

2023 MN Point-in-Time Count – January 25, 2023



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? Yes No **[END THE SURVEY. Complete the observation form if able]**

Did another volunteer already ask you where you are staying tonight/where you stayed last night? Yes **[END THE SURVEY]** No

Where did you/will you sleep on Wednesday night (January 25th, 2023)?

<p>UNSHeltered:</p> <ul style="list-style-type: none"> <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) 	<p>OTHER:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Couch-hopping/Temporarily staying with family or friends [CONTINUE TO COMPLETE THE SURVEY] <input type="checkbox"/> Hospital, jail, or treatment program [END THE SURVEY] <p>SHELTERED:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Emergency shelter (shelter name _____) <input type="checkbox"/> Motel/hotel (voucher stay agency providing _____) <input type="checkbox"/> Transitional housing (agency providing _____)
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In which county did you/will you stay on Wednesday night (January 25th, 2023)? _____

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? [Write down the age]	Will anyone/did anyone stay with you tonight/that night?
	<input type="checkbox"/> Yes [Go to the next question] <input type="checkbox"/> No [SKIP to Demographics section]

How old is each person in your household or group? **[If couch-hopping/staying with family or friends, do not count the permanent residents.]**

[Write down the age of each person]

[If the 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

2023 MN Point-in-Time Count – January 25, 2023



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]	Not an enrolled member of any tribe <input type="checkbox"/> Minnesota Chippewa Tribe - Bois Forte <input type="checkbox"/> Minnesota Chippewa Tribe - Grand Portage <input type="checkbox"/> Minnesota Chippewa Tribe - Mille Lacs Band <input type="checkbox"/> Lower Sioux 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"/>	Mdewakanton Sioux Indians <input type="checkbox"/> Minnesota Chippewa Tribe - Fond du Lac <input type="checkbox"/> Minnesota Chippewa Tribe - Leech Lake <input type="checkbox"/> Minnesota Chippewa Tribe - White Earth <input type="checkbox"/> Prairie Island Indian Community in the State of Minnesota <input type="checkbox"/> Upper Sioux Community <input type="checkbox"/> Other <input type="checkbox"/>

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 (Adults 18+ Only; Skip if Respondent is under 18)

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.	

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.]

Are you, or have you been, a victim/survivor of domestic violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR
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2023 MN Point-in-Time Count – January 25, 2023



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

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 there are additional household members, Adults (18+) and/or Children (under 18), CONTINUE]

Additional Family Members			
	Household Member 2:	Household Member 3:	Household Member 4:
<p>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.]</p>	<p>____ - ____ - ____</p>	<p>____ - ____ - ____</p>	<p>____ - ____ - ____</p>
<p>Will you/did you also stay in a shelter or outside Wednesday night (January 25th, 2023)? [or in same location as first respondent if staying with family or friends]</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY] </p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY] </p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY] </p>
<p>Can I ask you a few additional questions?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY] </p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY] </p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No [END SURVEY] </p>
<p>What are the first three letters of your first and last names?</p>	<p>First: _____ Last: _____</p>	<p>First: _____ Last: _____</p>	<p>First: _____ Last: _____</p>
<p>How old are you? (Write down the age)</p>	<p>Click or tap here to enter text.</p>	<p>Click or tap here to enter text.</p>	<p>Click or tap here to enter text.</p>
<p>Are you Hispanic/Latin(a)(o)(x)?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR </p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR </p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DKR </p>
<p>How do you identify your gender?</p>	<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 </p>	<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 </p>	<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 </p>

2023 MN Point-in-Time Count – January 25, 2023



<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 an 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 an 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 an 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

[STOP and END THE SURVEY if none of the additional household members are adults (18+). CONTINUE to the next section for additional adult (18+) household members only.]

Additional Family Members (18+ Only): 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.]			
	Household Member 2:	Household Member 3:	Household Member 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

2023 MN Point-in-Time Count – January 25, 2023



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"/> 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 (18+ Only): Veteran Status			
	Household Member 2:	Household Member 3:	Household Member 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 (18+ Only): Sensitive Questions																															
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	Household Member 2:	Household Member 3:	Household Member 4:																												
Are you, or have you been, a victim/survivor of domestic violence?	<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																												
Are you currently fleeing a domestic violence situation?	<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																												
Do any of the following apply to you?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1. AIDS or HIV-related illness</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2. Chronic health condition (such as diabetes, cancer, or heart disease)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3. Developmental Disability</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>4. Drug or alcohol use disorder</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>5. Physical disability or mobility impairment</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>6. PTSD (Post Traumatic Stress Disorder)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>7. Psychiatric or emotional conditions such as depression or schizophrenia</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			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"/>
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[Check 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.

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