<b>Pre-Survey – FOR</b>	STAFF ONLY DAT	ſE:	_ / /	
INTERVIEWE	R INITIALS:	TIME	E:: ○AM	<b>PM</b>
conducting survey: O S O S CENSUS SUBTRACT: Service Provider site S	REA (SPA) where you are PA 1 O SPA 3 O SPA 5 O SPA 7 PA 2 O SPA 4 O SPA 6 O SPA 8 <u>SUFFIX</u> : (LETTER/S) Urvey? O No O Yes provider site, enter site name to the right. O Yes	Wh           1st           Street:           2nd           Street:           Other:           (e.g.	nere you are conducting su	rvey:
Please fill this section	out based on <u>YOUR PERCEPTION</u>	of the pote	-	
Perceived GENDER: Male Female Gender non-binary Can't identify Perceived AGE:	Perceived RACE / ETHNICITY: American Indian / Alaskan Native / Asian / Asian American Black / African American / African Native Hawaiian / Other Pacific Isla White	Indigenous	Do you observe signs of ANY of the following: Physical health condition Mental illness Alcohol or substance use No Observations Can't identify	
<ul><li>○ Under 18</li><li>○ 18-24</li></ul>	○ Multiple Races		NDENT APPROACHE	<u>D</u> ?
<ul><li>25-54</li><li>55-61</li></ul>	<ul> <li>Hispanic or Latin(o)(a)(x)</li> <li>Can't identify</li> </ul>	0	No, unapproached Yes, but refused	
○ 62+ ○ Can't identify		4	<ul> <li>Yes, but language barrier</li> <li>Yes, proceed with survey</li> </ul>	-

## 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 <u>NOT</u> 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.

Do you understand the purpose of the survey & that your answers will be kept confidential? <u>Please re-read intro & verify refusal</u>  $\leftarrow - - - \bigcirc$  No  $\bigcirc$  Yes  $- - - \rightarrow$  <u>Continue with demographic survey</u>

<b>KEY:</b> Read question text to respondent. Supporting instructions for surveyor(s)	<ul> <li>○ Circle = Select ONE answer option</li> <li>□ Box = Select ALL options that apply</li> </ul>	RULES FOR QUESTION ORDER
PROMPTS to read out loud. #. Follow-up qu	estion #. Use RESPONSE CARD	(SKIP TO) QUESTION #
Eligibility		
1. What is your date of birth?	( MM / DD / YEAR }	1
2. The next 2 questions determine if you are eli	gible to take the full survey. Where h	
<u>MOST</u> of your nights in the last 30 days?	Wait for response, then select cho	
If asked to clarify, ask: "Have you spent more than		
O Your own apartment or home	○ Street, sidewalk, or alley	○ Car or truck
O Emergency shelter	○ Campground or woods	$\bigcirc$ Van or SUV
$igodoldsymbol{ extsf{O}}$ Apartment or home of a relative or friend	O Park, beach, or riverbed	O RV or camper
O Apartment or home of a stranger	O Under bridge or overpass	O Parking structure
O Foster care, group home, SILP, STRTP	O Parking lot (surface)	O On a bus or train
O Hospital, substance abuse or psychiatric facility	O Abandoned building	O Bus or Train stop/station
O Hotel or motel	O Unconverted garage, attic, basement	O Airport
O Jail or prison	O Makeshift Shelter	O Workplace
O Safe Haven	O Tent	O Declined
<ul> <li>Transitional housing</li> <li>Youth shelter</li> </ul>	○ Other outdoor location	○ Don't know
<ul> <li>Assisted living or Board &amp; Care facility</li> </ul>	O Other place not meant for human habita	ation
3. You told me where you had spent the most r	nights in the past 30 days. Where did ait for response, then select the choice clos	• • •
• Tour own apartment of nome	O Street, sidewalk, or alley	
O Emergency shelter	O Campground or woods	O Car or truck
<ul> <li>Apartment or home of a relative or friend</li> <li>Apartment or home of a stranger</li> </ul>	<ul> <li>O Park, beach, or riverbed</li> </ul>	$\bigcirc$ Van or SUV
<ul> <li>Apartment or home of a stranger</li> <li>Foster care, group home, SILP, STRTP</li> </ul>	O Under bridge or overpass	O RV or camper
O Hospital, substance abuse or psychiatric facility		O Parking structure
O Hotel or motel	O Abandoned building	O On a bus or train
O Jail or prison	O Unconverted garage, attic or basement	O Bus or Train stop/statio
O Safe Haven	• Makeshift Shelter	
O Transitional housing	O Tent	O Workplace
O Youth shelter	O Other outdoor location	O Declined
○ Assisted living or Board & Care facility	O Other place not meant for human habita	O Don't know ation
. We're interested in understanding how much		•
are here now. But what city, neighborhood, o		•
IF respondent names a community, select "Knows	Here (location of survey	• • •
IF they say the community where you are interviewing	ng, select "Here".	)
If they know the ZIP code, enter 5-digit zip	O SPA 1 O SPA 3	○ SPA 5 ○ SPA 7
IF respondent is still having difficulty, ha		$\bigcirc$ SPA 6 $\bigcirc$ SPA 8
the L.A. County map & enter the corresp		O Declined
IF <u>EITHER QUESTION #2 OR #3</u> = UNSHELTERE	· ·	LE – CONTINUE
IF <u>BOTH QUESTION #2 AND QUESTION #3</u> = SH	ELTERED (1 <sup>st</sup> column), respondent is IN	ELIGIBLE – READ PROMPT:
'm sorry, you do not qualify for the full sur		OVE ON TO NEXT RESPONDENT
	<u></u>	

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

IND	IVIDUAL DEMOGRAPHICS			
5.	What are the initials of your FIRST and LAST i	name? { <u>First</u> }	Last }	
6.	What gender or genders do you identify with? Wait for response and choose ALL applicable answ Read each category if response given is not listed.	ers. In Male	le ngularly male or female	<ul> <li>Questioning</li> <li>Declined</li> <li>Don't know</li> </ul>
7.	Do you identify as transgender? PLEASE USE RESPONSE CARD.	O(1) Yes	O(2) No	<ul><li>○ Declined</li><li>○ Don't know</li></ul>
8.	Which best represents your sexual orientation <i>Please use response card.</i>	n? O (1) Straight O (2) Gay O (3) Lesbian	O(4) Bisexual O(5) Unsure / Questioning O(6) Other, specify	
9.	Do you identify as Hispanic or Latin(o)(a)(x)?         O       Yes       O       No, do not identify as Hispanic /	Latin(o)(a)(x) O [	Declined O Don't kno	w
L	If respondent identifies as Hispanic/Latin(o)(a)(x): As an Hispanic/Latin(o) Select ALL that appl		s your ethnic or cultural	background?
