1. What is your name?
   First Name
   Last Name

2. What is your birth date? Please write the month, date, and year.
   | M | M | D | D | Y | Y | Y | Y |

3. Are you Male or Female?
   - Male
   - Female

4. Which of the following best represents how you think about yourself?
   - Lesbian or Gay
   - Straight
   - Bisexual
   - Transgender
   - Questioning

5. Are you Hispanic or Latino?
   - Yes
   - No

6. What is your race? Choose all that apply.
   - Black / African American
   - White
   - Asian / Pacific Islander
   - American Indian / Alaskan Native
   - Something else
     What? _____________________________

7. Are you a current or former foster care youth?
   - Yes
   - No

8. Have you served in the U.S. Armed Forces?
   - Yes → GO TO QUESTION 8c
   - No

   8a. Were you a member of the National Guard or a Reservist?
      - Yes
      - No → GO TO QUESTION 9

   8b. Was your unit ever put into Active Duty?
      - Yes
      - No → GO TO QUESTION 9

   8c. What is your discharge status?
      - Honorable
      - Less than Honorable
      - General
      - Medical
      - Dishonorable
      - Still on Active Duty
      - Other
        What? _____________________________
9. Do you have any children under 18? 
Include step-children and children for whom you are responsible

- [ ] Yes
- [ ] No ➔ GO TO QUESTION 10

9a. Are you living with them now?

- [ ] Yes
- [ ] No ➔ GO TO QUESTION 10

9b. Currently, how many of your children, under 18, live with you?

- [ ] 0
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] More than 3 ➔ How many? _____

9c. Of the children who live with you, how many are Female?

- [ ] 0
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] More than 3 ➔ How many? _____

9d. Of the children who live with you, how many are Male?

- [ ] 0
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] More than 3 ➔ How many? _____

9e. How many adults, over 18, live with you?

- [ ] 0
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] More than 3 ➔ How many? _____

10. What's the total amount of time you have been homeless over the course of your lifetime?

- [ ] 7 days or less
- [ ] 8 – 29 days
- [ ] 1 – 3 months
- [ ] 4 – 5 months
- [ ] 6 – 11 months
- [ ] 1 – 5 years
- [ ] More than 5 years

11. Including this time, how many separate times have you been homeless in the past 3 years?

- [ ] 1 time
- [ ] 2 or 3 times
- [ ] 4 or more times

12. Including this time, how many separate times have you been homeless in the past 12 months?

- [ ] 1 time
- [ ] 2 or 3 times
- [ ] 4 or more times

13. How long have you been homeless this time?

<table>
<thead>
<tr>
<th>Days</th>
<th>Months</th>
<th>Years</th>
</tr>
</thead>
</table>

14. In the last 7 days, have you spent one or more nights outside of L.A. County?

- [ ] Yes
- [ ] No
15. Over the last year, did you spend any nights outside, in a tent?
   - Yes
   - No → GO TO QUESTION 16

15a. The last time you stayed in a tent, how many adults 18 or older stayed with you, including yourself?
   - 1
   - 2
   - 3
   - More than 3 → How many? _____

15b. The last time you stayed in a tent, how many children under 18 stayed with you?
   - 0 → GO TO QUESTION 16
   - 1
   - 2
   - 3
   - More than 3 → How many? _____

15c. How many of those adults did not have children with them when they stayed in the tent?
   - 0
   - 1
   - 2
   - 3
   - More than 3 → How many? _____

15d. How many families that included children stayed in the tent? A family being a group of people who live together and take care of each other.
   - 0
   - 1
   - 2
   - 3
   - More than 3 → How many? _____

16. Over the last year, did you spend any nights outside, in a make-shift shelter?
   - Yes
   - No → GO TO QUESTION 17

16a. The last time you stayed in the make-shift shelter, how many adults 18 or older stayed with you, including yourself?
   - 1
   - 2
   - 3
   - More than 3 → How many? _____

16b. The last time you stayed in a make-shift shelter, how many children under 18 stayed with you?
   - 0 → GO TO QUESTION 17
   - 1
   - 2
   - 3
   - More than 3 → How many? _____

16c. How many of those adults did not have children with them when they stayed in the make-shift shelter?
   - 0
   - 1
   - 2
   - 3
   - More than 3 → How many? _____

