

FOR STAFF ONLY

2018 Demographic Survey



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

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

First Street

Second Street

AND/OR

Other (e.g., landmark, park)

Census Tract Six-digit code found on your map.

Interviewer Initials

Drop-In Center Survey?

- Yes
- No

Please fill this section out based on your perception of the following characteristics of the potential respondent.

Perceived Age

- Under 18
- 18-24
- 25-54
- 55-61
- 62 and over

Perceived Gender

- Male
- Female
- Transgender male to female
- Transgender female to male
- Gender non-conforming

Perceived Ethnicity

- Hispanic or Latino
- Non-Hispanic or Latino

Perceived Race

- American Indian / Alaskan Native
- Asian
- Black / African-American
- Native Hawaiian / Other Pacific Islander
- White
- Multi-Racial / Other

Do you observe/ detect signs of the following?

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

Approached?

- Yes, **proceed with survey**
- Yes, refused to take survey, **continue to STAFF ONLY on pg 14**
- No, unapproached, **continue to STAFF ONLY on pg 14**



2018 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 your answers will be kept 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. We are interested in the opinions and living conditions of different people throughout Los Angeles County. I will ask questions about your experience with housing, services, and some things about yourself. 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 food card for your time. The survey will take around 10-15 minutes. After eligibility is determined, your responses to the survey questions 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.*

Are you over the age of 24?

- Yes *Continue with the Demographic Survey.*
- No *Please administer the Youth Survey if you are in a Youth Tract.*

1. Have you received a food 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 <input type="radio"/> Parking lot (Surface) <input type="radio"/> Parking structure 	<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"/> On a bus or train <input type="radio"/> Unconverted garage, attic, or basement <input type="radio"/> Other makeshift shelter not meant for human habitation
---	--	--

3. You told me where you had spent the most nights in the past 30 days. Where did you spend last night? *Wait for response, then select the choice closest to their answer.*

<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 	<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 <input type="radio"/> Parking lot (Surface) <input type="radio"/> Parking structure <input type="radio"/> Declined 	<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"/> On a bus or train <input type="radio"/> Unconverted garage, attic, or basement <input type="radio"/> Other makeshift shelter not meant for human habitation <input type="radio"/> Don't know <input type="radio"/> Same as previous response
---	--	--

4. What city or community were you sleeping in last night? *If the answer is LA, Los Angeles (City), please ask: “What neighborhood.” Refer to your LA Cities and Communities Cheat Sheet for a list of communities and cities in Los Angeles County. If outside of LA County, write in “outside of LA County.”*

- Same as survey location

If any answer in the RED BOX in Question 2 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 14). 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.

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

--	--

6. What is your date of birth?

Month Day Year

--	--	--

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

- Yes
- No
- Declined
- Don't know

If answer to Question 7 is Yes, skip to Question 9.

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

--

9. How long have you been homeless THIS TIME?

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

10. 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

11. In each of the following situations, can you tell me how many other people lived with you, NOT including yourself? Ask only for the cases you selected in Question 10. 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	

12. IN THE PAST YEAR, including this time, how many separate times have you experienced homelessness, on the street, in a vehicle or in shelters? E.g., if the respondent has been housed once in the past year and they were homeless before and after, two separate episodes or experiences of homelessness took place.

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

If the response to Question 9 was 1 year or greater, select 1 time and continue to Question 13.

13. 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

If the response to Question 9 was 3 years or greater, select 1 time and continue to Question 15.

If 4 or more times is NOT selected, continue to Question 15 on the next page.

14. 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

15. What gender do you identify with? *Wait for response and choose one answer. Read each category if response given is not listed.*

- Male
- Female
- Gender non-conforming
- Declined
- Don't know

16. Do you identify as transgender?

- Yes
- No
- Declined
- Don't know

17. Which of the following best represents your sexual orientation? *Read each category and choose one answer.*

- Straight
- Gay
- Lesbian
- Bisexual
- Unsure/ Questioning
- Declined
- Don't know

18. 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

19. What race do you identify with? Choose all that apply. *Wait for response and choose one answer. Read each category if response is not listed. If response is "Hispanic" or "Latino" select "Some other race (specify)" and write in "HL"*

- 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

20. 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

21. 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 20 or Question 21 is Yes, complete Questions 22 and 23. Otherwise, skip to the next prompt.

