

FOR STAFF ONLY

2018 Youth Count Survey



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

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
- Over 24

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. 16
- No, unapproached, continue to STAFF ONLY on pg. 16



2018 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 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 \$10 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 Youth Count Survey
- No, Please re-read the introduction and confidentiality statement one more time before going to next participant.

1. Have you received a food 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 questions determine your eligibility to take the complete survey.

2. What is your date of birth?

Month Day Year

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If date of birth is before 1/23/1993, 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 16).

If date of birth is on or after 1/23/1993, 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"> <input type="radio"/> Emergency shelter <input type="radio"/> Hotel or motel <input type="radio"/> Transitional housing <input type="radio"/> Youth shelter <input type="radio"/> Hospital, substance abuse or psychiatric treatment facility <input type="radio"/> Jail or prison <input type="radio"/> Safe haven <input type="radio"/> Your own apartment or home <input type="radio"/> Apartment or home of a friend or family member <input type="radio"/> With someone unknown because you needed a place to stay <input type="radio"/> Foster care or group home <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"/> Unconverted garage, attic, or basement <input type="radio"/> Other makeshift shelter not meant for human habitation
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4. 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.

<input type="radio"/> Emergency shelter <input type="radio"/> Hotel or motel <input type="radio"/> Transitional housing <input type="radio"/> Youth shelter <input type="radio"/> Hospital, substance abuse or psychiatric treatment facility <input type="radio"/> Jail or prison <input type="radio"/> Safe haven <input type="radio"/> Your own apartment or home <input type="radio"/> Apartment or home of a friend or family member <input type="radio"/> With someone unknown because you needed a place to stay <input type="radio"/> Foster care or group home <input type="radio"/> Declined <input type="radio"/> Don't know	<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"/> 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 <input type="radio"/> Declined <input type="radio"/> Don't Know <input type="radio"/> Same as previous response
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If any answer in the **RED BOX** in Question 3 is selected, say "I'm sorry, you do not qualify for the Youth Count Survey. Thank you for your time." Then skip to **FOR STAFF ONLY** (page 16). If any other choice is selected, continue below.

5. What city or community in LA County 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.*

Same as survey location

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

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

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7. 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

8. Do you identify as transgender?

- Yes
- No
- Declined
- Don't know

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

- Straight
- Gay or lesbian
- Bisexual
- Unsure/ Questioning
- Other (specify): _____
- Declined

10. 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

11. What race do you identify with? 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

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

- Yes
- No
- Declined
- Don't know

13. Were you called into ACTIVE DUTY as a member of the National Guard or as a reservist? Choose one answer.

- Yes
- No
- Declined
- Don't know

If answer to either Question 12 or Question 13 is "Yes", complete Question 14. Otherwise, skip to Question 15.

14. What is your discharge status? Choose one answer. 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

15. Is this the first time you have experienced homelessness? Choose one answer.

- Yes
- No
- Declined
- Don't know

If answer to Question 15 is "Yes," skip to Question 17.

16. How old were you the FIRST TIME you experienced homelessness?

17. How long have you been experiencing homelessness THIS TIME? Enter your best approximation of their response in the boxes below.

Days	
Weeks	
Months	
Years	

18. 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 brief period in the past year and they were homeless before and after that, that means two separate episodes or experiences of homelessness took place. Choose one answer.

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

If the response to Question 17 was 1 year or greater, select 1 time and continue to Question 19.

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

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

If the response to Question 17 was 3 years or greater, select 1 time and continue to Question 21.

If 4 or more times is NOT selected, continue to Question 21.

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

- Yes
- No
- Declined
- Don't know

21. 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

22. 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.*

Car	
Van	
RV/ Camper	
Tent	
Makeshift Shelter	

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.

23. 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	
Adults 18 to 24	
Under 18	

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 top of Page 12.**

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 \$5 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 or nickname of each family member in the boxes below. Complete the responses in each column for each family member.

Question	Person 1	Person 2	Person 3	Person 4	Person 5
24. What are the initials or a nickname of other people in your household from oldest to youngest?					

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.

25. How is [initials] related to you? Choose one answer.	<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
26. 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					

Initials					
27. What gender does [initials] identify with? <i>Choose one answer.</i>	<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
28. Does [initials] identify as transgender? <i>Choose one answer.</i>	<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
29. Does [initials] identify as Hispanic or Latino? <i>If yes, read each category that starts with "Yes" and choose all that apply.</i>	<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): _____ <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): _____ <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): _____ <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): _____ <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): _____ <input type="checkbox"/> Declined <input type="checkbox"/> Don't know

