

2022 Point in Time Count Youth Supplemental Survey (unaccompanied youth under 25)
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 county would you say you live in or spend most of your time?		
3	In which county was your last stable housing?	<input type="checkbox"/> Same as current county <input type="checkbox"/> Other CO 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 on the night of MM/DD/YYYY?	<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"/> With friends <input type="checkbox"/> 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"/> Companionship <input type="checkbox"/> Safety	
10	Have you ever been in foster care like an 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"/> Both <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/uneared <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 serious problem, do you know a trusted adult 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(Teacher) <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"/> Can't find a job <input type="checkbox"/> No Money <input type="checkbox"/> Age <input type="checkbox"/> Background Check <input type="checkbox"/> Citizenship <input type="checkbox"/> Did not have 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: _____	