	<ul> <li>Central American</li> <li>Cuban</li> <li>Dominican</li> <li>Guatemalan</li> <li>Other Hispanic/Latinx origin:</li> </ul>	<ul> <li>Honduran</li> <li>Puerto Rican</li> <li>Mexican</li> <li>Mexican American</li> </ul>	☐ Salvadora ☐ South An ☐ Spanish ( ○ Declined ○ Don't kno	nerican from Spain)
10	. What race OR races do you identify with?	ait for response & choos	se ALL that apply JE response	e isn't listed mark
	🔲 American Indian, Alaska Native, or Indigenous 🔲 /		11011	" & specify.
	American Indian	Asian Indian	Native Hawaiian or Ot	her Pacific Islander
Г	Alaska Native	□ Chinese	Native Hawaiian	
	Indigenous	Japanese	Guamanian or Cl	namorro
	Black, African American, or African	□ Korean	Samoan	
	African American	Vietnamese	Other Pacific Isla	
	☐ African	Filipino	specify:	
	Black – Not African	Other Asian, specify	/: (	O Declined
٦	□ White □ 0	Other race, specify:		⊃ Don't know
	Are there any other races with which you iden	tify? Use same respons		ditional responses.
lf	respondent identifies as American Indian, Alaska Native, a	nd/or Indigenous,		
A	s an American Indian, Alaska Native, or Indige	nous person, what is	s your tribal affiliation?	
	U.S. Federally Recognized Tribes, specify	Other triba	Il affiliation, specify	
	State Recognized Tribes, specify	O Declined		
	First Nations Tribes, specify	O Don't know	v	
	□ Latin American Tribes, specify			

<b>11. Have you served on ACTIVE DUTY in the U.S. Armed forces?</b> (Army, Air Force, Navy, the Marine Corps, or Coast Guard)	O Yes	O No	<ul><li>○ Declined</li><li>○ Don't know</li></ul>
12. Were you called into ACTIVE DUTY as a member of the National Guard or as a reservist?	O Yes	O No	<ul><li>Declined</li><li>Don't know</li></ul>
► IF ACTIVE DUTY IN BOTH ARMED FORCES AND NATIONAL GUARD = No; DEC	LINED; DON'T F		→ QUESTION #15
	<i>rified"</i> onorable aracterized	<ul><li>○ Unverifi</li><li>○ Declined</li><li>○ Don't kr</li></ul>	d DUESTION #15
14. Which years, or in which theater(s) of war, did you serve? Wait forWorld War II (1940-47)Between WWII & Korean War (1947-50)Korean War (1950-55)Between Korean War & Vietnam (1955-64)Afghanistan (2001-2021)	O Dec	- Operation Operation	L that apply. Iraqi Freedom OR New Dawn (2003-11)
EXPERIENCE(S) OF HOMELESSNESS 15. Is this the FIRST time you have experienced homelessness? 16. How old were you the FIRST TIME you experienced homelessnes		UESTION #17	✓ ○ Declined ○ Don't know (years)
<b>17.</b> How long have you been experiencing homelessness THIS TIME Enter best approximation of their response $\rightarrow$ (days)	?		
IF LENGTH OF HOMELESSNESS = 1+ YEAR (12+ MONTHS) → QUESTION #21	(weeks		nonths)(years)
18. In the PAST YEAR, including this time, how many separate times 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.	have you e O 1 time O 2 to 3 time O 4 or more	es	d homelessness, O Declined O Don't know
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?	<ul> <li>1 time</li> <li>2 to 3 tim</li> <li>4 or more</li> </ul>		<ul> <li>Declined</li> <li>Don't know</li> </ul>
20. In the PAST 3 YEARS, have you stayed in shelters or on the streets for more than 12 MONTHS total?	O Yes	O No	<ul><li>Declined</li><li>Don't know</li></ul>

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

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

<b>21.</b> In the past <u>6 MONTHS</u> , have you lived in any of these situations:	□ Car with (#) people
List each category to the right, if they say " <b>yes</b> " check the box.	□ Van with (#) people
For EACH checked box, ask the following question:	RV/Camper with (#) people
<b>22.</b> 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).	O None of the above O Declined O 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. <u>Please remember, all your answers are</u> <u>confidential</u>. Your responses will never be used to report, locate or incriminate you or anyone else.

#### HOUSEHOLD

<b>23.</b> NOT including your	· •		currently living	with you in your	household?