Initials					
<p>30. What race does [initials] 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"</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"/> Some other race (specify): _____ <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): _____ <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"/> Some other race (specify): _____ <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): _____ <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"/> Some other race (specify): _____ <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): _____ <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"/> Some other race (specify): _____ <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): _____ <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"/> Some other race (specify): _____ <input type="checkbox"/> Declined <input type="checkbox"/> Don't know
<p>If family member is under 18 in Question 25, skip to Question 32. 31. Which of the following best represents [initials]'s sexual orientation? Choose one answer.</p>	<input type="checkbox"/> Straight <input type="checkbox"/> Gay or lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Unsure/Questioning <input type="checkbox"/> Other: _____ <input type="checkbox"/> Declined	<input type="checkbox"/> Straight <input type="checkbox"/> Gay or lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Unsure/Questioning <input type="checkbox"/> Other: _____ <input type="checkbox"/> Declined	<input type="checkbox"/> Straight <input type="checkbox"/> Gay or lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Unsure/Questioning <input type="checkbox"/> Other: _____ <input type="checkbox"/> Declined	<input type="checkbox"/> Straight <input type="checkbox"/> Gay or lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Unsure/Questioning <input type="checkbox"/> Other: _____ <input type="checkbox"/> Declined	<input type="checkbox"/> Straight <input type="checkbox"/> Gay or lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Unsure/Questioning <input type="checkbox"/> Other: _____ <input type="checkbox"/> Declined

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 to your answer. 32. 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>33. 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.</p>	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Declined <input type="radio"/> Don't know <i>(If yes, list condition below)</i> <hr/>	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Declined <input type="radio"/> Don't know <i>(If yes, list condition below)</i> <hr/>	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Declined <input type="radio"/> Don't know <i>(If yes, list condition below)</i> <hr/>	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Declined <input type="radio"/> Don't know <i>(If yes, list condition below)</i> <hr/>	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Declined <input type="radio"/> Don't know <i>(If yes, list condition below)</i> <hr/>
<p>34. Is [initials]'s health condition or disability either permanent or long term? Choose one answer.</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 the prompt at the bottom of this page.</p> <p>35. Has [initials] served on ACTIVE DUTY in the U.S. Armed forces (Army, Air force, Navy, Marine Corps, or Coast Guard?) Choose one answer.</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>36. Was [initials] called into ACTIVE DUTY as a member of the National Guard or as a reservist? Choose one answer.</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>37. What is [initials]'s discharge status? Choose one answer.</p>	<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

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 lived 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

38. 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 read 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)

39. Do you have any other ongoing health conditions?

Choose one answer. 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 38 and "No," "Declined," or "Don't know" for Question 39, skip Question 40 and move on to Question 41.

40. Is your medical condition or disability either permanent or long-term? *Choose one answer.*

- Yes
- No
- Declined
- Don't know

41. Have you ever been involved in an inpatient or outpatient mandated stay in a mental health treatment facility? *Choose one answer.*

- 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 42-43 and continue to Question 43.

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.*

42. Have you ever 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." Choose one answer.*

- 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 44. If any other selections are made, and there is no safety concern, continue to Question 43.

43. Are you experiencing homelessness because you are currently fleeing domestic violence, dating violence, sexual assault, or stalking?

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

I'm about to ask you two sensitive and personal questions. Your answers will be kept confidential. You will not get in trouble for your responses.

44. 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 44 is "No," skip to Question 46.

45. 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)

46. This next question is about involvement in different criminal justice 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.*

- Juvenile Detention or Probation Camp
- Juvenile Probation Group Home/Residential Program
- Juvenile Home Probation
- Jail
- Prison
- Adult Probation
- Parole
- None of the above
- Declined
- Don't know

47. This next question is about involvement in different child welfare 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 programs. Please read each option and choose ALL that apply. Choose "None of the Above" if none apply.

- Foster Care placement with extended family (Relative or Kinship Care)
- Foster Care placement with nonrelative family
- Foster Care Residential or Group Home placement
- Extended Foster Care (AB 12)
- Independent Living Program (ILP)
- None of the above
- Declined
- Don't know

48. Are you currently enrolled in school? If yes, read each category that starts with "Yes" and choose the one that applies.

- No, not currently enrolled in school
- Yes, Grade 12 or less
- Yes, community college
- Yes, vocational or technical training
- Yes, 4-year college or university
- Yes, currently enrolled in other (specify): _____
- Declined
- Don't know

49. What is the highest level of education you have completed? Wait for response and select the category that applies. If response is "Other" and described as vocational or technical training, write in "VOC."

- Less than high school diploma/No GED
- High school diploma/GED
- Some college or Associate's Degree (A.S)
- Bachelor's degree or greater
- Other: _____
- Declined
- Don't know

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

50. Have you ever lived outside of LA County?

Choose one answer.

- Yes
- No
- Declined
- Don't know

If "No" is selected, skip to Question 53.

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

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

52. 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 53. Otherwise, Skip to Question 54.

53. 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" Refer to your LA Cities and Communities Cheat Sheet for a list of communities and cities in Los Angeles County.*

54. 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.*

- Left or aged out of foster care
- Physical Safety Concerns (e.g., gang related violence)
- 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
- Child support issues
- 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
- Personal alcohol or drug use
- Released from hospital, treatment facility, or other institution
- Release from jail or prison
- Recent immigration
- Break-up, divorce, or separation
- Declined
- Don't know
- Other (Specify): _____

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

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

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

- Extended Foster Care benefits (AB12/EFC) **(foster care only)**
- Student Financial Aid **(students only)**
- 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
- 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

Thank you for taking time to complete the Youth Count 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

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
- Language Barrier
- Not Approached/Unapproachable
- Refusal (at any point, respondent declined to take or continue the survey)



Food card received?

- Yes