



INTRO: As part of work with the King County Regional Homelessness Authority (KCRHA), I'd like to ask you some questions we're required to ask and collect for our funders about unsheltered homelessness in our region. Your participation is voluntary and will not affect any services you or your family are seeking or currently receiving. We are surveying many people and will put all responses together, so it will not be possible to identify you from the information you provide here. As a token of appreciation for your time, we will give you a \$20 preloaded debit card, OR \$40 for families with minor children at the end. Would you be willing to talk with me for about 30 min?

Section 1.0 - Survey Validation:

First two Letters of First Name:

First two letters of Last Name:

Date of Birth (MM/YYYY):

Question:	Response	Action
Q1: Are you 18 years old or older?	Yes	(Proceed to Section 2)
	No	(Confirm if respondent is head of household before proceeding to Section 2)
Q2: Do you believe you have completed this survey already this year?	Yes	(STOP –COMPLETE Section 1 ONLY)
	No	(Proceed to Section 1)
Q3: Did you participate in a similar survey as this survey (e.g., received a coupon) in January 2024 in this same city?	Yes	(Proceed to Q4 below)
	No	(Proceed to Q5 below)
	Do not know	(Proceed to Q5 below)
	Choose not to answer	(Proceed to Section 2)
Q4: In 2024, did you receive a coupon from a care worker or navigator (this was referred to as a "seed coupon")?	Yes	(Proceed to Section 2)
	No	
	Do not know	
	Choose not to answer	
Q5: In 2024, did you receive a coupon from a friend or other person experiencing homelessness?	Yes	(Proceed to Section 2)
	No	
	Do not know	
	Choose not to answer	

Section 2.0 – Personal Living Situation:

Where did you stay last night?

Outside in a tent (or tent-like structure)

Outside, not in a tent

In a car, truck, or van (smaller vehicle)

In an RV, trailer, or bus/boat (larger vehicle)

In a park (uncovered, like on a bench)

In a tiny home

On public transit (e.g. slept on bus, train, etc.)

In jail or prison

In a hospital (stayed as patient overnight)

In a drug or alcohol treatment/detox center

<ul style="list-style-type: none"> • In an overnight shelter (e.g. mission, church, resource shelter, etc.) • In a hotel or motel • In an abandoned building/backyard or storage structure • In a public facility or transit (bus/train station, transit center, airport, hospital waiting room) 				<ul style="list-style-type: none"> • In a friend or family member's house/apartment • Choose not to answer • Do not know • Other _____ (write-in) 			
<p>INTERVIEWER:</p> <ul style="list-style-type: none"> • If the Respondent answered: “In a car, truck, or van (smaller vehicle)” OR “In an RV, trailer, or bus/boat (larger vehicle)” → ask BOTH Columns A&B • If the Respondents answered ANY OTHER RESPONSE → ask ONLY from Column B 							
<p>Column A (RV/VEHICLE ONLY)</p>				<p>Column B (EVERY RESPONDENT)</p>			
<p>Does your vehicle have access to any of the following needs?</p>				<p>Do you generally have access to the following basic needs?</p>			
<ul style="list-style-type: none"> • Drinking water • Restroom/ Toilet • Heat and/ or Cooling 		<ul style="list-style-type: none"> • Ability to bathe • Ability to cook hot food • All of the above 		<ul style="list-style-type: none"> • Drinking water • Restroom/ Toilet • Heat and/ or Cooling 		<ul style="list-style-type: none"> • Ability to bathe • Ability to cook hot food • All of the above 	

Section 3.0 – Network Questions:

[illegible]

