



## **2017 Youth Count 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 (page 12) is for the interviewer to fill out after the survey has been completed.

### **Confidentiality Agreement:**

Today we're conducting the Youth Count, which includes doing a brief survey that will help us better understand the housing and service needs of young people in the community, and bring additional resources to help youth.

Before we begin, I want to remind you that this interview is completely voluntary and confidential. If there are any questions you don't want to answer, just let me know and we'll go on to the next question.

If you qualify for survey participation, you'll receive a \$10 Subway gift card for your time. It will take around 10-15 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 don't want to answer will not affect your eligibility for or receipt of services. It also will not affect your eligibility to receive the Subway gift card, if eligible.

**1. Have you received a Subway card after participating in the LA Youth Count survey in the past week?** *If unsure, follow-up with further questions about specific survey questions.*

- Yes
- No

If yes, say, "Thank you for your time. We are only surveying people once. We appreciate you completing the survey." **Continue to the next person.**

The next two questions determine if you will be eligible to take the complete survey for a \$10 Subway card.

**2. What is your date of birth?**

Month                      Day                      Year

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If date of birth is **before 1/23/1992**, the person is 25 or older and **ineligible** for the survey. Say, "I'm sorry, we are only surveying youth under 25. Thank you for your time." then skip to **FOR STAFF ONLY** (page 12).

If date of birth is **on or after 1/23/1992**, continue to Question 3.

**3. 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"> <li><input type="radio"/> Emergency shelter</li> <li><input type="radio"/> Hotel or motel</li> <li><input type="radio"/> Transitional housing</li> <li><input type="radio"/> Youth shelter</li> <li><input type="radio"/> Hospital, substance abuse or psychiatric treatment facility</li> <li><input type="radio"/> Jail or prison</li> <li><input type="radio"/> Safe haven</li> <li><input type="radio"/> Your own apartment or home</li> <li><input type="radio"/> Apartment or home of a friend or family member</li> <li><input type="radio"/> With someone unknown because you needed a place to stay</li> <li><input type="radio"/> Foster care or group home</li> <li><input type="radio"/> Declined</li> <li><input type="radio"/> Don't know</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Street, sidewalk, or alley</li> <li><input type="radio"/> Bus or train stop/ station, transit center or airport</li> <li><input type="radio"/> Campground or woods</li> <li><input type="radio"/> Park, beach, or riverbed</li> <li><input type="radio"/> Under bridge or overpass</li> <li><input type="radio"/> Other outdoor location</li> <li><input type="radio"/> Abandoned building or parking lot</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Car or truck</li> <li><input type="radio"/> Van</li> <li><input type="radio"/> RV or camper</li> <li><input type="radio"/> Outdoor encampment or tent</li> <li><input type="radio"/> Unconverted garage, attic, or basement</li> <li><input type="radio"/> Other makeshift shelter not meant for human habitation</li> </ul>
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If any answer in the **RED BOX** is selected, say "I'm sorry, we are not surveying youth who were housed, staying in shelters, or institutions for the majority of the past 30 days. Thank you for your time." then skip to **FOR STAFF ONLY** (page 12).

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

**4. What are your initials?** *Enter first and last.*

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**5. 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

**6. 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): \_\_\_\_\_
- Declined
- Don't know

**7. 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): \_\_\_\_\_
- Declined
- Don't know

**8. Which of the following best represents your sexual orientation?**

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

**9. 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

**10. 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 9 or Question 10 is Yes, complete Question 11. Otherwise, skip to the prompt at the bottom of the page, starting with "Now I'm going to ask..."**

**11. 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

**Now I'm going to ask you some personal questions about your living situation. These questions help us advocate for funding for housing and other services.**

**12. How long have you been homeless THIS TIME?** Enter your best approximation of their response in the boxes below.

<b>Days</b>	
<b>Weeks</b>	
<b>Months</b>	
<b>Years</b>	

**13. Including this time, how many separate times have you experienced homelessness, on the street, in a vehicle or in shelters, IN THE PAST YEAR?** 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

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

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

**15. 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

**16. 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

**17. 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, enter 0 in the text boxes.

<b>Car</b>	
<b>Van</b>	
<b>RV/ Camper</b>	
<b>Tent</b>	
<b>Makeshift shelter</b>	

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.

