CONTRA COSTA COUNTY 2026 POINT IN TIME S DATE: AGENCY NAME (IF AT PROGRAM/SITE):		
DATE: AGENCY NAME (IF AT PROGRAM/SITE): READ TO SURVEY RESPONDENT: Hello, my name is	. I'm out today asking questions about people's housing ar	nd experiences with homelessness. This survey will help the county
		urvey, 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	e shared with Contra Costa Health. You will receive a gift card for you	r participation. Do I have your permission to move forward?
SECTION 1 & 2: DEMOGRAPHICS & HOMELESSNESS		
1. What are your initials? First Last	sleep in this setting with you?	12. Do you consider yourself (Mark all that apply)
2. What is your birth date? * DayMonthYear	# of people:	○ Straight
O Don't Know/Decline	· · <u>—————</u> ○Don't Know/Decline	○ Gay
3. Where were you staying on the night of January 28th, 2026	S Bon t knowy became	O Lesbian
(Wednesday night)? *	8. Which city or area did you sleep in on January	O Bisexual
O Tent or make-shift tent	28th, 2026?	O Questioning/Unsure
	○ Alamo	O Other:
○ Shed/storage structure	O Bay Point O Martinez	O Don't Know/Decline
Abandoned building/squat	○ Bethel Island ○ Moraga	13. Have you served in the U.S. Military (Army, Navy, Air Force, Marine
O Street/sidewalk/outdoors without	○ Blackhawk ○ Oakley	Corps, or Coast Guard)? *
covering	O Briones O Orinda	○ Yes
O Car	○ Brentwood ○Pacheco ○ Byron ○ Pinole	O No
O RV/Camper	○ Clayton ○ Pittsburg	O Don't Know/Decline
○ Van	○ Clyde ○ Pleasant Hill	14. Is this the first time you've been homeless? *
© Emergency Shelter	○ Crockett ○ Richmond	○ Yes
	○ Concord ○ Rodeo	○ No
○ Transitional Housing SKIP Q7	○ Contra Costa ○ San Pablo	O Don't Know/Decline
O Warming Center	Centre ○ San Ramon ○ Danville ○ Saranap/Parkmead	15. How long have you been homeless this current time? Only include time
Other:	O Discovery Bay O Walnut Creek	spent staying in shelters and/or on the streets. *
	○ El Cerrito ○ Other County in CA:	\circ 7 days or less \circ 7 to 12 months
O Motel/Hotel	O El Sobrante	○ 8 to 30 days O More than 1 year:
O Jail/Hospital/Treatment Program	○ Hercules ○ Outside of CA ○ Kensington ○ Don't Know/Decline	○ 1 to 3 months
O House/Apartment	○ Kensington ○ Don't know/Decline	○ 4 to 6 months O Don't Know/Decline
	9. What is your gender? * (Mark all that apply)	16. (ONLY ANSWER IF Q14 IS NO) In the last 12
O Don't Know/Decline	O Man (Boy if child)	months, how many separate times have you been homeless including this
END SURVEY HERE	O Woman (Girl if child)	current time? *
END GORVET HERE	O Transgender	times ○ Don't Know/Decline
	O Questioning	
4. In the past year, did police or city workers make you move from where you	 Non-Binary Culturally Specific Identity (e.g., Two-Spirit) 	17. (ONLY ANSWER IF Q14 IS NO) How many
were staying?	Other- Different Identity:	separate times have you been homeless in the past 3 years (that is since January 2023) including this current time? *
O Yes	O Don't Know/Decline	times O Don't Know/Decline
○ No	201101111011110	·
SKIP Qs5-6	10. What is your sex?	18. (ONLY ANSWER IF Q14 IS NO) Over the last 3
O Don't Know/Decline	O Male	years, have you been homeless for a total of 12 months or longer? * ○ Yes
F. When you had to make did you lose any helengings or did	○ Female	O No
5. When you had to move, did you lose any belongings or did officials take them?	O Don't Know/Decline	O Den't Know/Decline
	11. Which racial group(s) do you most identify with? * (Mark all that apply)	19. How long have you lived in Contra Costa County? [Either as a resident or a
O Yes	O White	person experiencing homelessness]
○ No	Black/African American/African	○ Less than a year
O Don't Know/ Decline	American Indian/Alaska Native/or Indigenous	O 1 to 4 years
6.14	Native Hawaiian/Pacific Islander	○ 5 to 9 years
6. When you were required to move, which services were offered?	Native Hawaiian Pacific Islander Asian/Asian American	○ 10 years or longer
 CORE Services (Shelter, Emergency Supplies) 	Middle Eastern/North African	O Don't Know/Decime
 Crisis Response Team (A3 or other crisis services) 	○ Hispanic/Latina/e/o	Blue Box = HUD Required Questions
O No Services Offered O Don't Know/ Decline	O Don't Know/Decline	Orange Box = non-required HUD questions (keep to meet CoC/Community needs & in
7. How many people, including yourself, usually		coordination w/ HUD questions)

l de la companya de	23. Do you experience any of the follo	wing? *					
20. In what city or area did you last lose your housing?	a. A physical disability?	○ Yes	O No	O Don't Know/Decline			
	b. Psychiatric or emotional	○ Yes	O No	O Don't Know/Decline			
○ Alamo ○ Knightsen	condition?	o res	O NO	O Don't know/ Decline			
O Antioch O Lafayette	c. Chronic health						
O Bay Point O Martinez	problem/medical condition	○ Yes	O No	O Don't Know/Decline			
○ Bethel Island ○ Moraga	(asthma, diabetes, etc.)?						
