

**Pre-Survey – FOR STAFF ONLY**

**DATE:** \_\_\_ / \_\_\_ / \_\_\_

**INTERVIEWER INITIALS:** \_\_\_\_\_

**TIME:** \_\_\_ : \_\_\_  AM  PM

**SERVICE PLANNING AREA (SPA)** where you are conducting survey:  SPA 1  SPA 3  SPA 5  SPA 7  
 SPA 2  SPA 4  SPA 6  SPA 8

**LOCATION / INTERSECTION**

where you are conducting survey:

1<sup>st</sup> Street:

2<sup>nd</sup> Street:

Other:   
(e.g. park or landmark)

**CENSUS SUBTRACT:**  **SUFFIX:** (LETTER/S)

**Service Provider site Survey?**  No  Yes  
*If service provider site, enter site name to the right.*

**Phone Survey?**  No  Yes

**Please fill this section out based on YOUR PERCEPTION of the potential respondent.**

**Perceived GENDER:**

- Male
- Female
- Gender non-binary
- Can't identify

**Perceived RACE / ETHNICITY:**

- American Indian / Alaskan Native / Indigenous
- Asian / Asian American
- Black / African American / African
- Native Hawaiian / Other Pacific Islander
- White
- Multiple Races
- Hispanic or Latin(o)(a)(x)
- Can't identify

**Do you observe signs of ANY of the following:**

- Physical health condition
- Mental illness
- Alcohol or substance use
- No Observations
- Can't identify

**Perceived AGE:**

- Under 18
- 18-24
- 25-54
- 55-61
- 62+  Can't identify

**RESPONDENT APPROACHED?**

- No, unapproached
- Yes, but refused
- Yes, but language barrier
- Yes, proceed with survey ↓



**Greater Los Angeles Homeless Count**

**INTRODUCTION & CONSENT**

*Before we begin, I want to remind you that this interview is completely voluntary and should you refuse, it will **NOT** result in any denial of services. Your answers will be kept confidential and if we should come to any questions you don't want to answer, just let me know and we'll go to the next question. We're interested in the opinions & living conditions of individuals throughout L.A. County, so I'll be asking questions about your experience with housing, services, & some things about yourself. I hope you'll find the questions interesting & want to give them careful thought.*

*If you qualify for the full survey, which takes around 15-20 minutes, you will receive a \$10 gift card for your time. After we've determined that you qualify, your responses to any of the following survey questions will **NOT** affect whether you receive the gift card.*

*If you qualify for the full survey, which takes around 15-20 minutes, you will receive a \$10 gift card for your time. After we've determined that you qualify, your responses to any of the following survey questions will **NOT** affect whether you receive the gift card.*

**Do you understand the purpose of the survey & that your answers will be kept confidential?**

**Please re-read intro & verify refusal** ← ---  No  Yes --- → **Continue with demographic survey**

**KEY:** Read question text to respondent  
Supporting instructions for surveyor(s)

Circle = Select ONE answer option  
 Box = Select ALL options that apply

**RULES FOR QUESTION ORDER**  
↳ & **SURVEY PROGRESSION**

**PROMPTS to read out loud.**

**#. Follow-up question**

**#. Use RESPONSE CARD**

**(SKIP TO) QUESTION #**

**ELIGIBILITY**

1. What is your date of birth? { MM / DD / YEAR } \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2. The next 2 questions determine if you are eligible to take the full survey. Where have you spent **MOST** of your nights in the last 30 days? *Wait for response, then select choice closest to their answer.*

*If asked to clarify, ask: "Have you spent more than 2 weeks of the past month in the same place? If so, where was that?"*

- |   |  |   |
|---|--|---|
| <input type="radio"/> Your own apartment or home                        | <input type="radio"/> Street, sidewalk, or alley                 | <input type="radio"/> Car or truck              |
| <input type="radio"/> Emergency shelter                                 | <input type="radio"/> Campground or woods                        | <input type="radio"/> Van or SUV                |
| <input type="radio"/> Apartment or home of a relative or friend         | <input type="radio"/> Park, beach, or riverbed                   | <input type="radio"/> RV or camper              |
| <input type="radio"/> Apartment or home of a stranger                   | <input type="radio"/> Under bridge or overpass                   | <input type="radio"/> Parking structure         |
| <input type="radio"/> Foster care, group home, SILP, STRTP              | <input type="radio"/> Parking lot (surface)                      | <input type="radio"/> On a bus or train         |
| <input type="radio"/> Hospital, substance abuse or psychiatric facility | <input type="radio"/> Abandoned building                         | <input type="radio"/> Bus or Train stop/station |
| <input type="radio"/> Hotel or motel                                    | <input type="radio"/> Unconverted garage, attic, basement        | <input type="radio"/> Airport                   |
| <input type="radio"/> Jail or prison                                    | <input type="radio"/> Makeshift Shelter                          | <input type="radio"/> Workplace                 |
| <input type="radio"/> Safe Haven  | <input type="radio"/> Tent                                       | <input type="radio"/> Declined                  |
| <input type="radio"/> Transitional housing                              | <input type="radio"/> Other outdoor location                     | <input type="radio"/> Don't know                |
| <input type="radio"/> Youth shelter                                     | <input type="radio"/> Other place not meant for human habitation |   |
| <input type="radio"/> Assisted living or Board & Care facility          |  |   |

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.*

- |   |  |   |
|---|--|---|
| <input type="radio"/> Your own apartment or home                        | <input type="radio"/> Street, sidewalk, or alley                 | <input type="radio"/> Car or truck              |
| <input type="radio"/> Emergency shelter                                 | <input type="radio"/> Campground or woods                        | <input type="radio"/> Van or SUV                |
| <input type="radio"/> Apartment or home of a relative or friend         | <input type="radio"/> Park, beach, or riverbed                   | <input type="radio"/> RV or camper              |
| <input type="radio"/> Apartment or home of a stranger                   | <input type="radio"/> Under bridge or overpass                   | <input type="radio"/> Parking structure         |
| <input type="radio"/> Foster care, group home, SILP, STRTP              | <input type="radio"/> Parking lot (surface)                      | <input type="radio"/> On a bus or train         |
| <input type="radio"/> Hospital, substance abuse or psychiatric facility | <input type="radio"/> Abandoned building                         | <input type="radio"/> Bus or Train stop/station |
| <input type="radio"/> Hotel or motel                                    | <input type="radio"/> Unconverted garage, attic or basement      | <input type="radio"/> Airport                   |
| <input type="radio"/> Jail or prison                                    | <input type="radio"/> Makeshift Shelter                          | <input type="radio"/> Workplace                 |
| <input type="radio"/> Safe Haven  | <input type="radio"/> Tent                                       | <input type="radio"/> Declined                  |
| <input type="radio"/> Transitional housing                              | <input type="radio"/> Other outdoor location                     | <input type="radio"/> Don't know                |
| <input type="radio"/> Youth shelter                                     | <input type="radio"/> Other place not meant for human habitation |   |
| <input type="radio"/> Assisted living or Board & Care facility          |  |   |

4. We're interested in understanding how much you travel throughout the day and night. We know you are here now. But what city, neighborhood, or community were you sleeping in last night?

