

Hi, my name is... I'm conducting a survey to better understand how we can meet the needs of people who are presently without a stable home in Los Angeles County. I'll be providing a \$5 dollar McDonald's or Subway card for your time.

## 2016 GREATER LOS ANGELES HOMELESS COUNT

### They Count. Will You?

Fill in completely ○ → ●

Cross out mistakes → ✕

No → Are you currently homeless or in need of housing? ○ Yes ○ No

Yes  Thank you for your time!

If No, Go To Staff Use Only

The results of this survey will be used to improve the quality and variety of housing and services available. Your answers are completely confidential and any question refused will not result in any denial of services.

#### HAVE YOU TAKEN THIS SURVEY THIS MONTH?

1 Where have you spent most of your nights in the last 30 days? *Wait for Response. Choose ONLY one*

- Apartment or home
- Emergency shelter
- Foster care or group home
- Hospital, substance abuse or psychiatric treatment facility
- Hotel or motel
- Jail or prison
- Safe haven
- Transitional housing
- Youth shelter
- Declined/ Don't Know

- Street, sidewalk or alley
- Bus or train stop/station, transit center or airport
- Campground or woods
- Park, beach, or riverbed
- Under bridge or overpass
- Other outdoor location
- Abandoned building or parking lot
- Car or truck
- Van
- RV or camper
- Outdoor encampment or tent
- Unconverted garage, attic, or basement
- Other makeshift shelter not meant for human habitation

Skip to Staff Use Only if Answer selected is from the First column of Q1.


2 What are your initials?     
First Middle Last

3 What is your date of birth?     
M M D D Y Y Y Y

5 Is this the FIRST TIME you have been homeless?  
 Yes (If Yes, Skip to Q6)  
 No  
 Declined/ Don't know (If declined, Skip to Q6)

5a How old were you the FIRST TIME you were homeless?  
*Write in the reported age in the boxes below* 

Age

6 How Long have you been homeless THIS TIME?  
*Write in the reported time in the boxes below* 

Days   
 Weeks   
 Months   
 Years

4 Including yourself, how many adults and children are there in your household, who are sleeping in the same location with you tonight?

Adults (Over 24)  Adults (18-24)  Children (Under 18)

7 IN THE PAST 3 YEARS, how many times have you (and/ or your family) been housed and then homeless again?  
*Indicate the number of episodes*  
 1 time (If 1 time, Skip to Q8)  
 2 – 3 times (If 2-3 times, Skip to Q8)  
 4 or more times  
 Decline/ Don't know (If declined, Skip to Q8)

7a IN THE PAST 3 YEARS, have you been homeless for ONE YEAR or longer in TOTAL?  
 Yes  
 No  
 Decline/ Don't know

**8** IN THE PAST 6 MONTHS, have you lived with anyone else in any of the following situations, and if so, how many? Read each category. If yes, ask HOW MANY?; If answer is NO in any category, mark ZERO