**18. NOT including yourself, how many adults and children are there in your household? A household can be a person living alone or living with others, or a group of people who live together and normally buy and prepare their food together. Only fill in answers if the person is living with at least one other person.**

Adults over 24

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Adults 18 to 24

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Under 18

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The next section is for families that include at least one parent of any age, **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 the prompt at the bottom of Page 10.**

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.

<b>What are the initials or a nickname of other people in your household from oldest to youngest? Fill in the initials or nickname of each family member in the boxes below. Complete the responses in each column for each family member.</b>					
Question	Person 1	Person 2	Person 3	Person 4	Person 5
<b>19. What are the initials or a nickname of other people in your household from oldest to youngest?</b>					
<b>Next 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 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.</b>					
<b>20. How is [initials] related to you?</b>	<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
<b>21. 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</b>					

Initials					
<p><b>22. What is [initials]'s gender identity?</b> <i>Choose one answer.</i></p>	<p><input type="radio"/> Male</p> <p><input type="radio"/> Female</p> <p><input type="radio"/> Transgender male to female</p> <p><input type="radio"/> Transgender female to male</p> <p><input type="radio"/> Doesn't identify as male, female, or transgender</p> <p><input type="radio"/> Other (Specify) _____</p> <p><input type="radio"/> Declined</p> <p><input type="radio"/> Don't know</p>	<p><input type="radio"/> Male</p> <p><input type="radio"/> Female</p> <p><input type="radio"/> Transgender male to female</p> <p><input type="radio"/> Transgender female to male</p> <p><input type="radio"/> Doesn't identify as male, female or transgender</p> <p><input type="radio"/> Other (Specify) _____</p> <p><input type="radio"/> Declined</p> <p><input type="radio"/> Don't know</p>	<p><input type="radio"/> Male</p> <p><input type="radio"/> Female</p> <p><input type="radio"/> Transgender male to female</p> <p><input type="radio"/> Transgender female to male</p> <p><input type="radio"/> Doesn't identify as male, female, or transgender</p> <p><input type="radio"/> Other (Specify) _____</p> <p><input type="radio"/> Declined</p> <p><input type="radio"/> Don't know</p>	<p><input type="radio"/> Male</p> <p><input type="radio"/> Female</p> <p><input type="radio"/> Transgender male to female</p> <p><input type="radio"/> Transgender female to male</p> <p><input type="radio"/> Doesn't identify as male, female, or transgender</p> <p><input type="radio"/> Other (Specify) _____</p> <p><input type="radio"/> Declined</p> <p><input type="radio"/> Don't know</p>	<p><input type="radio"/> Male</p> <p><input type="radio"/> Female</p> <p><input type="radio"/> Transgender male to female</p> <p><input type="radio"/> Transgender female to male</p> <p><input type="radio"/> Doesn't identify as male, female, or transgender</p> <p><input type="radio"/> Other (Specify) _____</p> <p><input type="radio"/> Declined</p> <p><input type="radio"/> Don't know</p>
<p><b>23. Does [initials] identify as Hispanic or Latino?</b> <i>If yes, read each category that starts with "Yes" and choose all that apply.</i></p>	<p><input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, Chicano</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin (specify): _____</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Declined</p>	<p><input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, Chicano</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin (specify): _____</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Declined</p>	<p><input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, Chicano</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin (specify): _____</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Declined</p>	<p><input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, Chicano</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin (specify): _____</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Declined</p>	<p><input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, Chicano</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin (specify): _____</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Declined</p>

