

COUNTY: _____

Surveyor Name/Team Number: _____

Date/Time: _____

2026 PA Balance of State: Unsheltered Point-in-Time Survey of the Homeless – 01/21/26

INTRODUCTIONS

Hello, I am (introduce yourself by your first name). We are conducting a survey to count people experiencing homelessness in order to learn more about people experiencing homelessness, what kinds of problems they face, and to better understand what services are needed to address homelessness. Your participation is voluntary and your response to each question is voluntary. I will ask for your initials and your age, but I will not need your name, date of birth, social security number, or any other information that could be traced back to you. The responses to these questions will not be shared with anyone outside of our team. I will need to read each question all the way through.

INTERVIEW QUESTIONS

- Can I have 10 minutes of your time?
☐ Yes → Continue to question 2
☐ No → If unwilling to be surveyed, or asleep, please complete the “Observation Only” section below.
- Did another volunteer or survey worker already ask you questions about where you are staying tonight?
☐ Yes (Ⓢ please discontinue the survey) ☐ No (continue to question 3)
- Where are you sleeping/did you sleep the night of Jan. 21st (insert: tonight or last night)?

UNSHELTERED LOCATIONS:	SHELTERED LOCATIONS:
<input type="checkbox"/> Street / sidewalk <input type="checkbox"/> Vehicle (car, van RV, truck) <input type="checkbox"/> Park <input type="checkbox"/> Bus / train station / airport <input type="checkbox"/> Under bridge / over pass <input type="checkbox"/> Woods or outdoor encampment <input type="checkbox"/> Behind stores or shopping center <input type="checkbox"/> Abandoned building <input type="checkbox"/> Other. → Specify: _____	<input type="checkbox"/> Emergency Shelter. Name: _____ <input type="checkbox"/> In a hotel/motel/rent-a-room. If yes, paid by whom? <input type="checkbox"/> Self/friend/family (STOP. DISCONTINUE SURVEY*) <input type="checkbox"/> Church (Name: _____) <input type="checkbox"/> Charitable/service org. (Name: _____) <input type="checkbox"/> Government program (Name: _____) <input type="checkbox"/> Don't know <input type="checkbox"/> Other. → Specify: _____
Description of unsheltered location & details to help ensure household is only counted once (REQUIRED): 	<input type="checkbox"/> In the home of a family member or friend → Ⓢ PLEASE CHECK OFF, SAY THANK YOU & DISCONTINUE SURVEY* <input type="checkbox"/> In a home that I own/rent → Ⓢ PLEASE CHECK OFF, SAY THANK YOU & DISCONTINUE THE SURVEY*

OBSERVATION ONLY. Interviewer: If you are unable to survey an

individual/household that you believe to be experiencing homelessness, because individual/household is asleep or is unable or unwilling to be interviewed or to complete the full interview, please provide the following information to the best of your ability based on what you can observe for each person within the household. (Each household should be submitted as a separate survey.)

- # adults in Household:** _____
 - Estimated age of adults (leave blank if unable to estimate age):** # age 18-24 = _____
age 25-34 = _____ # age 35-44 = _____ # age 45-54 = _____ # age 55-64 _____
65 and older = _____
- # children (under age 18) in Household:** _____
- Details as to how you know/why you believe this household is unsheltered (REQUIRED):** _____

- Description of location, clothing and any other details that would help to ensure this household is only counted once (please be as specific as possible) (REQUIRED):** _____

4. Including yourself, how many adults are there in your household, who are sleeping in the same location tonight? _____
5. How many children (under age 18) are there in your household, who are sleeping in the same location tonight? _____
6. Please provide me with the following information for each household member sleeping in the same location as you last night: (Attach additional forms if more than 5 persons in Household.)