IF respondent lives alor	ne, enter 0 (zero) for both bl	anks. Children u	under 18	Adults 18+	
IF 1+ CHILDREN UNDER 18 -	CONTINUE WITH PROMPT + (	QUESTIONS #24-#3	35. <mark>IF NO CHI</mark>	<u>LDREN</u> (0) <mark>→ Q</mark> UE	STION #36 (pg.8)
HOUSEHOLD DEMOGRAPHICS	•				
Now I'm going to ask additional \$10 in com	some personal quest pensation for these e				
24. I'll refer to your fa other people in you	mily members by the ur household, from yo			-	
Person 1	Person 2 Per	rson 3 Per	rson 4 Per	rson 5 Perso	on 6
CONTINUE TO HOUSEHOL	DQUESTIONS #25 THROUGH	# 35	ENTER INITIALS	AT THE TOP OF PAGE	S 6, 7, & 8

NITIALS from QUESTION #24 HERE —	→ PERSON 1: PERSON 2:	
25. How are they related to you?	O Child O Sibling O Other Relative O Child O Sibling	<ul> <li>○ Grandchild</li> <li>○ Other Relative</li> <li>○ Declined/Don't know</li> </ul>
26. How old are they?		Ionths)
27. Do they identify as Hispanic or Latin(o)(a)(x)?		clined O Don't know
28. What race, OR races, do they identify with?	□ American Indian, Alaska Native, or Indigenous □ Asian or Asian American □ Asian or Asian American	-
Wait for response & choose ALL that apply. IF response isn't listed, mark "Other race" & specify.	□ Chinese □ Korean □ Chinese	
Then ask: Are there any other races with which they identify?	<ul> <li>□ Native Hawaiian or other Pacific Islander</li> <li>□ Guamanian/ Chamorro</li> <li>□ Native Hawaiian</li> <li>□ Native Hawaiian</li> <li>□ Samoan</li> <li>□ Native Hawaiian</li> </ul>	cific Islander orro
Offer to read list of responses if needed.	□ Other Pacific Islander, specify □ Other Pacific Islander, specify □ Other Pacific Islander, specify □ Other race, specify 0 Other	der, specify
29. What gender or genders do they identify with?	Select ALL that apply Select ALL that apply	ale or female ODeclined ODon't know
<b>30.</b> Do they identify as transgender?	Use response card O(1) Yes O(2) No ODeclined ODon't know OC(1) Yes	
► IF AGE OF PERSON = UNDER 1	8 YEARS OLD	UESTION #31 & #32
31. Which best represents their sexual orientation?	O(1) Straight $O(2)$ Gay $O(3)$ Lesbian $O(4)$ Bisexual $O(1)$ Straight $O(2)$ Gay $O(3)$ Lesbian $O(5)$ Unsure/?ing $O(6)$ Other,ODecl./don't know $O(5)$ Unsure/?ing $O(6)$ Other,	
32. Have they served any ACTIVE DUTY in the:	U.S. Armed Forces Reservist ODeclined U.S. Armed Forces Reserv National Guard ONo Active Duty ODon't know National Guard ONo Act	<i>r</i> ist
IF No ACTIVE DUTY, DECLINE	D, <u>or DON'T KNOW</u> → QUESTION #34	
33. What is their discharge status?	O General, honorable conditionsO HonorableO General, honorable conditionO Other than honorable conditionsO Bad ConductO Other than honorable conditionO UncharacterizedO DeclinedO DishonorableO UnverifiedO Don't knowO Unverified	tions O Bad Conduct ned O Dishonorable
<b>.</b> .	<b>hey been diagnosed with, any of</b> <b>ditions?</b> Check or mark the box for EACH condition selected, and ask	
1) Difficulties w/ alcohol use?		on't know O Declined
2) Difficulties w/ substance use?		on't know O Declined
•	(3) 🔾 Yes 🔾 No 🔾 Don't know 🔾 Declined 🛛 🔲 (3) 🔾 Yes 🔾 No 🔾 Declined	on't know O Declined
3) HIV / AIDS-related illness?		
4) Serious Mental Illness?		on't know O Declined
<ul><li>4) Serious Mental Illness?</li><li>5) Physical disability?</li></ul>	$\Box (5) \bigcirc Yes \bigcirc No \bigcirc Don't know \bigcirc Declined \qquad \Box (5) \bigcirc Yes \bigcirc No \bigcirc Don't know \bigcirc Declined \qquad \Box (5) \bigcirc Yes \bigcirc No \bigcirc Don't know \bigcirc Declined \qquad \Box (5) \bigcirc Yes \bigcirc No \bigcirc Don't know \bigcirc Declined \qquad \Box (5) \bigcirc Yes \bigcirc No \bigcirc Don't know \bigcirc Declined \qquad \Box (5) \bigcirc Yes \bigcirc No \bigcirc Don't know \bigcirc Declined \qquad \Box (5) \bigcirc Yes \bigcirc No \bigcirc Don't know \bigcirc Declined \bigcirc Decline \bigcirc Decline \bigcirc Declined \bigcirc Declined \bigcirc Decline \bigcirc Decline \bigcirc Deccline $	on't know O Declined
<ul> <li>4) Serious Mental Illness?</li> <li>5) Physical disability?</li> <li>6) Physical illness?</li> </ul>	(5)       O Yes       O No       O Don't know       O Declined       (5)       O Yes       O No       O Don't know         (6)       O Yes       O No       O Don't know       O Declined       (6)       O Yes       O No       O Don't know	on't know O Declined on't know O Declined
<ul> <li>4) Serious Mental Illness?</li> <li>5) Physical disability?</li> <li>6) Physical illness?</li> <li>7) Traumatic Brain Injury?</li> </ul>	(5)       Yes       No       O Don't know       O Declined       (5)       Yes       No       O Don't         (6)       Yes       No       O Don't know       O Declined       (6)       O Yes       No       O Don't         (7)       O Yes       No       O Don't know       O Declined       (7)       O Yes       O No       O Don't	on't know O Declined on't know O Declined on't know O Declined
<ul> <li>4) Serious Mental Illness?</li> <li>5) Physical disability?</li> <li>6) Physical illness?</li> </ul>	(5)       Yes       No       O Don't know       Declined       (5)       Yes       No       O Do         (6)       Yes       No       O Don't know       D Declined       (6)       Yes       No       O Do         (7)       Yes       No       O Don't know       O Declined       (7)       O Yes       No       O Do         (8)       Yes       No       O Don't know       O Declined       (8)       O Yes       No       O Do	on't know O Declined on't know O Declined

30. Do they identify as transgender?       Use response card       O(1) Yes O(2) No       ODeclined       <	IOUSEHOLD / FAMILY - B INITIALS from QUESTION #24 HERE —	→ PERSON 3: PERSON 4:	
26. How old are they?       (Years)       (Months)       (Years)       (Months)         27. Do they identify as Hispanic or Latin(o)(a)(x)?       OYes       No       O Declined       Don't know         28. What race, OR races, do they identify with?       American Indian, Alaska Native, or Indigenous I Asian American       American Indian, Alaska Native, or Indigenous I Asian American       American Indian       Alasian American       American Indian, Alaska Native, or Indigenous I Asian American       American Indian       Alasian or Asian American       American Indian, Alaska Native, or Indigenous I Asian American       American Indian, Alaska Native, or Indigenous I Asian American       American Indian, Alaska Native, or Indigenous I Asian American       American Indian, Alaska Native, or Indigenous I Asian American       American Indian, Alaska Native, or Indigenous I Asian American       American Indian, Alaska Native, or Indigenous I Asian American       American Indian, Alaska Native, or Indigenous I Asian American       American Indian, Alaska Native, or Indigenous I Asian American       American Indian, Alaska Native, or Indigenous I Asian American       American Indian, Alaska Native, or Indigenous I Asian American       American Indian, Alaska Native, or Indigenous I Asian American       American Indian, Alaska Native, or Indigenous I Asian American       American Indian, Alaska Native, or Indigenous I Asian American       American Indian, Alaska Native, or Indigenous I Asian American, or African       Native Hawaiian       Indian Indian       Indian Indian       Indian Indian       Indian Indian       Indian	-	O Child O Sibling O Other Relative O Child O Sibling O	Other Relative
27. Do they identify as Hispanic or Latin(0)(a)(x)?       Yes       No       Declined       Don't know         28. What race, OR races, do they identify with?       American Indian, Alaska Native, or Indigenous Asian or Asian American       American Indian, Alaska Native, or Indigenous Asian or Asian American       American Indian, Alaska Native, or Indigenous Asian or Asian American         Wait for response & choose ALL that apply. If response isn't listed, mark "Other race" & specify.       Black, African American, or African       Image asian Indian         Hen sak:       Are there any other races with which they identify?       Black, African American, or African       Image asian Indian       Image asian Indian         Offer to read list of response if needed.       Other Pacific Islander, specify.       Imative Hawaiian or there Pacific Islander, specify.       Imative Hawaiian or there Pacific Islander         Offer to read list of response if needed.       Obort know       Seed ALL that apply.       Declined       Don't know         29. What gender or genders if needed.       Male       No there asing the apply.       Declined       Don't know         30. Do they identify as their sexual orientation?       Verse orgense card?       O(1) Yes O(2) No       Declined       Offer the apply.         31. White       Wate favainan or the pacific Islander.       Offer the apply.       Offer the apply.       Offer the apply.       Offer the apply.         32. H	26. How old are they?		