Please write the number 

Tent  
Car  
Van  
RV/ camper

Make-shift shelter

- None of the above  
 Declined/ Don't know

|   | Person 1<br><i>(Skip Q9, Q10, and Q11 for Person 1 only)</i>   | Person 2  | Person 3  | Person 4  | Person 5  |
|---|--|---|---|---|---|
| <b>9</b> What is/are the initials or a nickname of other people in your household from oldest to youngest?<br><i>(If Alone, skip to Q12 and fill out ONLY for Person 1)</i> |  |   |   |   |   |
| <b>10</b> How is <i>[say initials]</i> related to you?  |  | <input type="radio"/> Child<br><input type="radio"/> Spouse<br><input type="radio"/> Other Family<br><input type="radio"/> Non-Married Partner<br><input type="radio"/> Other/Non-Family  | <input type="radio"/> Child<br><input type="radio"/> Spouse<br><input type="radio"/> Other Family<br><input type="radio"/> Non-Married Partner<br><input type="radio"/> Other/Non-Family  | <input type="radio"/> Child<br><input type="radio"/> Spouse<br><input type="radio"/> Other Family<br><input type="radio"/> Non-Married Partner<br><input type="radio"/> Other/Non-Family  | <input type="radio"/> Child<br><input type="radio"/> Spouse<br><input type="radio"/> Other Family<br><input type="radio"/> Non-Married Partner<br><input type="radio"/> Other/Non-Family  |
| <b>11</b> IN THE PAST 6 MONTHS, have you lived with <i>[say initials]</i> in any of the following situations?<br><i>Read categories and choose ALL that apply</i>           |  | <input type="checkbox"/> Tent<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> RV/ Camper<br><input type="checkbox"/> Make-shift Shelter<br><input type="checkbox"/> None of the above | <input type="checkbox"/> Tent<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> RV/ Camper<br><input type="checkbox"/> Make-shift Shelter<br><input type="checkbox"/> None of the above | <input type="checkbox"/> Tent<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> RV/ Camper<br><input type="checkbox"/> Make-shift Shelter<br><input type="checkbox"/> None of the above | <input type="checkbox"/> Tent<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> RV/ Camper<br><input type="checkbox"/> Make-shift Shelter<br><input type="checkbox"/> None of the above |
| <b>12</b> How old are you/ is <i>[say initials]</i> ?   |  |   |   |   |   |
| <b>12a</b> Fill in age category based on answer provided.   | <input type="radio"/> Under 18<br><input type="radio"/> 18 to 24<br><input type="radio"/> 25-54<br><input type="radio"/> 55-61<br><input type="radio"/> 62+<br><input type="radio"/> Don't Know/ Refused | <input type="radio"/> Under 18<br><input type="radio"/> 18 to 24<br><input type="radio"/> 25-54<br><input type="radio"/> 55-61<br><input type="radio"/> 62+<br><input type="radio"/> Don't Know/ Refused                          | <input type="radio"/> Under 18<br><input type="radio"/> 18 to 24<br><input type="radio"/> 25-54<br><input type="radio"/> 55-61<br><input type="radio"/> 62+<br><input type="radio"/> Don't Know/ Refused                          | <input type="radio"/> Under 18<br><input type="radio"/> 18 to 24<br><input type="radio"/> 25-54<br><input type="radio"/> 55-61<br><input type="radio"/> 62+<br><input type="radio"/> Don't Know/ Refused                          | <input type="radio"/> Under 18<br><input type="radio"/> 18 to 24<br><input type="radio"/> 25-54<br><input type="radio"/> 55-61<br><input type="radio"/> 62+<br><input type="radio"/> Don't Know/ Refused                          |
| <b>13</b> What is your gender identity/ is <i>[say initials]</i> gender identity?   | <input type="radio"/> Male<br><input type="radio"/> Female<br><input type="radio"/> Transgender<br><input type="radio"/> Declined/ Don't Know  | <input type="radio"/> Male<br><input type="radio"/> Female<br><input type="radio"/> Transgender<br><input type="radio"/> Declined/ Don't Know   | <input type="radio"/> Male<br><input type="radio"/> Female<br><input type="radio"/> Transgender<br><input type="radio"/> Declined/ Don't Know   | <input type="radio"/> Male<br><input type="radio"/> Female<br><input type="radio"/> Transgender<br><input type="radio"/> Declined/ Don't Know   | <input type="radio"/> Male<br><input type="radio"/> Female<br><input type="radio"/> Transgender<br><input type="radio"/> Declined/ Don't Know   |
| <b>14</b> Are you/ is <i>[initials]</i> Hispanic or Latino?   | <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Declined/ Don't Know  | <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Declined/ Don't Know   | <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Declined/ Don't Know   | <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Declined/ Don't Know   | <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Declined/ Don't Know   |

**15** What is your/ [initials] race? You can select one or more races. Read categories and choose ALL that apply

**16** Which of the following best represents your/ [initials] sexual orientation

**17** Have you/ [initials] served on ACTIVE DUTY in the U.S. Armed Forces? (Army, Air Force, Navy, Marines Corps, or Coast Guard)

**18** Were you/ [initials] called into ACTIVE DUTY as a member of the National Guard or as a Reservist?

**19** What is your/ [initials] discharge status? Wait for response, fill out Unverified if answer does not match choices.