*If respondent names a community, select "Knows..." & write it in.*

*If they say the community where you are interviewing, select "Here".*

*If they know the ZIP code, enter 5-digit zip*

*If respondent is still having difficulty, have them point on the L.A. County map & enter the corresponding SPA. →*

- Knows community or city, specify: \_\_\_\_\_
- Here (location of survey)
- Knows ZIP code: \_\_\_\_\_
- |                                  |                                |                             |                             |
|----------------------------------|--------------------------------|-----------------------------|-----------------------------|
| <input type="radio"/> SPA 1      | <input type="radio"/> SPA 3    | <input type="radio"/> SPA 5 | <input type="radio"/> SPA 7 |
| <input type="radio"/> SPA 2      | <input type="radio"/> SPA 4    | <input type="radio"/> SPA 6 | <input type="radio"/> SPA 8 |
| <input type="radio"/> Don't know | <input type="radio"/> Declined |                             |                             |

**IF EITHER QUESTION #2 OR #3 = UNSHELTERED (2<sup>ND</sup> & 3<sup>RD</sup> COLUMNS), THEY ARE ELIGIBLE – CONTINUE**

**IF BOTH QUESTION #2 AND QUESTION #3 = SHELTERED (1<sup>ST</sup> COLUMN), RESPONDENT IS INELIGIBLE – READ PROMPT:**

***I'm sorry, you do not qualify for the full survey. Thank you for your time. MOVE ON TO NEXT RESPONDENT***

**You are eligible for the full survey. We'll start with some questions about you & your experiences.**

**INDIVIDUAL DEMOGRAPHICS**

5. What are the initials of your FIRST and LAST name? { First Last } \_\_\_\_\_

6. What gender or genders do you identify with?  
*Wait for response and choose ALL applicable answers. Read each category if response given is not listed.*

Male  Questioning  
 Female  Declined  
 Not singularly male or female  Don't know

7. Do you identify as transgender?  (1) Yes  (2) No  Declined  Don't know  
**PLEASE USE RESPONSE CARD.**

8. Which best represents your sexual orientation?  (1) Straight  (4) Bisexual  Declined  
 (2) Gay  (5) Unsure / Questioning  Don't know  
 (3) Lesbian  (6) Other, specify \_\_\_\_\_  
**PLEASE USE RESPONSE CARD.**

9. Do you identify as Hispanic or Latin(o)(a)(x)?  
 Yes  No, do not identify as Hispanic / Latin(o)(a)(x)  Declined  Don't know

*If respondent identifies as Hispanic/Latin(o)(a)(x):* **As an Hispanic/Latin(o)(a)(x) person, what is your ethnic or cultural background?**  
*Select ALL that apply*

Central American  Honduran  Salvadoran  
 Cuban  Puerto Rican  South American  
 Dominican  Mexican  Spanish (from Spain)  
 Guatemalan  Mexican American or Chicano  Declined  
 Other Hispanic/Latinx origin: \_\_\_\_\_  Don't know

10. What race OR races do you identify with? *Wait for response & choose ALL that apply. IF response isn't listed, mark "Other race" & specify.*

American Indian, Alaska Native, or Indigenous  Asian or Asian American  Native Hawaiian or Other Pacific Islander  
 American Indian  Asian Indian  Native Hawaiian  
 Alaska Native  Chinese  Guamanian or Chamorro  
 Indigenous  Japanese  Samoan  
 Black, African American, or African  Korean  Other Pacific Islander, specify: \_\_\_\_\_  
 African American  Vietnamese  Other Asian, specify: \_\_\_\_\_  Declined  
 African  Filipino  Other race, specify: \_\_\_\_\_  Don't know  
 Black – Not African  Other race, specify: \_\_\_\_\_  Don't know  
 White  Other race, specify: \_\_\_\_\_  Don't know

**Are there any other races with which you identify?** *Use same response area as above, mark any additional responses. Offer to read list of responses if needed.*

*If respondent identifies as American Indian, Alaska Native, and/or Indigenous,*  
**As an American Indian, Alaska Native, or Indigenous person, what is your tribal affiliation?**

U.S. Federally Recognized Tribes, specify \_\_\_\_\_  Other tribal affiliation, specify \_\_\_\_\_  
 State Recognized Tribes, specify \_\_\_\_\_  Declined  
 First Nations Tribes, specify \_\_\_\_\_  Don't know  
 Latin American Tribes, specify \_\_\_\_\_

**VETERAN STATUS**

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

- Yes     No     Declined  
 Don't know

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

- Yes     No     Declined  
 Don't know

**IF ACTIVE DUTY IN BOTH ARMED FORCES AND NATIONAL GUARD = No; DECLINED; DON'T KNOW → QUESTION #15**

13. What is your discharge status? *IF response is not listed, select "Unverified"*

- Honorable     General under honorable conditions     Dishonorable     Unverified  
 Bad conduct     Under other than honorable conditions (OTH)     Uncharacterized     Declined  
 Don't know → QUESTION #15

14. Which years, or in which theater(s) of war, did you serve? *Wait for response and choose ALL that apply.*

- World War II (1940-47)     Vietnam (1964-75)     Iraq - Operation Iraqi Freedom OR Operation New Dawn (2003-11)  
 Between WWII & Korean War (1947-50)     Post-Vietnam (1975-91)     Declined  
 Korean War (1950-55)     Persian Gulf (1991-2001)     Don't know  
 Between Korean War & Vietnam (1955-64)     Afghanistan (2001-2021)

**EXPERIENCE(S) OF HOMELESSNESS**

15. Is this the FIRST time you have experienced homelessness?

- Yes → QUESTION #17     Declined  
 No     Don't know

16. How old were you the FIRST TIME you experienced homelessness?  
*Enter approximate age in blank → \_\_\_\_\_(years)*

17. How long have you been experiencing homelessness THIS TIME?  
*Enter best approximation of their response → \_\_\_\_\_(days) \_\_\_\_\_(weeks) \_\_\_\_\_(months) \_\_\_\_\_(years)*

**IF LENGTH OF HOMELESSNESS = 1+ YEAR (12+ MONTHS) → QUESTION #21    OTHERWISE – CONTINUE TO QUESTION #18 - #20**

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?

*EXAMPLE: respondent was housed once for a short time in the past year & homeless before and after = 2 separate episodes of homelessness.*

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

19. In the PAST 3 YEARS, including this time, how many separate times have you experienced homelessness, on the street, in a vehicle or in shelters?