Alsain of Asian American       Asian of Asian American         Asian of Asian American       Japanese         Wait for response & choose ALL that apply.       Asian Indian       Japanese         Chinese       Chinese       Chinese       Chinese         Specify.       Black, African American, or African       Black, African American, or African         Then ask:       Asian Indian       Chinese       Chinese         Offer to read list of responses if needed.       Chine race, specify       Black, African American, or African         Offer to read list of responses if needed.       Obter Yacific Islander, specify       Black African American, or African         Other y identify with?       Declined       Don't know       Select ALL that apply         30.       Dothey identify with?       Istation of Asian American       Select ALL that apply         31.       White       Dothey identify with?       Doothey identify with?       Obter facing and the apply         32.       Do they identify strip       Istation of Asian American       Select ALL that apply         32.       White best represents their sexual oright and the apply       Doothey identify with?       Chinese       Obter facing and the apply         33.       White best represents their sexual oright and the apply       Obter facing and the apply       Obter facing and the a			,
ALL that apply. If response specify.       Filipino       Vietnamese         Specify.       Black, African American, or African       Black, African American, or African         Then ask:       Are there any other races with which they identify?       Black, African American, or African         Offer to read list of responses if needed.       Other Pacific Islander, specify       Black, African American, or African         Offer to read list of responses if needed.       Other Pacific Islander, specify       Other race, specify         Other race, specify       Don't know       Declined       Don't know         29. What gender or genders, if needed.       Select ALL that apply       Male       Note Hawaiian         30. Do they identify with?       If eresponse card ot hey identify and or female Obeclined       Obort know         31. Which best represents their sexual orientation?       (1) Straight Q(2) Gay Q(3) Lesbian Q(4) Bisexual O(1) Uncharacterized       Obeclined O(1) Straight Q(2) Gay Q(3) Lesbian Q(4) Bisexual O(1) Straight Q(2) Gay Q(3) Lesbian Q(4) Bisexual O(1) Straight Q(2) Gay Q(3) Lesbian Q(4) B	do they identify with?	□ Asian or Asian American □ Asian Indian □ Japanese □ Asian Indian □	Japanese
Then ask:       Native Hawaiian or other Pacific Islander         Are there any other races with which they identify?       Usamanian (Chamoro)         Offer to read list of responses if needed.       Other race, specify         White       Other race, specify         White       Other race, specify         Obter pacific Islander, specify       White         Other race, specify       Declined         Obter pacific Islander, specify       White         Other race, specify       Declined         Do they identify as transgender?       Saled ALL that apply         Male       Not singularly male or female Obeclined obort know         Do they identify as transgender?       Use response card (1) (1) Yes O(2) No Obort know         1F AGE or PERSON = UNDER 18 YEARS OLD—> QUESTION #34       OTHERWISE - continue to QUESTION #34 *3         31. Which best represents the represents the response card (2) (1) Yrs O(2) No Obeclined (2) Unsynthing O(6) Other,	ALL that apply. IF response isn't listed, mark "Other race" &	□ Filipino □ Vietnamese □ Filipino □ □ Other Asian, specify □ Other Asian, specify	Vietnamese
Offer to read list of responses if needed.       □Other Pacific Islander, specify	Then ask: Are there any other races with which they	□ Native Hawaiian or other Pacific Islander □ Guamanian/ Chamorro □ Native Hawaiian □ Native Hawaiian	c Islander
29. What gender or genders do they identify with?       Select ALL that apply       Select ALL that apply       Select ALL that apply         30. Do they identify with?       Wale       Not singularly male or female Obeclined Obon't know       Nate Singularly male or female Obeclined Obon't know       Nate Singularly male or female Obeclined Obon't know         30. Do they identify as transgender?       Use response card O(1) Yes O(2) No Obeclined Obon't know       Use response card O(1) Yes O(2) No Obeclined Obon't know       Use response card O(1) Yes O(2) No Obeclined O(2) Obon't know       O11 Straight O(2) Gay O(3) Lesbian O(4) Bisexual O(5) Unsure/?ing O(6) Other, Obecl/don't know       O(1) Straight O(2) Gay O(3) Lesbian O(4) Bisexual O(5) Unsure/?ing O(6) Other, Obecl/don't know       O(1) Straight O(2) Gay O(3) Lesbian O(4) Bisexual O(5) Unsure/?ing O(6) Other, Obecl/ned National Guard       O(1) Straight O(2) Gay O(3) Lesbian O(4) Bisexual O(5) Unsure/?ing O(6) Other, Obecl/ned National Guard       O(1) Straight O(2) Gay O(3) Lesbian O(4) Bisexual O(5) Unsure/?ing O(6) Other, Obecl/ned National Guard       O(1) Straight O(2) Gay O(3) Lesbian O(4) Bisexual O(5) Unsure/?ing O(6) Other, Obecl/ned National Guard       O(1) Straight O(2) Gay O(3) Lesbian O(4) Bisexual O(5) Unsure/?ing O(6) Other, Obecl/ned National Guard       O(1) Straight O(2) Gay O(3) Lesbian O(4) Bisexual O(5) Unsure/?ing O(6) Other, Obecl/ned National Guard       O(1) Straight O(2) Gay O(3) Lesbian O(4) Bisexual O(5) Unsure/?ing O(6) Other, Obecl/ned National Guard       O(1) Straight O(2) Gay O(3) Lesbian O(4) Bisexual O(5) Unsure/?ing O(6) Other, Obecl/ned National Guard       O(1) Str	Offer to read list of responses	□ Other Pacific Islander, specify       □ Other Pacific Islander         □ White       □ White         □ Other race, specify       □ Other race, specify	•
30. Do they identify as transgender?       Use response card O(1) Yes O(2) No Obeclined Don't know       Use response card O(1) Yes O(2) No Obeclined Don't know       Other Know		Select ALL that apply Male Not singularly male or female ODeclined Male Male Not singularly male or female ODeclined	
