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**WeAllCount 2018**

Unsheltered Homeless Survey

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| **Geocode: 63210 San Diego 501** | **Interview Date:** | **Subway Card # given:** |

*[Text written like this should* ***NOT*** *be read out loud and is only intended as support instruction for you]*

*[Please fill in the bubbles by writing an X or filling it in]*

X

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| **Hello, my name is \_\_\_\_\_\_\_\_\_\_\_ and I’m conducting a survey to better understand housing situations and help provide better services. Can I ask you two quick questions?**  ⃝ Yes 🡪 *[Continue survey]* ⃝ No 🡪 *[****STOP*** *survey and thank respondent]* | | |
| **Where did you sleep last Thursday night/Friday morning (Jan 25th/26th)?** | ⃝ Street or sidewalk  ⃝ Vehicle (car, van, RV, truck)  ⃝ Tent/Hand-built structure  ⃝ Park, beach or riverbed  ⃝ Abandoned building  ⃝ Bus, transit station, airport  ⃝ Under bridge/overpass  ⃝ Woods or outdoor  encampment  ⃝ Other location: *[specify]* | ⃝ Emergency shelter  ⃝ Transitional housing  ⃝ Motel/Hotel  ⃝ House or apartment  ⃝ Jail, hospital, treatment program  ⃝ Safe Haven  ⃝ Couch surfing  ⃝ Any other housing  *[****STOP*** *survey and thank respondent for their time]* |
| **Has another volunteer asked you these same questions about where you were staying last Thursday night?** | ⃝ Yes 🡪 *[****STOP*** *survey and thank respondent for their time]*  ⃝ No  ⃝ Doesn’t Know/Refused | |
| **Would you like to take a 20 minute survey? You will get a $10 Subway gift card for your time. You can refuse to answer any question or end the survey at any time. Your answers are confidential and will only be used to improve the quality of our services. Would you like to continue?**  ⃝ Yes 🡪 *[Continue survey]* ⃝ No 🡪 *[****STOP*** *survey and thank respondent for their time]* | | |
| **Including yourself, how many adults or children in your household slept in the same location with you last Thursday night?** | Adults Children  (Over 18) (Under 18) | |
| *[Individuals who slept with other adults and/or children in the same location are considered a* ***household****.*  *If other household individuals* ***are present****, use one survey form but interview each individual separately.*  *If other household individuals are* ***not present****, ask if they will answer for them.]* | | |