INTERVIEWER: Choose one for 'Relationship'		
<ul style="list-style-type: none"> • Friend • Acquaintance • Partner (husband/wife, fiancé/fiancée, boyfriend/girlfriend) • Immediate Family (parent/father/mother, sibling/brother/sister, child/son/daughter) 	<ul style="list-style-type: none"> • Extended Family (cousin/nephew, uncle/aunt, grandfather/grandmother) • Neighbor (people you live near) • Other (write in) 	
INTERVIEWER: Choose one for 'Sleeping Situation'		
<ul style="list-style-type: none"> • Outside in a tent (or tent-like structure) • Outside, not in a tent • In a car, truck, or van (smaller vehicle) • In an RV, trailer, or bus/boat (larger vehicle) • In a park (uncovered, like on a bench) • In an overnight shelter (e.g. mission, church, resource shelter, etc.) • In a hotel or motel • In an abandoned building/backyard or storage structure • In a public facility or transit (bus/train station, transit center, airport, hospital waiting room) 	<ul style="list-style-type: none"> • In a tiny home • On public transit (e.g. slept on bus, train, etc.) • In jail or prison • In a hospital (stayed as patient overnight) • In a drug or alcohol treatment/detox center • In a friend or family member's house/apartment • Deceased • Choose not to answer • Do not know • Other _____ (write-in) 	

Section 3.0 – Living Situation:

How long have you been homeless this time?	
<ul style="list-style-type: none"> • 1 night or less • 2-6 nights • 1 week or more but less than one month • 1 month or more, but less than 90 days 	<ul style="list-style-type: none"> • 90 days or more, but less than 1 year • 1 year or longer • Choose not to answer • Do not know
Including this time, how many different times have you been homeless in the past 3 years, that is since January 2023?	
<ul style="list-style-type: none"> • 1 time • 2 times • 3 times 	<ul style="list-style-type: none"> • 4 or more times • Choose not to answer • Do not know
If you added up all the time you have been homeless in the past 3 years, about how long would that be?	
## (Years, Months, Days)	
In the past 3 years, have you enrolled in an Emergency Shelter or received any other form of housing assistance from an organization that serves people experiencing homelessness? (Includes referrals, vouchers, hygiene support, etc.)	
<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • Choose not to answer • Do not know
INTERVIEWER: If 'Yes', fill out the table below as much as possible	

Date of Last Service Received (MM/YYYY)	Type of Service Received (Options: Street Outreach, Diversion, Emergency Shelter, Temporary Housing, Coordinated Entry, Severe Weather Shelter [Seasonal], Day Center, Food bank, Case Management)

Section 3.1 – Demographic Information:

INTERVIEWER: If Respondent is under 18, you may simply record 'Under 18' without asking them directly	
How old are you?	
<ul style="list-style-type: none"> Under 18 18-24 25-34 35-44 45-54 	<ul style="list-style-type: none"> 55-64 65 or older Choose not to answer Do not know
Which of the following best describes your gender? (Select all that apply)	
<ul style="list-style-type: none"> Woman (Girl if child) Man (Boy if child) Culturally Specific Identity (e.g., Two-spirit) Transgender 	<ul style="list-style-type: none"> Non-binary Questioning Different identity Choose not to answer Do not know
Are you Hispanic/Latina/e/o?	
<ul style="list-style-type: none"> Yes 	<ul style="list-style-type: none"> No Choose not to Answer
Which of the following best describes your racial identity? (Select all that apply)	
<ul style="list-style-type: none"> American Indian, Alaskan Native or Indigenous Asian or Asian American Black, African American, or African Hispanic/Latina/e/o Middle Eastern or North African 	<ul style="list-style-type: none"> Native Hawaiian or Pacific Islander White Choose not to Answer Do not Know Other _____ (write-in)
Do you have a Tribal Affiliation? If so, what is it?	
[See Tribal Affiliation List]	
INTERVIEWER: If the Respondent is under 18 years old, ask only about family members' status	
Are you or a member of your immediate family a veteran?	
<ul style="list-style-type: none"> Yes, I am a veteran Yes, a member of my immediate family is a veteran Yes, I am a veteran AND a member of my immediate family is a veteran 	<ul style="list-style-type: none"> No, neither I nor a member of my immediate family are veterans Choose not to answer Do not know
Have you ever received health care or other benefits from a Veterans Administration (VA) center?	
<ul style="list-style-type: none"> Yes 	<ul style="list-style-type: none"> No Do not know