31. Which best represents their sexual orientation?       O(1) Straight O(2) Gay O(3) Lesbian O(4) Bisexual O(5) Unsure/?ing O(6) Other,ODecl./don't know O(5) Unsure/?ing O(6) Other than honorable conditions O Bad Conduct O Unverified ODon't know O Declined O Don't know O Declined O Don't know O Decl		Use response card Q(1) Yes Q(2) No ODeclined Use response card Q(1) Yes Q(	
their sexual orientation?       O(5) Unsure/?ing O(6) Other,ODecl./don't know       O(5) Unsure/?ing O(6) Other,ODecl./don't know         32. Have they served any       O(5) Unsure/?ing O(6) Other,ODecl./don't know       O(5) Unsure/?ing O(6) Other,ODecl./don't know         ACTIVE DUTY in the:       Dational Guard       No Active Duty ODon't know       National Guard       No Active Duty ODon't know         33. What is their discharge       OGeneral, honorable conditions       Honorable       Oditors Bad Conduct         Other than honorable conditions?       Obeclined       Obstant or bon't know       Oditors Bad Conduct         Ouncharacterized       Obeclined       Obstant or bon't know       Other than honorable conditions O Bad Conduct         Ouncharacterized       Obeclined       Obstant or bon't know       Other than honorable conditions O Bad Conduct         Unverified       Obon't know       Dot't know       Dot't know         34. Do they have, or have they been diagnosed with, any of the following health conditions?       Check or mark the box for EACH condition selected, and ask       And is their condition permanent or long-ter And is their condition permanent or long-ter And is their condition permanent or long-ter PLEASE USE RESPONSE CARD         1) Difficulties w/ substance use?       (3) Yes No       Oon't know       Declined       (1) Yes No       Don't know       Declined         2) Difficulties w/	► IF AGE OF PERSON = UNDER 1	8 YEARS OLD	STION #31 & #32
ACTIVE DUTY in the:       □ National Guard       ONo Active Duty ODon't know       □ National Guard       ONo Active Duty ODon't know         IF No ACTIVE DUTY, DECLINED, or DON'T KNOW       → QUESTION #34         33. What is their discharge status?       ○ General, honorable conditions ○ Bad Conduct ○ Uncharacterized ○ Declined ○ Dishonorable ○ Other than honorable conditions ○ Bad Conduct ○ Uncharacterized ○ Declined ○ Dishonorable ○ Unverified       ○ General, honorable conditions ○ Bad Conduct ○ Unverified       ○ Declined ○ Dishonorable ○ Other than honorable conditions ○ Bad Conduct ○ Unverified       ○ Declined ○ Dishonorable ○ Unverified       ○ Don't know         34. Do they have, or have they been diagnosed with, any of the following health conditions?       Check or mark the box for EACH condition selected, and ask       S. For EACH BOX CHECKED CLARIFY WITH RESPONDENT: And is their condition permanent or long-ter EACH condition selected, and ask         1) Difficulties w/ alcohol use?       [1]       Yes       No       O Don't know       Declined       [1]       Yes       No       O Don't know       Declined         2) Difficulties w/ substance use?       [2]       Yes       No       O Don't know       Declined       [3]       Yes       No       Don't know       Declined         3) HIV / AIDS-related illness?       [4]       Yes       No       Don't know       Declined       [5]       Yes       No       Don't know       Declined       [	their sexual orientation?	O(5) Uncours (Sing $O(6)$ Other $O(7)$ Deed (den 't know $O(5)$ Uncours (Sing $O(6)$ Other	. ,
<ul> <li>33. What is their discharge status?</li> <li>33. What is their discharge status?</li> <li>34. Do they have, or have they been diagnosed with, any of the following health conditions? Check or mark the box for PLEASE USE RESPONSE CARD.</li> <li>35. For EACH BOX CHECKED CLARIFY WITH RESPONDENT: EACH condition selected, and ask.</li> <li>35. For EACH BOX CHECKED clarify WITH RESPONDENT: EACH conditions selected, and ask.</li> <li>36. Monorable selected, and ask.</li> <li>37. For EACH BOX CHECKED clarify WITH RESPONDENT: EACH conditions? Check or mark the box for PLEASE USE RESPONSE CARD.</li> <li>38. Honorable selected, and ask.</li> <li>39. For EACH BOX CHECKED clarify WITH RESPONDENT: EACH conditions selected, and ask.</li> <li>30. The selected illness?</li> <li>31. HIV / AIDS-related illness?</li> <li>33. Yes No Don't know Declined</li> <li>33. HIV / AIDS-related illness?</li> <li>34. (4) Yes No Don't know Declined</li> <li>35. Yes No Don't know Declined</li> <li>36. Yes No Don't know Declined</li> <li>37. For EACH BOX CHECKED clarify WITH RESPONDENT: Know Declined</li> <li>38. For EACH BOX CHECKED clarify WITH RESPONDENT: EACH condition selected, and ask.</li> <li>39. HIV / AIDS-related illness?</li> <li>30. Yes No Don't know Declined</li> <li>30. Yes No Don't know Declined</li> <li>31. HIV / AIDS-related illness?</li> <li>32. Yes No Don't know Declined</li> <li>33. Yes No Don't know Declined</li> <li>34. On Don't know Declined</li> <li>34. On Don't know Declined</li> <li>35. Yes No Don't know Declined</li> <li>36. Yes No Don't know Declined</li> <li>37. Yes No Don't know Declined</li> <li>38. Yes No Don't know Declined</li> <li>39. Other than horable conditions of the provided provi</li></ul>	ACTIVE DUTY in the:	□ National Guard ONo Active Duty ODon't know □ National Guard ONo Active	
