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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 sidewalk⃝ Vehicle (car, van, RV, truck)⃝ Tent/Hand-built structure⃝ Park, beach or riverbed⃝ Abandoned building⃝ Bus, transit station, airport⃝ Under bridge/overpass⃝ Woods or outdoor encampment⃝ Other location: *[specify]* | ⃝ Emergency shelter⃝ Transitional housing⃝ Motel/Hotel⃝ House or apartment⃝ Jail, hospital, treatment program⃝ Safe Haven⃝ Couch surfing⃝ 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 | ⃝ Child⃝ Spouse or Partner⃝ Other Family Member⃝ Other, non-related | ⃝ Child⃝ Spouse or Partner⃝ Other Family Member⃝ Other, non-related | ⃝ Child⃝ Spouse or Partner⃝ Other Family Member⃝ Other, non-related | ⃝ Child⃝ Spouse or Partner⃝ Other Family Member⃝ 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 Native⃝ Asian⃝ Black or African  American⃝ Native Hawaiian or  Other Pacific Islander⃝ White⃝ Doesn’t Know⃝ Refused⃝ Other: | ⃝ American Indian or  Alaskan Native⃝ Asian⃝ Black or African  American⃝ Native Hawaiian or  Other Pacific Islander⃝ White⃝ Doesn’t Know⃝ Refused⃝ Other:  | ⃝ American Indian or  Alaskan Native⃝ Asian⃝ Black or African  American⃝ Native Hawaiian or  Other Pacific Islander⃝ White⃝ Doesn’t Know⃝ Refused⃝ Other: | ⃝ American Indian or  Alaskan Native⃝ Asian⃝ Black or African  American⃝ Native Hawaiian or  Other Pacific Islander⃝ White⃝ Doesn’t Know⃝ Refused⃝ Other: | ⃝ American Indian or  Alaskan Native⃝ Asian⃝ Black or African  American⃝ Native Hawaiian or  Other Pacific Islander⃝ White⃝ Doesn’t Know⃝ Refused⃝ Other: |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Are you Hispanic or Latino?** | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Which gender do you most identify with?** | ⃝ Male⃝ Female⃝ Trans Male to Female⃝ Trans Female to Male⃝ Gender Non- Conforming⃝ Doesn’t Know⃝ Refused | ⃝ Male⃝ Female⃝ Trans Male to Female⃝ Trans Female to Male⃝ Gender Non- Conforming⃝ Doesn’t Know⃝ Refused | ⃝ Male⃝ Female⃝ Trans Male to Female⃝ Trans Female to Male⃝ Gender Non- Conforming⃝ Doesn’t Know⃝ Refused | ⃝ Male⃝ Female⃝ Trans Male to Female⃝ Trans Female to Male⃝ Gender Non- Conforming⃝ Doesn’t Know⃝ Refused | ⃝ Male⃝ Female⃝ Trans Male to Female⃝ Trans Female to Male⃝ Gender Non- Conforming⃝ Doesn’t Know⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Are you currently experiencing domestic violence?** | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Do you receive any Social Security Income?** | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
|  **Are you currently** **employed or** **attending school?**  | ⃝ Currently Employed⃝ Attending School⃝ Both⃝ Neither⃝ Doesn’t Know⃝ Refused | ⃝ Currently Employed⃝ Attending School⃝ Both⃝ Neither⃝ Doesn’t Know⃝ Refused | ⃝ Currently Employed⃝ Attending School⃝ Both⃝ Neither⃝ Doesn’t Know⃝ Refused | ⃝ Currently Employed⃝ Attending School⃝ Both⃝ Neither⃝ Doesn’t Know⃝ Refused | ⃝ Currently Employed⃝ Attending School⃝ Both⃝ Neither⃝ Doesn’t Know⃝ 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 school⃝ Less than 1 Month⃝ 