Bristol Homelessness Survey 5 – 11 November 2012

Location:	Date:	Time:
Name:		
If already filled in, please say where:		

Β.

D.

Α.

Age:	Gender: Male / Female	Ethnic Or	rigin:	
Education level: No	ne / GCSE / A Level / Diploma	/ Degree	Are you registered with a GP?	Y / N
How long have you	been in Bristol?	!	Resident of: Bristol / UK / EU / C	other
Town of Birth:	Countr	y of Birth:		
Circle the sources of income you have: Housing Benefit / Disability Benefit / JSA /				
Other:				

C. In the last 2 years:

•	have you slept rough on 20 different nights?	Y / N
•	have you slept rough on 7 consecutive nights?	Y / N
. In	the last year:	
•	have you used the Homeless Health Service?	Y / N
•	have you used a hospital?	Y / N
•	did you use Caring at Christmas?	Y / N

E. In the last 2 months, which services have you used? Please circle each one.

Breakfast Run; Candle [Ashley Road Salvation Army]; Compass Centre; Crisis Centre [Wild Goose, LITE]; Easton Salvation Army; Julian Trust Nightshelter; Mental Health Outreach; Methodist Centre; Novas [New Street]; One25; Outreach; Soup Run; Streetwise; Trinity Tabernacle; Other(s):

F. In the last 7 nights, for how many of those nights were you sleeping in each of these places?

B&B	Car, tent, boat, etc.	Hostel	
Julian Trust	Police Cell	Roofless	
Skippering	Sofa surfing	Squat	
Your own home	Other:	Other:	

G. Please indicate what help you are receiving, and what you are not receiving but would like to:

 The Homeless Services in Bristol:

The Council and Statutory Services:

Central Government:

I. What do you want?

What do you want to be doing this time next year?

What do you want to be doing in five years' time?

J. If you wish to be contacted, please say who by and give your details here (this information will only be given to the people you request):