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| **“I’m going to ask you some general questions. Let’s begin!”** | | | | | | |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | | **Person 5** | |
| **What are your…**  **Initials?**  **Date of Birth?**  **Age?** | *Month*  *Day*  *Year*  *First*  *Middle*  *Last* | *First*  *Middle*  *Last*  *Month*  *Year*  *Day* | *First*  *Middle*  *Last*  *Month*  *Year*  *Day* | *First*  *Middle*  *Last*  *Month*  *Year*  *Day* | | *First*  *Middle*  *Last*  *Month*  *Year*  *Day* | |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | | **Person 5** | |
| **How are persons 2 through 5 related to you?**  *[This question is only for the Head of Household]* | ⃝ Head of Household | ⃝ Child  ⃝ Spouse or Partner  ⃝ Other Family Member  ⃝ Other, non-related | ⃝ Child  ⃝ Spouse or Partner  ⃝ Other Family Member  ⃝ Other, non-related | ⃝ Child  ⃝ Spouse or Partner  ⃝ Other Family Member  ⃝ Other, non-related | | ⃝ Child  ⃝ Spouse or Partner  ⃝ Other Family Member  ⃝ Other, non-related | |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | | **Person 5** | |
| **What is your primary race?**  *[Please select one]* | ⃝ American Indian or  Alaskan Native  ⃝ Asian  ⃝ Black or African  American  ⃝ Native Hawaiian or  Other Pacific Islander  ⃝ White  ⃝ Doesn’t Know  ⃝ Refused  ⃝ Other: | ⃝ American Indian or  Alaskan Native  ⃝ Asian  ⃝ Black or African  American  ⃝ Native Hawaiian or  Other Pacific Islander  ⃝ White  ⃝ Doesn’t Know  ⃝ Refused  ⃝ Other: | ⃝ American Indian or  Alaskan Native  ⃝ Asian  ⃝ Black or African  American  ⃝ Native Hawaiian or  Other Pacific Islander  ⃝ White  ⃝ Doesn’t Know  ⃝ Refused  ⃝ Other: | ⃝ American Indian or  Alaskan Native  ⃝ Asian  ⃝ Black or African  American  ⃝ Native Hawaiian or  Other Pacific Islander  ⃝ White  ⃝ Doesn’t Know  ⃝ Refused  ⃝ Other: | | ⃝ American Indian or  Alaskan Native  ⃝ Asian  ⃝ Black or African  American  ⃝ Native Hawaiian or  Other Pacific Islander  ⃝ White  ⃝ Doesn’t Know  ⃝ Refused  ⃝ Other: | |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | | **Person 5** | |
| **Are you Hispanic or Latino?** | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | | **Person 5** | |
| **Which gender do you most identify with?** | ⃝ Male  ⃝ Female  ⃝ Trans Male to Female  ⃝ Trans Female to Male  ⃝ Gender Non-  Conforming  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Male  ⃝ Female  ⃝ Trans Male to Female  ⃝ Trans Female to Male  ⃝ Gender Non-  Conforming  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Male  ⃝ Female  ⃝ Trans Male to Female  ⃝ Trans Female to Male  ⃝ Gender Non-  Conforming  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Male  ⃝ Female  ⃝ Trans Male to Female  ⃝ Trans Female to Male  ⃝ Gender Non-  Conforming  ⃝ Doesn’t Know  ⃝ Refused | | ⃝ Male  ⃝ Female  ⃝ Trans Male to Female  ⃝ Trans Female to Male  ⃝ Gender Non-  Conforming  ⃝ Doesn’t Know  ⃝ Refused | |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | | **Person 5** | |
| **Are you currently experiencing domestic violence?** | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | | **Person 5** | |
| **Do you receive any Social Security Income?** | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | | **Person 5** | |
| **Are you currently**  **employed or**  **attending school?** | ⃝ Currently Employed  ⃝ Attending School  ⃝ Both  ⃝ Neither  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Currently Employed  ⃝ Attending School  ⃝ Both  ⃝ Neither  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Currently Employed  ⃝ Attending School  ⃝ Both  ⃝ Neither  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Currently Employed  ⃝ Attending School  ⃝ Both  ⃝ Neither  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Currently Employed  ⃝ Attending School  ⃝ Both  ⃝ Neither  ⃝ Doesn’t Know  ⃝ Refused | | |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | | **Person 5** | |
| **How long ago were you last employed or in school?** | ⃝ Currently Employed/  in school  ⃝ Less than 1 Month  ⃝ 1-6 Months  ⃝ 6-12 Months  ⃝ 1-2 Years  ⃝ 2-5 Years  ⃝ 5+ Years  ⃝ Never Employed  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Currently Employed/  in school  ⃝ Less than 1 Month  ⃝ 1-6 Months  ⃝ 6-12 Months  ⃝ 1-2 Years  ⃝ 2-5 Years  ⃝ 5+ Years  ⃝ Never Employed  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Currently Employed/  in school  ⃝ Less than 1 Month  ⃝ 1-6 Months  ⃝ 6-12 Months  ⃝ 1-2 Years  ⃝ 2-5 Years  ⃝ 5+ Years  ⃝ Never Employed  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Currently Employed/  in school  ⃝ Less than 1 Month  ⃝ 1-6 Months  ⃝ 6-12 Months  ⃝ 1-2 Years  ⃝ 2-5 Years  ⃝ 5+ Years  ⃝ Never Employed  ⃝ Doesn’t Know  ⃝ Refused | | ⃝ Currently Employed/  in school  ⃝ Less than 1 Month  ⃝ 1-6 Months  ⃝ 6-12 Months  ⃝ 1-2 Years  ⃝ 2-5 Years  ⃝ 5+ Years  ⃝ Never Employed  ⃝ Doesn’t Know  ⃝ Refused | |