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

- Honorable
- General under honorable conditions
- Under other than honorable conditions (OTH)
- Bad Conduct
- Dishonorable
- Uncharacterized
- Unverified**
- Declined
- Don't know

If Unverified is selected for Question 21, skip to the next prompt.

23. Which years or in which theater of war did you serve? *Wait for response and choose ALL that apply.*

- World War II (1940-1947)
- Between WWII and Korean War (1947 - 1950)
- Korean War (1950 - 1955)
- Between Korean War and Vietnam (1955 - 1964)
- Vietnam (1964 - 1975)
- Post-Vietnam (1975 - 1991)
- Persian Gulf (1991 – 2001)
- Afghanistan (2001 - Present)
- Iraq - Operation Iraqi Freedom or Operation New Dawn (2003 - 2011)
- 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.

24. 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 will be kept confidential. You will receive an additional \$10 in compensation for your family.

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
25. 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.					
26. 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
27. How old is [initials]? For a child under a year old, approx. their age. e.g., six months old = .5					
28. What gender does [initials] identify with?	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Gender non-conforming <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Gender non-conforming <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Gender non-conforming <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Gender non-conforming <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Gender non-conforming <input type="radio"/> Declined <input type="radio"/> Don't know
29. Does [initials] identify as transgender?	<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
If family member is under 18 in Question 27, skip to Question 31. 30. Which of the following best represents [initials]'s sexual orientation? <i>Read each category and choose one answer.</i>	<input type="radio"/> Straight <input type="radio"/> Gay <input type="radio"/> Lesbian <input type="radio"/> Bisexual <input type="radio"/> Unsure/Questioning <input type="radio"/> Declined	<input type="radio"/> Straight <input type="radio"/> Gay <input type="radio"/> Lesbian <input type="radio"/> Bisexual <input type="radio"/> Unsure/Questioning <input type="radio"/> Declined	<input type="radio"/> Straight <input type="radio"/> Gay <input type="radio"/> Lesbian <input type="radio"/> Bisexual <input type="radio"/> Unsure/Questioning <input type="radio"/> Declined	<input type="radio"/> Straight <input type="radio"/> Gay <input type="radio"/> Lesbian <input type="radio"/> Bisexual <input type="radio"/> Unsure/Questioning <input type="radio"/> Declined	<input type="radio"/> Straight <input type="radio"/> Gay <input type="radio"/> Lesbian <input type="radio"/> Bisexual <input type="radio"/> Unsure/Questioning <input type="radio"/> Declined

Initials					
<p>31. Does [initials] identify as Hispanic or Latino? <i>If yes, read each category that starts with "Yes" and choose all that apply.</i></p>	<input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin (specify): <hr/> <input type="checkbox"/> Declined <input type="checkbox"/> Don't know	<input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin (specify): <hr/> <input type="checkbox"/> Declined <input type="checkbox"/> Don't know	<input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin (specify): <hr/> <input type="checkbox"/> Declined <input type="checkbox"/> Don't know	<input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin (specify): <hr/> <input type="checkbox"/> Declined <input type="checkbox"/> Don't know	<input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin (specify): <hr/> <input type="checkbox"/> Declined <input type="checkbox"/> Don't know
<p>32. What race does [initials] identify with? Choose all that apply. <i>Wait for response and choose one answer. Read each category if response is not listed. If response is "Hispanic" or "Latino" select "Some other race (specify)" and write in "HL"</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): <hr/> <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): <hr/> <input type="checkbox"/> Other Pacific Islander (specify): <hr/> <input type="checkbox"/> Some other race (specify): <hr/> <input type="checkbox"/> Declined <input type="checkbox"/> Don't know	<input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> American Indian or Alaska Native (Specify enrolled or principal tribe): <hr/> <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): <hr/> <input type="checkbox"/> Other Pacific Islander (specify): <hr/> <input type="checkbox"/> Some other race (specify): <hr/> <input type="checkbox"/> Declined <input type="checkbox"/> Don't know	<input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> American Indian or Alaska Native (Specify enrolled or principal tribe): <hr/> <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): <hr/> <input type="checkbox"/> Other Pacific Islander (specify): <hr/> <input type="checkbox"/> Some other race (specify): <hr/> <input type="checkbox"/> Declined <input type="checkbox"/> Don't know	<input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> American Indian or Alaska Native (Specify enrolled or principal tribe): <hr/> <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): <hr/> <input type="checkbox"/> Other Pacific Islander (specify): <hr/> <input type="checkbox"/> Some other race (specify): <hr/> <input type="checkbox"/> Declined <input type="checkbox"/> Don't know	<input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> American Indian or Alaska Native (Specify enrolled or principal tribe): <hr/> <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): <hr/> <input type="checkbox"/> Other Pacific Islander (specify): <hr/> <input type="checkbox"/> Some other race (specify): <hr/> <input type="checkbox"/> Declined <input type="checkbox"/> Don't know