16d. How many families that included children stayed in the make-shift shelter? A family being a group of people who live together and take care of each other.
   - 0
   - 1
   - 2
   - 3
   - More than 3 → How many? _____
17. Over the **last year**, did you spend any nights outside, in a car?
   - Yes
   - No  ➔ **GO TO QUESTION 18**

17a. The last time you stayed in a car, how many **adults** 18 or older stayed with you, including yourself?
   - 1
   - 2
   - 3
   - More than 3 ➔ How many? _____

17b. The last time you stayed in a car, how many **children** under 18 stayed with you?
   - 0  ➔ **GO TO QUESTION 18**
   - 1
   - 2
   - 3
   - More than 3 ➔ How many? _____

17c. How many of those adults did not have **children** with them when they stayed in the car?
   - 0
   - 1
   - 2
   - 3
   - More than 3 ➔ How many? _____

17d. How many **families** that included children stayed in the car? A family being a group of people who live together and take care of each other.
   - 0
   - 1
   - 2
   - 3
   - More than 3 ➔ How many? _____

18. Over the **last year**, did you spend any nights outside, in a van?
   - Yes
   - No  ➔ **GO TO QUESTION 19**

18a. The last time you stayed in a van, how many **adults** 18 or older stayed with you, including yourself?
   - 1
   - 2
   - 3
   - More than 3 ➔ How many? _____

18b. The last time you stayed in a van, how many **children** under 18 stayed with you?
   - 0  ➔ **GO TO QUESTION 19**
   - 1
   - 2
   - 3
   - More than 3 ➔ How many? _____

18c. How many of those adults did not have **children** with them when they stayed in the van?
   - 0
   - 1
   - 2
   - 3
   - More than 3 ➔ How many? _____

18d. How many **families** that included children stayed in the van? A family being a group of people who live together and take care of each other.
   - 0
   - 1
   - 2
   - 3
   - More than 3 ➔ How many? _____
19. Over the **last year**, did you spend any nights outside, in an RV/Camper?
   - Yes
   - No ➔ **GO TO QUESTION 20**

19a. The last time you stayed in an RV/Camper, how many *adults* 18 or older stayed with you, **including yourself**?
   - 1
   - 2
   - 3
   - More than 3 ➔ How many? _____

19b. The last time you stayed in an RV/Camper, how many *children* under 18 stayed with you?
   - 0 ➔ **GO TO QUESTION 20**
   - 1
   - 2
   - 3
   - More than 3 ➔ How many? _____

19c. How many of those adults **did not have children with them** when they stayed in the RV/Camper?
   - 0
   - 1
   - 2
   - 3
   - More than 3 ➔ How many? _____

19d. How many families that **included children** stayed in the RV/Camper? A family being a group of people who live together and take care of each other.
   - 0
   - 1
   - 2
   - 3
   - More than 3 ➔ How many? _____

20. Where have you spent **most** of your nights, over the **last month**?

   **Choose only one.**

   **Outdoor Locations**
   - In a tent
   - In an make-shift shelter
   - In a car
   - In a van
   - In a RV/camper
   - On the street, in an alley, a park, the woods, etc.
   - In a backyard, garage, garden, or a storage structure
   - In a bus depot, train station, or transit center

   **Indoor Locations**
   - In a treatment center
   - In an emergency shelter or winter shelter program
   - In shared housing or a boarding house
   - In a transitional housing program
   - In a voucher motel/hotel from an agency
   - In a house/apartment BUT in a place not normally used for sleeping (unfinished basement/garage)
   - In an abandoned building or house
   - In a hospital
   - In jail or prison

   - Other
   Where? ______________________
21. Many situations can cause people to become homeless. Do any of the following situations apply to you? Choose all that apply.

- Having been a victim of domestic violence
- Having disagreements with family members/household members
- Having problems with drugs
- Having problems with alcohol
- Having mental health issues
- Having medical problems or illness
- Having lost your job
- None of the above

22. Have you ever been physically or sexually abused by a relative or another person you have lived with, such as a spouse, intimate partner, brother or sister, or parent?