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| **“I’m going to ask you some specific questions about your housing history. Please try to give me your best estimates.”** | | | | | |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **When did you become homeless this time?**  *[Ask for a specific date or round to nearest month]* | ⃝ Doesn’t know  ⃝ Refused | ⃝ Doesn’t know  ⃝ Refused | ⃝ Doesn’t know  ⃝ Refused | ⃝ Doesn’t know  ⃝ Refused | *Month*  *Day*  *Year*  *Month*  *Day*  *Year*  *Month*  *Day*  *Year*  *Month*  *Day*  *Year*  *Month*  *Day*  *Year*  ⃝ Doesn’t know  ⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **How many times have you been homeless in the past three years?**  *[This* ***only*** *includes streets, emergency shelters, or safe havens. A break in homelessness is more than 7 days* ***not*** *in any of these locations.]* | ⃝ 1 *[only time]*  ⃝ 2  ⃝ 3  ⃝ 4 or more  ⃝ Doesn’t know  ⃝ Refused | ⃝ 1 *[only time]*  ⃝ 2  ⃝ 3  ⃝ 4 or more  ⃝ Doesn’t know  ⃝ Refused | ⃝ 1 *[only time]*  ⃝ 2  ⃝ 3  ⃝ 4 or more  ⃝ Doesn’t know  ⃝ Refused | ⃝ 1 *[only time]*  ⃝ 2  ⃝ 3  ⃝ 4 or more  ⃝ Doesn’t know  ⃝ Refused | ⃝ 1 *[only time]*  ⃝ 2  ⃝ 3  ⃝ 4 or more  ⃝ Doesn’t know  ⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **How many months have you been homeless in the past three years?**  *[round up to the nearest total*  *ex. 1 day = 1 month; 35 days = 2 months]* | ⃝ 1 ⃝ 2  ⃝ 3 ⃝ 4  ⃝ 5 ⃝ 6  ⃝ 7 ⃝ 8  ⃝ 9 ⃝ 10  ⃝ 11 ⃝ 12  ⃝ More than 12  ⃝ Doesn’t Know  ⃝ Refused | ⃝ 1 ⃝ 2  ⃝ 3 ⃝ 4  ⃝ 5 ⃝ 6  ⃝ 7 ⃝ 8  ⃝ 9 ⃝ 10  ⃝ 11 ⃝ 12  ⃝ More than 12  ⃝ Doesn’t Know  ⃝ Refused | ⃝ 1 ⃝ 2  ⃝ 3 ⃝ 4  ⃝ 5 ⃝ 6  ⃝ 7 ⃝ 8  ⃝ 9 ⃝ 10  ⃝ 11 ⃝ 12  ⃝ More than 12  ⃝ Doesn’t Know  ⃝ Refused | ⃝ 1 ⃝ 2  ⃝ 3 ⃝ 4  ⃝ 5 ⃝ 6  ⃝ 7 ⃝ 8  ⃝ 9 ⃝ 10  ⃝ 11 ⃝ 12  ⃝ More than 12  ⃝ Doesn’t Know  ⃝ Refused | ⃝ 1 ⃝ 2  ⃝ 3 ⃝ 4  ⃝ 5 ⃝ 6  ⃝ 7 ⃝ 8  ⃝ 9 ⃝ 10  ⃝ 11 ⃝ 12  ⃝ More than 12  ⃝ Doesn’t Know  ⃝ Refused |

