

2020 Point in Time Count Youth Supplemental Survey (unaccompanied youth under 25 1/29/1995)
Includes youth experiencing literal homelessness or housing instability (couch surfing)
YOUTH SHOULD COMPLETE BOTH THE PIT SURVEY AND THE YOUTH SUPPLEMENTAL SURVEY:

	Question	Answer Options	Prefer Not to Say
1	Unique Identifier from PIT (first 3 letters of first name, first 3 letters of last name, DOB (MMDDYYYY), last four of SSN)		
2	In which city/county would you say you live in or spend most of your time?		
3	In which city/county was your last stable housing?	<input type="checkbox"/> Same as current city/county <input type="checkbox"/> Other CO city/county <input type="checkbox"/> Different state from Colorado	
4	At what age did you first experience homelessness?		
5	Have you ever experienced homelessness while living with your parents or other legal guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
6	How would you describe your gender identity?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Non-Conforming <input type="checkbox"/> Gender Fluid <input type="checkbox"/> Two-Spirit <input type="checkbox"/> Another Identity (Please Specify): _____	
7	How would you describe your sexual orientation?	<input type="checkbox"/> Straight <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Asexual <input type="checkbox"/> Queer <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning <input type="checkbox"/> Heteroflexible <input type="checkbox"/> Pansexual <input type="checkbox"/> Another Orientation (Please specify): _____	
8	Where did you sleep last night?	<input type="checkbox"/> Outside/park <input type="checkbox"/> At a shelter <input type="checkbox"/> In a car <input type="checkbox"/> Camp <input type="checkbox"/> Abandoned/ empty building	
		<input type="checkbox"/> In Hotel Paid by an agency <input type="checkbox"/> In a housing program, name: _____	
		<input type="checkbox"/> In a House with friends <input type="checkbox"/> In a house with family <input type="checkbox"/> In a host home <input type="checkbox"/> In Hotel Paid for by you/friends <input type="checkbox"/> Another Location (Please specify): _____	
9	Which things do you feel you have access to regularly:	<input type="checkbox"/> Food <input type="checkbox"/> Water <input type="checkbox"/> Warmth <input type="checkbox"/> Social Relationships <input type="checkbox"/> Safety	
10	Have you ever been in foster care like in out of home placement, placed with another family as a result of child welfare, residential child care facility, or a group home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
11	If yes, please select the option that best describes how you left care.	<input type="checkbox"/> Reunified with family <input type="checkbox"/> Adopted <input type="checkbox"/> Aged Out <input type="checkbox"/> Ran away from placement <input type="checkbox"/> Unsure <input type="checkbox"/> Another Option (Please specify): _____	
12	Have you ever been involved in the juvenile or criminal justice system for allegedly committing a crime?	<input type="checkbox"/> Juvenile Justice <input type="checkbox"/> Adult Criminal Justice <input type="checkbox"/> No/Neither <input type="checkbox"/> Unsure	
13	Are you currently responsible for any children under the age of 18 (select yes if you are currently pregnant or expecting a child)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
14	If yes, what relation are they to you?	<input type="checkbox"/> Own child <input type="checkbox"/> Sibling/other family <input type="checkbox"/> Significant other's child <input type="checkbox"/> Other (specify): _____	
15	Are you currently enrolled in, registered at, or attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
16	What was your last grade completed?		
17	Are you currently earning money?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
18	What is your current income source? (Select all that apply)	<input type="checkbox"/> Public assistance/unearned <input type="checkbox"/> Work/job <input type="checkbox"/> Panhandling <input type="checkbox"/> Sex Trade <input type="checkbox"/> Drug Trade <input type="checkbox"/> Other (Please specify): _____	
19	If you had a flat tire at 2 in the morning, do you know a trusted adult/mentor that you could go to for help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
20	If yes, select the person you are most likely to go to for help?	<input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Caseworker/Agency Staff <input type="checkbox"/> School Staff/Coach <input type="checkbox"/> Another Option (Please specify): _____	
21	In the past year, what has been a barrier or difficulty in accessing housing/services? (Select all that apply)	<input type="checkbox"/> Lack of affordable housing <input type="checkbox"/> Lack of Income <input type="checkbox"/> Age <input type="checkbox"/> Background Check <input type="checkbox"/> Citizenship <input type="checkbox"/> Lack of vital docs <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Language barrier <input type="checkbox"/> Substance Use <input type="checkbox"/> Mental Health <input type="checkbox"/> Missed Appointments <input type="checkbox"/> Because of a Disability <input type="checkbox"/> Asked to leave program <input type="checkbox"/> Discriminated against <input type="checkbox"/> Did not know where to go for help <input type="checkbox"/> Currently on a waitlist <input type="checkbox"/> Did not qualify for help <input type="checkbox"/> Did not have any issues accessing services <input type="checkbox"/> Other: _____	