Section 3.2 – Health Information:

Check box (☐) if condition is expected to be long-lasting AND impairs their ability to live independently

ATTENTION:

Are you currently experiencing homelessness because you are/were fleeing domestic violence, dating violence, sexual assault, or stalking? ***(If Respondent is under 18, DO NOT ASK!!)***

- | | |
|-------|------------------------|
| • Yes | • Choose not to answer |
| • No | • Do not know |

Do you identify as having a disability? ☐

- | | |
|-------|------------------------|
| • Yes | • Choose not to answer |
| • No | • Do not know |

Do you identify as having a severe mental illness? ☐ ***(If Respondent is under 18, DO NOT ASK!!)***

- | | |
|-------|------------------------|
| • Yes | • Choose not to answer |
| • No | • Do not know |

Do you identify as having a substance use disorder? ☐ ***(If Respondent is under 18, DO NOT ASK!!)***

- | | |
|-------|------------------------|
| • Yes | • Choose not to answer |
| • No | • Do not know |

Section 4.0 – Household Questions:

Please list the initials of all the people in your household (anyone who shares the same dwelling with you):

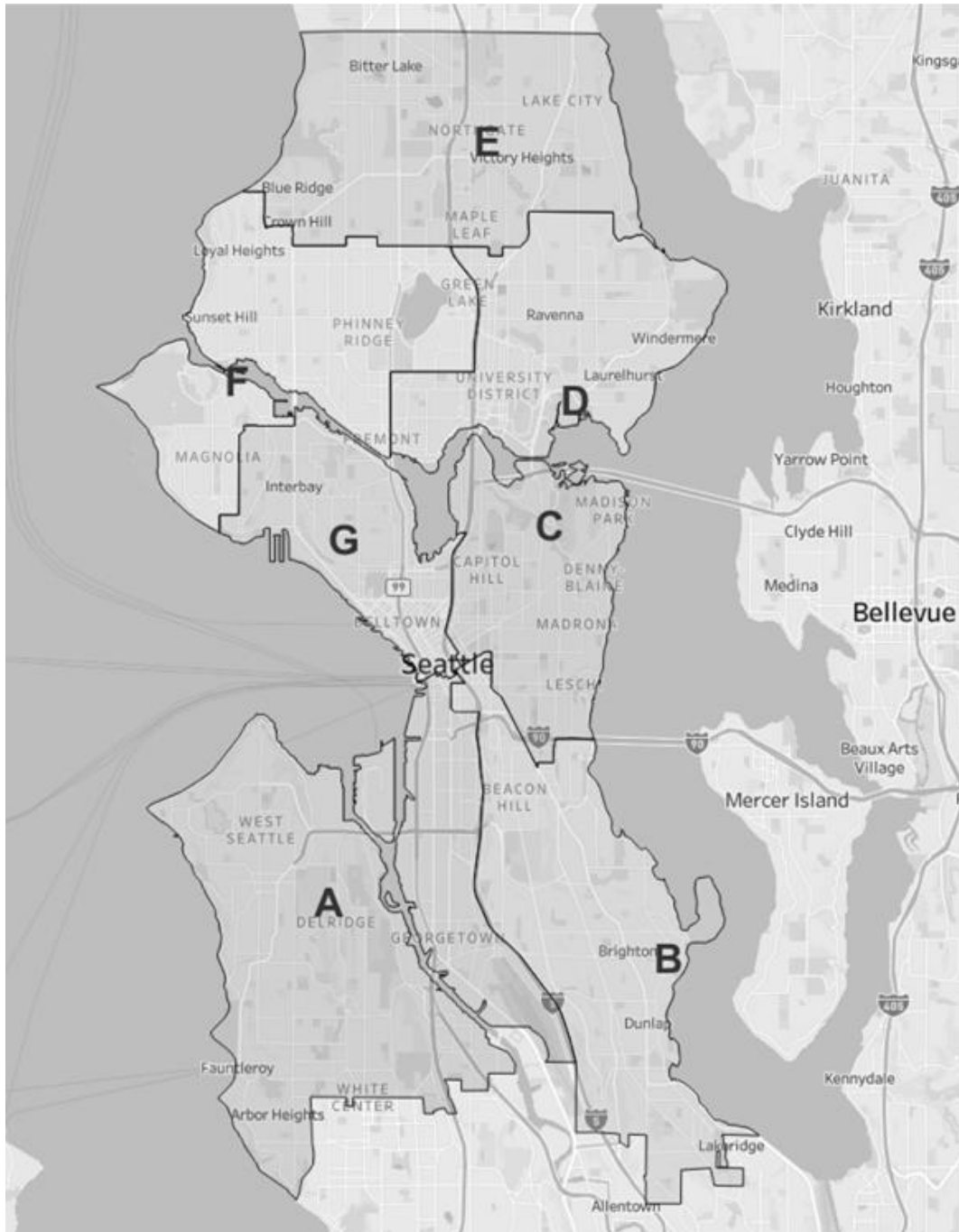
	1.	2.	3.	4.
How is [name] related to you?				
<ul style="list-style-type: none"> • Parent/Legal guardian • Other adult family member • Sibling • My own child • Spouse • Non-married partner • Other non-family member 				
How old is [name]?				
<ul style="list-style-type: none"> • 0-6 years old • 7-12 years old • 13-17 years old • 18 - 24 years old • 25 –34 years old • 35- 44 years old • 45-54 years old • 55-64 years old • 65 or older 				

