



2017 Homeless Count Demographic Survey Los Angeles Homeless Services Authority

Interviewer Instructions: *Any text that is **bold** should be read aloud to the survey respondent. Directions and prompts, along with additional information for clarification are included in italics. Directions on question logic, such as skipping questions, is in red. Please skip questions only when directed by these prompts. Single choice responses are indicated by bubbles, while multiple selection responses are indicated by check boxes. The Staff Use Only section is for the interviewer to fill out after the survey has been completed.*

Before we begin, I want to remind you that this interview is completely voluntary and confidential. If we should come to any questions you don't want to answer, just let me know and we will go on to the next question. In this interview, we are interested in the opinions and living conditions of different people throughout Los Angeles County. I will ask you questions about your experience with housing, services, and other things. I think you'll find the questions interesting and you'll want to give them careful thought.

If you qualify for survey participation, you will receive a \$5 dollar McDonald's or Subway card for your time. It will take around 10-20 minutes.

The results of this survey will be used to improve the quality and variety of housing and services available. Your answers are completely confidential. Any question that you do not want to answer will not affect your eligibility for or receipt of services. Also, it will not affect your eligibility to receive the food card.

Do you understand the purpose of the survey, and that your answers will be kept confidential?

- Yes *Continue with the Demographic Survey*
- No *Please re-read the introduction and confidentiality statement one more time before going to next participant.*

1. Have you received a gift card after taking a survey in the past two months?

- Yes
- No

If yes, thank them for their time and continue to the next person.

2. This question determines if you will be eligible to take the complete survey. Where have you spent most of your nights in the last 30 days? Wait for response, then select the choice closest to their answer. If asked to clarify, ask, "Have you spent more than two weeks out of the past month in the same place? If so, where was that?"

<ul style="list-style-type: none"> <input type="radio"/> Apartment or home <input type="radio"/> Emergency shelter <input type="radio"/> Foster care or group home <input type="radio"/> Hospital, substance abuse or psychiatric treatment facility <input type="radio"/> Hotel or motel <input type="radio"/> Jail or prison <input type="radio"/> Safe haven <input type="radio"/> Transitional housing <input type="radio"/> Youth shelter <input type="radio"/> Declined <input type="radio"/> Don't know 	<ul style="list-style-type: none"> <input type="radio"/> Street, sidewalk, or alley <input type="radio"/> Bus or train stop/ station, transit center or airport <input type="radio"/> Campground or woods <input type="radio"/> Park, beach, or riverbed <input type="radio"/> Under bridge or overpass <input type="radio"/> Other outdoor location <input type="radio"/> Abandoned building or parking lot 	<ul style="list-style-type: none"> <input type="radio"/> Car or truck <input type="radio"/> Van <input type="radio"/> RV or camper <input type="radio"/> Outdoor encampment or tent <input type="radio"/> Unconverted garage, attic, or basement <input type="radio"/> Other makeshift shelter not meant for human habitation
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If any answer in the RED BOX is selected, say "I'm sorry, you do not qualify for the Demographic Survey. Thank you for your time." then skip to FOR STAFF ONLY (page 18). If any other choice is selected, continue below.

You are eligible to complete the Survey. First I'm going to ask you some questions about you and your personal experiences.

3. What are your initials? Enter first and last.

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6. How old were you the FIRST TIME you were homeless?

4. What is your date of birth?

Month Day Year

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7. How long have you been homeless THIS TIME?

Day(s)	
Week(s)	
Month(s)	
Year(s)	

5. Is this the first time you have been homeless?

- Yes
- No

If answer to Question 5 is Yes, skip to Question 7.

8. IN THE PAST 6 MONTHS, have you lived in any of the following situations? List each category below, and check the appropriate box. If they have not lived in the situation, do not check the box. Note: a makeshift shelter is a structure made of available materials that is not meant for human habitation.

- Have you lived in a Car?
- Have you lived in a Van?
- Have you lived in a RV/Camper?
- Have you lived in a Tent?
- Have you lived in a Makeshift shelter?
- None of the Above
- Declined
- Don't Know

9. In each of the following situations, can you tell me how many other people lived with you, NOT including yourself? Leave text boxes blank if respondent does not know or declines to answer. If the respondent lived alone, write in 0 (zero).

Car	
Van	
RV/ Camper	
Tent	
Makeshift shelter	

10. IN THE PAST YEAR, including this time, how many separate times have you experienced homelessness, on the street, in a vehicle or in shelters? For example, if the respondent has been housed one time for a short period in the past year and they were homeless before and after that, that means two separate episodes or experiences of homelessness took place.

- 1 time
- 2 to 3 times
- 4 or more times
- Declined
- Don't know

11. IN THE PAST THREE YEARS, what about the number of separate times you experienced homelessness, on the street, in a vehicle or in shelters?

