

Questionnaire for the Project EU-Count

For persons, who have spent the night of 7 to 8 October 2024 in public space, such as on the street, under bridges, in parks, in tents, in a car, van, truck, in a metro station, bus stop, inside a tram, inside a train, in the entrance of a building or shop, a porch, a shop, car park, derelict building, uncompleted dwelling etc.

Please complete a separate questionnaire for each person over 16 years of age.

1. What is your gender?

| | |
|--------------------------------------|---|
| (1) <input type="checkbox"/> Male | (4) <input type="checkbox"/> Own definition, not listed |
| (2) <input type="checkbox"/> Female | (5) <input type="checkbox"/> No response |
| (3) <input type="checkbox"/> Diverse | (99) <input type="checkbox"/> Unknown |

2. When were you born?

| | | |
|--------------------------------|-------------------------------|---------------------------------------|
| (1) Month <input type="text"/> | (2) Year <input type="text"/> | (99) <input type="checkbox"/> Unknown |
|--------------------------------|-------------------------------|---------------------------------------|

3. Anonymized Identifier

| | | |
|---|--|---------------------------------------|
| (1) First letter of first name <input type="text"/> | (2) First letter of last name <input type="text"/> | (99) <input type="checkbox"/> Unknown |
|---|--|---------------------------------------|

4. What is your nationality (citizenship)?

| | |
|--|---|
| (1) <input type="checkbox"/> German | (3) <input type="checkbox"/> I am stateless |
| (2) <input type="checkbox"/> Other: | (99) <input type="checkbox"/> Unknown |

5. In which country were you born?

Name of the country:

6. What is your residence status?

| | |
|--|--|
| (1) <input type="checkbox"/> Permanent resident | (5) <input type="checkbox"/> Other: |
| (2) <input type="checkbox"/> Temporary resident | |
| (3) <input type="checkbox"/> Residence status in procedure | (99) <input type="checkbox"/> Unknown |
| (4) <input type="checkbox"/> Undocumented resident | |

7. Who do you live with?

| | |
|---|--|
| (1) <input type="checkbox"/> You live alone | (4) <input type="checkbox"/> You live with a partner and child(ren) |
| (2) <input type="checkbox"/> You are a lone parent living with child(ren) | (5) <input type="checkbox"/> You live in another arrangement: |
| (3) <input type="checkbox"/> You live with a partner and without child(ren) | |
| | (99) <input type="checkbox"/> Unknown |

8. How many children under 18 live together with you?

| | |
|------------------------------|---------------------------------------|
| Number: <input type="text"/> | (99) <input type="checkbox"/> Unknown |
|------------------------------|---------------------------------------|

9. Have you ever had secure housing?

| | | |
|----------------------------------|---------------------------------|---------------------------------------|
| (1) <input type="checkbox"/> Yes | (2) <input type="checkbox"/> No | (99) <input type="checkbox"/> Unknown |
|----------------------------------|---------------------------------|---------------------------------------|

10. For how long have you been in this insecure housing situation / situation of homelessness?

| | |
|---|--|
| (1) <input type="checkbox"/> Less than 2 months | (4) <input type="checkbox"/> 2 - under 5 years |
| (2) <input type="checkbox"/> 2 month – under 1 year | (5) <input type="checkbox"/> 5 years or more |
| (3) <input type="checkbox"/> 1 year – under 2 years | (99) <input type="checkbox"/> Unknown |

11. What were the most direct triggers that made you lose your housing security or become homeless? (up to 3 answers)

| | |
|---|---|
| (1) <input type="checkbox"/> Family issues | (6) <input type="checkbox"/> Health related issues, including addiction |
| (2) <input type="checkbox"/> Domestic abuse | (7) <input type="checkbox"/> Migration |
| (3) <input type="checkbox"/> Financial reasons | (8) <input type="checkbox"/> Other: |
| (4) <input type="checkbox"/> Institutional discharge | (9) <input type="checkbox"/> Does not apply |
| (5) <input type="checkbox"/> Eviction / Loss of tenancy | (99) <input type="checkbox"/> Unknown |

12. Do you live permanently in this city?

| | | |
|----------------------------------|---------------------------------|---------------------------------------|
| (1) <input type="checkbox"/> Yes | (2) <input type="checkbox"/> No | (99) <input type="checkbox"/> Unknown |
|----------------------------------|---------------------------------|---------------------------------------|

This questionnaire was submitted by: in:
(Name of service) (City)

If you have any questions, don't hesitate to contact Dr. Marie-Therese Haj Ahmad (mha@giss-ev.de) or Prof. Dr. Volker Busch-Geertsema (ybg@giss-ev.de).