Initials					
<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>33. Does [initials] have any of the following health conditions? Please use the response card.</p>	<input type="checkbox"/> Problematic alcohol use (1) <input type="checkbox"/> Problematic drug use (2) <input type="checkbox"/> Serious and long continuing mental illness(3) <input type="checkbox"/> Physical disability(4) <input type="checkbox"/> Physical Illness (chronic or ongoing) (5) <input type="checkbox"/> HIV / AIDS-related illness(6) <input type="checkbox"/> Severe depression (chronic or ongoing) (7) <input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD) (8) <input type="checkbox"/> Traumatic Brain Injury (TBI) (9) <input type="checkbox"/> Developmental disability(10) <input type="checkbox"/> None of the above(11) <input type="checkbox"/> Declined(12) <input type="checkbox"/> Don't know(13)	<input type="checkbox"/> Problematic alcohol use (1) <input type="checkbox"/> Problematic drug use (2) <input type="checkbox"/> Serious and long continuing mental illness(3) <input type="checkbox"/> Physical disability(4) <input type="checkbox"/> Physical Illness (chronic or ongoing) (5) <input type="checkbox"/> HIV / AIDS-related illness(6) <input type="checkbox"/> Severe depression (chronic or ongoing) (7) <input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD) (8) <input type="checkbox"/> Traumatic Brain Injury (TBI) (9) <input type="checkbox"/> Developmental disability(10) <input type="checkbox"/> None of the above(11) <input type="checkbox"/> Declined(12) <input type="checkbox"/> Don't know(13)	<input type="checkbox"/> Problematic alcohol use (1) <input type="checkbox"/> Problematic drug use (2) <input type="checkbox"/> Serious and long continuing mental illness(3) <input type="checkbox"/> Physical disability(4) <input type="checkbox"/> Physical Illness (chronic or ongoing) (5) <input type="checkbox"/> HIV / AIDS-related illness(6) <input type="checkbox"/> Severe depression (chronic or ongoing) (7) <input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD) (8) <input type="checkbox"/> Traumatic Brain Injury (TBI) (9) <input type="checkbox"/> Developmental disability(10) <input type="checkbox"/> None of the above(11) <input type="checkbox"/> Declined(12) <input type="checkbox"/> Don't know(13)	<input type="checkbox"/> Problematic alcohol use (1) <input type="checkbox"/> Problematic drug use (2) <input type="checkbox"/> Serious and long continuing mental illness(3) <input type="checkbox"/> Physical disability(4) <input type="checkbox"/> Physical Illness (chronic or ongoing) (5) <input type="checkbox"/> HIV / AIDS-related illness(6) <input type="checkbox"/> Severe depression (chronic or ongoing) (7) <input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD) (8) <input type="checkbox"/> Traumatic Brain Injury (TBI) (9) <input type="checkbox"/> Developmental disability(10) <input type="checkbox"/> None of the above(11) <input type="checkbox"/> Declined(12) <input type="checkbox"/> Don't know(13)	<input type="checkbox"/> Problematic alcohol use (1) <input type="checkbox"/> Problematic drug use (2) <input type="checkbox"/> Serious and long continuing mental illness(3) <input type="checkbox"/> Physical disability(4) <input type="checkbox"/> Physical Illness (chronic or ongoing) (5) <input type="checkbox"/> HIV / AIDS-related illness(6) <input type="checkbox"/> Severe depression (chronic or ongoing) (7) <input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD) (8) <input type="checkbox"/> Traumatic Brain Injury (TBI) (9) <input type="checkbox"/> Developmental disability(10) <input type="checkbox"/> None of the above(11) <input type="checkbox"/> Declined(12) <input type="checkbox"/> Don't know(13)
<p>34. Does [Initials] have any other ongoing health conditions? If yes, write in answers. If they do not wish to disclose information, leave the space blank.</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>35. 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					
If family member is under 18 in Question 27, skip to prompt at the top of Page 11 36. Has [initials] served on ACTIVE DUTY in the U.S. Armed forces (Army, Air force, Navy, Marine Corps, or Coast Guard?)	<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
37. Was [initials] called into ACTIVE DUTY as a member of the National Guard or as a reservist?	<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