| Person 1   | Person 2 [Write in initials]   | Person 3 [Write in initials]   | Person 4 [Write in initials]   | Person 5 [Write in initials]   |
|--|--|--|--|--|
| <input type="radio"/> American Indian or Alaska Native<br><input type="radio"/> Asian<br><input type="radio"/> Black or African American<br><input type="radio"/> White<br><input type="radio"/> Native Hawaiian or Other Pacific Islander<br><input type="radio"/> Multiple/Mixed Race<br>Other  _____              | <input type="radio"/> American Indian or Alaska Native<br><input type="radio"/> Asian<br><input type="radio"/> Black or African American<br><input type="radio"/> White<br><input type="radio"/> Native Hawaiian or Other Pacific Islander<br><input type="radio"/> Multiple/Mixed Race<br>Other  _____              | <input type="radio"/> American Indian or Alaska Native<br><input type="radio"/> Asian<br><input type="radio"/> Black or African American<br><input type="radio"/> White<br><input type="radio"/> Native Hawaiian or Other Pacific Islander<br><input type="radio"/> Multiple/Mixed Race<br>Other  _____              | <input type="radio"/> American Indian or Alaska Native<br><input type="radio"/> Asian<br><input type="radio"/> Black or African American<br><input type="radio"/> White<br><input type="radio"/> Native Hawaiian or Other Pacific Islander<br><input type="radio"/> Multiple/Mixed Race<br>Other  _____              | <input type="radio"/> American Indian or Alaska Native<br><input type="radio"/> Asian<br><input type="radio"/> Black or African American<br><input type="radio"/> White<br><input type="radio"/> Native Hawaiian or Other Pacific Islander<br><input type="radio"/> Multiple/Mixed Race<br>Other  _____              |
| <input type="radio"/> Straight<br><input type="radio"/> Gay or Lesbian<br><input type="radio"/> Bisexual<br><input type="radio"/> Unsure/ Questioning<br><input type="radio"/> Declined/ Don't Know  | (If under 18, skip to Q21)<br><input type="radio"/> Straight<br><input type="radio"/> Gay or Lesbian<br><input type="radio"/> Bisexual<br><input type="radio"/> Unsure/ Questioning<br><input type="radio"/> Declined/ Don't Know  | (If under 18, skip to Q21)<br><input type="radio"/> Straight<br><input type="radio"/> Gay or Lesbian<br><input type="radio"/> Bisexual<br><input type="radio"/> Unsure/ Questioning<br><input type="radio"/> Declined/ Don't Know  | (If under 18, skip to Q21)<br><input type="radio"/> Straight<br><input type="radio"/> Gay or Lesbian<br><input type="radio"/> Bisexual<br><input type="radio"/> Unsure/ Questioning<br><input type="radio"/> Declined/ Don't Know  | (If under 18, skip to Q21)<br><input type="radio"/> Straight<br><input type="radio"/> Gay or Lesbian<br><input type="radio"/> Bisexual<br><input type="radio"/> Unsure/ Questioning<br><input type="radio"/> Declined/ Don't Know  |
| <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Declined/ Don't Know  | <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Declined/ Don't Know  | <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Declined/ Don't Know  | <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Declined/ Don't Know  | <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Declined/ Don't Know  |
| <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Declined/ Don't Know<br>(If no or declined to BOTH 17 and 18, skip to Q21)  | <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Declined/ Don't Know<br>(If no or declined to BOTH 17 and 18, skip to Q21)  | <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Declined/ Don't Know<br>(If no or declined to BOTH 17 and 18, skip to Q21)  | <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Declined/ Don't Know<br>(If no or declined to BOTH 16 and 17, skip to Q21)  | <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Declined/ Don't Know<br>(If no or declined to BOTH 16 and 17, skip to Q21)  |
| <input type="radio"/> Honorable<br><input type="radio"/> General<br><input type="radio"/> Uncharacterized<br><input type="radio"/> Bad Conduct<br><input type="radio"/> Dishonorable<br><input type="radio"/> Other than Honorable<br><input type="radio"/> Still on Active Duty<br><input type="radio"/> Unverified | <input type="radio"/> Honorable<br><input type="radio"/> General<br><input type="radio"/> Uncharacterized<br><input type="radio"/> Bad Conduct<br><input type="radio"/> Dishonorable<br><input type="radio"/> Other than Honorable<br><input type="radio"/> Still on Active Duty<br><input type="radio"/> Unverified | <input type="radio"/> Honorable<br><input type="radio"/> General<br><input type="radio"/> Uncharacterized<br><input type="radio"/> Bad Conduct<br><input type="radio"/> Dishonorable<br><input type="radio"/> Other than Honorable<br><input type="radio"/> Still on Active Duty<br><input type="radio"/> Unverified | <input type="radio"/> Honorable<br><input type="radio"/> General<br><input type="radio"/> Uncharacterized<br><input type="radio"/> Bad Conduct<br><input type="radio"/> Dishonorable<br><input type="radio"/> Other than Honorable<br><input type="radio"/> Still on Active Duty<br><input type="radio"/> Unverified | <input type="radio"/> Honorable<br><input type="radio"/> General<br><input type="radio"/> Uncharacterized<br><input type="radio"/> Bad Conduct<br><input type="radio"/> Dishonorable<br><input type="radio"/> Other than Honorable<br><input type="radio"/> Still on Active Duty<br><input type="radio"/> Unverified |