1-6 Months⃝ 6-12 Months⃝ 1-2 Years⃝ 2-5 Years⃝ 5+ Years⃝ Never Employed⃝ Doesn’t Know⃝ Refused | ⃝ Currently Employed/  in school⃝ Less than 1 Month⃝ 1-6 Months⃝ 6-12 Months⃝ 1-2 Years⃝ 2-5 Years⃝ 5+ Years⃝ Never Employed⃝ Doesn’t Know⃝ Refused | ⃝ Currently Employed/  in school⃝ Less than 1 Month⃝ 1-6 Months⃝ 6-12 Months⃝ 1-2 Years⃝ 2-5 Years⃝ 5+ Years⃝ Never Employed⃝ Doesn’t Know⃝ Refused | ⃝ Currently Employed/  in school⃝ Less than 1 Month⃝ 1-6 Months⃝ 6-12 Months⃝ 1-2 Years⃝ 2-5 Years⃝ 5+ Years⃝ Never Employed⃝ Doesn’t Know⃝ Refused | ⃝ Currently Employed/  in school⃝ Less than 1 Month⃝ 1-6 Months⃝ 6-12 Months⃝ 1-2 Years⃝ 2-5 Years⃝ 5+ Years⃝ Never Employed⃝ Doesn’t Know⃝ 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 know⃝ Refused | ⃝ Doesn’t know⃝ Refused  | ⃝ Doesn’t know⃝ Refused | ⃝ Doesn’t know⃝ Refused | *Month**Day**Year**Month**Day**Year**Month**Day**Year**Month**Day**Year**Month**Day**Year*⃝ Doesn’t know⃝ 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]*⃝ 2⃝ 3⃝ 4 or more⃝ Doesn’t know⃝ Refused | ⃝ 1 *[only time]*⃝ 2⃝ 3⃝ 4 or more⃝ Doesn’t know⃝ Refused | ⃝ 1 *[only time]*⃝ 2⃝ 3⃝ 4 or more⃝ Doesn’t know⃝ Refused | ⃝ 1 *[only time]*⃝ 2⃝ 3⃝ 4 or more⃝ Doesn’t know⃝ Refused | ⃝ 1 *[only time]*⃝ 2⃝ 3⃝ 4 or more⃝ Doesn’t know⃝ 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 ⃝ 2⃝ 3 ⃝ 4⃝ 5 ⃝ 6⃝ 7 ⃝ 8⃝ 9 ⃝ 10⃝ 11 ⃝ 12⃝ More than 12⃝ Doesn’t Know⃝ Refused | ⃝ 1 ⃝ 2⃝ 3 ⃝ 4⃝ 5 ⃝ 6⃝ 7 ⃝ 8⃝ 9 ⃝ 10⃝ 11 ⃝ 12⃝ More than 12⃝ Doesn’t Know⃝ Refused | ⃝ 1 ⃝ 2⃝ 3 ⃝ 4⃝ 5 ⃝ 6⃝ 7 ⃝ 8⃝ 9 ⃝ 10⃝ 11 ⃝ 12⃝ More than 12⃝ Doesn’t Know⃝ Refused | ⃝ 1 ⃝ 2⃝ 3 ⃝ 4⃝ 5 ⃝ 6⃝ 7 ⃝ 8⃝ 9 ⃝ 10⃝ 11 ⃝ 12⃝ More than 12⃝ Doesn’t Know⃝ Refused | ⃝ 1 ⃝ 2⃝ 3 ⃝ 4⃝ 5 ⃝ 6⃝ 7 ⃝ 8⃝ 9 ⃝ 10⃝ 11 ⃝ 12⃝ More than 12⃝ Doesn’t Know⃝ 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 ⃝ 18-24⃝ 25-54⃝ 55-64⃝ 65-74⃝ 75+⃝ Doesn’t Know⃝ Refused | ⃝ Under 18 ⃝ 18-24⃝ 25-54⃝ 55-64⃝ 65-74⃝ 75+⃝ Doesn’t Know⃝ Refused | ⃝ Under 18 ⃝ 18-24⃝ 25-54⃝ 55-64⃝ 65-74⃝ 75+⃝ Doesn’t Know⃝ Refused | ⃝ Under 18 ⃝ 18-24⃝ 25-54⃝ 55-64⃝ 65-74⃝ 75+⃝ Doesn’t Know⃝ Refused | ⃝ Under 18 ⃝ 18-24⃝ 25-54⃝ 55-64⃝ 65-74⃝ 75+⃝ Doesn’t Know⃝ 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 Job⃝ Money Issues⃝ Cost of Housing⃝ Loss of family member⃝ Disability⃝ Alcohol/Drugs⃝ Abuse/Violence⃝ Kicked Out/Ran Away⃝ Aged Out of Foster  Care⃝ Time in Jail/Prison⃝ Divorce⃝ Other:⃝ Doesn’t Know⃝ Refused | ⃝ Loss of Job⃝ Money Issues⃝ Cost of Housing⃝ Loss of family member⃝ Disability⃝ Alcohol/Drugs⃝ Abuse/Violence⃝ Kicked Out/Ran Away⃝ Aged Out of Foster  Care⃝ Time in Jail/Prison⃝ Divorce⃝ Other:⃝ Doesn’t Know⃝ Refused | ⃝ Loss of Job⃝ Money Issues⃝ Cost of Housing⃝ Loss of family member⃝ Disability⃝ Alcohol/Drugs⃝ Abuse/Violence⃝ Kicked Out/Ran Away⃝ Aged Out of Foster  Care⃝ Time in Jail/Prison⃝ Divorce⃝ Other:⃝ Doesn’t Know⃝ Refused | ⃝ Loss of Job⃝ Money Issues⃝ Cost of Housing⃝ Loss of family member⃝ Disability⃝ Alcohol/Drugs⃝ Abuse/Violence⃝ Kicked Out/Ran Away⃝ Aged Out of Foster  Care⃝ Time in Jail/Prison⃝ Divorce⃝ Other:⃝ Doesn’t Know⃝ Refused | ⃝ Loss of Job⃝ Money Issues⃝ Cost of Housing⃝ Loss of family member⃝ Disability⃝ Alcohol/Drugs⃝ Abuse/Violence⃝ Kicked Out/Ran Away⃝ Aged Out of Foster  Care⃝ Time in Jail/Prison⃝ Divorce⃝ Other:⃝ Doesn’t Know⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Did you become homeless in San Diego County?