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|  | **Head of Household** | | **Person 2** | | **Person 3** | | **Person 4** | | **Person 5** | |
| **How old were you when you first became homeless?** | ⃝ Under 18  ⃝ 18-24  ⃝ 25-54  ⃝ 55-64  ⃝ 65-74  ⃝ 75+  ⃝ Doesn’t Know  ⃝ Refused | | ⃝ Under 18  ⃝ 18-24  ⃝ 25-54  ⃝ 55-64  ⃝ 65-74  ⃝ 75+  ⃝ Doesn’t Know  ⃝ Refused | | ⃝ Under 18  ⃝ 18-24  ⃝ 25-54  ⃝ 55-64  ⃝ 65-74  ⃝ 75+  ⃝ Doesn’t Know  ⃝ Refused | | ⃝ Under 18  ⃝ 18-24  ⃝ 25-54  ⃝ 55-64  ⃝ 65-74  ⃝ 75+  ⃝ Doesn’t Know  ⃝ Refused | | ⃝ Under 18  ⃝ 18-24  ⃝ 25-54  ⃝ 55-64  ⃝ 65-74  ⃝ 75+  ⃝ Doesn’t Know  ⃝ Refused | |
|  | **Head of Household** | | **Person 2** | | **Person 3** | | **Person 4** | | **Person 5** | |
| **Of the following options, what do you think is the main reason for your homelessness?**  *[Read the list out loud and have them select the primary reason they are homeless]* | ⃝ Loss of Job  ⃝ Money Issues  ⃝ Cost of Housing  ⃝ Loss of family member  ⃝ Disability  ⃝ Alcohol/Drugs  ⃝ Abuse/Violence  ⃝ Kicked Out/Ran Away  ⃝ Aged Out of Foster  Care  ⃝ Time in Jail/Prison  ⃝ Divorce  ⃝ Other:  ⃝ Doesn’t Know  ⃝ Refused | | ⃝ Loss of Job  ⃝ Money Issues  ⃝ Cost of Housing  ⃝ Loss of family member  ⃝ Disability  ⃝ Alcohol/Drugs  ⃝ Abuse/Violence  ⃝ Kicked Out/Ran Away  ⃝ Aged Out of Foster  Care  ⃝ Time in Jail/Prison  ⃝ Divorce  ⃝ Other:  ⃝ Doesn’t Know  ⃝ Refused | | ⃝ Loss of Job  ⃝ Money Issues  ⃝ Cost of Housing  ⃝ Loss of family member  ⃝ Disability  ⃝ Alcohol/Drugs  ⃝ Abuse/Violence  ⃝ Kicked Out/Ran Away  ⃝ Aged Out of Foster  Care  ⃝ Time in Jail/Prison  ⃝ Divorce  ⃝ Other:  ⃝ Doesn’t Know  ⃝ Refused | | ⃝ Loss of Job  ⃝ Money Issues  ⃝ Cost of Housing  ⃝ Loss of family member  ⃝ Disability  ⃝ Alcohol/Drugs  ⃝ Abuse/Violence  ⃝ Kicked Out/Ran Away  ⃝ Aged Out of Foster  Care  ⃝ Time in Jail/Prison  ⃝ Divorce  ⃝ Other:  ⃝ Doesn’t Know  ⃝ Refused | | ⃝ Loss of Job  ⃝ Money Issues  ⃝ Cost of Housing  ⃝ Loss of family member  ⃝ Disability  ⃝ Alcohol/Drugs  ⃝ Abuse/Violence  ⃝ Kicked Out/Ran Away  ⃝ Aged Out of Foster  Care  ⃝ Time in Jail/Prison  ⃝ Divorce  ⃝ Other:  ⃝ Doesn’t Know  ⃝ Refused | |
|  | | **Head of Household** | | **Person 2** | | **Person 3** | | **Person 4** | | **Person 5** | |
| **Did you become homeless in San Diego County?** | | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | |

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| **“I’m going to ask you some questions about seeking housing services.”** | | | | | |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Are you currently accessing any of the following services in the community?**  *[Mark all that apply]* | Emergency Shelter  Bus Passes  Transitional Housing  Mental Health  Alcohol/Drug  Counseling  Employment  Drop-in/Day Shelter  Free Meals  Legal Assistance  Immigration  Health Services  Other:  ⃝ Not Using Services  ⃝ Doesn’t Know  ⃝ Refused | Emergency Shelter  Bus Passes  Transitional Housing  Mental Health  Alcohol/Drug  Counseling  Employment  Drop-in/Day Shelter  Free Meals  Legal Assistance  Immigration  Health Services  Other:  ⃝ Not Using Services  ⃝ Doesn’t Know  ⃝ Refused | Emergency Shelter  Bus Passes  Transitional Housing  Mental Health  Alcohol/Drug  Counseling  Employment  Drop-in/Day Shelter  Free Meals  Legal Assistance  Immigration  Health Services  Other:  ⃝ Not Using Services  ⃝ Doesn’t Know  ⃝ Refused | Emergency Shelter  Bus Passes  Transitional Housing  Mental Health  Alcohol/Drug  Counseling  Employment  Drop-in/Day Shelter  Free Meals  Legal Assistance  Immigration  Health Services  Other:  ⃝ Not Using Services  ⃝ Doesn’t Know  ⃝ Refused | Emergency Shelter  Bus Passes  Transitional Housing  Mental Health  Alcohol/Drug  Counseling  Employment  Drop-in/Day Shelter  Free Meals  Legal Assistance  Immigration  Health Services  Other:  ⃝ Not Using Services  ⃝ Doesn’t Know  ⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **What services would assist you in securing stable housing?**  *[Mark all that apply]* | Rental Subsidy  Legal Assistance  Deposit Money  Utility Costs  Employment  services  Family Support Help  Other:  ⃝ Doesn’t Know  ⃝ Refused | Rental Subsidy  Legal Assistance  Deposit Money  Utility Costs  Employment  services  Family Support Help  Other:  ⃝ Doesn’t Know  ⃝ Refused | Rental Subsidy  Legal Assistance  Deposit Money  Utility Costs  Employment  services  Family Support Help  Other:  ⃝ Doesn’t Know  ⃝ Refused | Rental Subsidy  Legal Assistance  Deposit Money  Utility Costs  Employment  services  Family Support Help  Other:  ⃝ Doesn’t Know  ⃝ Refused | Rental Subsidy  Legal Assistance  Deposit Money  Utility Costs  Employment  services  Family Support Help  Other:  ⃝ Doesn’t Know  ⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Of the following options, can you tell me the number one reason that is preventing you from staying in a shelter?**  *[Read the list out loud and have them select the primary reason]* | ⃝ Shelter Restrictions  ⃝ Have family/friends  or pet on the street  ⃝ Safety concerns  ⃝ Addiction to  Alcohol/Drugs  ⃝ Waitlisted  ⃝ Lack of transportation  ⃝ Other:  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Shelter Restrictions  ⃝ Have family/friends  or pet on the street  ⃝ Safety concerns  ⃝ Addiction to  Alcohol/Drugs  ⃝ Waitlisted  ⃝ Lack of transportation  ⃝ Other:  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Shelter Restrictions  ⃝ Have family/friends  or pet on the street  ⃝ Safety concerns  ⃝ Addiction to  Alcohol/Drugs  ⃝ Waitlisted  ⃝ Lack of transportation  ⃝ Other:  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Shelter Restrictions  ⃝ Have family/friends  or pet on the street  ⃝ Safety concerns  ⃝ Addiction to  Alcohol/Drugs  ⃝ Waitlisted  ⃝ Lack of transportation  ⃝ Other:  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Shelter Restrictions  ⃝ Have family/friends  or pet on the street  ⃝ Safety concerns  ⃝ Addiction to  Alcohol/Drugs  ⃝ Waitlisted  ⃝ Lack of transportation  ⃝ Other:  ⃝ Doesn’t Know  ⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Do you need help to reconnect with family/friends or any support system?** | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **If permanent housing was available, would you accept it?** | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused |
| *[Continue to next page]* | | | | | |

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| **“I’m going to ask you questions about serving in the military.”** | | | | | |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Have you ever served on active duty in the US Armed Forces?**  *[such as the Army, Navy, Air Force, Marine Corps, or Coast Guard]* | ⃝ Yes  ⃝ No 🡪 *[SKIP to Q 27]*  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No 🡪 *[SKIP to Q 27]*  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No 🡪 *[SKIP to Q 27]*  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No 🡪 *[SKIP to Q 27]*  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No 🡪 *[SKIP to Q 27]*  ⃝ Doesn’t Know  ⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Were you ever called into active duty as a member of the National Guard or as a Reservist?** | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Do you use Veteran’s Administration (VA) Medical or Health Care Services?** | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Where do you usually go for healthcare services?**  *[Please select one]* | ⃝ Hospital  ⃝ Clinic  ⃝ Emergency Room  ⃝ VA  ⃝ Nowhere  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Hospital  ⃝ Clinic  ⃝ Emergency Room  ⃝ VA  ⃝ Nowhere  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Hospital  ⃝ Clinic  ⃝ Emergency Room  ⃝ VA  ⃝ Nowhere  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Hospital  ⃝ Clinic  ⃝ Emergency Room  ⃝ VA  ⃝ Nowhere  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Hospital  ⃝ Clinic  ⃝ Emergency Room  ⃝ VA  ⃝ Nowhere  ⃝ Doesn’t Know  ⃝ Refused |