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

20. In the PAST 3 YEARS, have you stayed in shelters or on the streets for more than 12 MONTHS total?

- Yes     No     Declined  
 Don't know

**These next questions will be about your experience in various living situations and whether others live or have lived with you. Please remember that all your responses are completely confidential. Your responses will never be used to report, locate, or otherwise incriminate you or anyone else.**

**EXPERIENCE(S) OF HOMELESSNESS, CONTINUED...**

- 21. In the past 6 MONTHS, have you lived in any of these situations:**  Car ----- with (#) \_\_\_\_\_ people  
*List each category to the right, if they say "yes" check the box.*  Van ----- with (#) \_\_\_\_\_ people  
**For EACH checked box, ask the following question:**  RV/Camper ---- with (#) \_\_\_\_\_ people  
**22. At any given time, how many other people lived with you**  Tent- ----- with (#) \_\_\_\_\_ people  
**in the [Car, Van, Tent, etc.]?**  Makeshift shelter with (#) \_\_\_\_\_ people  
*If the respondent lived alone, please enter 0 (zero).*  None of the above  Declined  
 Don't know

**This next question is about your current living situation and any family members living with you. Depending on who lives with you, I may have more questions. Please remember, all your answers are confidential. Your responses will never be used to report, locate or incriminate you or anyone else.**

**HOUSEHOLD**

- 23. NOT including yourself, how many adults &/or children are currently living with you in your household?**  
*If respondent lives alone, enter 0 (zero) for both blanks.* Children under 18 \_\_\_\_\_ Adults 18+ \_\_\_\_\_

**IF 1+ CHILDREN UNDER 18** — CONTINUE WITH PROMPT + QUESTIONS #24-#35.

**IF NO CHILDREN (0)** — QUESTION #36 (pg.8)

**HOUSEHOLD DEMOGRAPHICS**

**Now I'm going to ask some personal questions about the children you live with, and you'll get an additional \$10 in compensation for these extra questions. Again, all responses are confidential.**

- 24. I'll refer to your family members by the initials or nickname(s) you give me. Could you list the other people in your household, from youngest to oldest, using initials or nicknames?**

\_\_\_\_\_  
Person 1

\_\_\_\_\_  
Person 2

\_\_\_\_\_  
Person 3

\_\_\_\_\_  
Person 4

\_\_\_\_\_  
Person 5

\_\_\_\_\_  
Person 6

**CONTINUE TO HOUSEHOLD QUESTIONS #25 THROUGH #35-----**

**ENTER INITIALS AT THE TOP OF PAGES 6, 7, & 8**

INITIALS from QUESTION #24 HERE →

PERSON 1: \_\_\_\_\_

PERSON 2: \_\_\_\_\_

<p><b>25. How are they related to you?</b></p>	<p><input type="radio"/> Spouse / partner      <input type="radio"/> Grandchild  <input type="radio"/> Child      <input type="radio"/> Sibling      <input type="radio"/> Other Relative  <input type="radio"/> Parent      <input type="radio"/> Non-family      <input type="radio"/> Declined/Don't know</p>	<p><input type="radio"/> Spouse / partner      <input type="radio"/> Grandchild  <input type="radio"/> Child      <input type="radio"/> Sibling      <input type="radio"/> Other Relative  <input type="radio"/> Parent      <input type="radio"/> Non-family      <input type="radio"/> Declined/Don't know</p>
<p><b>26. How old are they?</b></p>	<p>(Years) _____ (Months) _____</p>	<p>(Years) _____ (Months) _____</p>
<p><b>27. Do they identify as Hispanic or Latin(o)(a)(x)?</b></p>	<p><input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Declined    <input type="radio"/> Don't know</p>	<p><input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Declined    <input type="radio"/> Don't know</p>
<p><b>28. What race, OR races, do they identify with?</b></p> <p><i>Wait for response &amp; choose ALL that apply. IF response isn't listed, mark "Other race" &amp; specify.</i></p> <p><i>Then ask:</i></p> <p><b>Are there any other races with which they identify?</b></p> <p><i>Offer to read list of responses if needed.</i></p>	<p><input type="checkbox"/> American Indian, Alaska Native, or Indigenous  <input type="checkbox"/> Asian or Asian American              <input type="checkbox"/> Asian Indian      <input type="checkbox"/> Japanese              <input type="checkbox"/> Chinese          <input type="checkbox"/> Korean              <input type="checkbox"/> Filipino          <input type="checkbox"/> Vietnamese              <input type="checkbox"/> Other Asian, specify _____</p> <p><input type="checkbox"/> Black, African American, or African  <input type="checkbox"/> Native Hawaiian or other Pacific Islander              <input type="checkbox"/> Guamanian/ Chamorro              <input type="checkbox"/> Native Hawaiian              <input type="checkbox"/> Samoan              <input type="checkbox"/> Other Pacific Islander, specify _____</p> <p><input type="checkbox"/> White  <input type="checkbox"/> Other race, specify _____  <input type="radio"/> Declined                      <input type="radio"/> Don't know</p>	<p><input type="checkbox"/> American Indian, Alaska Native, or Indigenous  <input type="checkbox"/> Asian or Asian American              <input type="checkbox"/> Asian Indian      <input type="checkbox"/> Japanese              <input type="checkbox"/> Chinese          <input type="checkbox"/> Korean              <input type="checkbox"/> Filipino          <input type="checkbox"/> Vietnamese              <input type="checkbox"/> Other Asian, specify _____</p> <p><input type="checkbox"/> Black, African American, or African  <input type="checkbox"/> Native Hawaiian or other Pacific Islander              <input type="checkbox"/> Guamanian/ Chamorro              <input type="checkbox"/> Native Hawaiian              <input type="checkbox"/> Samoan              <input type="checkbox"/> Other Pacific Islander, specify _____</p> <p><input type="checkbox"/> White  <input type="checkbox"/> Other race, specify _____  <input type="radio"/> Declined                      <input type="radio"/> Don't know</p>
<p><b>29. What gender or genders do they identify with?</b></p>	<p><i>Select ALL that apply</i></p> <p><input type="checkbox"/> Male    <input type="checkbox"/> Not singularly male or female    <input type="radio"/> Declined  <input type="checkbox"/> Female    <input type="checkbox"/> Questioning                                      <input type="radio"/> Don't know</p>	<p><i>Select ALL that apply</i></p> <p><input type="checkbox"/> Male    <input type="checkbox"/> Not singularly male or female    <input type="radio"/> Declined  <input type="checkbox"/> Female    <input type="checkbox"/> Questioning                                      <input type="radio"/> Don't know</p>
<p><b>30. Do they identify as transgender?</b></p>	<p><b>Use response card</b>    <input type="radio"/> (1) Yes    <input type="radio"/> (2) No    <input type="radio"/> Declined  <input type="radio"/> Don't know</p>	<p><b>Use response card</b>    <input type="radio"/> (1) Yes    <input type="radio"/> (2) No    <input type="radio"/> Declined  <input type="radio"/> Don't know</p>