status?       ○ Other than honorable conditions ○ Bad Conduct ○ Uncharacterized ○ Declined ○ Dishonorable ○ Unverified ○ Don't know       ○ Other than honorable conditions ○ Bad Conduct ○ Uncharacterized ○ Declined ○ Dishonorable ○ Unverified ○ Don't know         34.       Do they have, or have they been diagnosed with, any of the following health conditions? Check or mark the box for PLEASE USE RESPONSE CARD.       35.       FOR EACH BOX CHECKED CLARIFY WITH RESPONDENT: And is their condition permanent or long-ter         1) Difficulties w/ alcohol use?       ○ (1) ○ Yes ○ No ○ Don't know ○ Declined       ○ (1) ○ Yes ○ No ○ Don't know ○ Declined         2) Difficulties w/ substance use?       ○ (2) ○ Yes ○ No ○ Don't know ○ Declined       ○ (1) ○ Yes ○ No ○ Don't know ○ Declined         3) HIV / AIDS-related illness?       ○ (4) ○ Yes ○ No ○ Don't know ○ Declined       ○ (3) ○ Yes ○ No ○ Don't know ○ Declined         5) Physical disability?       ○ (5) ○ Yes ○ No ○ Don't know ○ Declined       ○ (5) ○ Yes ○ No ○ Don't know ○ Declined         6) Physical illness?       ○ (6) ○ Yes ○ No ○ Don't know ○ Declined       ○ (6) ○ Yes ○ No ○ Don't know ○ Declined         7) Traumatic Brain Injury?       ○ (7) ○ Yes ○ No ○ Don't know ○ Declined       ○ (7) ○ Yes ○ No ○ Don't know ○ Declined         8) Developmental Disability?       ○ (8) ○ Yes ○ No ○ Don't know ○ Declined       ○ (7) ○ Yes ○ No ○ Don't know ○ Declined         9) Other:       ○ (check box here →       ○ (9) ○ Yes ○ No ○ Don't know ○ Declined       ○ (9) ○ Yes ○ No ○ Don't know ○ Declined </td <td>IF No ACTIVE DUTY, DECLINE</td> <td>-</td> <td></td>	IF No ACTIVE DUTY, DECLINE	-	
the following health conditions? Check or mark the box for PLEASE USE RESPONSE CARD.         1) Difficulties w/ alcohol use?       (1)       Yes       No       Obon't know       Declined       (1)       Yes       No       Obon't know       Declined         2) Difficulties w/ alcohol use?       (2)       Yes       No       Obon't know       Declined       (2)       Yes       No       Obon't know       Declined         2) Difficulties w/ substance use?       (2)       Yes       No       Obon't know       Declined       (3)       Yes       No       Obon't know       Declined         3) HIV / AIDS-related illness?       (3)       Yes       No       Obon't know       Obclined       (4)       Yes       No       Obon't know       Obclined         4) Serious Mental Illness?       (4)       Yes       No       Obon't know       Obclined       (4)       Yes       No       Obon't know       Obclined         5) Physical disability?       (5)       Yes       No       Obon't know       Obclined       (5)       Yes       No       Obon't know       Obclined         6) Physical disability?       (6)       Yes       No       Obon't know       Obclined       (7)       Yes       No       Obon't know </td <td>•</td> <td>Other than honorable conditions O Bad Conduct O Other than honorable condition O Uncharacterized O Declined O Dishonorable O Uncharacterized O Declined</td> <td>ns O Bad Conduct d O Dishonorable</td>	•	Other than honorable conditions O Bad Conduct O Other than honorable condition O Uncharacterized O Declined O Dishonorable O Uncharacterized O Declined	ns O Bad Conduct d O Dishonorable
(1) Difficulties w/ alcohol use?       (1)       O Yes       O No       O Don't know       O Declined       (1)       O Yes       O No       O Don't know       O Declined         (2) Difficulties w/ substance use?       (2)       O Yes       O No       O Don't know       O Declined       (2)       O Yes       O No       O Don't know       O Declined         (3) HIV / AIDS-related illness?       (3)       O Yes       O No       O Don't know       O Declined       (3)       O Yes       O No       O Don't know       O Declined         (4) Serious Mental Illness?       (4)       O Yes       O No       O Don't know       O Declined       (4)       O Yes       O No       O Don't know       O Declined         (5) Physical disability?       (5)       O Yes       O No       O Don't know       O Declined       (6)       O Yes       O No       O Don't know       O Declined         (6) Physical illness?       (6)       O Yes       O No       O Don't know       O Declined       (6)       O Yes       O No       O Don't know       O Declined         (7) Traumatic Brain Injury?       (7)       O Yes       No       O Don't know       O Declined       (8)       O Yes       O No       O Don't know       O Declined <td>the following health con</td> <td>ditions? Check or mark the box for And is their condition permane</td> <td></td>	the following health con	ditions? Check or mark the box for And is their condition permane	
2) Difficulties w/ substance use?       (1)       Yes       No       O Don't know       Declined       (2)       Yes       No       O Don't know       Declined         3) HIV / AIDS-related illness?       (3)       Yes       No       O Don't know       Declined       (3)       Yes       No       O Don't know       Declined         4) Serious Mental Illness?       (4)       Yes       No       O Don't know       Declined       (4)       Yes       No       O Don't know       Declined         5) Physical disability?       (5)       Yes       No       O Don't know       Declined       (5)       Yes       No       O Don't know       Declined         6) Physical illness?       (6)       Yes       No       O Don't know       Declined       (6)       Yes       No       O Don't know       Declined         7) Traumatic Brain Injury?       (7)       Yes       No       O Don't know       Declined       (7)       Yes       No       O Don't know       Declined         8) Developmental Disability?       (8)       Yes       No       O Don't know       Declined       (8)       Yes       No       O Don't know       Declined         9) Other:       (check box here →       (9)			t know O Declined
3) HIV / AIDS-related illness?       (3) ○ Yes ○ No ○ Don't know ○ Declined       (3) ○ Yes ○ No ○ Don't know ○ Declined         4) Serious Mental Illness?       (4) ○ Yes ○ No ○ Don't know ○ Declined       (4) ○ Yes ○ No ○ Don't know ○ Declined         5) Physical disability?       (5) ○ Yes ○ No ○ Don't know ○ Declined       (4) ○ Yes ○ No ○ Don't know ○ Declined         6) Physical illness?       (6) ○ Yes ○ No ○ Don't know ○ Declined       (6) ○ Yes ○ No ○ Don't know ○ Declined         7) Traumatic Brain Injury?       (7) ○ Yes ○ No ○ Don't know ○ Declined       (7) ○ Yes ○ No ○ Don't know ○ Declined         8) Developmental Disability?       (8) ○ Yes ○ No ○ Don't know ○ Declined       (8) ○ Yes ○ No ○ Don't know ○ Declined         9) Other:       (check box here →       (9) ○ Yes ○ No ○ Don't know ○ Declined       (9) ○ Yes ○ No ○ Don't know ○ Declined	1) Difficulties w/ alcohol use?		
