

CONTRA COSTA COUNTY 2025 POINT IN TIME SURVEY

DATE: _____ AGENCY NAME (IF AT PROGRAM/SITE): _____ CITY WHERE SURVEY WAS COMPLETED: _____

READ TO SURVEY RESPONDENT: Hello, my name is _____. I'm out today asking questions about people's housing and experiences with homelessness. This survey will help the county better understand housing needs in our community. This survey is a part of the Point-in-Time Count. If you are willing to take part in this survey, you may choose to skip any question and can stop the survey at any time. The information you provide is confidential and will only be shared with Contra Costa Health Services. You will receive a gift card for your participation. Do I have your permission to move forward?

SECTION 1 & 2: DEMOGRAPHICS & HOMELESSNESS

1. What are your initials? First _____ Last _____

2. What is your birthdate? * Day _____ Month _____ Year _____

Don't Know/Decline

3. Where were you staying on the night of January 29th, 2025 (Wednesday night)? *

Tent or make-shift tent

Shed/storage structure

Abandoned building/squat

Street/sidewalk/outdoors without covering

Car

RV/Camper

Van

Go to Q6

Emergency Shelter

Transitional Housing

Warming Center

Other: _____

Go to Q7

Motel/Hotel

Jail/Hospital/Treatment Program

House/Apartment

Don't Know/Decline **(END SURVEY HERE)**

4. Have you already, or are you afraid, you might lose your housing within the next two weeks?

Already lost housing

Yes, might lose housing

No, I have stable housing

Don't Know/Decline

5. Was there ever a time in your life you experienced homelessness?

Yes

No

Don't Know/ Decline

END SURVEY IF QUESTIONS ARE ASKED FROM 4 & 5

6. How many people, including yourself, usually sleep in this setting with you?

of people: _____

Don't Know/Decline

7. Which city or area did you sleep in on January 29th, 2025?

<input type="radio"/> Alamo	<input type="radio"/> Lafayette
<input type="radio"/> Antioch	<input type="radio"/> Martinez
<input type="radio"/> Bay Point	<input type="radio"/> Moraga
<input type="radio"/> Briones	<input type="radio"/> Oakley
<input type="radio"/> Blackhawk	<input type="radio"/> Orinda
<input type="radio"/> Brentwood	<input type="radio"/> Pinole
<input type="radio"/> Clayton	<input type="radio"/> Pittsburg
<input type="radio"/> Concord	<input type="radio"/> Pleasant Hill
<input type="radio"/> Contra Costa Centre	<input type="radio"/> Richmond
<input type="radio"/> Danville	<input type="radio"/> San Pablo
<input type="radio"/> Discovery Bay	<input type="radio"/> San Ramon
<input type="radio"/> El Cerrito	<input type="radio"/> Saranap/Parkmead
<input type="radio"/> El Sobrante	<input type="radio"/> Walnut Creek
<input type="radio"/> Hercules	<input type="radio"/> Other County in CA: _____
<input type="radio"/> Rodeo	<input type="radio"/> Outside of CA
<input type="radio"/> Kensington	<input type="radio"/> Don't Know/Decline

8. What is your gender? *(Mark all that apply)

Man (Boy if child)

Woman (Girl if child)

Transgender

Questioning

Non-Binary

Culturally Specific Identity (e.g., Two-Spirit)

Other- Different Identity: _____

Don't Know/Decline

9. Which racial group(s) do you most identify with?*(Mark all that apply)

White

Black/African American/African

American Indian/Alaska Native/or Indigenous

Native Hawaiian/Pacific Islander

Asian/Asian American

Middle Eastern/North African

Hispanic/Latina/e/o

Don't Know/Decline

10. Do you consider yourself... (Mark all that apply)

Straight

Gay

Lesbian

Bisexual

Questioning/Unsure

Other: _____

Don't Know/Decline

11. Have you served in the U.S. Military (Army, Navy, Air Force, Marine Corps, or Coast Guard)? *

Yes

No

Don't Know/Decline

12. Is this the first time you've been homeless? *

Yes

No

Don't Know/Decline

13. How long have you been homeless this current time? Only include time spent staying in shelters and/or on the streets. *

7 days or less

8 to 30 days

1 to 3 months

4 to 6 months

7 to 12 months

More than 1 year:

Don't Know/Decline

(GO TO Q18)

14. **(ONLY ANSWER IF Q12 IS NO)** In the last 12 months, how many separate times have you been homeless including this current time? *

_____ times Don't Know/Decline

15. **(ONLY ANSWER IF Q12 IS NO)** How many separate times have you been homeless in the past 3 years (that is since January 2021) including this current time? *

_____ times Don't Know/Decline

16. **(ONLY ANSWER IF Q12 IS NO)** Over the last 3 years, have you been homeless for a total of 12 months or longer? *