**20** Which years did you/ [initials] serve? Wait for Response and choose ALL that apply

| Person 1  | Person 2  | Person 3  | Person 4  | Person 5  |
|---|---|---|---|---|
| <input type="checkbox"/> World War II (1940-1947)                   | <input type="checkbox"/> World War II (1940-1947)                   | <input type="checkbox"/> World War II (1940-1947)                   | <input type="checkbox"/> World War II (1940-1947)                   | <input type="checkbox"/> World War II (1940-1947)                   |
| <input type="checkbox"/> Between WWII and Korean War (1947-1950)    | <input type="checkbox"/> Between WWII and Korean War (1947-1950)    | <input type="checkbox"/> Between WWII and Korean War (1947-1950)    | <input type="checkbox"/> Between WWII and Korean War (1947-1950)    | <input type="checkbox"/> Between WWII and Korean War (1947-1950)    |
| <input type="checkbox"/> Korean War (1950-1955)                     | <input type="checkbox"/> Korean War (1950-1955)                     | <input type="checkbox"/> Korean War (1950-1955)                     | <input type="checkbox"/> Korean War (1950-1955)                     | <input type="checkbox"/> Korean War (1950-1955)                     |
| <input type="checkbox"/> Between Korean War and Vietnam (1955-1964) | <input type="checkbox"/> Between Korean War and Vietnam (1955-1964) | <input type="checkbox"/> Between Korean War and Vietnam (1955-1964) | <input type="checkbox"/> Between Korean War and Vietnam (1955-1964) | <input type="checkbox"/> Between Korean War and Vietnam (1955-1964) |
| <input type="checkbox"/> Vietnam (1964-1975)                        | <input type="checkbox"/> Vietnam (1964-1975)                        | <input type="checkbox"/> Vietnam (1964-1975)                        | <input type="checkbox"/> Vietnam (1964-1975)                        | <input type="checkbox"/> Vietnam (1964-1975)                        |
| <input type="checkbox"/> Post-Vietnam (1975-1991)                   | <input type="checkbox"/> Post-Vietnam (1975-1991)                   | <input type="checkbox"/> Post-Vietnam (1975-1991)                   | <input type="checkbox"/> Post-Vietnam (1975-1991)                   | <input type="checkbox"/> Post-Vietnam (1975-1991)                   |
| <input type="checkbox"/> Persian Gulf (1991-2001)                   | <input type="checkbox"/> Persian Gulf (1991-2001)                   | <input type="checkbox"/> Persian Gulf (1991-2001)                   | <input type="checkbox"/> Persian Gulf (1991-2001)                   | <input type="checkbox"/> Persian Gulf (1991-2001)                   |
| <input type="checkbox"/> Post-9/11 (2001-Present)                   | <input type="checkbox"/> Post-9/11 (2001-Present)                   | <input type="checkbox"/> Post-9/11 (2001-Present)                   | <input type="checkbox"/> Post-9/11 (2001-Present)                   | <input type="checkbox"/> Post-9/11 (2001-Present)                   |
| <input type="checkbox"/> Declined/ Don't Know                       | <input type="checkbox"/> Declined/ Don't Know                       | <input type="checkbox"/> Declined/ Don't Know                       | <input type="checkbox"/> Declined/ Don't Know                       | <input type="checkbox"/> Declined/ Don't Know                       |

**HEALTH**

**21** Do you have, have you ever had, or has a healthcare provider ever told you that you have any of the following health conditions?

Read each category AND choose ALL that apply

- HIV / AIDS-related illness
- Ongoing alcohol abuse
- Ongoing drug abuse
- Serious and long continuing mental illness (e.g., depression, bipolar disorder, or schizophrenia)
- Physical disability
- Physical illness (Chronic or ongoing)
- Severe depression (Chronic or ongoing)
- Post-traumatic stress disorder (PTSD)
- Traumatic brain injury
- Developmental disability
- None of the above
- Declined/ Don't know

**22** Do you have ongoing health problems or medical conditions? (such as diabetes, cancer, or heart disease)

- No
- Yes → specify:
- Declined/ Don't know

**23** Did you indicate a disability or medical condition in Q21 (left) or Q22 (left)?

- Yes
- No → (If No, Skip to Q24)

**23a** Is your medical condition or disability permanent or long-term?

- Yes
- No

**23b** Does your disability or medical condition require you to seek help or assistance in order to live independently?

- Yes
- No

**23c** Would your disability or medical condition be improved if stable housing was provided?

- Yes
- No


**24** 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
- Decline/ don't Know

**25** Have you experienced dating violence or stalking?

- Yes
- No
- Decline/ don't Know

**26** IN THE PAST 12 MONTHS, how many times have you or a member of your family been admitted to the emergency room or hospital?