Which of the following best describes the gender of [name] ?				
<ul style="list-style-type: none"> • Woman (Girl if child) • Man (Boy if child) • Culturally Specific Identity (e.g., Two-spirit) • Transgender • Non-binary • Questioning • Different identity • Choose not to answer • Do not know 				
Is [name] Hispanic/Latina/e/o?				
<ul style="list-style-type: none"> • Yes • No • Client doesn't know • Do not know 				
Which of the following best describes the racial identity of [name] ? (enter multiple identities if needed)				
<ul style="list-style-type: none"> • American Indian, Alaskan Native or Indigenous • Asian or Asian American • Black, African American, or African • Hispanic/Latina/e/o • Middle Eastern or North African • Native Hawaiian or Pacific Islander • White • Other [type in answer] • Choose not to Answer • Do not Know 				
Does [name] have a Tribal Affiliation? If so, what is their Tribal Affiliation? (enter multiple affiliations as needed)				
[See Tribal Affiliation List]				
Is [name] a veteran? (<i>If [name] is under 18, DO NOT ASK!!</i>)				
<ul style="list-style-type: none"> • Yes • No • Choose not to answer • Do not know 				
ATTENTION: Check box (<input type="checkbox"/>) if condition is expected to be long-lasting AND impairs their ability to live independently				
Does [name] identify as having a disability?				
<ul style="list-style-type: none"> • Yes • No • Choose not to answer • Do not know 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does [name] identify as having a severe mental illness? <i>(If [name] is under 18, DO NOT ASK!!)</i>				
<ul style="list-style-type: none"> • Yes • No • Choose not to answer • Do not know 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does [name] identify as having a substance use disorder? <i>(If [name] is under 18, DO NOT ASK!!)</i>				
<ul style="list-style-type: none"> • Yes • No • Choose not to answer • Do not know 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5.0 – Special Questions:

Where did you travel from today? <i>(Town or City)</i>
INTERVIEWER: [prompt with map with cities/towns or Seattle Neighborhoods]
<ul style="list-style-type: none"> • Snoqualmie Valley (prompt with list of cities) Snoqualmie; North Bend; Carnation; Duvall; Preston; Riverpoint; Skykomish • North King County (prompt with list) Shoreline; Lake Forest Park; Bothell; Kenmore; Lake City; Woodinville • East King County (prompt with list of cities) Kirkland; Redmond; Bellevue; Mercer Island; Sammamish; Beaux Arts Village; Issaquah; Clyde Hill; Yarrow Point; Medina • South King County (prompt with list of cities) Tukwila; Burien; Renton; Kent; Auburn; SeaTac; Federal Way; Pacific; Algona; Normandy Park; Des Moines; Newcastle; Milton • South East King County (prompt with list of cities) Maple Valley; Black Diamond; Enumclaw; Covington • Unincorporated King County (prompt with list of areas) Bryn Mawr Skyway; White Center; South Park; Fairwood; East Renton Highlands; Cottage Lake; Fall City; Hobart; Union Hill • Seattle Metro/ Vashon-Maury Island Seattle Neighborhood A; Seattle Neighborhood B; Seattle Neighborhood C; Seattle Neighborhood D; Seattle Neighborhood E; Seattle Neighborhood F; Seattle Neighborhood G; Vashon-Maury Island
(select neighborhood on map below and enter their neighborhood answer _____ (write-in))



- [Enter their answer] _____ (write-in)
- Choose not to Answer
- Do not Know

What transportation did you use to come to [hub]? [Check all that apply]

- | | |
|-------------------|--------------------------|
| • Bus | • Bicycle / Bike |
| • Link light Rail | • Walking |
| • Ferry | • Other _____ (write-in) |
| • Car | |

How long did it take you to get to [hub]? (Be sure to specify minutes and/or hours when available)		
Hours: _____	Minutes: _____	
About how many miles did you travel to get to [hub]?		
• Less than half a mile	• One-half to one mile	• _____ Miles (write in number)
Where did you live in the last time you had stable housing such as an apartment or house?		
INTERVIEWER: Have the respondent review the list below and select the appropriate response.		
<ul style="list-style-type: none"> • Algona • Auburn • Bear Creek/Sammamish (Unincorporated) • Beaux Arts • Bellevue • Black Diamond • Bothell • Burien • Carnation • Clyde hill • Covington • Data not collected • Des Moines • Duvall • East Federal Way (Unincorporated) • East Renton (Unincorporated) • Enumclaw • Fairwood (Unincorporated) • Federal Way • Four Creeks/Tiger Mountain (Unincorporated) • Hunts Point • Issaquah • Kenmore • Kent • Kirkland • Lake Forest Park • Maple Valley • Medina • Mercer Island • Milton • Newcastle • Normandy Park • North Bend • North Highline (Unincorporated) • Pacific • Renton • Sammamish • Sea Tac 	<ul style="list-style-type: none"> • Unincorporated King County Other (includes any community not otherwise listed) <ul style="list-style-type: none"> • Bryn Mawr Skyway; • White Center; • South Park; • Fairwood; • East Renton Highlands; • Cottage Lake; • Fall City; • Hobart; • Union Hill • United States (outside of Washington State) <ul style="list-style-type: none"> • Alabama • Alaska • Arizona • Arkansas • California • Colorado • Connecticut • Delaware • Florida • Georgia • Hawaii • Idaho • Illinois • Indiana • Iowa • Kansas • Kentucky • Louisiana • Maine • Maryland • Massachusetts • Michigan • Minnesota • Mississippi • Missouri • Montana • Nebraska 	<ul style="list-style-type: none"> • Vashon/Maury Island • West Hill (Unincorporated) • Woodinville • Yarrow Point • Washington State (outside of King County) <ul style="list-style-type: none"> • Adams • Asotin • Benton • Chelan • Clallam • Clark • Columbia • Cowlitz • Douglas • Ferry • Franklin • Garfield • Grant • Grays Harbor • Island • Jefferson • Kitsap • Kittitas • Klickitat • Lewis • Lincoln • Mason • Okanogan • Pacific • Pend Oreille • Pierce • San Juan (County) • Skagit • Skamania • Snohomish • Spokane • Stevens • Thurston • Wahkiakum • Walla Walla (County)