5) Physical disability?       □ (5) ○ Yes ○ No ○ Don't know ○ Declined       □ (5) ○ Yes ○ No ○ Don't know ○ Declined         6) Physical illness?       □ (6) ○ Yes ○ No ○ Don't know ○ Declined       □ (6) ○ Yes ○ No ○ Don't know ○ Declined         7) Traumatic Brain Injury?       □ (7) ○ Yes ○ No ○ Don't know ○ Declined       □ (7) ○ Yes ○ No ○ Don't know ○ Declined         8) Developmental Disability?       □ (8) ○ Yes ○ No ○ Don't know ○ Declined       □ (8) ○ Yes ○ No ○ Don't know ○ Declined         9) Other:       (check box here →       □ (9) ○ Yes ○ No ○ Don't know ○ Declined       □ (9) ○ Yes ○ No ○ Don't know ○ Declined	/	🗀 (2) 🔾 Yes 🔾 No 🔾 Don't know 🔾 Declined 🔰 🖵 (2) 📿 Yes 📿 No 📿 Don'	t know O Declined
6) Physical illness?       □ (6) ○ Yes ○ No ○ Don't know ○ Declined       □ (6) ○ Yes ○ No ○ Don't know ○ Declined         7) Traumatic Brain Injury?       □ (7) ○ Yes ○ No ○ Don't know ○ Declined       □ (7) ○ Yes ○ No ○ Don't know ○ Declined         8) Developmental Disability?       □ (8) ○ Yes ○ No ○ Don't know ○ Declined       □ (8) ○ Yes ○ No ○ Don't know ○ Declined         9) Other:       (check box here →       □ (9) ○ Yes ○ No ○ Don't know ○ Declined       □ (9) ○ Yes ○ No ○ Don't know ○ Declined	2) Difficulties w/ substance use?		
7) Traumatic Brain Injury?       □ (7) ○ Yes ○ No ○ Don't know ○ Declined       □ (7) ○ Yes ○ No ○ Don't know ○ Declined         8) Developmental Disability?       □ (8) ○ Yes ○ No ○ Don't know ○ Declined       □ (8) ○ Yes ○ No ○ Don't know ○ Declined         9) Other:       (check box here →       □ (9) ○ Yes ○ No ○ Don't know ○ Declined       □ (9) ○ Yes ○ No ○ Don't know ○ Declined	2) Difficulties w/ substance use? 3) HIV / AIDS-related illness?	□ (3) ○ Yes ○ No ○ Don't know ○ Declined □ (3) ○ Yes ○ No ○ Don'	t know O Declined
8) Developmental Disability? $(8) \bigcirc Yes \bigcirc No \bigcirc Don't know \bigcirc Declined$ $(8) \bigcirc Yes \bigcirc No \bigcirc Don't know \bigcirc Declined$ 9) Other: (check box here $\rightarrow$ $(9) \bigcirc Yes \bigcirc No \bigcirc Don't know \bigcirc Declined$ $(9) \bigcirc Yes \bigcirc No \bigcirc Don't know \bigcirc Declined$	2) Difficulties w/ substance use? 3) HIV / AIDS-related illness? 4) Serious Mental Illness?	(3)       Yes       No       Don't know       Declined       (3)       Yes       No       O Don'         (4)       Yes       No       O Don't know       Declined       (4)       Yes       No       O Don'         (5)       Yes       No       O Don't know       Declined       (5)       Yes       No       O Don'	t know O Declined t know O Declined
9) Other: (check box here $\rightarrow$ $\Box$ (9) $\bigcirc$ Yes $\bigcirc$ No $\bigcirc$ Don't know $\bigcirc$ Declined $\Box$ (9) $\bigcirc$ Yes $\bigcirc$ No $\bigcirc$ Don't know $\bigcirc$ Declined	<ul> <li>2) Difficulties w/ substance use?</li> <li>3) HIV / AIDS-related illness?</li> <li>4) Serious Mental Illness?</li> <li>5) Physical disability?</li> </ul>	(3)       Yes       No       Opon't know       Declined       (3)       Yes       No       Opon'         (4)       Yes       No       Opon't know       Declined       (4)       Yes       No       Opon'         (5)       Yes       No       Opon't know       Opeclined       (5)       Yes       No       Opon'         (6)       Yes       No       Opon't know       Opeclined       (6)       Yes       No       Opon'	t knowO Declinedt knowO Declinedt knowO Declinedt knowO Declined
9) Other: (check box here $\rightarrow$ $\Box$ (9) $\bigcirc$ Yes $\bigcirc$ No $\bigcirc$ Don't know $\bigcirc$ Declined $\Box$ (9) $\bigcirc$ Yes $\bigcirc$ No $\bigcirc$ Don't know $\bigcirc$ Declined $\Box$ (9) $\bigcirc$ Yes $\bigcirc$ No $\bigcirc$ Don't know $\bigcirc$ Declined	<ul> <li>2) Difficulties w/ substance use?</li> <li>3) HIV / AIDS-related illness?</li> <li>4) Serious Mental Illness?</li> <li>5) Physical disability?</li> <li>6) Physical illness?</li> </ul>	(3)       Yes       No       Don't know       Declined       (3)       Yes       No       Don'         (4)       Yes       No       O Don't know       Declined       (4)       Yes       No       O Don'         (5)       Yes       No       O Don't know       Declined       (5)       Yes       No       O Don'         (6)       Yes       No       O Don't know       Declined       (6)       Yes       No       O Don'         (7)       Yes       No       O Don't know       Declined       (7)       Yes       No       O Don'	t knowO Declinedt knowO Declinedt knowO Declinedt knowO Declinedt knowO Declined
ONone of the above ODon't know ODeclined ONone of the above ODon't know ODeclined	<ul> <li>2) Difficulties w/ substance use?</li> <li>3) HIV / AIDS-related illness?</li> <li>4) Serious Mental Illness?</li> <li>5) Physical disability?</li> <li>6) Physical illness?</li> <li>7) Traumatic Brain Injury?</li> <li>8) Developmental Disability?</li> </ul>	(3)       Yes       No       Don't know       Declined       (3)       Yes       No       O Don'         (4)       Yes       No       O Don't know       Declined       (4)       Yes       No       O Don'         (5)       Yes       No       O Don't know       O Declined       (5)       O Yes       No       O Don'         (6)       O Yes       O No       O Don't know       O Declined       (6)       O Yes       O No       O Don'         (7)       O Yes       O No       O Don't know       O Declined       (7)       O Yes       O No       O Don'         (8)       O Yes       O No       O Don't know       O Declined       (8)       O Yes       O No       O Don'	t knowO Declinedt knowO Declinedt knowO Declinedt knowO Declinedt knowO Declinedt knowO Declinedt knowO Declined