IF AGE OF PERSON = UNDER 18 YEARS OLD → QUESTION #34

OTHERWISE – CONTINUE TO QUESTION #31 & #32

<p><b>31. Which best represents their sexual orientation?</b></p> <p><b>Use response card</b></p>	<p><input type="radio"/> (1) Straight    <input type="radio"/> (2) Gay    <input type="radio"/> (3) Lesbian    <input type="radio"/> (4) Bisexual  <input type="radio"/> (5) Unsure/?ing    <input type="radio"/> (6) Other, _____    <input type="radio"/> Decl./don't know</p>	<p><input type="radio"/> (1) Straight    <input type="radio"/> (2) Gay    <input type="radio"/> (3) Lesbian    <input type="radio"/> (4) Bisexual  <input type="radio"/> (5) Unsure/?ing    <input type="radio"/> (6) Other, _____    <input type="radio"/> Decl./don't know</p>
<p><b>32. Have they served any ACTIVE DUTY in the:</b></p>	<p><input type="checkbox"/> U.S. Armed Forces    <input type="checkbox"/> Reservist      <input type="radio"/> Declined  <input type="checkbox"/> National Guard      <input type="radio"/> No Active Duty    <input type="radio"/> Don't know</p>	<p><input type="checkbox"/> U.S. Armed Forces    <input type="checkbox"/> Reservist      <input type="radio"/> Declined  <input type="checkbox"/> National Guard      <input type="radio"/> No Active Duty    <input type="radio"/> Don't know</p>

IF No ACTIVE DUTY, DECLINED, OR DON'T KNOW → QUESTION #34

<p><b>33. What is their discharge status?</b></p>	<p><input type="radio"/> General, honorable conditions    <input type="radio"/> Honorable  <input type="radio"/> Other than honorable conditions    <input type="radio"/> Bad Conduct  <input type="radio"/> Uncharacterized    <input type="radio"/> Declined    <input type="radio"/> Dishonorable  <input type="radio"/> Unverified    <input type="radio"/> Don't know</p>	<p><input type="radio"/> General, honorable conditions    <input type="radio"/> Honorable  <input type="radio"/> Other than honorable conditions    <input type="radio"/> Bad Conduct  <input type="radio"/> Uncharacterized    <input type="radio"/> Declined    <input type="radio"/> Dishonorable  <input type="radio"/> Unverified    <input type="radio"/> Don't know</p>
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<p><b>34. Do they have, or have they been diagnosed with, any of the following health conditions?</b> <i>Check or mark the box for EACH condition selected, and ask</i></p> <p><b>PLEASE USE RESPONSE CARD.</b></p>	<p><b>35. FOR EACH BOX CHECKED CLARIFY WITH RESPONDENT: And is their condition permanent or long-term?</b></p>	
<p>(1) Difficulties w/ alcohol use?</p>	<p><input type="checkbox"/> (1)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>	<p><input type="checkbox"/> (1)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>
<p>(2) Difficulties w/ substance use?</p>	<p><input type="checkbox"/> (2)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>	<p><input type="checkbox"/> (2)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>
<p>(3) HIV / AIDS-related illness?</p>	<p><input type="checkbox"/> (3)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>	<p><input type="checkbox"/> (3)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>
<p>(4) Serious Mental Illness?</p>	<p><input type="checkbox"/> (4)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>	<p><input type="checkbox"/> (4)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>
<p>(5) Physical disability?</p>	<p><input type="checkbox"/> (5)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>	<p><input type="checkbox"/> (5)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>
<p>(6) Physical illness?</p>	<p><input type="checkbox"/> (6)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>	<p><input type="checkbox"/> (6)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>
<p>(7) Traumatic Brain Injury?</p>	<p><input type="checkbox"/> (7)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>	<p><input type="checkbox"/> (7)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>
<p>(8) Developmental Disability?</p>	<p><input type="checkbox"/> (8)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>	<p><input type="checkbox"/> (8)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>
<p>(9) Other: <i>(check box here → &amp; write on blank below</i></p>	<p><input type="checkbox"/> (9)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>	<p><input type="checkbox"/> (9)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>
<p></p>	<p><input type="radio"/> None of the above    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>	<p><input type="radio"/> None of the above    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>

INITIALS from QUESTION #24 HERE →

PERSON 3: \_\_\_\_\_

PERSON 4: \_\_\_\_\_

<p><b>25. How are they related to you?</b></p>	<p><input type="radio"/> Spouse / partner      <input type="radio"/> Grandchild  <input type="radio"/> Child      <input type="radio"/> Sibling      <input type="radio"/> Other Relative  <input type="radio"/> Parent      <input type="radio"/> Non-family      <input type="radio"/> Declined/Don't know</p>	<p><input type="radio"/> Spouse / partner      <input type="radio"/> Grandchild  <input type="radio"/> Child      <input type="radio"/> Sibling      <input type="radio"/> Other Relative  <input type="radio"/> Parent      <input type="radio"/> Non-family      <input type="radio"/> Declined/Don't know</p>
<p><b>26. How old are they?</b></p>	<p>(Years) _____ (Months) _____</p>	<p>(Years) _____ (Months) _____</p>
<p><b>27. Do they identify as Hispanic or Latin(o)(a)(x)?</b></p>	<p><input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Declined    <input type="radio"/> Don't know</p>	<p><input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Declined    <input type="radio"/> Don't know</p>
<p><b>28. What race, OR races, do they identify with?</b></p> <p><i>Wait for response &amp; choose ALL that apply. IF response isn't listed, mark "Other race" &amp; specify.</i></p> <p><i>Then ask:</i></p> <p><b>Are there any other races with which they identify?</b></p> <p><i>Offer to read list of responses if needed.</i></p>	<p><input type="checkbox"/> American Indian, Alaska Native, or Indigenous  <input type="checkbox"/> Asian or Asian American              <input type="checkbox"/> Asian Indian      <input type="checkbox"/> Japanese              <input type="checkbox"/> Chinese          <input type="checkbox"/> Korean              <input type="checkbox"/> Filipino          <input type="checkbox"/> Vietnamese              <input type="checkbox"/> Other Asian, specify _____</p> <p><input type="checkbox"/> Black, African American, or African  <input type="checkbox"/> Native Hawaiian or other Pacific Islander              <input type="checkbox"/> Guamanian/ Chamorro              <input type="checkbox"/> Native Hawaiian              <input type="checkbox"/> Samoan              <input type="checkbox"/> Other Pacific Islander, specify _____</p> <p><input type="checkbox"/> White  <input type="checkbox"/> Other race, specify _____  <input type="radio"/> Declined                      <input type="radio"/> Don't know</p>	<p><input type="checkbox"/> American Indian, Alaska Native, or Indigenous  <input type="checkbox"/> Asian or Asian American              <input type="checkbox"/> Asian Indian      <input type="checkbox"/> Japanese              <input type="checkbox"/> Chinese          <input type="checkbox"/> Korean              <input type="checkbox"/> Filipino          <input type="checkbox"/> Vietnamese              <input type="checkbox"/> Other Asian, specify _____</p> <p><input type="checkbox"/> Black, African American, or African  <input type="checkbox"/> Native Hawaiian or other Pacific Islander              <input type="checkbox"/> Guamanian/ Chamorro              <input type="checkbox"/> Native Hawaiian              <input type="checkbox"/> Samoan              <input type="checkbox"/> Other Pacific Islander, specify _____</p> <p><input type="checkbox"/> White  <input type="checkbox"/> Other race, specify _____  <input type="radio"/> Declined                      <input type="radio"/> Don't know</p>
<p><b>29. What gender or genders do they identify with?</b></p>	<p><i>Select ALL that apply</i></p> <p><input type="checkbox"/> Male    <input type="checkbox"/> Not singularly male or female    <input type="radio"/> Declined  <input type="checkbox"/> Female    <input type="checkbox"/> Questioning                                      <input type="radio"/> Don't know</p>	<p><i>Select ALL that apply</i></p> <p><input type="checkbox"/> Male    <input type="checkbox"/> Not singularly male or female    <input type="radio"/> Declined  <input type="checkbox"/> Female    <input type="checkbox"/> Questioning                                      <input type="radio"/> Don't know</p>
<p><b>30. Do they identify as transgender?</b></p>	<p><b>Use response card</b>    <input type="radio"/> (1) Yes    <input type="radio"/> (2) No    <input type="radio"/> Declined  <input type="radio"/> Don't know</p>	<p><b>Use response card</b>    <input type="radio"/> (1) Yes    <input type="radio"/> (2) No    <input type="radio"/> Declined  <input type="radio"/> Don't know</p>