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|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **What year did you enter active military service?** | *Y*  *Y*  *Y*  *Y*  ⃝ Doesn’t Know  ⃝ Refused | *Y*  *Y*  *Y*  *Y*  ⃝ Doesn’t Know  ⃝ Refused | *Y*  *Y*  *Y*  *Y*  ⃝ Doesn’t Know  ⃝ Refused | *Y*  *Y*  *Y*  *Y*  ⃝ Doesn’t Know  ⃝ Refused | *Y*  *Y*  *Y*  *Y*  ⃝ Doesn’t Know  ⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **What year were you discharged from active military service?** | *Y*  *Y*  *Y*  *Y*  ⃝ Doesn’t Know  ⃝ Refused | *Y*  *Y*  *Y*  *Y*  ⃝ Doesn’t Know  ⃝ Refused | *Y*  *Y*  *Y*  *Y*  ⃝ Doesn’t Know  ⃝ Refused | *Y*  *Y*  *Y*  *Y*  ⃝ Doesn’t Know  ⃝ Refused | *Y*  *Y*  *Y*  *Y*  ⃝ Doesn’t Know  ⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **What was your discharge status?**  *[Please select one]* | ⃝ Honorable  ⃝ General under  honorable conditions  ⃝ Under other than  honorable conditions  ⃝ Dishonorable  ⃝ Bad Conduct  ⃝ Uncharacterized  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Honorable  ⃝ General under  honorable conditions  ⃝ Under other than  honorable conditions  ⃝ Dishonorable  ⃝ Bad Conduct  ⃝ Uncharacterized  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Honorable  ⃝ General under  honorable conditions  ⃝ Under other than  honorable conditions  ⃝ Dishonorable  ⃝ Bad Conduct  ⃝ Uncharacterized  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Honorable  ⃝ General under  honorable conditions  ⃝ Under other than  honorable conditions  ⃝ Dishonorable  ⃝ Bad Conduct  ⃝ Uncharacterized  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Honorable  ⃝ General under  honorable conditions  ⃝ Under other than  honorable conditions  ⃝ Dishonorable  ⃝ Bad Conduct  ⃝ Uncharacterized  ⃝ Doesn’t Know  ⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Do you receive any VA Compensation or Pension?** | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused |

*[Skip this page if interviewee is not a veteran]*

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| **“Now I’m going to ask you some questions about your health.”** | | | | | |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Do you have a physical disability?**  *[E.g. hearing, mobility, and visual impairments]* | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused |
| **Do you have a developmental disability?**  *[E.g. autism, behavior disorders, and intellectual disabilities]* | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Do you have a chronic health condition?**  *[E.g. heart disease, diabetes, severe asthma, traumatic brain injury, dementia, cancer, emphysema, or liver disease]* | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused |
| **Are you living with HIV/AIDS?** | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused |
| **Do you have any mental health issues?**  *[E.g. chronic depression, bipolar disorder, PTSD or schizophrenia]* | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Do you feel you have an impairment caused by alcohol use?** | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused |
| **Do you feel you have an impairment caused by drug abuse? This includes prescription drugs if used differently than prescribed.** | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Just so I understand what you told me previously, do you have a disability?** | ⃝ Yes  ⃝ No 🡪 *[SKIP to Q 35]*  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No 🡪 *[SKIP to Q 35]*  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No 🡪 *[SKIP to Q 35]*  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No 🡪 *[SKIP to Q 35]*  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No 🡪 *[SKIP to Q 35]*  ⃝ Doesn’t Know  ⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Do you expect this disability to be long-term and impair your ability to live independently?** | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Which disability that we talked about does this refer to?**  *[Mark all that apply]* | Physical Disability  Chronic Health  Condition  Mental Health Issue  Substance Abuse  ⃝ Doesn’t Know  ⃝ Refused | Physical Disability  Chronic Health  Condition  Mental Health Issue  Substance Abuse  ⃝ Doesn’t Know  ⃝ Refused | Physical Disability  Chronic Health  Condition  Mental Health Issue  Substance Abuse  ⃝ Doesn’t Know  ⃝ Refused | Physical Disability  Chronic Health  Condition  Mental Health Issue  Substance Abuse  ⃝ Doesn’t Know  ⃝ Refused | Physical Disability  Chronic Health  Condition  Mental Health Issue  Substance Abuse  ⃝ Doesn’t Know  ⃝ Refused |

