CONTRA COSTA COUNTY 2026 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. 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 birth date? * Day___Month_____Year_____
   - ○ Don't Know/Decline

3. Where were you staying on the night of January 28th, 2026 (Wednesday night)? *
   - ○ Tent or make-shift tent
   - ○ Shed/storage structure
   - ○ Abandoned building/squat
   - ○ Street/sidewalk/outdoors without covering
   - ○ Car
   - ○ RV/Camper
   - ○ Van
   - ○ Emergency Shelter
   - ○ Transitional Housing
   - ○ Warming Center
   - ○ Other: _____

   → SKIP **Q7**

   - ○ Motel/Hotel
   - ○ Jail/Hospital/Treatment Program
   - ○ House/Apartment
   - ○ Don't Know/Decline

   END SURVEY HERE

4. In the past year, did police or city workers make you move from where you were staying?
   - ○ Yes
   - ○ No
   - ○ Don't Know/Decline

   → SKIP **Qs5-6**

5. When you had to move, did you lose any belongings or did officials take them?
   - ○ Yes
   - ○ No
   - ○ Don't Know/ Decline

6. When you were required to move, which services were offered?
   - ○ CORE Services (Shelter, Emergency Supplies)
   - ○ Crisis Response Team (A3 or other crisis services)
   - ○ No Services Offered
   - ○ Don't Know/ Decline

7. How many people, including yourself, usually sleep in this setting with you?
   # of people: _____
   - ○ Don't Know/Decline

8. Which city or area did you sleep in on January 28th, 2026?
   - ○ Alamo
   - ○ Antioch
   - ○ Bay Point
   - ○ Bethel Island
   - ○ Blackhawk
   - ○ Briones
   - ○ Brentwood
   - ○ Byron
   - ○ Clayton
   - ○ Clyde
   - ○ Crockett
   - ○ Concord
   - ○ Contra Costa Centre
   - ○ Danville
   - ○ Discovery Bay
   - ○ El Cerrito
   - ○ El Sobrante
   - ○ Hercules
   - ○ Kensington
   - ○ Knightsen
   - ○ Lafayette
   - ○ Martinez
   - ○ Moraga
   - ○ Oakley
   - ○ Orinda
   - ○ Pacheco
   - ○ Pinole
   - ○ Pittsburg
   - ○ Pleasant Hill
   - ○ Richmond
   - ○ Rodeo
   - ○ San Pablo
   - ○ San Ramon
   - ○ Saranap/Parkmead
   - ○ Walnut Creek
   - ○ Other County in CA: _____
   - ○ Outside of CA
   - ○ Don't Know/Decline

9. 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

10. What is your sex?
    - ○ Male
    - ○ Female
    - ○ Don't Know/Decline

11. 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

12. Do you consider yourself… (Mark all that apply)
    - ○ Straight
    - ○ Gay
    - ○ Lesbian
    - ○ Bisexual
    - ○ Questioning/Unsure
    - ○ Other: _____
    - ○ Don't Know/Decline

13. Have you served in the U.S. Military (Army, Navy, Air Force, Marine Corps, or Coast Guard)? *
    - ○ Yes
    - ○ No
    - ○ Don't Know/Decline

14. Is this the first time you've been homeless? *
    - ○ Yes
    - ○ No
    - ○ Don't Know/Decline

15. 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: → **(GO TO Q19)**
    - ○ Don't Know/Decline

16. **(ONLY ANSWER IF Q14 IS NO)** In the last 12 months, how many separate times have you been homeless including this current time? *
    _____ times ○ Don't Know/Decline

17. **(ONLY ANSWER IF Q14 IS NO)** How many separate times have you been homeless in the past 3 years (that is since January 2023) including this current time? *
    _____ times ○ Don't Know/Decline

18. **(ONLY ANSWER IF Q14 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

19. 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

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

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

- ○ Alamo
- ○ Antioch
- ○ Bay Point
- ○ Bethel Island
- ○ Blackhawk
- ○ Briones
- ○ Brentwood
- ○ Byron
- ○ Clayton
- ○ Clyde
- ○ Crockett
- ○ Concord
- ○ Contra Costa Centre
- ○ Danville
- ○ Discovery Bay
- ○ El Cerrito
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- ○ Rodeo
- ○ San Pablo
- ○ San Ramon
- ○ Saranap/Parkmead
- ○ Walnut Creek
- ○ Other County in CA: _____
- ○ Outside of CA
- ○ Don't Know/Decline

21. 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

22. 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

23. Do you experience any of the following? *

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

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

- ○ Unemployed because of health issues such as chronic health or mental health conditions
- ○ Unemployed for other reason not related to health
- ○ Employed part-time
- ○ Employed full-time
- ○ Employed seasonal/sporadic

GO TO **Q26**

- ○ Don't Know/Decline

25. Are you…

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

26. 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

27. 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

28. 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

29. 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

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

○ Yes ○ No ○ Don't Know/Decline

SECTION 3: HEALTH

SECTION 4: HOUSEHOLD MEMBERS

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

32. **[SKIP IF Q31 = 0]** Are you the head of the household? * ○ Yes ○ No ○ Don't Know/Decline

33. 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? _____

34. **[ASK HOUSEHOLD SECTION IF Q31 > 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 28th. 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	○	○	○	○	○
	Spouse/Partner	○	○	○	○	○
	Other Household member	○	○	○	○	○
	Other non-family member	○	○	○	○	○
2. How old are they?	Under 18	○	○	○	○	○
	18-24	○	○	○	○	○
	25-34	○	○	○	○	○
	35-44	○	○	○	○	○
	45-54	○	○	○	○	○
	55-64	○	○	○	○	○
	65 or older	○	○	○	○	○
3. Which racial group do they 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	○	○	○	○	○
	Other	○	○	○	○	○
4. How do they identify their gender? (Mark all that apply)	Man (Boy if child)	○	○	○	○	○
	Woman (Girl if child)	○	○	○	○	○
	Transgender	○	○	○	○	○
	Questioning	○	○	○	○	○
	Non-Binary	○	○	○	○	○
	Culturally Specific Identity (e.g., Two-Spirit)	○	○	○	○	○
	Different Identity	○	○	○	○	○
What is their sex?	Male	○	○	○	○	○
	Female	○	○	○	○	○
	Don't Know/Decline	○	○	○	○	○
6. Do they have any of the following disabilities?	Physical Disability (ambulatory)	○	○	○	○	○
	Psychiatric or emotional condition	○	○	○	○	○
	Chronic health problem	○	○	○	○	○
	Substance use **(Ask if 18 years or older)**	○	○	○	○	○
	HIV/AIDS **(Ask if 18 years or older)**	○	○	○	○	○
Questions 6-9: Circle "Y" for YES or "N" for NO						
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?		Y / N	Y / N	Y / N	Y / N	Y / N
9. Have they experienced homelessness for longer than a year (current episode)?		Y / N	Y / N	Y / N	Y / N	Y / N
10. Have they been homeless four or more times in the past 3 years?		Y / N	Y / N	Y / N	Y / N	Y / N

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

Thank you! We appreciate your honest answers.