Yes

No

Don't Know/Decline

17. How long have you lived in Contra Costa County? [Either as a resident or a person experiencing homelessness]

Less than a year

1 to 4 years

5 to 9 years

10 years or longer

Don't Know/Decline

18. In what city or area did you last lose your housing?

<input type="radio"/> Alamo	<input type="radio"/> Lafayette
<input type="radio"/> Antioch	<input type="radio"/> Martinez
<input type="radio"/> Bay Point	<input type="radio"/> Moraga
<input type="radio"/> Briones	<input type="radio"/> Oakley
<input type="radio"/> Blackhawk	<input type="radio"/> Orinda
<input type="radio"/> Brentwood	<input type="radio"/> Pinole
<input type="radio"/> Clayton	<input type="radio"/> Pittsburg
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<input type="radio"/> El Cerrito	<input type="radio"/> Saranap/Parkmead
<input type="radio"/> El Sobrante	<input type="radio"/> Walnut Creek
<input type="radio"/> Hercules	<input type="radio"/> Other County in CA: _____
<input type="radio"/> Rodeo	<input type="radio"/> Outside of CA
<input type="radio"/> Kensington	<input type="radio"/> Don't Know/Decline

19. What conditions or events do you think led to your homelessness (Mark all that apply)?

Eviction

Rent Increase

Ran away

Domestic violence

Thrown out

Divorce/separation/break-up

Loss of job

Low income/Underemployment

Incarceration

Mental health needs

Substance use

Physical health needs

Other (Ex: Exit to foster care, death of a family member): _____

Don't Know/Decline

20. How old were you the first time you experienced homelessness?

0 to 17 years

18 to 24 years

25 to 49 years

50 years or older

Don't Know/Decline

Blue Box = HUD Required Questions
 Orange Box = non-required HUD questions (keep to meet CoC/Community needs & in coordination w/ HUD questions)

SECTION 3: HEALTH

21. Do you experience any of the following? *

a. A physical disability?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know/Decline
b. Psychiatric or emotional condition?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know/Decline
c. Chronic health problem/medical condition (asthma, diabetes, etc.)?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know/Decline
d. Drug or alcohol abuse?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know/Decline
e. HIV or AIDS?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know/Decline
f. If yes to any of the above: Does your disability keep you from maintaining work or housing?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know/Decline
g. Does your household have Health Insurance?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know/Decline

22. [ASK IF BETWEEN AGES OF 18 and 64] What is your current employment status?

- Unemployed because of health issues such as a chronic health or mental health conditions
- Unemployed for other reason not related to health
- Employed part-time
- Employed full-time
- Employed seasonal/sporadic
- Don't Know/Decline

Go to Q23

Go to Q24

23. Are you...

- Looking for work
- Not looking for work
- Unable to work
- Don't Know/Decline

24. Which of the following resources do you believe would be **most** effective in helping you transition out of homelessness? Please select one:

- Access to subsidized housing with help finding a unit to rent
- Pet friendly shelters
- Employment opportunities and job training
- Mental health and substance use support
- Reuniting with family or friends
- Other _____
- Don't Know/Decline

25. Have you or anyone in the household been in foster care, a group home, kinship care, or other housing through child welfare?

- Yes
- No
- Don't Know/Decline

26. Have you or anyone in the household been physically, emotionally, or sexually abused by a relative or another person you have stayed with (spouse, partner, sibling, or parent)? *

- Yes
- No
- Don't Know/Decline

27. Have you experienced homelessness because you are currently fleeing domestic violence, dating violence, sexual assault, or stalking? *

- Yes, currently
- Yes, but only in the past
- No
- Don't Know/Decline

28. Have you or anyone in the household ever been in jail, prison, on probation, or parole?

- Yes
- No
- Don't Know/Decline

SECTION 4: HOUSEHOLD MEMBERS

29. How many people are in your household, NOT including yourself? * _____ Don't Know/Decline

30. [SKIP IF Q29 = 0] Are you the head of the household? * Yes No Don't Know/Decline

31. Do you have children aged 17 or under sleeping in other settings (and where)? Yes No Don't Know/Decline
32a. If yes, where are they located?

32. [ASK HOUSEHOLD SECTION IF Q29 > 1*] I am going to ask you some questions about the people in your household who were staying with you the night of Wednesday, January 29th. I'll ask for each person's first and last initials to keep track of who we are talking about.

Please provide the initials for each member of your household:		(1) F__L__	(2) F__L__	(3) F__L__	(4) F__L__	(5) F__L__
1. How are you related to your _____?	Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Spouse/Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other Household member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other non-family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How old are they?	Under 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	18-24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	25-34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	35-44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	45-54	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	55-64	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	65 or older	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Which racial group do they most identify with? (Mark all that apply)	White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Black/African American/African	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	American Indian/Alaska Native or Indigenous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Native Hawaiian/Pacific Islander	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Asian/Asian American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Middle Eastern/North African	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Hispanic/Latina/e/o	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How do they identify their gender? (Mark all that apply)	Man (Boy if child)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Woman (Girl if child)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Transgender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Questioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Non-Binary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Culturally Specific Identity (e.g., Two-Spirit)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Different Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do they have any of the following disabilities?	Physical Disability (ambulatory)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Psychiatric or emotional condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Chronic health problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Substance use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Questions 6-9: Circle "Y" for YES or "N" for NO

6. Have they experienced homelessness because they are currently fleeing domestic violence, dating violence, sexual assault, or stalking? *	Y / N	Y / N	Y / N	Y / N	Y / N
7. Have they served in the U.S military?	Y / N	Y / N	Y / N	Y / N	Y / N
8. Have they experienced homelessness for longer than a year (current episode)?	Y / N	Y / N	Y / N	Y / N	Y / N
9. Have they been homeless four or more times in the past 3 years?	Y / N	Y / N	Y / N	Y / N	Y / N

33. Is there anything else you would like to add, or you would like to let us know? _____

Thank you! We appreciate your honest answers.