- 1 time
- 2 to 3 times
- 4 or more times
- Declined
- Don't know

12. IN THE PAST THREE YEARS, have you stayed in shelters or on the streets for longer than A YEAR in total?

- Yes
- No
- Declined
- Don't know

13. What is your gender identity? *Choose one answer*

- Male
- Female
- Transgender male to female
- Transgender female to male
- Don't identify as male, female, or transgender
- Other (Specify): _____
- Declined
- Don't know

14. Do you identify as Hispanic or Latino? *If yes, read each category that starts with "Yes" and choose all that apply.*

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin (specify): _____
- Don't know
- Declined

15. What race do you identify with? *Read each category and choose all that apply.*

- White
- Black or African-American
- American Indian or Alaska Native (Specify enrolled or principal tribe): _____
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Asian (specify): _____
- Other Pacific Islander (specify): _____
- Some other race (specify): _____
- Don't know
- Declined

16. Which of the following best represents your sexual orientation?

- Straight
- Gay or lesbian
- Bisexual
- Unsure/ Questioning
- Other (Specify): _____
- Declined
- Don't know

17. Have you served on ACTIVE DUTY in the U.S. Armed forces (Army, Air force, Navy, Marine Corps, or Coast Guard?)

- Yes
- No
- Declined
- Don't know

18. Were you called into ACTIVE DUTY as a member of the National Guard or as a reservist?

- Yes
- No
- Declined
- Don't know

If answer to either Question 17 or Question 18 is Yes, complete Questions 19 and 20. Otherwise, skip to the next prompt.

19. What is your discharge status? *If none of the below answers are given, select Unverified.*

- Honorable
- General
- Uncharacterized
- Bad conduct
- Dishonorable
- Other than honorable
- Still on active duty
- Unverified**
- Declined
- Don't know

If Unverified is selected for Question 19, skip Question 20.

20. Which years did you serve? *Wait for response and choose ALL that apply.*

- 1940 - 1947 (World War II)
- 1947 - 1950 (Between WWII and Korean War)
- 1950 - 1955 (Korean War)
- 1955 - 1964 (Between Korean War and Vietnam)
- 1964 - 1975 (Vietnam)
- 1975 - 1991 (Post-Vietnam)
- 1991 - 2001 (Persian Gulf)
- 2001 - Present (Post 9/11)
- Declined
- Don't know

Now I'm going to ask you some questions about people who live with you. Depending on how many people you live with and who they are, I may ask additional questions about them.

21. NOT including yourself, how many adults and children are currently living with you in your household? *Only fill in answers if the person is living with at least one other person.*

Adults over 24	
Adults 18 to 24	
Children under 18	

The next section is for families that include at least one adult over 18, and one child under 18 years of age. If the respondent does not indicate that they live with at least one child under the age of 18, skip to Page 11.

Thank you again. Now I'm going to ask some personal questions about the people you live with. I'll refer to them by the initial(s) or nickname(s) you give me. As a reminder, all answers are confidential.

What are the initials or a nickname of other people in your household from oldest to youngest? Fill in the initials of each family member in the boxes below. Complete the responses in each column for each family member.

Question	Person 2	Person 3	Person 4	Person 5	Person 6
22. What are the initials or a nickname of other people in your household from oldest to youngest?					

Next I'm going to ask some questions about the people you live with. I'm going to refer to them by the initial(s) or nickname(s) you gave me. Refer to the person by initials or by nick name provided above. Finish all questions for each person before continuing to the next family member.