	# 1 Initials: _____	# 2 Initials: _____	# 3 Initials: _____	# 4 Initials: _____	# 5 Initials: _____
How are you related to Person # 1?	N/A	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family <input type="checkbox"/> Non-Married Partner <input type="checkbox"/> Other, Non-Family	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family <input type="checkbox"/> Non-Married Partner <input type="checkbox"/> Other, Non-Family	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family <input type="checkbox"/> Non-Married Partner <input type="checkbox"/> Other, Non-Family	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family <input type="checkbox"/> Non-Married Partner <input type="checkbox"/> Other, Non-Family
Are you staying in the same location with Person # 1 tonight?	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ Refused
Age (Please ask supplemental questions of youth age <24 in households without adults age 25+)	How old are you? _____ If estimating age: <input type="checkbox"/> Under 18 <input type="checkbox"/> 45-54 <input type="checkbox"/> 18-24 <input type="checkbox"/> 55-64 <input type="checkbox"/> 25-34 <input type="checkbox"/> 65 + <input type="checkbox"/> 35-44	How old are you? _____ If estimating age: <input type="checkbox"/> Under 18 <input type="checkbox"/> 45-54 <input type="checkbox"/> 18-24 <input type="checkbox"/> 55-64 <input type="checkbox"/> 25-34 <input type="checkbox"/> 65 + <input type="checkbox"/> 35-44	How old are you? _____ If estimating age: <input type="checkbox"/> Under 18 <input type="checkbox"/> 45-54 <input type="checkbox"/> 18-24 <input type="checkbox"/> 55-64 <input type="checkbox"/> 25-34 <input type="checkbox"/> 65 + <input type="checkbox"/> 35-44	How old are you? _____ If estimating age: <input type="checkbox"/> Under 18 <input type="checkbox"/> 45-54 <input type="checkbox"/> 18-24 <input type="checkbox"/> 55-64 <input type="checkbox"/> 25-34 <input type="checkbox"/> 65 + <input type="checkbox"/> 35-44	How old are you? _____ If estimating age: <input type="checkbox"/> Under 18 <input type="checkbox"/> 45-54 <input type="checkbox"/> 18-24 <input type="checkbox"/> 55-64 <input type="checkbox"/> 25-34 <input type="checkbox"/> 65 + <input type="checkbox"/> 35-44
What is your race/ ethnicity? Select <u>all</u> that apply.	<input type="checkbox"/> White <input type="checkbox"/> Black, African-American, or African <input type="checkbox"/> Hispanic/ Latina/e/o <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Black, African-American, or African <input type="checkbox"/> Hispanic/ Latina/e/o <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Black, African-American, or African <input type="checkbox"/> Hispanic/ Latina/e/o <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Black, African-American, or African <input type="checkbox"/> Hispanic/ Latina/e/o <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Black, African-American, or African <input type="checkbox"/> Hispanic/ Latina/e/o <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Native Hawaiian or Pacific Islander
Gender	<input type="checkbox"/> Woman/ girl <input type="checkbox"/> Man/ boy <input type="checkbox"/> Culturally Specific Identity (e.g. Two-Spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity	<input type="checkbox"/> Woman/ girl <input type="checkbox"/> Man/ boy <input type="checkbox"/> Culturally Specific Identity (e.g. Two-Spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity	<input type="checkbox"/> Woman/ girl <input type="checkbox"/> Man/ boy <input type="checkbox"/> Culturally Specific Identity (e.g. Two-Spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity	<input type="checkbox"/> Woman/ girl <input type="checkbox"/> Man/ boy <input type="checkbox"/> Culturally Specific Identity (e.g. Two-Spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity	<input type="checkbox"/> Woman/ girl <input type="checkbox"/> Man/ boy <input type="checkbox"/> Culturally Specific Identity (e.g. Two-Spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity

7. Please ask all remaining questions to **adult household members only and/or a youth under age 18 if they are the Head of Household:**