IF AGE OF PERSON = UNDER 18 YEARS OLD → QUESTION #34

OTHERWISE – CONTINUE TO QUESTION #31 & #32

<p><b>31. Which best represents their sexual orientation?</b></p> <p><b>Use response card</b></p>	<p><input type="radio"/> (1) Straight    <input type="radio"/> (2) Gay    <input type="radio"/> (3) Lesbian    <input type="radio"/> (4) Bisexual  <input type="radio"/> (5) Unsure/?ing    <input type="radio"/> (6) Other, _____    <input type="radio"/> Decl./don't know</p>	<p><input type="radio"/> (1) Straight    <input type="radio"/> (2) Gay    <input type="radio"/> (3) Lesbian    <input type="radio"/> (4) Bisexual  <input type="radio"/> (5) Unsure/?ing    <input type="radio"/> (6) Other, _____    <input type="radio"/> Decl./don't know</p>
<p><b>32. Have they served any ACTIVE DUTY in the:</b></p>	<p><input type="checkbox"/> U.S. Armed Forces    <input type="checkbox"/> Reservist      <input type="radio"/> Declined  <input type="checkbox"/> National Guard      <input type="radio"/> No Active Duty    <input type="radio"/> Don't know</p>	<p><input type="checkbox"/> U.S. Armed Forces    <input type="checkbox"/> Reservist      <input type="radio"/> Declined  <input type="checkbox"/> National Guard      <input type="radio"/> No Active Duty    <input type="radio"/> Don't know</p>

IF No ACTIVE DUTY, DECLINED, OR DON'T KNOW → QUESTION #34

<p><b>33. What is their discharge status?</b></p>	<p><input type="radio"/> General, honorable conditions    <input type="radio"/> Honorable  <input type="radio"/> Other than honorable conditions    <input type="radio"/> Bad Conduct  <input type="radio"/> Uncharacterized    <input type="radio"/> Declined    <input type="radio"/> Dishonorable  <input type="radio"/> Unverified    <input type="radio"/> Don't know</p>	<p><input type="radio"/> General, honorable conditions    <input type="radio"/> Honorable  <input type="radio"/> Other than honorable conditions    <input type="radio"/> Bad Conduct  <input type="radio"/> Uncharacterized    <input type="radio"/> Declined    <input type="radio"/> Dishonorable  <input type="radio"/> Unverified    <input type="radio"/> Don't know</p>
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<p><b>34. Do they have, or have they been diagnosed with, any of the following health conditions?</b> <i>Check or mark the box for EACH condition selected, and ask</i></p> <p><b>PLEASE USE RESPONSE CARD.</b></p>	<p><b>35. FOR EACH BOX CHECKED CLARIFY WITH RESPONDENT: And is their condition permanent or long-term?</b></p>	
<p>(1) Difficulties w/ alcohol use?</p>	<p><input type="checkbox"/> (1)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>	<p><input type="checkbox"/> (1)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>
<p>(2) Difficulties w/ substance use?</p>	<p><input type="checkbox"/> (2)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>	<p><input type="checkbox"/> (2)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>
<p>(3) HIV / AIDS-related illness?</p>	<p><input type="checkbox"/> (3)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>	<p><input type="checkbox"/> (3)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>
<p>(4) Serious Mental Illness?</p>	<p><input type="checkbox"/> (4)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>	<p><input type="checkbox"/> (4)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>
<p>(5) Physical disability?</p>	<p><input type="checkbox"/> (5)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>	<p><input type="checkbox"/> (5)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>
<p>(6) Physical illness?</p>	<p><input type="checkbox"/> (6)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>	<p><input type="checkbox"/> (6)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>
<p>(7) Traumatic Brain Injury?</p>	<p><input type="checkbox"/> (7)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>	<p><input type="checkbox"/> (7)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>
<p>(8) Developmental Disability?</p>	<p><input type="checkbox"/> (8)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>	<p><input type="checkbox"/> (8)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>
<p>(9) Other: <i>(check box here → &amp; write on blank below</i></p>	<p><input type="checkbox"/> (9)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>	<p><input type="checkbox"/> (9)    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>
<p></p>	<p><input type="radio"/> None of the above    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>	<p><input type="radio"/> None of the above    <input type="radio"/> Don't know    <input type="radio"/> Declined</p>