23. How is [initials] related to you?	<input type="radio"/> Child <input type="radio"/> Spouse <input type="radio"/> Other Family <input type="radio"/> Non-married partner <input type="radio"/> Other/Non-family	<input type="radio"/> Child <input type="radio"/> Spouse <input type="radio"/> Other Family <input type="radio"/> Non-married partner <input type="radio"/> Other/Non-family	<input type="radio"/> Child <input type="radio"/> Spouse <input type="radio"/> Other Family <input type="radio"/> Non-married partner <input type="radio"/> Other/Non-family	<input type="radio"/> Child <input type="radio"/> Spouse <input type="radio"/> Other Family <input type="radio"/> Non-married partner <input type="radio"/> Other/Non-family	<input type="radio"/> Child <input type="radio"/> Spouse <input type="radio"/> Other Family <input type="radio"/> Non-married partner <input type="radio"/> Other/Non-family
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24. How old is [initials]? If the family member is a child under a year old, approx. their age in decimals. e.g., six months old = .5					
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25. What is [initials]'s gender identity? Choose one answer.	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender male to female <input type="radio"/> Transgender female to male <input type="radio"/> Doesn't identify as male, female, or transgender <input type="radio"/> Other (Specify) _____ <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender male to female <input type="radio"/> Transgender female to male <input type="radio"/> Doesn't identify as male, female, or transgender <input type="radio"/> Other (Specify) _____ <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender male to female <input type="radio"/> Transgender female to male <input type="radio"/> Doesn't identify as male, female, or transgender <input type="radio"/> Other (Specify) _____ <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender male to female <input type="radio"/> Transgender female to male <input type="radio"/> Doesn't identify as male, female, or transgender <input type="radio"/> Other (Specify) _____ <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender male to female <input type="radio"/> Transgender female to male <input type="radio"/> Doesn't identify as male, female, or transgender <input type="radio"/> Other (Specify) _____ <input type="radio"/> Declined <input type="radio"/> Don't know
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Initials					
<p>26. Is [initials] Hispanic or Latino? Read each category and choose all that apply.</p>	<ul style="list-style-type: none"> <input type="radio"/> No, not of Hispanic, Latino, or Spanish origin <input type="radio"/> Yes, Mexican, Mexican American, Chicano <input type="radio"/> Yes, Puerto Rican <input type="radio"/> Yes, Cuban <input type="radio"/> Yes, another Hispanic, Latino, or Spanish origin (specify): _____ <input type="radio"/> Declined <input type="radio"/> Don't know 	<ul style="list-style-type: none"> <input type="radio"/> No, not of Hispanic, Latino, or Spanish origin <input type="radio"/> Yes, Mexican, Mexican American, Chicano <input type="radio"/> Yes, Puerto Rican <input type="radio"/> Yes, Cuban <input type="radio"/> Yes, another Hispanic, Latino, or Spanish origin (specify): _____ <input type="radio"/> Declined <input type="radio"/> Don't know 	<ul style="list-style-type: none"> <input type="radio"/> No, not of Hispanic, Latino, or Spanish origin <input type="radio"/> Yes, Mexican, Mexican American, Chicano <input type="radio"/> Yes, Puerto Rican <input type="radio"/> Yes, Cuban <input type="radio"/> Yes, another Hispanic, Latino, or Spanish origin (specify): _____ <input type="radio"/> Declined <input type="radio"/> Don't know 	<ul style="list-style-type: none"> <input type="radio"/> No, not of Hispanic, Latino, or Spanish origin <input type="radio"/> Yes, Mexican, Mexican American, Chicano <input type="radio"/> Yes, Puerto Rican <input type="radio"/> Yes, Cuban <input type="radio"/> Yes, another Hispanic, Latino, or Spanish origin (specify): _____ <input type="radio"/> Declined <input type="radio"/> Don't know 	<ul style="list-style-type: none"> <input type="radio"/> No, not of Hispanic, Latino, or Spanish origin <input type="radio"/> Yes, Mexican, Mexican American, Chicano <input type="radio"/> Yes, Puerto Rican <input type="radio"/> Yes, Cuban <input type="radio"/> Yes, another Hispanic, Latino, or Spanish origin (specify): _____ <input type="radio"/> Declined <input type="radio"/> Don't know