<ul style="list-style-type: none"> • Seattle • Shoreline • Skykomish • Snoqualmie • Redmond • Snoqualmie Valley/Northeast • King County (Unincorporated) • Southeast King County (Unincorporated) • Tukwila 	<ul style="list-style-type: none"> • Nevada • New Hampshire • New Jersey • New Mexico • New York • North Carolina • North Dakota • Ohio • Oklahoma • Oregon • Pennsylvania • Rhode Island • South Carolina • South Dakota • Tennessee • Texas • Utah • Vermont • Virginia • West Virginia • Wisconsin • Wyoming 	<ul style="list-style-type: none"> • Whatcom • Whitman • Yakima (County) • Outside the United States • Choose not to answer • Do not know
<p>How old were you the first time you experienced homelessness?</p> <p>INTERVIEWER: <i>If Respondent is under 18, you may select '0-17' without asking the question</i></p>		
<ul style="list-style-type: none"> • 0-17 • 18-24 • 25-35 • 36-49 	<ul style="list-style-type: none"> • 50-65 • 66 or older • Choose not to answer • Do not know 	
<p>What events or conditions contributed to you becoming homeless at this time? <i>options displayed in random order</i></p>		
<ul style="list-style-type: none"> • Lost job • Eviction • Foreclosure • Incarceration/detention • Illness/medical problem • Substance Use Disorder • Mental health issues • Hospitalization/treatment • Divorce/separation/breakup • Could not afford rent increase • Argument with family/friend/roommate 	<ul style="list-style-type: none"> • Family domestic violence • Family/friend's housing wouldn't let me stay • Family/friend couldn't afford to let me stay • Safety • Resettlement transition • Aging out of foster care • Death of a parent/spouse/child • Choose not to answer • Do not know • Other _____ (write-in) 	
<p>If you were to seek out a shelter program, what features would be most important to you? Please select up to five. <i>options displayed in random order</i></p>		
<ul style="list-style-type: none"> • Ease of access/enrollment • Close to where I stay now/ In my current community 	<ul style="list-style-type: none"> • Culturally specific services • Meals provided daily • A private room 	

<ul style="list-style-type: none"> • Enough space to keep my distance from others • Clean facilities free of germs/illness • Ability to store my belongings • Ability to bring my pet/service animal • Ability to bring my partner • Ability to move in with a friend • Minimal rules so I can do as I please 	<ul style="list-style-type: none"> • Ability to return if I don't stay there one night • Support to find permanent housing • Support for decreasing substance use • Support for mental health conditions • On-site health services such as a nurse • Other _____ (write-in)
Do you have a pet or animal companion?	
INTERVIEWER: If 'Yes', fill in table as completely as possible	
<div style="display: flex; justify-content: space-around;"> • Yes • No • Choose not to answer </div>	
Type Animal (Cat; Dog; Pocket pet / rodent; Other)	Approximate Weight (40 lbs or less OR More than 40 lbs)
Seen vet care in last 3 years (such as for wellness visits, vaccines, or an illness)?	How long have you been responsible for this animal (Less than 1 year; 1-3 years; More than 3 years)?

How would you describe your current employment or work situation?	
INTERVIEWER: Ask this question of everyone, <i>regardless of age group</i> . Multiple choices are allowed.	
<ul style="list-style-type: none"> • Employed full-time • Employed part-time • Enrolled in a Vocational or Trade program • Enrolled in School or College program • Unemployed 	<ul style="list-style-type: none"> • Retired • Permanently disabled • Choose not to answer • Do not know • Other: _____

Section 6.0 - Survey Deduplication:

Not counting this time, do you believe you've completed this survey in 2026 already?

Yes	No
------------	-----------

OUTRO: That completes the questions for today's survey. Thank you so much for your responses and your time. We will now issue the gift card and prepare your coupons to pass out to others in your network who are unsheltered.