- Yes
- No

23. In the last month, have you been turned away from a shelter or transitional housing in Los Angeles County?

- Yes
- No → GO TO QUESTION 24

23a. Were you turned away for any of the following reasons? Choose all that apply.

- Drug or alcohol problems
- A physical disability
- A mental disability
- No ID / identification
- Criminal record
- The program wouldn’t allow you in with your children
- The program wouldn’t allow you in with your pet or pets
- Because you had stayed there before
- None of the above

24. Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions?

- Kidney disease/ End Stage Renal Disease or Dialysis
- History of frostbite, Hypothermia, or Immersion Foot
- History of Heat Stroke/ Heat Exhaustion
- Liver disease, Cirrhosis, or End-Stage Liver Disease
- Heart Disease
- HIV Positive or AIDS
- Emphysema
- Diabetes
- Asthma
- Cancer
- Hepatitis C
- Tuberculosis
- Severe Depression

25. DO NOT ASK: Surveyor, do you observe signs or symptoms of serious physical health conditions?

- Yes
- No

26. Have you ever abused drugs/alcohol, or have been told that you do?

- Yes
- No

27. Have you consumed alcohol every day for the past month?

- Yes
- No

28. Have you ever used injection drugs or shots?

- Yes
- No
29. Have you ever been treated for drug or alcohol abuse?
   - Yes
   - No

30. DO NOT ASK: Surveyor, do you observe signs of symptoms of alcohol or drug abuse?
   - Yes
   - No

31. Are you currently or have you ever received treatment for mental health issues?
   - Yes
   - No

32. Have you ever been taken to the hospital against your will for mental health reasons?
   - Yes
   - No

33. DO NOT ASK: Surveyor, do you detect signs or symptoms of severe, persistent mental illness?
   - Yes
   - No

34. In the past 12 months, have you experienced or been diagnosed with any of the following? Choose all that apply.
   - A physical disability
   - A mental illness, such as bipolar disorder, schizophrenia, PTSD, or any other mental illness
   - Alcohol problems
   - Drug problems
   - Tobacco use/addiction
   - Long-term health problems
   - None of the above

35. How many times have you been to the emergency room in the past 3 months?
   

36. How many times have you been admitted to a hospital in the past year?
   

37. Are you currently using or getting any of the following services or programs? Choose all that apply.
   - Access or Drop-in centers
   - Job training or job placement
   - Case management services
   - Mental health counseling
   - Housing location assistance or housing placement assistance
   - Legal assistance
   - None of the above

38. Which of the following best describes your employment situation most of the time during the past 6 months?
   - Part-time paid job (less than 35 hours)
   - Full-time paid job (35 or more hours)
   - Day labor or pick-up work
   - Student / vocational training
   - Recycling or selling things
   - Panhandling
   - Disabled and cannot work
   - Unemployed but looking for work
   - Unemployed and not looking for work
39. Are you currently receiving any of the following forms of government assistance? Choose all that apply.
   - Unemployment payments
   - GR - General Relief
   - SSI/SSD - Supplemental Security Income/ Social Security Disability benefits
   - Social Security Retirement payments
   - Food Stamps/EBT card/CalFresh
   - CAPI - Cash Assistance Program for Immigrants
   - WIC - Women, Infants, and Children
   - CalWorks
   - Medi-Cal
   - Medicare
   - Health Way L.A.
   - Veteran’s disability payment
   - Other veterans benefits
   - Child support or survivor benefits
   - Other
   - What? ______________________

40. What city or neighborhood were you living in when you became homeless?

41. What is your Social Security number?

DO NOT ASK: Surveyor, if the homeless individual will not provide a social security number, please ask for the last 4 digits of the number.

STAFF USE ONLY

✓ Thank the interviewee for participating and sharing information about their homeless experience.
✓ Give the interviewee the food card.
✓ Check to see if they want the enclosed referral guide.
✓ Make sure that you have filled out the food card tracking form.
✓ Fill out the below information about the interview.

Census Tract ______________________ Location/Intersection ______________________

Date  ______________________  Time  ______________________  AM  PM

Interviewer ID  ______________________

O SPA 1  O SPA 5  O Complete
O SPA 2  O SPA 6  O Partial
O SPA 3  O SPA 7  O Refusal
O SPA 4  O SPA 8  O Incoherent
O Asleep