Initials					
<p>27. What race is [initials]? Read each category and choose all that apply.</p>	<ul style="list-style-type: none"> <input type="radio"/> White <input type="radio"/> Black or African-American <input type="radio"/> American Indian or Alaska Native (Specify enrolled or principal tribe): _____ <input type="radio"/> Asian Indian <input type="radio"/> Chinese <input type="radio"/> Filipino <input type="radio"/> Japanese <input type="radio"/> Korean <input type="radio"/> Vietnamese <input type="radio"/> Native Hawaiian <input type="radio"/> Guamanian or Chamorro <input type="radio"/> Samoan <input type="radio"/> Other Asian (specify): _____ <input type="radio"/> Other Pacific Islander (specify): _____ <input type="radio"/> Some other race (specify): _____ <input type="radio"/> Declined <input type="radio"/> Don't know 	<ul style="list-style-type: none"> <input type="radio"/> White <input type="radio"/> Black or African-American <input type="radio"/> American Indian or Alaska Native (Specify enrolled or principal tribe): _____ <input type="radio"/> Asian Indian <input type="radio"/> Chinese <input type="radio"/> Filipino <input type="radio"/> Japanese <input type="radio"/> Korean <input type="radio"/> Vietnamese <input type="radio"/> Native Hawaiian <input type="radio"/> Guamanian or Chamorro <input type="radio"/> Samoan <input type="radio"/> Other Asian (specify): _____ <input type="radio"/> Other Pacific Islander (specify): _____ <input type="radio"/> Some other race (specify): _____ <input type="radio"/> Declined <input type="radio"/> Don't know 	<ul style="list-style-type: none"> <input type="radio"/> White <input type="radio"/> Black or African-American <input type="radio"/> American Indian or Alaska Native (Specify enrolled or principal tribe): _____ <input type="radio"/> Asian Indian <input type="radio"/> Chinese <input type="radio"/> Filipino <input type="radio"/> Japanese <input type="radio"/> Korean <input type="radio"/> Vietnamese <input type="radio"/> Native Hawaiian <input type="radio"/> Guamanian or Chamorro <input type="radio"/> Samoan <input type="radio"/> Other Asian (specify): _____ <input type="radio"/> Other Pacific Islander (specify): _____ <input type="radio"/> Some other race (specify): _____ <input type="radio"/> Declined <input type="radio"/> Don't know 	<ul style="list-style-type: none"> <input type="radio"/> White <input type="radio"/> Black or African-American <input type="radio"/> American Indian or Alaska Native (Specify enrolled or principal tribe): _____ <input type="radio"/> Asian Indian <input type="radio"/> Chinese <input type="radio"/> Filipino <input type="radio"/> Japanese <input type="radio"/> Korean <input type="radio"/> Vietnamese <input type="radio"/> Native Hawaiian <input type="radio"/> Guamanian or Chamorro <input type="radio"/> Samoan <input type="radio"/> Other Asian (specify): _____ <input type="radio"/> Other Pacific Islander (specify): _____ <input type="radio"/> Some other race (specify): _____ <input type="radio"/> Declined <input type="radio"/> Don't know 	<ul style="list-style-type: none"> <input type="radio"/> White <input type="radio"/> Black or African-American <input type="radio"/> American Indian or Alaska Native (Specify enrolled or principal tribe): _____ <input type="radio"/> Asian Indian <input type="radio"/> Chinese <input type="radio"/> Filipino <input type="radio"/> Japanese <input type="radio"/> Korean <input type="radio"/> Vietnamese <input type="radio"/> Native Hawaiian <input type="radio"/> Guamanian or Chamorro <input type="radio"/> Samoan <input type="radio"/> Other Asian (specify): _____ <input type="radio"/> Other Pacific Islander (specify): _____ <input type="radio"/> Some other race (specify): _____ <input type="radio"/> Declined <input type="radio"/> Don't know
<p>If family member is under 18 in Question 24, skip to question 29.</p> <p>28. Which of the following best represents [initials]'s sexual orientation?</p>	<ul style="list-style-type: none"> <input type="radio"/> Straight <input type="radio"/> Gay or lesbian <input type="radio"/> Bisexual <input type="radio"/> Unsure/Questioning <input type="radio"/> Declined <input type="radio"/> Don't know 	<ul style="list-style-type: none"> <input type="radio"/> Straight <input type="radio"/> Gay or lesbian <input type="radio"/> Bisexual <input type="radio"/> Unsure/Questioning <input type="radio"/> Declined <input type="radio"/> Don't know 	<ul style="list-style-type: none"> <input type="radio"/> Straight <input type="radio"/> Gay or lesbian <input type="radio"/> Bisexual <input type="radio"/> Unsure/Questioning <input type="radio"/> Declined <input type="radio"/> Don't know 	<ul style="list-style-type: none"> <input type="radio"/> Straight <input type="radio"/> Gay or lesbian <input type="radio"/> Bisexual <input type="radio"/> Unsure/Questioning <input type="radio"/> Declined <input type="radio"/> Don't know 	<ul style="list-style-type: none"> <input type="radio"/> Straight <input type="radio"/> Gay or lesbian <input type="radio"/> Bisexual <input type="radio"/> Unsure/Questioning <input type="radio"/> Declined <input type="radio"/> Don't know