** | ⃝ Yes ⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes ⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes ⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes ⃝ No ⃝ Doesn’t Know⃝ 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 Services⃝ Doesn’t Know⃝ 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 Services⃝ Doesn’t Know⃝ 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 Services⃝ Doesn’t Know⃝ 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 Services⃝ Doesn’t Know⃝ 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 Services⃝ Doesn’t Know⃝ 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 Know⃝ Refused  |  Rental Subsidy Legal Assistance Deposit Money Utility Costs Employment services Family Support Help Other:⃝ Doesn’t Know⃝ Refused |  Rental Subsidy Legal Assistance Deposit Money Utility Costs Employment services Family Support Help Other:⃝ Doesn’t Know⃝ Refused |  Rental Subsidy Legal Assistance Deposit Money Utility Costs Employment services Family Support Help Other:⃝ Doesn’t Know⃝ Refused |  Rental Subsidy Legal Assistance Deposit Money Utility Costs Employment services Family Support Help Other:⃝ Doesn’t Know⃝ 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 Restrictions⃝ Have family/friends  or pet on the street⃝ Safety concerns⃝ Addiction to  Alcohol/Drugs⃝ Waitlisted⃝ Lack of transportation⃝ Other:⃝ Doesn’t Know⃝ Refused | ⃝ Shelter Restrictions⃝ Have family/friends  or pet on the street⃝ Safety concerns⃝ Addiction to  Alcohol/Drugs⃝ Waitlisted⃝ Lack of transportation⃝ Other:⃝ Doesn’t Know⃝ Refused | ⃝ Shelter Restrictions⃝ Have family/friends  or pet on the street⃝ Safety concerns⃝ Addiction to  Alcohol/Drugs⃝ Waitlisted⃝ Lack of transportation⃝ Other:⃝ Doesn’t Know⃝ Refused | ⃝ Shelter Restrictions⃝ Have family/friends  or pet on the street⃝ Safety concerns⃝ Addiction to  Alcohol/Drugs⃝ Waitlisted⃝ Lack of transportation⃝ Other:⃝ Doesn’t Know⃝ Refused | ⃝ Shelter Restrictions⃝ Have family/friends  or pet on the street⃝ Safety concerns⃝ Addiction to  Alcohol/Drugs⃝ Waitlisted⃝ Lack of transportation⃝ Other:⃝ Doesn’t Know⃝ 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 Know⃝ Refused | ⃝ Yes ⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes ⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes ⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes ⃝ No ⃝ Doesn’t Know⃝ 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 Know⃝ Refused | ⃝ Yes ⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes ⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes ⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes ⃝ No ⃝ Doesn’t Know⃝ 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]* | ⃝ Yes⃝ No 🡪 *[SKIP to Q 27]*⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No 🡪 *[SKIP to Q 27]*⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No 🡪 *[SKIP to Q 27]*⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No 🡪 *[SKIP to Q 27]*⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No 🡪 *[SKIP to Q 27]*⃝ Doesn’t Know⃝ 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?** | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Do you use Veteran’s Administration (VA) Medical or Health Care Services?** | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Where do you usually go for healthcare services?***[Please select one]* | ⃝ Hospital⃝ Clinic⃝ Emergency Room⃝ VA⃝ Nowhere⃝ Doesn’t Know⃝ Refused | ⃝ Hospital⃝ Clinic⃝ Emergency Room⃝ VA⃝ Nowhere⃝ Doesn’t Know⃝ Refused | ⃝ Hospital⃝ Clinic⃝ Emergency Room⃝ VA⃝ Nowhere⃝ Doesn’t Know⃝ Refused | ⃝ Hospital⃝ Clinic⃝ Emergency Room⃝ VA⃝ Nowhere⃝ Doesn’t Know⃝ Refused | ⃝ Hospital⃝ Clinic⃝ Emergency Room⃝ VA⃝ Nowhere⃝ Doesn’t Know⃝ 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 Know⃝ Refused | *Y**Y**Y**Y*⃝ Doesn’t Know⃝ Refused | *Y**Y**Y**Y*⃝ Doesn’t Know⃝ Refused | *Y**Y**Y**Y*⃝ Doesn’t Know⃝ Refused | *Y**Y**Y**Y*⃝ Doesn’t Know⃝ 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 Know⃝ Refused | *Y**Y**Y**Y*⃝ Doesn’t Know⃝ Refused | *Y**Y**Y**Y*⃝ Doesn’t Know⃝ Refused | *Y**Y**Y**Y*⃝ Doesn’t Know⃝ Refused | *Y**Y**Y**Y*⃝ Doesn’t Know⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **What was your discharge status?***[Please select one]* | ⃝ Honorable⃝ General under  honorable conditions⃝ Under other than  honorable conditions⃝ Dishonorable⃝ Bad Conduct⃝ Uncharacterized⃝ Doesn’t Know⃝ Refused | ⃝ Honorable⃝ General under  honorable conditions⃝ Under other than  honorable conditions⃝ Dishonorable⃝ Bad Conduct⃝ Uncharacterized⃝ Doesn’t Know⃝ Refused | ⃝ Honorable⃝ General under  honorable conditions⃝ Under other than  honorable conditions⃝ Dishonorable⃝ Bad Conduct⃝ Uncharacterized⃝ Doesn’t Know⃝ Refused | ⃝ Honorable⃝ General under  honorable conditions⃝ Under other than  honorable conditions⃝ Dishonorable⃝ Bad Conduct⃝ Uncharacterized⃝ Doesn’t Know⃝ Refused | ⃝ Honorable⃝ General under  honorable conditions⃝ Under other than  honorable conditions⃝ Dishonorable⃝ Bad Conduct⃝ Uncharacterized⃝ Doesn’t Know⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Do you receive any VA Compensation or Pension?** | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ 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]* | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused |
| **Do you have a developmental disability?***[E.g. autism, behavior disorders, and intellectual disabilities]* | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ 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]* | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused |
| **Are you living with HIV/AIDS?** | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused |
| **Do you have any mental health issues?***[E.g. chronic depression, bipolar disorder, PTSD or schizophrenia]* | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Do you feel you have an impairment caused by alcohol use?** | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused |
