. Yes 2. No 3. DKR	1. Yes 2. No 3. DKR	1. Yes 2. No 3. DKR
Do any of the following apply to you? [Check all that apply. Skip question if none apply.]	1. AIDS or HIV-related illness <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Chronic health condition (such as diabetes, cancer, or heart disease) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Developmental Disability <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Drug or alcohol use disorder <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Physical disability or mobility impairment <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. PTSD (Post Traumatic Stress Disorder) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7. Psychiatric or emotional conditions such as depression or schizophrenia <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you, I appreciate your time. Your responses will be combined with those of other people taking this survey and used to help improve programs for people experiencing homelessness.

Day One domestic violence hotline: 1-866-223-1111 Homeless Veteran Registry: 1-888-546-5838