<p>Due to the personal nature of the following question, we have a response card for you to tell me the number that corresponds with your answer.</p> <p>29. Does [initials] have any of the following health conditions?</p> <p><i>Please use the response card.</i></p>	<input type="checkbox"/> Problematic alcohol use <input type="checkbox"/> Problematic drug use <input type="checkbox"/> Serious and long continuing mental illness <input type="checkbox"/> Physical disability <input type="checkbox"/> Physical Illness (chronic or ongoing) <input type="checkbox"/> HIV / AIDS-related illness <input type="checkbox"/> Severe depression (chronic or ongoing) <input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD) <input type="checkbox"/> Traumatic Brain Injury (TBI) <input type="checkbox"/> Developmental disability <input type="checkbox"/> None of the above <input type="checkbox"/> Declined <input type="checkbox"/> Don't know	<input type="checkbox"/> Problematic alcohol use <input type="checkbox"/> Problematic drug use <input type="checkbox"/> Serious and long continuing mental illness <input type="checkbox"/> Physical disability <input type="checkbox"/> Physical Illness (chronic or ongoing) <input type="checkbox"/> HIV / AIDS-related illness <input type="checkbox"/> Severe depression (chronic or ongoing) <input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD) <input type="checkbox"/> Traumatic Brain Injury (TBI) <input type="checkbox"/> Developmental disability <input type="checkbox"/> None of the above <input type="checkbox"/> Declined <input type="checkbox"/> Don't know	<input type="checkbox"/> Problematic alcohol use <input type="checkbox"/> Problematic drug use <input type="checkbox"/> Serious and long continuing mental illness <input type="checkbox"/> Physical disability <input type="checkbox"/> Physical Illness (chronic or ongoing) <input type="checkbox"/> HIV / AIDS-related illness <input type="checkbox"/> Severe depression (chronic or ongoing) <input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD) <input type="checkbox"/> Traumatic Brain Injury (TBI) <input type="checkbox"/> Developmental disability <input type="checkbox"/> None of the above <input type="checkbox"/> Declined <input type="checkbox"/> Don't know	<input type="checkbox"/> Problematic alcohol use <input type="checkbox"/> Problematic drug use <input type="checkbox"/> Serious and long continuing mental illness <input type="checkbox"/> Physical disability <input type="checkbox"/> Physical Illness (chronic or ongoing) <input type="checkbox"/> HIV / AIDS-related illness <input type="checkbox"/> Severe depression (chronic or ongoing) <input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD) <input type="checkbox"/> Traumatic Brain Injury (TBI) <input type="checkbox"/> Developmental disability <input type="checkbox"/> None of the above <input type="checkbox"/> Declined <input type="checkbox"/> Don't know	<input type="checkbox"/> Problematic alcohol use <input type="checkbox"/> Problematic drug use <input type="checkbox"/> Serious and long continuing mental illness <input type="checkbox"/> Physical disability <input type="checkbox"/> Physical Illness (chronic or ongoing) <input type="checkbox"/> HIV / AIDS-related illness <input type="checkbox"/> Severe depression (chronic or ongoing) <input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD) <input type="checkbox"/> Traumatic Brain Injury (TBI) <input type="checkbox"/> Developmental disability <input type="checkbox"/> None of the above <input type="checkbox"/> Declined <input type="checkbox"/> Don't know
<p>30. Does [Initials] have any other ongoing health conditions? If yes, write in answers. If they do not wish to disclose information about their condition, leave the space blank.</p>	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Declined <input type="radio"/> Don't know <p>(If yes list condition below)</p>	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Declined <input type="radio"/> Don't know <p>(If yes list condition below)</p>	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Declined <input type="radio"/> Don't know <p>(If yes list condition below)</p>	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Declined <input type="radio"/> Don't know <p>(If yes list condition below)</p>	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Declined <input type="radio"/> Don't know <p>(If yes list condition below)</p>
<p>31. Is [initials]'s health condition or disability permanent or long term?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know

Initials					
<p>If family member is under 18 in Question 24, skip to prompt at the top of page 11.</p> <p>32. Has [initials] served on ACTIVE DUTY in the U.S. Armed forces (Army, Air force, Navy, Marine Corps, or Coast Guard?)</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know
<p>33. Was [initials] called into ACTIVE DUTY as a member of the National Guard or as a reservist?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> Don't know
<p>34. What is [initials]'s discharge status?</p>	<input type="radio"/> Honorable <input type="radio"/> General <input type="radio"/> Uncharacterized <input type="radio"/> Bad conduct <input type="radio"/> Dishonorable <input type="radio"/> Other than honorable <input type="radio"/> Still on active duty <input type="radio"/> Unverified <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="radio"/> Honorable <input type="radio"/> General <input type="radio"/> Uncharacterized <input type="radio"/> Bad conduct <input type="radio"/> Dishonorable <input type="radio"/> Other than honorable <input type="radio"/> Still on active duty <input type="radio"/> Unverified <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="radio"/> Honorable <input type="radio"/> General <input type="radio"/> Uncharacterized <input type="radio"/> Bad conduct <input type="radio"/> Dishonorable <input type="radio"/> Other than honorable <input type="radio"/> Still on active duty <input type="radio"/> Unverified <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="radio"/> Honorable <input type="radio"/> General <input type="radio"/> Uncharacterized <input type="radio"/> Bad conduct <input type="radio"/> Dishonorable <input type="radio"/> Other than honorable <input type="radio"/> Still on active duty <input type="radio"/> Unverified <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="radio"/> Honorable <input type="radio"/> General <input type="radio"/> Uncharacterized <input type="radio"/> Bad conduct <input type="radio"/> Dishonorable <input type="radio"/> Other than honorable <input type="radio"/> Still on active duty <input type="radio"/> Unverified <input type="radio"/> Declined <input type="radio"/> Don't know
<p>35. Which years did [initials] serve? Wait for response and choose ALL that apply.</p>	<input type="checkbox"/> 1940-1947 (World War II) <input type="checkbox"/> 1947 - 1950 (Between WWII-Korean War) <input type="checkbox"/> 1950 - 1955 (Korean War) <input type="checkbox"/> 1955 - 1964 (Between Korean War-Vietnam) <input type="checkbox"/> 1964 - 1975 (Vietnam) <input type="checkbox"/> 1975 - 1991 (Post-Vietnam) <input type="checkbox"/> 1991 - 2001 (Persian Gulf) <input type="checkbox"/> 2001 - Present (Post 9/11) <input type="checkbox"/> Declined <input type="checkbox"/> Don't know	<input type="checkbox"/> 1940-1947 (World War II) <input type="checkbox"/> 1947 - 1950 (Between WWII-Korean War) <input type="checkbox"/> 1950 - 1955 (Korean War) <input type="checkbox"/> 1955 - 1964 (Between Korean War-Vietnam) <input type="checkbox"/> 1964 - 1975 (Vietnam) <input type="checkbox"/> 1975 - 1991 (Post-Vietnam) <input type="checkbox"/> 1991 - 2001 (Persian Gulf) <input type="checkbox"/> 2001 - Present (Post 9/11) <input type="checkbox"/> Declined <input type="checkbox"/> Don't know	<input type="checkbox"/> 1940-1947 (World War II) <input type="checkbox"/> 1947 - 1950 (Between WWII-Korean War) <input type="checkbox"/> 1950 - 1955 (Korean War) <input type="checkbox"/> 1955 - 1964 (Between Korean War-Vietnam) <input type="checkbox"/> 1964 - 1975 (Vietnam) <input type="checkbox"/> 1975 - 1991 (Post-Vietnam) <input type="checkbox"/> 1991 - 2001 (Persian Gulf) <input type="checkbox"/> 2001 - Present (Post 9/11) <input type="checkbox"/> Declined <input type="checkbox"/> Don't know	<input type="checkbox"/> 1940-1947 (World War II) <input type="checkbox"/> 1947 - 1950 (Between WWII-Korean War) <input type="checkbox"/> 1950 - 1955 (Korean War) <input type="checkbox"/> 1955 - 1964 (Between Korean War-Vietnam) <input type="checkbox"/> 1964 - 1975 (Vietnam) <input type="checkbox"/> 1975 - 1991 (Post-Vietnam) <input type="checkbox"/> 1991 - 2001 (Persian Gulf) <input type="checkbox"/> 2001 - Present (Post 9/11) <input type="checkbox"/> Declined <input type="checkbox"/> Don't know	<input type="checkbox"/> 1940-1947 (World War II) <input type="checkbox"/> 1947 - 1950 (Between WWII-Korean War) <input type="checkbox"/> 1950 - 1955 (Korean War) <input type="checkbox"/> 1955 - 1964 (Between Korean War-Vietnam) <input type="checkbox"/> 1964 - 1975 (Vietnam) <input type="checkbox"/> 1975 - 1991 (Post-Vietnam) <input type="checkbox"/> 1991 - 2001 (Persian Gulf) <input type="checkbox"/> 2001 - Present (Post 9/11) <input type="checkbox"/> Declined <input type="checkbox"/> Don't know