	# 1 Initials: ____	# 2 Initials: ____	# 3 Initials: ____	# 4 Initials: ____	# 5 Initials: ____
When did you last sleep in one of the following locations: ➤ house or apartment, regardless of ownership or who else lived there? ➤ hotel room paid for by you, family or friends?	<input type="checkbox"/> Less than 1 year ago <input type="checkbox"/> 1+ years ago <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Less than 1 year ago <input type="checkbox"/> 1+ years ago <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Less than 1 year ago <input type="checkbox"/> 1+ years ago <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Less than 1 year ago <input type="checkbox"/> 1+ years ago <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Less than 1 year ago <input type="checkbox"/> 1+ years ago <input type="checkbox"/> Don't know/refused
In the past three years, how many different periods of time have you slept in an emergency shelter, on the street, in a car, in the woods, or any other location identified as "UNSHELTERED" in question 3?	<input type="checkbox"/> 1 (only this time) <input type="checkbox"/> 2 – 3 times <input type="checkbox"/> 4+ times <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> 1 (only this time) <input type="checkbox"/> 2 – 3 times <input type="checkbox"/> 4+ times <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> 1 (only this time) <input type="checkbox"/> 2 – 3 times <input type="checkbox"/> 4+ times <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> 1 (only this time) <input type="checkbox"/> 2 – 3 times <input type="checkbox"/> 4+ times <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> 1 (only this time) <input type="checkbox"/> 2 – 3 times <input type="checkbox"/> 4+ times <input type="checkbox"/> Don't know/refused
(IF 4+ TIMES HOMELESS) In the past three years, how many total months have you slept in a shelter, on the street, in a car, in the woods, or any other location identified as "UNSHELTERED" in question 3?	<input type="checkbox"/> 1 – 11 months <input type="checkbox"/> 12+ months <input type="checkbox"/> Don't know/Refused/N/A	<input type="checkbox"/> 1 – 11 months <input type="checkbox"/> 12+ months <input type="checkbox"/> Don't know/Refused/N/A	<input type="checkbox"/> 1 – 11 months <input type="checkbox"/> 12+ months <input type="checkbox"/> Don't know/Refused/N/A	<input type="checkbox"/> 1 – 11 months <input type="checkbox"/> 12+ months <input type="checkbox"/> Don't know/Refused/N/A	<input type="checkbox"/> 1 – 11 months <input type="checkbox"/> 12+ months <input type="checkbox"/> Don't know/Refused/N/A

Instructions: For reasons of safety, please do not ask the next question in front of two adults who have identified that they are part of the same Household, if two+ adults are being interviewed together, skip this question.

Did you need to leave the place you were last staying due to someone making you feel unsafe? Do you feel unable to return there because you feel unsafe? ☐ Yes ☐ No ☐ Did not ask

If yes to feeling unsafe, ask the following question: **Would you like to speak to someone who can talk to you about increasing your safety?**

- If yes, direct this individual to the **National Domestic Violence Hotline at 1-800-799-7233**

If yes to feeling unsafe: Thank you for letting me know. I have a series of additional sensitive questions to ask you. Is that ok, or do you feel like answering additional questions would compromise your safety?

- ☐ Yes; it is ok to proceed with your questions. ☐ No, I am not comfortable answering any additional questions. (Thank this person and end survey.)

Prompt if safety question not asked, or individual did not indicate feeling unsafe: The next set of questions asks about sensitive topics. You don't have to answer any question that you don't want to, however your answers will be combined with the answers of other people who take the survey and used to help provide better programs and services to people experiencing homelessness.

(Continued)	# 1 Initials: ____	# 2 Initials: ____	# 3 Initials: ____	# 4 Initials: ____	# 5 Initials: ____
Do you drink alcoholic beverages or use drugs (illegal or prescription for non-medical reasons)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused
Do you have any mental health conditions (such as depression, anxiety, schizophrenia)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused

Do you have a physical disability? This could include something that substantially limits one or more basic physical activity such as walking, climbing stairs, reaching, lifting, or carrying?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused
Do any of the situations we just discussed keep you from holding a job or living in stable housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused
<ul style="list-style-type: none"> If yes, which ones keep you from holding a job or living in stable housing? (check all that apply) 	<input type="checkbox"/> Alcohol/drug <input type="checkbox"/> Mental health <input type="checkbox"/> Physical disability	<input type="checkbox"/> Alcohol/drug <input type="checkbox"/> Mental health <input type="checkbox"/> Physical disability	<input type="checkbox"/> Alcohol/drug <input type="checkbox"/> Mental health <input type="checkbox"/> Physical disability	<input type="checkbox"/> Alcohol/drug <input type="checkbox"/> Mental health <input type="checkbox"/> Physical disability	<input type="checkbox"/> Alcohol/drug <input type="checkbox"/> Mental health <input type="checkbox"/> Physical disability
Have you been diagnosed as having a developmental disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused
Do you have AIDS or an HIV-related illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused
Did you serve in ACTIVE DUTY as a member of the Army, Navy, Marine Corp, Air Force, Coast Guard, National Guard or Reserves?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/refused
For persons with prior military service, ask the following question: Would you like the name of someone who works with veterans to provide housing resources?					
<ul style="list-style-type: none"> If yes, direct this veteran to the VA's National Call Center for Homeless Veterans at 1-877-4AID-VET 					
Is there anything else you want to tell me about your housing experience?					