38. What is [initials]'s discharge status? If "Unverified" is selected for Question 38, skip to the prompt at the top of Page 11.	<input type="radio"/> Honorable <input type="radio"/> General under honorable conditions <input type="radio"/> Under other than honorable conditions (OTH) <input type="radio"/> Bad Conduct <input type="radio"/> Dishonorable <input type="radio"/> Uncharacterized <input type="radio"/> Unverified <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="radio"/> Honorable <input type="radio"/> General under honorable conditions <input type="radio"/> Under other than honorable conditions (OTH) <input type="radio"/> Bad Conduct <input type="radio"/> Dishonorable <input type="radio"/> Uncharacterized <input type="radio"/> Unverified <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="radio"/> Honorable <input type="radio"/> General under honorable conditions <input type="radio"/> Under other than honorable conditions (OTH) <input type="radio"/> Bad Conduct <input type="radio"/> Dishonorable <input type="radio"/> Uncharacterized <input type="radio"/> Unverified <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="radio"/> Honorable <input type="radio"/> General under honorable conditions <input type="radio"/> Under other than honorable conditions (OTH) <input type="radio"/> Bad Conduct <input type="radio"/> Dishonorable <input type="radio"/> Uncharacterized <input type="radio"/> Unverified <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="radio"/> Honorable <input type="radio"/> General under honorable conditions <input type="radio"/> Under other than honorable conditions (OTH) <input type="radio"/> Bad Conduct <input type="radio"/> Dishonorable <input type="radio"/> Uncharacterized <input type="radio"/> Unverified <input type="radio"/> Declined <input type="radio"/> Don't know
39. Which years or in which theater of war did [initials] serve? Wait for response and choose ALL that apply.	<input type="checkbox"/> World War II (1940-1947) <input type="checkbox"/> Between WWII and Korean War (1947-1950) <input type="checkbox"/> Korean War (1950-1955) <input type="checkbox"/> Between Korean War and Vietnam (1955-1964) <input type="checkbox"/> Vietnam (1964-1975) <input type="checkbox"/> Post-Vietnam (1975-1991) <input type="checkbox"/> Persian Gulf (1991-2001) <input type="checkbox"/> Afghanistan (2001-Present) <input type="checkbox"/> Iraq-Operation Iraqi Freedom or Operation New Dawn (2003-2011) <input type="checkbox"/> Declined <input type="checkbox"/> Don't know	<input type="checkbox"/> World War II (1940-1947) <input type="checkbox"/> Between WWII and Korean War (1947-1950) <input type="checkbox"/> Korean War (1950-1955) <input type="checkbox"/> Between Korean War and Vietnam (1955-1964) <input type="checkbox"/> Vietnam (1964-1975) <input type="checkbox"/> Post-Vietnam (1975-1991) <input type="checkbox"/> Persian Gulf (1991-2001) <input type="checkbox"/> Afghanistan (2001-Present) <input type="checkbox"/> Iraq-Operation Iraqi Freedom or Operation New Dawn (2003-2011) <input type="checkbox"/> Declined <input type="checkbox"/> Don't know	<input type="checkbox"/> World War II (1940-1947) <input type="checkbox"/> Between WWII and Korean War (1947-1950) <input type="checkbox"/> Korean War (1950-1955) <input type="checkbox"/> Between Korean War and Vietnam (1955-1964) <input type="checkbox"/> Vietnam (1964-1975) <input type="checkbox"/> Post-Vietnam (1975-1991) <input type="checkbox"/> Persian Gulf (1991-2001) <input type="checkbox"/> Afghanistan (2001-Present) <input type="checkbox"/> Iraq-Operation Iraqi Freedom or Operation New Dawn (2003-2011) <input type="checkbox"/> Declined <input type="checkbox"/> Don't know	<input type="checkbox"/> World War II (1940-1947) <input type="checkbox"/> Between WWII and Korean War (1947-1950) <input type="checkbox"/> Korean War (1950-1955) <input type="checkbox"/> Between Korean War and Vietnam (1955-1964) <input type="checkbox"/> Vietnam (1964-1975) <input type="checkbox"/> Post-Vietnam (1975-1991) <input type="checkbox"/> Persian Gulf (1991-2001) <input type="checkbox"/> Afghanistan (2001-Present) <input type="checkbox"/> Iraq-Operation Iraqi Freedom or Operation New Dawn (2003-2011) <input type="checkbox"/> Declined <input type="checkbox"/> Don't know	<input type="checkbox"/> World War II (1940-1947) <input type="checkbox"/> Between WWII and Korean War (1947-1950) <input type="checkbox"/> Korean War (1950-1955) <input type="checkbox"/> Between Korean War and Vietnam (1955-1964) <input type="checkbox"/> Vietnam (1964-1975) <input type="checkbox"/> Post-Vietnam (1975-1991) <input type="checkbox"/> Persian Gulf (1991-2001) <input type="checkbox"/> Afghanistan (2001-Present) <input type="checkbox"/> Iraq-Operation Iraqi Freedom or Operation New Dawn (2003-2011) <input type="checkbox"/> Declined <input type="checkbox"/> Don't know