○ Blackhawk ○ Oakley ○ Briones ○ Orinda	d. Drug or alcohol abuse?	O Yes	O No	O Don't Know/Decline			
○ Briones ○ Offida ○ Brentwood ○ Pacheco	e. HIV or AIDS?	O Yes	O No	O Don't Know/Decline			
O Byron O Pinole	f. If yes to any of the above: Does						
○ Clayton ○ Pittsburg	your disability keep you from	O Yes	O No	O Don't Know/Decline			
O Clyde O Pleasant Hill	maintaining work or housing?	0 103	0 110	5 Bon t know/ Beenine			
○ Crockett ○ Richmond	g. Does your household have						
○ Concord ○ Rodeo	Health Insurance?	Yes	O No	O Don't Know/Decline			
○ Contra Costa ○ San Pablo	Health Illsurance:						
Centre O San Ramon	24. [ASK IF BETWEEN AGES OF 18 and	1 6/1 What is	VOUR CURR	ent employment status?			
O Danville O Saranap/Parkmead	 Unemployed because of health 	-	•				
○ Discovery Bay ○ Walnut Creek	• •	i issues sucii	as cilionic	licaltii			
○ El Cerrito ○ Other County in CA:	or mental health conditions						
○ El Sobrante	 Unemployed for other reason 	not related t	o health				
O Hercules O Outside of CA	 Employed part-time 	\					
○ Kensington ○ Don't Know/Decline	 Employed full-time 	→ GO TO	Q26				
	 Employed seasonal/sporadic 	<i>)</i>					
21. What conditions or events do you think led to your homelessness? (Mark all that	O Don't Know/Decline						
apply)	25. Аланган						
	25. Are you						
O Eviction	O Looking for work						
O Rent Increase	 Not looking for work 						
O Ran away	Unable to work						
O Domestic violence	O Don't Know/Decline						
O Thrown out							
	26. Which of the following resources do you believe would be most effective in helping you transition out of homelessness? Please select one:						
O Divorce/separation/break-up	nomelessness? Please select one: O Access to subsidized housing with help finding a unit to rent						
○ Loss of job	Pet friendly shelters	nui neip iina	iiig a aiiic t	io rene			
O Low income/Underemployment	Employment opportunities and	l ioh training	ī				
O Incarceration	Mental health and substance u	-	•				
O Mental health needs	· · · · · · · · · · · · · · · · · · ·	• •					
O Substance use	O Reuniting with family or friends						
O Physical health needs	Other Don't Know/Decline						
Other (Ex: Exit to foster care, death of a family member):	·						
	27. Have you or anyone in the househ	old been in f	foster care,	, a group home, kinship care,	or other housing through		
O Don't Know/Decline	child welfare?						