If four (4) or more please write the number   
(If ZERO, skip to Q27)

0    1    2    3  

**26a** Were you homeless BEFORE or AFTER being admitted to the emergency room or hospital?

- Before
- After
- Both
- Declined/ Don't know

**27** How long have you been living in Los Angeles County?

Write in the reported time in the boxes below 

|           |  |   |
|-----------|--|---|
| Day(s)    |  | <input type="radio"/> Always lived in LA County |
| Week(s)   |  |   |
| Months(s) |  |   |
| Year(s)   |  |   |

**28** Before the last time you lost your housing, where were you living?

- Los Angeles County → (Answer Below)
- Indicate City or Community

- Southern California (Kern, Imperial, Orange, Riverside, San Bernadino, San Diego, San Luis Obispo, or Ventura)
- Other County in California
- Out of State
- Foreign County
- Declined/ Don't know

**29** Have you ever been in any of the following?

Read each category AND choose ALL that apply

- Foster Care
- Juvenile Detention or Probation Camp
- Jail or Prison
- Adult Probation
- Parole
- None of the above
- Declined/ Don't know

**30** IN THE LAST 12 MONTHS, have you been released from a correctional institution such as juvenile detention, jail or prison?

- Yes
- No → (If No, Skip to Q31)

**30a** Were you homeless BEFORE or AFTER being in a correctional institution?

- Before
- After
- Both
- Declined/ Don't know

**30b** Were you released as an AB109 probationer?

AB 109 is an early release program that changes eligibility for state prison, and is also known as Public Safety Realignment.

- Yes
- No
- Declined/ Don't Know

**30c** Are you part of an early release program that is NOT AB109?

Early release from prison, e.g., Alternative Custody, parole.

- Yes
- No
- Declined/ Don't Know

**31** How would you describe your employment situation?

Wait for response and choose ALL that apply

- Full-time (more than 35 hours)
- Part-time (35 hours or less)
- Seasonal
- Temporary
- Unemployed; actively looking for work
- Unemployed; not actively looking for work
- None of the above

**32** Do you have other sources of income?

Read each category and choose ALL that apply

- Panhandling
- Recycling
- Day labor
- Other →
- None of the above

Specify:

**33** What is your monthly Income? \$

*Write in the response in the box* 

**34** Are you currently receiving any of the following forms of government assistance?

Read each category AND choose ALL that apply

- CalWORKs / TANF
- CAPI – Cash Assistance Program for Immigrants
- Child support or survivor benefits
- State children’s health insurance
- Food Stamps / EBT Card / CalFresh
- GR / GA – General Relief or Assistance
- Health Way LA
- Medicaid / Medi-Cal
- Medicare
- SSI / SSDI / Disability
- SSA – Social Security Retirement
- Unemployment
- Veterans Disability
- Veteran’s Medical Center / Veteran Benefits
- Veteran’s Pension
- WIC – Women, Infants, and Children
- None at this time

**35** What do you think are some of the main reasons or conditions that led to your loss of housing?

Wait for Response and choose ALL that apply

- Break-up, divorce, or separation
- Child support issues
- Conflicts with family or household members
- Death, illness of family member or child
- Domestic violence
- Family homelessness
- Eviction or foreclosure
- Kicked out of home due to sexual orientation/ gender identity
- Left or aged out of foster care
- Medical, physical disability or illness
- Mental health issues
- No friends or family available
- Release from hospital, treatment facility or other institution
- Recent immigration
- Release from jail or prison
- Substance abuse
- Timed out or left previous housing program
- Unemployment or financial reasons
- Declined/ Don’t know
- Other → Specify:

**STAFF USE ONLY – DO NOT DUPLICATE OR COPY THIS SURVEY**

- Thank the interviewee for participating and sharing information about their homeless experience.
- Give the interviewee the incentive/ food card ONLY if the survey was completed.
- Make sure that you have filled out the food card tracking form.
- Fill out the information about the interview.

SPA 1

SPA 2

SPA 3

SPA 4

SPA 5

SPA 6

SPA 7

SPA 8

**Surveyor, did you observe/ detect signs or symptoms of the following:**

- Serious health conditions
- Mental illness
- Alcohol or drug abuse
- No observations

**Surveyor, what is the status of the survey**

- Complete **Census Tract**
- Partial
- Incoherent **Location/ Intersection**
- Refusal



Time  :

Date  /  /

Interviewer ID