Thank you for answering those questions about your household. Next I'm going to ask you some additional personal questions about you. These questions are about your health and different lived experiences you have had. As a reminder, your answers will be kept 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.

40. 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. If respondent cannot read, proceed to reach each response and choose all that apply.*

- Problematic alcohol use (1)
- Problematic drug use (2)
- Serious and long continuing mental illness (e.g, depression, bipolar disorder, or schizophrenia) (3)
- Physical disability (4)
- Physical illness (chronic or ongoing) (5)
- HIV / AIDS-related illness (6)
- Severe depression (chronic or ongoing) (7)
- Post-Traumatic Stress Disorder (PTSD) (8)
- Traumatic Brain Injury (TBI) (9)
- Developmental disability (10)
- None of the above (11)
- Declined (12)
- Don't know (13)

41. 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 40 and "No," "Declined," or "Don't know" for Question 41, skip Question 42 and move on to the next prompt.

42. 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 four questions. If you do not feel that the situation is safe to ask questions about domestic violence, select "Safety concern" for Questions 43 through 45. Then Proceed to Question 46 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 43-45. 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.

43. 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 (1)
- Physical abuse by parent, guardian, or other relative (2)
- Sexual abuse by parent, guardian, or other relative (3)
- Physical abuse by intimate partner or spouse (4)
- Sexual abuse by intimate partner or spouse (5)
- Dating violence (6)
- Stalking (7)
- None of the above (8)
- Declined (9)
- Don't know (10)
- Safety concern

If only either of the following options are selected, skip to Question 46. If any other selections are made, and there is no safety concern, continue to Question 44.