| **Do you feel you have an impairment caused by drug abuse? This includes prescription drugs if used differently than prescribed.** | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ 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?** | ⃝ Yes⃝ No 🡪 *[SKIP to Q 35]*⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No 🡪 *[SKIP to Q 35]*⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No 🡪 *[SKIP to Q 35]*⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No 🡪 *[SKIP to Q 35]*⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No 🡪 *[SKIP to Q 35]*⃝ Doesn’t Know⃝ 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?** | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No ⃝ Doesn’t Know⃝ 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 Abuse⃝ Doesn’t Know⃝ Refused |  Physical Disability Chronic Health Condition Mental Health Issue Substance Abuse⃝ Doesn’t Know⃝ Refused |  Physical Disability Chronic Health Condition Mental Health Issue Substance Abuse⃝ Doesn’t Know⃝ Refused |  Physical Disability Chronic Health Condition Mental Health Issue Substance Abuse⃝ Doesn’t Know⃝ Refused |  Physical Disability Chronic Health Condition Mental Health Issue Substance Abuse⃝ Doesn’t Know⃝ 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?** | ⃝ Jail⃝ Prison⃝ Juvenile Hall⃝ No 🡪 *[SKIP to Q 38]*⃝ Doesn’t Know⃝ Refused | ⃝ Jail⃝ Prison⃝ Juvenile Hall⃝ No 🡪 *[SKIP to Q 38]*⃝ Doesn’t Know⃝ Refused | ⃝ Jail⃝ Prison⃝ Juvenile Hall⃝ No 🡪 *[SKIP to Q 38]*⃝ Doesn’t Know⃝ Refused | ⃝ Jail⃝ Prison⃝ Juvenile Hall⃝ No 🡪 *[SKIP to Q 38]*⃝ Doesn’t Know⃝ Refused | ⃝ Jail⃝ Prison⃝ Juvenile Hall⃝ No 🡪 *[SKIP to Q 38]*⃝ Doesn’t Know⃝ Refused |
| **How long were you in jail, prison, juvenile hall during the last time?** | ⃝ Less than 1 Month⃝ 1-6 Months⃝ 6-12 Months⃝ 1-5 Years⃝ 5+ Years⃝ Doesn’t Know⃝ Refused | ⃝ Less than 1 Month⃝ 1-6 Months⃝ 6-12 Months⃝ 1-5 Years⃝ 5+ Years⃝ Doesn’t Know⃝ Refused | ⃝ Less than 1 Month⃝ 1-6 Months⃝ 6-12 Months⃝ 1-5 Years⃝ 5+ Years⃝ Doesn’t Know⃝ Refused | ⃝ Less than 1 Month⃝ 1-6 Months⃝ 6-12 Months⃝ 1-5 Years⃝ 5+ Years⃝ Doesn’t Know⃝ Refused | ⃝ Less than 1 Month⃝ 1-6 Months⃝ 6-12 Months⃝ 1-5 Years⃝ 5+ Years⃝ Doesn’t Know⃝ Refused |
| **When were you last released from jail, prison, or juvenile hall?** | ⃝ Less than 1 Month⃝ 1-6 Months⃝ 6-12 Months⃝ 1-5 Years⃝ 5+ Years⃝ Doesn’t Know⃝ Refused | ⃝ Less than 1 Month⃝ 1-6 Months⃝ 6-12 Months⃝ 1-5 Years⃝ 5+ Years⃝ Doesn’t Know⃝ Refused | ⃝ Less than 1 Month⃝ 1-6 Months⃝ 6-12 Months⃝ 1-5 Years⃝ 5+ Years⃝ Doesn’t Know⃝ Refused | ⃝ Less than 1 Month⃝ 1-6 Months⃝ 6-12 Months⃝ 1-5 Years⃝ 5+ Years⃝ Doesn’t Know⃝ Refused | ⃝ Less than 1 Month⃝ 1-6 Months⃝ 6-12 Months⃝ 1-5 Years⃝ 5+ Years⃝ Doesn’t Know⃝ Refused |
| **Are you currently on probation?** | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused |
| **Are you currently on parole?** | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ Refused | ⃝ Yes⃝ No⃝ Doesn’t Know⃝ 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.]* |