

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
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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
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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
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9. Have you ever had secure housing?

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