INITIALS from QUESTION #24 HERE →

PERSON 5: \_\_\_\_\_

PERSON 6: \_\_\_\_\_

<b>25. How are they related to you?</b>	<input type="radio"/> Spouse / partner <input type="radio"/> Grandchild <input type="radio"/> Child <input type="radio"/> Sibling <input type="radio"/> Other Relative <input type="radio"/> Parent <input type="radio"/> Non-family <input type="radio"/> Declined/Don't know	<input type="radio"/> Spouse / partner <input type="radio"/> Grandchild <input type="radio"/> Child <input type="radio"/> Sibling <input type="radio"/> Other Relative <input type="radio"/> Parent <input type="radio"/> Non-family <input type="radio"/> Declined/Don't know
<b>26. How old are they?</b>	(Years) _____ (Months) _____	(Years) _____ (Months) _____
<b>27. Do they identify as Hispanic or Latin(o)(a)(x)?</b>	<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
<b>28. What race, OR races, do they identify with?</b>  <i>Wait for response &amp; choose ALL that apply. IF response isn't listed, mark "Other race" &amp; specify.</i>  <i>Then ask:</i>  <b>Are there any other races with which they identify?</b>  <i>Offer to read list of responses if needed.</i>	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian, specify _____  <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Guamanian/ Chamorro <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander, specify _____  <input type="checkbox"/> White <input type="checkbox"/> Other race, specify _____ <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian, specify _____  <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Guamanian/ Chamorro <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander, specify _____  <input type="checkbox"/> White <input type="checkbox"/> Other race, specify _____ <input type="radio"/> Declined <input type="radio"/> Don't know
<b>29. What gender or genders do they identify with?</b>	<i>Select ALL that apply</i> <input type="checkbox"/> Male <input type="checkbox"/> Not singularly male or female <input type="radio"/> Declined <input type="checkbox"/> Female <input type="checkbox"/> Questioning <input type="radio"/> Don't know	<i>Select ALL that apply</i> <input type="checkbox"/> Male <input type="checkbox"/> Not singularly male or female <input type="radio"/> Declined <input type="checkbox"/> Female <input type="checkbox"/> Questioning <input type="radio"/> Don't know
<b>30. Do they identify as transgender?</b>	<i>Use response card</i> <input type="radio"/> (1) Yes <input type="radio"/> (2) No <input type="radio"/> Declined <input type="radio"/> Don't know	<i>Use response card</i> <input type="radio"/> (1) Yes <input type="radio"/> (2) No <input type="radio"/> Declined <input type="radio"/> Don't know

IF AGE OF PERSON = UNDER 18 YEARS OLD → QUESTION #34

OTHERWISE – CONTINUE TO QUESTION #31 & #32

<b>31. Which best represents their sexual orientation?</b> <i>Use response card</i>	<input type="radio"/> (1) Straight <input type="radio"/> (2) Gay <input type="radio"/> (3) Lesbian <input type="radio"/> (4) Bisexual <input type="radio"/> (5) Unsure/?ing <input type="radio"/> (6) Other, ____ <input type="radio"/> Decl./don't know	<input type="radio"/> (1) Straight <input type="radio"/> (2) Gay <input type="radio"/> (3) Lesbian <input type="radio"/> (4) Bisexual <input type="radio"/> (5) Unsure/?ing <input type="radio"/> (6) Other, ____ <input type="radio"/> Decl./don't know
<b>32. Have they served any ACTIVE DUTY in the:</b>	<input type="checkbox"/> U.S. Armed Forces <input type="checkbox"/> Reservist <input type="radio"/> Declined <input type="checkbox"/> National Guard <input type="radio"/> No Active Duty <input type="radio"/> Don't know	<input type="checkbox"/> U.S. Armed Forces <input type="checkbox"/> Reservist <input type="radio"/> Declined <input type="checkbox"/> National Guard <input type="radio"/> No Active Duty <input type="radio"/> Don't know

IF NO ACTIVE DUTY, DECLINED, OR DON'T KNOW → QUESTION #34

<b>33. What is their discharge status?</b>	<input type="radio"/> General, honorable conditions <input type="radio"/> Honorable <input type="radio"/> Other than honorable conditions <input type="radio"/> Bad Conduct <input type="radio"/> Uncharacterized <input type="radio"/> Declined <input type="radio"/> Dishonorable <input type="radio"/> Unverified <input type="radio"/> Don't know	<input type="radio"/> General, honorable conditions <input type="radio"/> Honorable <input type="radio"/> Other than honorable conditions <input type="radio"/> Bad Conduct <input type="radio"/> Uncharacterized <input type="radio"/> Declined <input type="radio"/> Dishonorable <input type="radio"/> Unverified <input type="radio"/> Don't know
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<b>34. Do they have, or have they been diagnosed with, any of the following health conditions?</b> <i>Check or mark the box for EACH condition selected, and ask</i> <i>PLEASE USE RESPONSE CARD.</i>	<b>35. FOR EACH BOX CHECKED CLARIFY WITH RESPONDENT:</b> And is their condition permanent or long-term?	
(1) Difficulties w/ alcohol use?	<input type="checkbox"/> (1) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined	<input type="checkbox"/> (1) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined
(2) Difficulties w/ substance use?	<input type="checkbox"/> (2) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined	<input type="checkbox"/> (2) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined
(3) HIV / AIDS-related illness?	<input type="checkbox"/> (3) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined	<input type="checkbox"/> (3) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined
(4) Serious Mental Illness?	<input type="checkbox"/> (4) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined	<input type="checkbox"/> (4) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined
(5) Physical disability?	<input type="checkbox"/> (5) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined	<input type="checkbox"/> (5) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined
(6) Physical illness?	<input type="checkbox"/> (6) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined	<input type="checkbox"/> (6) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined
(7) Traumatic Brain Injury?	<input type="checkbox"/> (7) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined	<input type="checkbox"/> (7) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined
(8) Developmental Disability?	<input type="checkbox"/> (8) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined	<input type="checkbox"/> (8) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined
(9) Other: <i>(check box here → &amp; write on blank below)</i>	<input type="checkbox"/> (9) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined	<input type="checkbox"/> (9) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined
<input type="radio"/> None of the above <input type="radio"/> Don't know <input type="radio"/> Declined	<input type="radio"/> None of the above <input type="radio"/> Don't know <input type="radio"/> Declined	

Thank you for taking the time to answer those questions about your household.



**Next, I'm going to ask you some additional questions about your health and lived experiences. Due to the personal nature of some questions, we'll use a response card. So you can just tell me the answer number. As a reminder, all your answers will be kept confidential and nothing you say will get you in trouble.**

**HEALTH & SAFETY**

**36.** Do you have, or have you been diagnosed with any of the following health conditions?  
*PLEASE USE RESPONSE CARD.* Select ALL that apply & ask →

<input type="checkbox"/> (1) Difficulties with alcohol use	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined
<input type="checkbox"/> (2) Difficulties with substance use	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined
<input type="checkbox"/> (3) HIV / AIDS-related illness	<i>Not needed.</i>
<input type="checkbox"/> (4) Serious Mental Illness (e.g. Severe Depression, Bipolar Disorder, Post-traumatic Stress Disorder, Schizophrenia, etc.)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined
<input type="checkbox"/> (5) Physical disability	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined
<input type="checkbox"/> (6) Physical illness	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined
<input type="checkbox"/> (7) Traumatic brain Injury (TBI)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined
<input type="checkbox"/> (8) Developmental Disability	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined
<input type="checkbox"/> (9) Other, specify: _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined

None of the above     Don't know     Declined

**37. FOR EACH HEALTH CONDITION(S) CHECKED, ASK:**

Is this condition permanent or long-term?