Thank you for answering those questions about people you live with. Next I'm going to ask you some additional personal questions about you. These questions are about your health and different life experiences you have had. As a reminder, your answers are confidential. Due to the personal nature of some of the questions, we have a response card for you to tell me the number that corresponds to your answer.

36. Do you have, have you ever had, or has a healthcare provider ever told you that you have any of the following health conditions? *Please use the response card.*

- Problematic alcohol use
- Problematic drug use
- Serious and long continuing mental illness (e.g, depression, bipolar disorder, or schizophrenia)
- Physical disability
- Physical illness (chronic or ongoing)
- HIV / AIDS-related illness
- Severe depression (chronic or ongoing)
- Post-Traumatic Stress Disorder (PTSD)
- Traumatic Brain Injury (TBI)
- Developmental disability
- None of the above
- Declined
- Don't know

37. Do you have any other ongoing health conditions? *If yes, write in any answers provided in the space below. If they do not wish to disclose information about their medical condition, leave the space blank.*

- No
- Yes (Specify): _____
- Declined
- Don't know

If respondent answers "None of the above," "Declined," or "Don't know," for question 36 and "No," "Declined," or "Don't know" for Question 37, skip Question 38 and move on to Question 39.

38. Is your medical condition or disability either permanent or long-term?

- Yes
- No
- Declined
- Don't know

*Make sure that the person being interviewed is safe from **immediate threats of violence** before asking the next three questions. If you do not feel that the situation is safe to ask questions about domestic violence, select "Safety concern" for Questions 39, 40 and 41 (on the next page).*

I'm about to ask three sensitive and personal questions about experiences with violence. Do you feel comfortable answering? *If the answer is No, select Declined for questions 39, 40 and 41. If the answer is Unsure or Yes, offer to move to a more private location if the respondent would be more comfortable answering the questions. Please use the response card.*

39. Have you experienced any of the following forms of violence or abuse? *Please use the response card. If the person is not comfortable responding to the question, select Declined.*

- Neglect by parent, guardian, or other relative
- Physical abuse by parent, guardian, or other relative
- Sexual abuse by parent, guardian, or other relative
- Physical abuse by intimate partner or spouse
- Sexual abuse by intimate partner or spouse
- Dating violence
- Stalking
- None of the above
- Declined
- Don't know
- Safety concern

40. Are you currently fleeing violence? *Please use the response card. If the person is not comfortable responding to the question, select Declined.*

- Yes
- No
- Declined
- Don't know
- Safety concern

41. Have you ever been forced, threatened, or pressured into performing a sex act with another person and the person(s) that forced you received payment or anything of value in exchange for this act? *Please use the response card. If the person is not comfortable responding to the question, select Declined.*

- Yes
- No
- Declined
- Don't know
- Safety concern*

42. IN THE PAST 12 MONTHS, how many times have you visited the emergency room or hospital?

- No visits
- 1 or more (Please specify the number) _____
- Declined
- Don't know

If No visits, Declined, or Don't know is selected, skip to Question 45.

