

MULTI-NIGHT
SURVEY



SERIAL NUMBER:

This is a backup form in case the app is not working. If you use this survey please fill in completely, take a picture, and email it to hope@dss.nyc.gov. Also, notify your District Captain/Supervisor.

INSTRUCTIONS

- Do not read bold capitals out loud
- Be sure to answer **QUESTION #5**

DATE:

SURVEY AREA CODE:

SITE NAME/PROVIDER:

TEAM NUMBER:

TEAM LEADER NAME:

TEAM LEADER EMAIL:

* Rain Date: Tuesday, February 8th

1. Will you be asking this person questions, or just observing?

- Asking Observing = Go to #5

Hello, my name is _____ and I'm with the City of New York. We're asking everyone a few quick questions about their housing situation. Your answers are confidential.

2. May I ask you just a few questions?

- Yes No = Go to #5

**3. Did someone else ask you about your housing situation tonight?
OR Did someone ask you about housing situation on the night of
Tuesday Jan 25th*?**

- Yes = Say "thank you" and end survey No

**4. Where are you sleeping tonight? OR Where did you sleep on
Tuesday Jan 25th*?**

- Room / Apartment / House / Hotel / Dorm / Drop-in Center / Shelter / Safe Haven / Residential Program / Other = Mark "no" in #5 (not street homeless)
- Street / Sidewalk / Park / Outside / Abandoned Building / Lobby / Subway / Bus / Train Station / Car = Mark "yes" in #5 (street homeless)
- Don't Know / Refused = Use your best judgment on #5

5. IS THIS PERSON STREET HOMELESS?

(If person did not answer question 4, use your best judgment)

- No = Say "thank you" and end survey Yes = Go to #6

FILL IN QUESTIONS 6 – 8 ONLY IF THIS PERSON IS STREET HOMELESS

6. What is your age? (Ask if awake, observe if asleep)

- Under 18 60 or older
- 18 – 24 Unable to ask / observe
- 25 – 59

OBSERVE – DO NOT READ QUESTIONS 7 AND 8 OUT LOUD

7. PERCEIVED GENDER BASED ON APPEARANCE

- Male Female Other Unsure

8. PERCEIVED RACE / ETHNICITY BASED ON APPEARANCE (Fill in all that apply)

- White Hispanic / Latinx
- Black Other
- Asian Unsure