Yes  No  Don't know  Declined

Yes  No  Don't know  Declined

*Not needed.*

Yes  No  Don't know  Declined

Yes  No  Don't know  Declined

Yes  No  Don't know  Declined

Yes  No  Don't know  Declined

Yes  No  Don't know  Declined

Yes  No  Don't know  Declined

**\*BEFORE CONTINUING – IF YOU FEEL YOU ARE NOT CURRENTLY IN A SAFE SPACE TO ASK ABOUT DOMESTIC / INTIMATE PARTNER VIOLENCE AND SEX TRAFFICKING, SELECT "SAFETY CONCERN" FOR QUESTIONS #38, THEN CONTINUE TO QUESTION #42.**

**IF THERE IS NO OBVIOUS SAFETY CONCERN – CONFIRM RESPONDENT FEELS COMFORTABLE WITH THE SPACE AND THE TOPIC:**

**38.** The next 3 questions are personal & sensitive because they ask about experiences with violence. Do you currently feel comfortable answering those questions?  
*IF answer is "No", select Declined for 40-42.*  
*IF respondent is unsure, offer a more private location nearby if available.*

SAFETY CONCERN  
 NO → QUESTION #42  
 YES

**39.** Have you experienced any of the following forms of violence or abuse?  
*PLEASE USE RESPONSE CARD.* Select ALL that apply.

<input type="checkbox"/> (1) Neglect by parent, guardian, other relative	<input type="checkbox"/> (6) Sexual abuse by intimate partner or spouse
<input type="checkbox"/> (2) Physical abuse by parent, guardian, other relative	<input type="checkbox"/> (7) Sexual abuse by parent, guardian, other relative
<input type="checkbox"/> (3) Physical abuse by intimate partner or spouse	<input type="checkbox"/> (8) Dating Violence
<input type="checkbox"/> (4) Physical abuse by someone else while unsheltered	<input type="checkbox"/> (9) Stalking
<input type="checkbox"/> (5) Sexual abuse by someone else while unsheltered	<input type="checkbox"/> (10) Human Trafficking

None of the above → QUESTION #42  
 Declined  
 Don't know

**40.** Are you currently fleeing violence or abuse?     (1) Yes     (2) No     Declined     Don't know

*PLEASE USE RESPONSE CARD.*

**41.** Are you currently experiencing homelessness because you're fleeing domestic/intimate partner violence, dating violence, sexual assault, or stalking?  
 (1) Yes     Declined  
 (2) No     Don't know

**SYSTEMS INVOLVEMENT**

**42.** This next question is about involvement in different systems. If you don't want to answer, let me know. Otherwise, say "yes" if you have ever been involved in any of these systems:  
*Please read each option and choose ALL that apply.*

<input type="checkbox"/> Jail	<input type="checkbox"/> Adult Probation	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Juvenile Detention / Probation Camp	<input type="radio"/> None of the above
<input type="checkbox"/> Prison	<input type="checkbox"/> Parole	<input type="checkbox"/> Juvenile Probation	<input type="checkbox"/> Mandated stay in inpatient or outpatient mental health facility	<input type="radio"/> Declined
				<input type="radio"/> Don't know

**IF INVOLVED IN: JAIL; PRISON; ADULT PROBATION; PAROLE – CONTINUE TO QUESTION #43 AND #44 OTHERWISE → QUESTION #45**

**IF INVOLVED IN: JAIL; PRISON; ADULT PROBATION; PAROLE – CONTINUE TO QUESTION #43 AND #44 OTHERWISE → QUESTION #45**

**43. How long ago were you last released from jail or prison?** \_\_\_\_\_ (days) \_\_\_\_\_ (weeks) \_\_\_\_\_ (months) \_\_\_\_\_ (years)

**44. When you were last released from jail or prison, were you on probation or parole?**  Declined  
*IF "Yes", read options, choose ALL that apply.*  Don't know  
 Yes, Probation  Yes, Parole  None of the above

**45. What is the highest level of education you have completed?** *Wait for response, select the most accurate option.*  
 Less than high school diploma / No GED  Technical Certificate *IF response is NOT listed, read each answer.*  
 High school diploma/GED  Bachelor's degree or greater  Declined  
 Some college or Associate's Degree (AS)  None of the above  Don't know

**Now I'm going to ask you a few questions about where you lived before you lost stable housing.**

**RESIDENCE**

**46. Have you ever lived outside Los Angeles County?**  Yes  No  Declined  Don't know

**IF LIVED OUTSIDE L.A. COUNTY = YES – CONTINUE TO QUESTION #47 AND #48 OTHERWISE → QUESTION #49**

**47. How long has it been since you moved, or moved into L.A. County?**  
*If they are unsure, use example: "6 months ago I moved here from Idaho."* \_\_\_\_\_ (weeks) \_\_\_\_\_ (months) \_\_\_\_\_ (years)

**48. Where were you living before the last time you lost housing?** *Read each response and choose one answer.*  
 Los Angeles County  Out of State  Declined  
 Other Southern California County  Other County in California  Don't know  
*(Imperial, San Diego, Riverside, Orange, San Bernardino, Kern, Ventura, Santa Barbara, or San Luis Obispo)*  
 Outside of the U.S.

**IF LIVING IN WHEN LAST LOST HOUSING IN = L.A. COUNTY – CONTINUE TO QUESTION #49 OTHERWISE → QUESTION #50**

**49. In which city or community in Los Angeles County did you live before you lost your housing, not including shelters, jails, or other institutions?**  Knows community or city, specify: \_\_\_\_\_  
*If respondent names a community, select "Knows..." & write it in.*  
*If they say "LA", or aren't sure, ask:*  Knows zip code, specify: \_\_\_\_\_  
*"Do you remember the zip code where you last had housing?"*  
 Here (location of survey)  
*If they say the community of the current survey, select "Here".*  
 SPA 1  SPA 3  SPA 5  SPA 7  
 SPA 2  SPA 4  SPA 6  SPA 8  
*If respondent is still having difficulty, have them point on the L.A. County map & enter the corresponding SPA →*  Don't know  Declined

**50. 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.*

<input type="checkbox"/> Eviction or foreclosure	<input type="checkbox"/> Break-up, divorce, or separation	<input type="checkbox"/> Uninhabitable living conditions
<input type="checkbox"/> Unemployment or financial reasons	<input type="checkbox"/> Conflicts with household members	<input type="checkbox"/> Physical safety concerns
<input type="checkbox"/> Timed out or left housing program	<input type="checkbox"/> Kicked out due to sexual orientation or gender identity	<input type="checkbox"/> Human trafficking
<input type="checkbox"/> Left or aged out of foster care	<input type="checkbox"/> Child support issues	<input type="checkbox"/> Recent immigration
<input type="checkbox"/> Release from jail or prison	<input type="checkbox"/> Domestic or Dating violence, Stalking, Partner or Parent abuse	<input type="checkbox"/> Natural disaster (fire, flood, etc.)
<input type="checkbox"/> Release from hospital, treatment facility, or other institution	<input type="checkbox"/> Death or illness of child or relative	<input type="checkbox"/> Housing discrimination
<input type="checkbox"/> Medical, physical disability or illness	<input type="checkbox"/> No friends or family available	<input type="checkbox"/> Job loss due to COVID-19
<input type="checkbox"/> Mental health issues		<input type="radio"/> None of the above
<input type="checkbox"/> Problematic alcohol or drug use		<input type="radio"/> Declined
<input type="checkbox"/> Other, specify: _____		<input type="radio"/> Don't know