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| --- | --- | --- | --- | --- | --- |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Have you ever been in jail, prison, or juvenile hall?** | ⃝ Jail  ⃝ Prison  ⃝ Juvenile Hall  ⃝ No 🡪 *[SKIP to Q 38]*  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Jail  ⃝ Prison  ⃝ Juvenile Hall  ⃝ No 🡪 *[SKIP to Q 38]*  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Jail  ⃝ Prison  ⃝ Juvenile Hall  ⃝ No 🡪 *[SKIP to Q 38]*  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Jail  ⃝ Prison  ⃝ Juvenile Hall  ⃝ No 🡪 *[SKIP to Q 38]*  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Jail  ⃝ Prison  ⃝ Juvenile Hall  ⃝ No 🡪 *[SKIP to Q 38]*  ⃝ Doesn’t Know  ⃝ Refused |
| **How long were you in jail, prison, juvenile hall during the last time?** | ⃝ Less than 1 Month  ⃝ 1-6 Months  ⃝ 6-12 Months  ⃝ 1-5 Years  ⃝ 5+ Years  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Less than 1 Month  ⃝ 1-6 Months  ⃝ 6-12 Months  ⃝ 1-5 Years  ⃝ 5+ Years  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Less than 1 Month  ⃝ 1-6 Months  ⃝ 6-12 Months  ⃝ 1-5 Years  ⃝ 5+ Years  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Less than 1 Month  ⃝ 1-6 Months  ⃝ 6-12 Months  ⃝ 1-5 Years  ⃝ 5+ Years  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Less than 1 Month  ⃝ 1-6 Months  ⃝ 6-12 Months  ⃝ 1-5 Years  ⃝ 5+ Years  ⃝ Doesn’t Know  ⃝ Refused |
| **When were you last released from jail, prison, or juvenile hall?** | ⃝ Less than 1 Month  ⃝ 1-6 Months  ⃝ 6-12 Months  ⃝ 1-5 Years  ⃝ 5+ Years  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Less than 1 Month  ⃝ 1-6 Months  ⃝ 6-12 Months  ⃝ 1-5 Years  ⃝ 5+ Years  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Less than 1 Month  ⃝ 1-6 Months  ⃝ 6-12 Months  ⃝ 1-5 Years  ⃝ 5+ Years  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Less than 1 Month  ⃝ 1-6 Months  ⃝ 6-12 Months  ⃝ 1-5 Years  ⃝ 5+ Years  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Less than 1 Month  ⃝ 1-6 Months  ⃝ 6-12 Months  ⃝ 1-5 Years  ⃝ 5+ Years  ⃝ Doesn’t Know  ⃝ Refused |
| **Are you currently on probation?** | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused |
| **Are you currently on parole?** | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused |

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| **Would you be comfortable sharing your name/or social security number?**  You can also fill it in yourself so that I will not see it. This is not required, and you will still get the gift card whether or not you share this information. I am asking you to disclose this information to the Regional Task Force to help us assess and improve homeless services. We will not share your information with anyone outside of this organization.  *[Only ask Question 38 to the person you are interviewing. Do not collect household information for this question.]* |
| **-**  **-**  **SSN:**  *# # #*  *# #*  *# # # #*    **Name:**    *First Name*  *Last Name*  ⃝ Doesn’t Know  ⃝ Refused |
| **Thank you for taking the survey!**  *[Subway cards should ONLY be given to those that are interviewed in person.]* |