43. Were you homeless AT THE TIME that you entered the emergency room or hospital?

- Yes
- No
- Declined
- Don't know

44. Were you offered services to help you find stable housing while you were in the emergency room or hospital? *E.g., services offered by a health professional or social worker as part of a discharge plan.*

- Yes
- No
- Declined
- Don't know

45. This next question is about involvement in different legal systems. If you don't know or don't want to answer, let me know. Otherwise, say "yes" if you have ever been involved in any of the following systems. *Please read each option and choose ALL that apply. Choose None of the above if none apply.*

- Foster Care
- Juvenile Detention or Probation Camp
- Juvenile probation
- Mandated stay in inpatient or outpatient mental health treatment facility
- Jail or Prison
- Adult Probation
- Parole
- None of the above
- Declined
- Don't know

If the following options are selected, ask Question 46. Otherwise, skip to Question 51 on the next page.

46. Were you released as an AB 109 probationer, meaning you were a lower-level offender and after being released from a State prison you report to, or reported to, a local county probation officer?

- Yes
- No
- Declined
- Don't know

47. Were you released as a result of re-sentencing and had your charge downgraded under Proposition 47, the Reduced Penalties Initiative?

- Yes
- No
- Declined
- Don't know

48. The last question was about lifetime experiences. Have you been released from a correctional institution such as juvenile detention, jail, or prison IN THE LAST 12 MONTHS?

- Yes
- No
- Declined
- Don't know

49. Were you homeless AT THE TIME that you entered jail or prison? *If the respondent was arrested or convicted while they were without stable housing.*

- Yes
- No
- Declined
- Don't know

50. Were you offered services to help you find stable housing while you were in jail or prison, or shortly after? *Were services offered to aid in housing stability as part of being in jail or prison, before release, at release, or shortly after release.*

- Yes
- No
- Declined
- Don't know

51. What is the highest level of education you've completed? *Wait for response and select the category that applies.*

- No schooling completed
- Nursery School to 4th Grade
- 5th or 6th grade
- 7th or 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- High school diploma
- GED
- Post-secondary school, community college, or trade school
- 4-year college degree
- Graduate school
- Declined
- Don't know

Now I'm going to ask you a series of questions about WHERE you lived before you lost stable housing.

52. IN THE PAST 7 DAYS, have you spent one or more nights outside of LA County?

- Yes
- No
- Declined
- Don't know

53. Have you ever lived outside of LA County?

- Yes
- No
- Declined
- Don't know

If No is selected, skip to question 56 on the next page.

54. How long has it been since you moved or moved back to LA County?

Day(s)	
Week(s)	
Month(s)	
Year(s)	

55. Before the last time you lost your housing, where were you living? *Read each response and choose one answer.*

- Los Angeles County
- Other county in Southern California (Kern, Imperial, Orange, Riverside, San Bernadino, San Diego, San Luis Obispo, or Ventura)
- Other county in California
- Out of state
- Outside of the United States
- Declined
- Don't know

If Los Angeles County is selected, ask Question 56. Otherwise, Skip to Question 57.

56. What city or community in LA County did you live in before you lost your housing? *If the answer is LA, Los Angeles (City), please ask: "What neighborhood"*

57. 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 or illness of family member or child
 - Kicked out of home due to sexual orientation/ gender identity
 - No friends or family available
 - Domestic violence, parental abuse, partner abuse, dating violence, or stalking
 - Physical Safety Concerns (e.g., gang related violence)
 - Eviction or foreclosure
 - Uninhabitable living conditions
 - Timed out or left previous housing program
 - Unemployment or financial reasons
 - Medical, physical disability or illness
 - Mental health issues
 - Problematic alcohol or drug use
 - Released from hospital, treatment facility, or other institution
 - Release from jail or prison
 - Recent immigration
 - Left or aged out of foster care
 - Declined
 - Don't know
- Other (Specify): _____

If Eviction or Foreclosure is selected, ask Question 58. Otherwise, skip to Question 59.

58. Did you receive any rental or utilities assistance before you lost housing?

- Yes
- No
- Declined
- Don't know

This next series of questions is about challenges and specific barriers that you might face in addition to not having a stable and safe place to stay.

59. Do you have difficulty accessing any of the following basic services in the area you usually stay? Read all choices and choose all that apply.

- Restroom
- Storage facility/ Place to put belongings
- Shower
- Food and water
- Easy to access all of the above
- Declined
- Don't know

60. How important are the following services to you? (5-point scale: 1-Not Important, 2- Less Important, 3-Somewhat Important, 4-Important, 5-Very Important) If declined/ don't know, leave the response blank.