**RESIDENCE, CONTINUED...**

**51. Do you live with any pets, including service animals?**  No  Declined  
*If "Yes", ask how many →*  Yes, how many: \_\_\_\_\_  Don't know

**EMPLOYMENT & INCOME**

**52. How would you describe your current employment situation?** *Wait for response and choose appropriate option. If "Unemployed", ask for clarification.*

<input type="radio"/> Unemployed, actively looking for work	<input type="radio"/> Self-employed	
<input type="radio"/> Unemployed, not actively looking for work	<input type="radio"/> Full-time (more than 35 hours)	<input type="radio"/> None of the above
<input type="radio"/> Unemployed, student	<input type="radio"/> Part-time (35 hours or less)	<input type="radio"/> Declined
<input type="radio"/> Disabled or on disability	<input type="radio"/> Seasonal work (recurring temporary work)	<input type="radio"/> Don't know
<input type="radio"/> Retired	<input type="radio"/> Temporary work (limited contract w/ termination date)	

**53. Have you been forced to work, where you didn't get paid or got paid less than expected?**  Declined  Don't know  
**PLEASE USE RESPONSE CARD.**  (1) Yes  (2) No → **QUESTION #55**

**54. What type of work did you have to do?** **PLEASE USE RESPONSE CARD.**

<input type="checkbox"/> (1) Agricultural work	<input type="checkbox"/> (4) Door-to-door sales	<input type="checkbox"/> (6) Panhandling	<input type="radio"/> Declined
<input type="checkbox"/> (2) Restaurant/catering work	<input type="checkbox"/> (5) Illegal goods sales (drugs, guns, etc.)	<input type="checkbox"/> (7) Sex work	<input type="radio"/> Don't know
<input type="checkbox"/> (3) Household/childcare work	<input type="checkbox"/> (8) Other, specify: _____		

**55. Do you receive any of the following forms of government assistance?** *Read each option, choose ALL that apply*

<input type="checkbox"/> Unemployment	<input type="checkbox"/> CalWORKS / TANF	<input type="checkbox"/> Veteran's medical center / benefits
<input type="checkbox"/> Food Stamps / EBT Card / CalFresh	<input type="checkbox"/> WIC - Women, Infants & Children	<input type="checkbox"/> Veteran's disability
<input type="checkbox"/> GR / GA - General Relief or Assistance	<input type="checkbox"/> Child support or survivor benefits	<input type="checkbox"/> Veteran's pension
<input type="checkbox"/> SSI / SSDI / Disability	<input type="checkbox"/> State children's health insurance (CHIP/ Healthy Families)	<input type="radio"/> None at this time
<input checked="" type="checkbox"/> Health Insurance - - - →	<input type="checkbox"/> CAPI - Cash Assistance Program for Immigrants	<input type="radio"/> Declined
		<input type="radio"/> Don't know

**56. Do you have health insurance or any other health coverage?**  Yes - - - →  No  Declined  Don't know

**IF YES / HEALTH COVERAGE, ASK:** **What is the name of your healthcare plan?** *Choose all that apply.*

<input type="radio"/> Medicare	<input type="radio"/> L.A. Care Health Plan	<input type="radio"/> Anthem / CareMore	<input type="radio"/> Declined
<input type="radio"/> Medi-Cal	<input type="radio"/> My Health LA (DHS)	<input type="radio"/> Blue Shield/Promise	<input type="radio"/> Don't know
<input type="radio"/> Health Net	<input type="radio"/> Community Clinics	<input type="radio"/> Molina Health Care	
<input type="radio"/> Other, specify: _____			

**57. About how much is your income, including cash benefits (e.g. SSI, GR), & any other sources of support?**  
 \$ \_\_\_\_\_ per  Hour  Week  2 weeks  Month  Year  Declined

**YOUTH ONLY IF RESPONDENT AGE = 24 YEARS OR YOUNGER – CONTINUE TO QUESTION #58 & #59 OTHERWISE → THANK YOU & END.**

**Y58. Are you currently enrolled in school or other education?** *If YES, read each category that starts with "Yes", and choose ALL that apply.*

<input type="checkbox"/> Yes, community college	<input type="checkbox"/> Yes, Grade 12 or less	<input type="radio"/> No, not currently enrolled in school
<input type="checkbox"/> Yes, vocational or technical training	<input type="checkbox"/> Yes, Certificate program	<input type="radio"/> Declined
<input type="checkbox"/> Yes, 4-year college or university	<input type="checkbox"/> Yes, currently enrolled in other, specify: _____	<input type="radio"/> Don't know

**Y59. This next question is about involvement in different child welfare systems. If you don't want to answer, just let me know. Otherwise, say "yes" if you've ever been involved in any of these programs:**  
*Please read each option and choose ALL that apply.*

<input type="checkbox"/> Foster Care with nonrelative family	<input type="checkbox"/> Extended Foster Care (AB 12)	<input type="radio"/> None of those
<input type="checkbox"/> Foster Care Residential, Group Home, STRTP placement	<input type="checkbox"/> Independent Living Program (ILP)	<input type="radio"/> Declined
<input type="checkbox"/> Foster Care with extended family (Relative / Kinship Care)	<input type="checkbox"/> Supervised Independent Living Program (SILP)	<input type="radio"/> Don't know

***Thank you so much for taking time to complete this survey. We appreciate your willingness to share information about yourself and your experiences; it helps us better understand and address homelessness.***

**60. What is the completion status of this survey?**

- Completed     Partial

**FOLLOW-UP SURVEY**

***You may be eligible for another survey through the University of California Los Angeles (UCLA) and the University of Southern California (USC) to understand the experiences of people experiencing homelessness in Los Angeles. If you choose to participate and are eligible, you will be asked to voluntarily complete a baseline survey and up to 18 monthly surveys on your mobile phone. You will receive a \$10 electronic gift card for each survey you complete. Each survey will take approximately 15 minutes.***

**Hand prospective participant a card with information and instructions to text an automated phone number to acquire more information.**

**61. Did the participant receive a card with information about the study?**

- Yes  
 No

**GIFT CARD INCENTIVE**

**62. Please enter the last 6 digits of the gift card: \_\_\_\_\_**

**62\_family. If you provided a 2<sup>nd</sup> gift card, please enter the last 6 digits of 2<sup>nd</sup> gift card here: \_\_\_\_\_**

**SURVEY COMPLETE. *You have completed the survey. Thank you!***

**END**