

USE THIS FORM IF THE CLIENT IS **SINGLE (Unaccompanied)**  
**2018 HAWAII COUNTY Homeless Point-in-Time Count Survey**

Interviewer's Name: \_\_\_\_\_ Agency/Group: \_\_\_\_\_

Site of Interview (Actual Location): \_\_\_\_\_ Date: \_\_\_\_\_

What are the best places and times to find you? \_\_\_\_\_

**"Are you living alone or with others?"**

(If living unsheltered with others, including a child under 18, use **HOUSEHOLD** form)

**"Where did you sleep this past Monday, JANUARY 22<sup>nd</sup>?"** \_\_\_\_\_

**SPECIFIC LOCATION - If answer is a sheltered location (e.g. house, shelter, hospital, jail), END SURVEY.**

**"What area of the island did you sleep?"** \_\_\_\_\_

Enter a Region # (1-9)

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ OR if DOB refused, Age: \_\_\_\_\_

3. Client Phone Number: \_\_\_\_\_

4. Gender:  Male  Transgender  Unknown/Refused  
 Female  Gender Non-Conforming (i.e. not exclusively male or female)

5. Do you identify as Hispanic/Latino (Ethnicity)?  Yes  No  Unknown  Refused

6. What Races do you identify with? (**CLIENT MAY SELECT MORE THAN ONE**)

American Indian/Alaska Native  Marshallese  Other Pacific Islander  White  
 Asian  Micronesian  Samoan  
 Black  Multiple Races  Tongan  
 Filipino  Native Hawaiian  Unknown

7. Have you served on active duty in the Armed Forces of the United States?

Yes  No  Unknown  Refused

**IF NO, SKIP to Question #9**

8. Were you called up to active duty, as a National Guard member or Reservist?

Yes  No  Unknown  Refused

9. How long have you been continuously homeless this time?

Less than 1 year  1 year or longer  Unknown  Refused

10. How many times have you been homeless in the past 3 years?

1-3 times  4 or more times  Unknown  Refused

If "4 or more times" is checked, have these episodes combined for one year or more of homelessness?

Yes  No  Unknown  Refused

11. Were you on the street, beach, park, or in an emergency shelter each time?

Yes  No  Unknown  Refused

12. Do you have a mental health disability that limits your ability to work or perform activities of daily living?

Yes  No  Unknown  Refused

13. Do you have an alcohol or drug problem that limits your ability to work or perform activities of daily living?

Yes  No  Unknown  Refused

14. Are you currently living with HIV/AIDS?  Yes  No  Unknown  Refused

15. Do you have a physical, developmental, or other disability that limits your ability to work or perform activities of daily living?  Yes  No  Unknown  Refused

**Description of Person if they Refused to be Surveyed:**