	○ Yes ○ No ○ Don't Knov	v/Decline					
22. Herriald was a secretary first time was a superior and herrial and a	28. Have you or anyone in the househ	old been phy	ysically, em	notionally, or sexually abused	by a relative or another person		
22. How old were you the first time you experienced homelessness?	you have stayed with (spouse, partner, sibling, or parent)? *						
O to 17 years	○ Yes ○ No ○ Don't Know	v/Decline					
○ 18 to 24 years							
25 to 49 years	29. Have you experienced homelessness because you are currently fleeing domestic violence, dating violence,						
○ 50 years or older	sexual assault, or stalking? *						
O Don't Know/Decline	$^{ extstyle }$ Yes, currently $^{ extstyle }$ Yes, but only in the past $^{ extstyle }$ No $^{ extstyle }$ Don't Know/Decline						
	20 11	ald a		dan a sanarahan	2		
	30. Have you or anyone in the househ		en in jail, pr	ison, on probation, or parole	er e		
	○ Yes ○ No ○ Don't Know/Decline						

ECTION 4: HO	USEHOLD MEMBERS								
1. How many people	e are in your household, NOT including yourse	elf? * O Don't Know/De	ecline						
2. [SKIP IF Q31 = 0]	[SKIP IF Q31 = 0] Are you the head of the household? *			n't Know/	/Decline				
	o you have children aged 17 or under sleeping in other settings (and where)? O Yes O No 32a. If yes, where are they located?			○ Don't Know/Decline					
	D SECTION IF Q31 > 1^*] I am going to ask you ask for each person's first and last initials to k		ır househo	old who w	ere stayin	g with you	ı the nigh	t of Wedn	
	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	0	0	0	0	0	1	
	?	Spouse/Partner	0	0	0	0	0	1	
		Other Household member	0	0	0	0	0	1	
		Other non-family member	0	0	0	0	0	1	
	2. How old are they?	Under 18	0	0	0	0	0	1	
		18-24	0	0	0	0	0	1	
		25-34	0	0	0	0	0	1	
		35-44	0	0	0	0	0	1	
		45-54	0	0	0	0	0	1	
		55-64	0	0	0	0	0		
		65 or older	0	0	0	0	0		
	3. Which racial group do they most	White	0	0	0	0	0	-	
	identify with? (Mark all that	Black/African American/African	0	0	0	0	0	-	
	apply)	American Indian/Alaska Native or Indigenous	0	0	0	0	0	1	
	арріу/	Native Hawaiian/Pacific Islander	0	0	0	0	0	-	
		Asian/Asian American			1	1		-	
		Middle Eastern/North African	0	0	0	0	0		
			0	0	0	0	0	_	
		Hispanic/Latina/e/o	0	0	0	0	0	_	
	A Harrida tha chia atta di ta	Other	0	0	0	0	0	_	
	4. How do they identify their	Man (Bov if child)	0	0	0	0	0	 	
	gender? (Mark all that apply)	Woman (Girl if child)	0	0	0	0	0	4	
		Transgender	0	0	0	0	0	4	
		Questioning	0	0	0	0	0	4	
		Non-Binary	0	0	0	0	0	4	
		Culturally Specific Identity (e.g., Two-Spirit)	0	0	0	0	0	-	
		Different Identity	0	0	0	0	0		
_	wilat is their sex:	Male .	Ü	Ŭ		-	U	1	
		Female	0	0	0	0	0	4	
		Don't Know/Decline	0	0	0	0	0	4	
	6. Do they have any of the following	Physical Disability (ambulatory)	0	0	0	0	0	4	
	disabilities?	Psychiatric or emotional condition	0	0	0	0	0	4	
		Chronic health problem	0	0	0	0	0	1	
		Substance use (Ask if 18 years or older)	0	0	0	0	0	1	
		HIV/AIDS (Ask if 18 years or older)	0	0	0	0	0		
		estions 6-9: Circle "Y" for YES or "N	" for NO				1	L_	
	7. Have they experienced homelessness because they are currently fleeing domestic violence. dating violence. sexual assault. or stalking? * (Ask if 18 years or older)		Y/N	Y/N	Y/N	Y/N	Y/N		
	8. Have they served in the U.S military?	CONTINUE: IMSK II TO YEARS OF ORDER!	Y/N	Y/N	Y/N	Y/N	Y/N		
		zer than a year (current enisode)?	Y/N	Y/N	<u> </u>	Y/N	Y/N	1	
	9. Have they experienced homelessness for longer than a year (current episode)? 10. Have they been homeless four or more times in the past 3 years?			-	Y/N			-	
	1 40. Have they been notheress rout of more times	iii siic past 3 years:	Y / N	Y / N	Y/N	Y/N	Y/N		