

Date	____ / ____ / ____	Location	_____
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**All information is confidential - assist with funding, research & eligibility**

First Name	_____	Last Name	_____
Age	18-24 <input type="checkbox"/>	25-34 <input type="checkbox"/>	35-44 <input type="checkbox"/>
	45-54 <input type="checkbox"/>	55-64 <input type="checkbox"/>	65+ <input type="checkbox"/>
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
USA	African American <input type="checkbox"/>	White <input type="checkbox"/>	Latino <input type="checkbox"/> Other <input type="checkbox"/>
Mobile (optional)	can we contact you for feedback YES <input type="checkbox"/>		

Have you been given a Backpack Bed <u>in the past</u> ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Where did you spend last night? Other _____	street <input type="checkbox"/>	shelter <input type="checkbox"/>
	transitional housing <input type="checkbox"/>	friends <input type="checkbox"/>
Do you have somewhere secure to stay tonight?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you feel safe where you currently sleep?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will you be sleeping on the street in the next week?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you think the government should provide Backpack Beds to people without shelter?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will a Backpack Bed help improve your: (may tick more than one option)		
Health <input type="checkbox"/>	Safety <input type="checkbox"/>	Comfort <input type="checkbox"/>
Sleep <input type="checkbox"/>	Dignity <input type="checkbox"/>	Self Esteem <input type="checkbox"/>
Other _____ <input type="checkbox"/>		
Do you think this Backpack Bed is better than being given <u>ONLY</u> a: (may tick more than 1)		
<input type="checkbox"/> Blanket	<input type="checkbox"/> Tent	<input type="checkbox"/> Sleeping Bag
<input type="checkbox"/> Other _____		

**Signature** \_\_\_\_\_

**Comments** \_\_\_\_\_