Initials					
<p><b>24. What race does [initials] identify with?</b>  <i>Read each category and choose all that apply.</i></p>	<input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> American Indian or Alaska Native (Specify enrolled or principal tribe): _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian (specify): _____ <input type="checkbox"/> Other Pacific Islander (specify): _____ <input type="checkbox"/> _____ <input type="checkbox"/> Some other race (specify): _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Declined	<input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> American Indian or Alaska Native (Specify enrolled or principal tribe): _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian (specify): _____ <input type="checkbox"/> Other Pacific Islander (specify): _____ <input type="checkbox"/> _____ <input type="checkbox"/> Some other race (specify): _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Declined	<input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> American Indian or Alaska Native (Specify enrolled or principal tribe): _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian (specify): _____ <input type="checkbox"/> Other Pacific Islander (specify): _____ <input type="checkbox"/> _____ <input type="checkbox"/> Some other race (specify): _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Declined	<input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> American Indian or Alaska Native (Specify enrolled or principal tribe): _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian (specify): _____ <input type="checkbox"/> Other Pacific Islander (specify): _____ <input type="checkbox"/> _____ <input type="checkbox"/> Some other race (specify): _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Declined	<input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> American Indian or Alaska Native (Specify enrolled or principal tribe): _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian (specify): _____ <input type="checkbox"/> Other Pacific Islander (specify): _____ <input type="checkbox"/> _____ <input type="checkbox"/> Some other race (specify): _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Declined
<p><i>If family member is under 18 in Question 21, skip to question 26.</i>  <b>25. Which of the following best represents [initials]'s sexual orientation?</b></p>	<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	<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	<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	<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	<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

Initials					
<p><b>Due to the personal nature of the following question, we have a response card for you to tell me the number that corresponds to your answer. 26. Does [initials] have any of the following health conditions? Please use the response card.</b></p>	<input type="checkbox"/> Problematic alcohol abuse <input type="checkbox"/> Problematic drug abuse <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 abuse <input type="checkbox"/> Problematic drug abuse <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 abuse <input type="checkbox"/> Problematic drug abuse <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 abuse <input type="checkbox"/> Problematic drug abuse <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 abuse <input type="checkbox"/> Problematic drug abuse <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><b>27. Does [initials] have any ongoing health conditions? If yes, write in answers in the space. If they do not wish to disclose information about their condition, leave the space blank.</b></p>	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Declined <input type="radio"/> Don't know (If yes list condition below)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Declined <input type="radio"/> Don't know (If yes list condition below)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Declined <input type="radio"/> Don't know (If yes list condition below)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Declined <input type="radio"/> Don't know (If yes list condition below)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Declined <input type="radio"/> Don't know (If yes list condition below)
<p><b>28. Is [initials]'s health condition or disability either permanent or long term?</b></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, skip to prompt at the bottom of page.</p> <p><b>29. Has [initials] served on ACTIVE DUTY in the U.S. Armed forces (Army, Air force, Navy, Marine Corps, or Coast Guard?)</b></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><b>30. Was [initials] called into ACTIVE DUTY as a member of the National Guard or as a reservist?</b></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><b>31. What is [initials]'s discharge status?</b></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

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 the questions, we have a response card for you to tell me the number that corresponds to your answer.

**32. 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

**33. 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 32 and "No," "Declined," or "Don't know" for Question 33, skip Question 34 and move on to Question 35.

**34. 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 two questions.

If you do not feel that the situation is safe to ask about domestic violence, select "Safety concern" for questions 35 and 36 and continue to page 11.

**I'm about to ask two sensitive and personal questions about experiences with violence. Do you feel comfortable answering?** *If the answer is No, select Declined for questions 35 and 36. 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.*

**35. 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

**36. 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

The remaining questions are optional if time permits. If not, thank the participant. Continue to page 12 to complete the Staff Use Only section.

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

- 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 38. Otherwise, skip to Question 39.

**38. 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"*

**39. 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	1	2	3	4	5
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

Thank you for taking time to complete the Youth Count Survey and for sharing this information about you and your experiences. We understand that it was personal, and we appreciate your willingness to complete the survey.

Here is your Subway card!

## FOR STAFF ONLY

Please select the Service Planning Area and Census Tract where you conducted the Youth Count 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)
- Age disqualification (respondent 25 or older)
- 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

Subway Card Received?

- Yes
- No

Any comments?