44. Are you currently fleeing violence or abuse?

Please use the response card. If the person is not comfortable responding to the question, select Declined.

- Yes (1)
- No (2)
- Declined (3)
- Don't know (4)
- Safety concern

45. Are you experiencing homelessness because you are currently fleeing domestic violence, dating violence, sexual assault, or stalking? Please use the response card. If the person is not comfortable responding to the question, select Declined.

- Yes (1)
- No (2)
- Declined (3)
- Don't know (4)
- Safety concern

46. This next question is about involvement in different 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
- Prison
- Adult Probation
- Parole
- None of the above
- Declined
- Don't know

If the following options are selected, ask Questions 47 and 48. Otherwise, skip to the next prompt.

47. How long ago were you last released from jail or prison?

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

48. When you were last released from jail or prison, were you released on probation or parole? If yes, read each category that starts with "Yes" and choose all that apply.

- Yes, probation
- Yes, parole
- None of the above
- Declined
- Don't know

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

49. Have you ever lived outside of LA County?

- Yes
- No
- Declined
- Don't know

If "No" is selected, skip to Question 52.

50. How long has it been since you moved or moved back to LA County? If respondent is unsure use an example, e.g., "six months ago I moved from out of state."

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

51. 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 Bernardino, 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 52. Otherwise, skip to Question 53.

52. What city or community in LA County did you live in before you lost your housing? *If the respondent is having difficulty, ask them where the neighborhood or specific area the house or apartment was that they stayed in. If the answer is LA, Los Angeles (City), please ask: "What neighborhood" Refer to your LA Cities and Communities Cheat Sheet for a list of communities and cities in Los Angeles County.*

53. 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): _____

54. 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

55. Which of the following would best describe your employment situation? *Wait for response, and choose the most appropriate response. If unemployed or not working, ask for clarification.*

- Disabled or 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)
- Self-employed
- Unemployed; actively looking for work
- Unemployed; not actively looking for work
- Unemployed; student
- None of the above
- Declined
- Don't know

56. Have you ever worked or done an illegal act and someone else took some or all of the money?

Please use the response card.

- Yes (1)
- No (2)
- Declined (3)
- Don't know (4)

If the response to Question 56 is "No," skip to Question 58.

57. What type of work/illegal act did you have to do? *Please use the response card. Read each category and choose all that apply.*

- Agricultural work (1)
- Panhandling (2)
- Door-to-door sales (3)
- Restaurant/catering work (4)
- Household/childcare work (5)
- Illegal goods sales (drugs, guns, etc.) (6)
- Sex work (7)
- Other (8)
- Declined (9)
- Don't know (10)

58. Do you receive any of the following forms of government assistance? *Read each category following the directions in red and choose ALL that apply.*

- CAPI - Cash Assistance Program for Immigrants
- Child support or survivor benefits
- Food Stamps / EBT Card / CalFresh
- GR / GA - General Relief or Assistance
- My Health LA (DHS)
- Medicaid / Medi-Cal / LA Care/ HealthNet
- SSI / SSDI / Disability
- Medicare (respondents born before 1957 only)
- Unemployment (unemployed persons only)
- Veteran's Disability (vets only)
- Veterans Medical Center / Veteran Benefits (vets only)
- Veteran's Pension (vets only)
- State children's health insurance (CHIP/ Healthy Families) (families only)
- CalWORKs / TANF (families only)
- WIC - Women, Infants, and Children (families only)
- None at this time
- Declined
- Don't know

59. 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! Please complete the STAFF USE ONLY section below before continuing to the next respondent

STAFF ONLY

	Food Card Received?
Surveyor, what is the status of the survey?	<input type="radio"/> Yes
	<input type="radio"/> No
<input type="radio"/> Complete (respondent was asked every question, excluding skip logic)	
<input type="radio"/> Partial (respondent didn't finish survey)	
<input type="radio"/> Sheltered/Housed/Cannot Confirm Eligibility	
<input type="radio"/> Refusal (at any point, respondent declined to take or continue the survey)	
<input type="radio"/> Not approached/ Unapproachable	