	1 Not Important	2 Less Important	3 Somewhat Important	4 Important	5 Very Important
Assistance getting housing	1	2	3	4	5
Job training and Education	1	2	3	4	5
Available job opportunities	1	2	3	4	5
Assistance with public benefits (e.g. GR, SSI, VA)	1	2	3	4	5
Other non-job related financial services (debt relief, child care)	1	2	3	4	5
Maintaining residency in specific area (e.g. school district)	1	2	3	4	5
Domestic violence services: Consider intimate partner abuse/violence	1	2	3	4	5
Physical health treatment	1	2	3	4	5
Mental health/ illness treatment	1	2	3	4	5
Substance use disorder treatment (drug and/ or alcohol)	1	2	3	4	5
Disability services	1	2	3	4	5
Family counseling/ reuniting with family members or friends	1	2	3	4	5
Legal services (e.g. expungement, immigration services, child support)	1	2	3	4	5
Transportation services	1	2	3	4	5

61. Do you live with any pets including service animals? *If the response is "yes" ask, if so, how many pets do you have?*

- Yes (specify): _____
- No
- Declined
- Don't know

If response is No, Declined, or Don't know, skip to Question 63.

62. Do you get turned down from shelters because they do not accept pets? *List ALL choices except Declined and Don't Know.*

- Yes
- No
- Does not try to use services
- Declined
- Don't know

63. Which of the following would best describe your employment situation? *Read each category and select from the options below.*

- On disability
- Retired
- Full-time (more than 35 hours)
- Part-time (35 hours or less)
- Seasonal work (recurring temporary work)
- Temporary work (limited contract with termination date)
- Unemployed; actively looking for work
- Unemployed; not actively looking for work
- Unemployed; student
- None of the above
- Declined
- Don't know

If response is from selection, ask Question 64. Otherwise, skip to Question 66 on the next page.

64. You said you are working less than full time. Are you looking for more work or more stable employment?

- Yes
- No
- Declined
- Don't know

If No, Declined, or Don't know are selected, skip to Question 66 on the next page.

65. In addition to not having a stable housing situation, you may face immediate barriers keeping you from getting stable work. These are challenges that disqualify you for a job, prevent you from applying, or cause you to get turned down. Have you faced any of the following barriers in looking for work? *Read each category and choose all that apply.*

- You're unable to get interviewed
- You get interviewed, but get turned down
- You lack education requirements
- You lack experience
- No access to services to connect to jobs
- You get turned down for gaps in employment
- You need child care services
- You feel that you experience discrimination (e.g., race, gender, sexual orientation, religion, age)
- You need transportation
- You need clean clothes
- You are limited by physical health problems
- You are limited by mental health problems
- You have substance use problems
- You need ID or a driver's license
- You need a Social Security Card or Birth Certificate
- You get turned down due to a criminal record.
- You not authorized to work in the US
- You get interviewed, but get turned down
- Any other reasons (Specify): _____
- None of the above
- Declined
- Don't know

66. Do you have other ways of making money such as any of the following? Read each category and choose all that apply.

- Panhandling
- Recycling
- Day labor
- Entertainment or street performance for money
- Sex work, that is, you got money to have sex and you got to keep that money
- Any other sources? (Specify):

- None of the above
- Declined
- Don't know

67. Do you receive 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 / LA Care
- Medicare
- SSI / SSDI / Disability
- SSA - Social Security Retirement
- Unemployment
- Veteran's Disability
- Veterans Medical Center / Veteran Benefits
- Veteran's Pension
- WIC - Women, Infants, and Children
- None at this time
- Declined
- Don't know

68. What is your approximate monthly income, including cash benefits (e.g., SSI, GR) and any other sources of money?

Thank you for taking time to complete the Demographic Survey and for sharing this information about you and your experiences. Here is your food card! The questions on the following page are FOR STAFF ONLY and are required for survey completion.

FOR STAFF ONLY

Please select the Service Planning Area and Census Tract where you conducted the Demographic Survey

- SPA 1
- SPA 2
- SPA 3
- SPA 4
- SPA 5
- SPA 6
- SPA 7
- SPA 8

Census Tract *Six-digit code found on your map.*

Did you observe/ detect signs or symptoms of the following?

- Serious physical health condition
- Mental illness
- Alcohol or drug abuse
- No observations

Surveyor, what is that status of the survey?

- Complete (respondent was asked every question)
- Partial (respondent was asked some questions)
- Sheltered/Housed/Cannot Confirm

Did anyone help you fill out the survey? This could include an interpreter or a friend or relative assisting in answering questions.

- Yes
- No

Location / Intersection: the survey was conducted on the corners of

First Street

Second Street

AND/OR

Other (e.g., landmark, park)

Interviewer Initials

Food Card Received?

- Yes
- No