INITIALS from QUESTION #24 HERE —	PERSON 5:	PERSON 6:
25. How are they related to you?	O Spouse / partner O Grandchild O Child O Sibling O Other Relative	○ Spouse / partner ○ Grandchild ○ Child ○ Sibling ○ Other Relative
26. How old are they?	○ Parent ○ Non-family ○ Declined/Don't know (Years) (Months)	○ Parent ○ Non-family ○ Declined/Don't know (Years) (Months)
27. Do they identify as Hispanic or Latin(o)(a)(x)?	O Yes O No O Declined O Don't know	OYes ONo ODeclined ODon't know
<ul> <li>28. What race, OR races, do they identify with?</li> <li>Wait for response &amp; choose ALL that apply. IF response isn't listed, mark "Other race" &amp; specify. Then ask:</li> <li>Are there any other races with which they identify?</li> <li>Offer to read list of responses if needed.</li> <li>29. What gender or genders</li> </ul>	INOT SINGULARIY Male or temale O Declined	American Indian, Alaska Native, or Indigenous Asian or Asian American Asian Indian Asian Indian Asian Indian Asian Indian Asian Indian Storean Filipino Other Asian, specify Black, African American, or African Native Hawaiian or other Pacific Islander Guamanian/ Chamorro Native Hawaiian Samoan Other Pacific Islander, specify Other race, specify Obeclined Select ALL that apply Male Not singularly male or female Obeclined
do they identify with? <b>30.</b> Do they identify as	□ Female □ Questioning ODon't know	□ Female □ Questioning ODon't know
transgender?	Use response card O(1) Yes O(2) No ODeclined ODon't know	<u>Use response card</u> O(1) Yes O(2) No ODeclined ODon't know
IF AGE OF PERSON = UNDER 18	8 YEARS OLD	OTHERWISE - CONTINUE TO QUESTION #31 & #32
their covuel orientation?	O(5) Uncount $O(2)$ $O(3)$ $O(4)$ $O(5)$ Here $O(5)$ $O$	O(1) Straight O(2) Gay O(3) Lesbian O(4) Bisexual O(5) Unsure/?ing O(6) Other,ODecl./don't know
<b>32.</b> Have they served any	U.S. Armed Forces Reservist ODeclined	U.S. Armed Forces Reservist ODeclined
ACTIVE DUTY in the:	□ National Guard ONo Active Duty ODon't know	□ National Guard ONo Active Duty ODon't know
	□ National Guard ONo Active Duty ODon't know	
ACTIVE DUTY in the:	□ National Guard ONo Active Duty ODon't know	
ACTIVE DUTY in the: <u>IF No ACTIVE DUTY, DECLINED</u> 33. What is their discharge status? 34. Do they have, or have th	□ National Guard       ○No Active Duty       ○Don't know         ○, or DON'T KNOW       → QUESTION #34         ○ General, honorable conditions       ○ Honorable         ○ Other than honorable conditions       ○ Bad Conduct         ○ Uncharacterized       ○ Declined       ○ Dishonorable         ○ Unverified       ○ Don't know         ney been diagnosed with, any of       35. For E	<ul> <li>□ National Guard ONo Active Duty ODon't know</li> <li>○ General, honorable conditions O Honorable</li> <li>○ Other than honorable conditions O Bad Conduct</li> <li>○ Uncharacterized O Declined O Dishonorable</li> <li>○ Unverified O Don't know</li> <li>○ Active Duty ODon't know</li> </ul>
<ul> <li>ACTIVE DUTY in the:</li> <li>IF No ACTIVE DUTY, DECLINED</li> <li>33. What is their discharge status?</li> <li>34. Do they have, or have the following health conception of the following health conception.</li> </ul>	□ National Guard       ○No Active Duty       ○Don't know         ○, or DON'T KNOW       → QUESTION #34         ○ General, honorable conditions       ○ Honorable         ○ Other than honorable conditions       ○ Bad Conduct         ○ Uncharacterized       ○ Declined       ○ Dishonorable         ○ Unverified       ○ Don't know         hey been diagnosed with, any of       35. For E         ditions?       Check or mark the box for       And         EACH condition selected, and ask       O	<ul> <li>□ National Guard ONo Active Duty ODon't know</li> <li>○ General, honorable conditions O Honorable</li> <li>○ Other than honorable conditions O Bad Conduct</li> <li>○ Uncharacterized O Declined O Dishonorable</li> <li>○ Unverified O Don't know</li> </ul> ACH BOX CHECKED CLARIFY WITH RESPONDENT: is their condition permanent or long-term?
<ul> <li>ACTIVE DUTY in the:</li> <li>IF No ACTIVE DUTY, DECLINED</li> <li>33. What is their discharge status?</li> <li>34. Do they have, or have the following health concernation of <i>PLEASE USE RESPONSE CARD.</i></li> <li>(1) Difficulties w/ alcohol use?</li> </ul>	□ National Guard       ONo Active Duty ODon't know         O, or DON'T KNOW       → QUESTION #34         ○ General, honorable conditions       ○ Honorable         ○ Other than honorable conditions       ○ Bad Conduct         ○ Uncharacterized       ○ Declined       ○ Dishonorable         ○ Unverified       ○ Don't know         ney been diagnosed with, any of       35. For E         ditions?       Check or mark the box for       And i         □ (1)       ○ Yes       ○ No       ○ Don't know	□ National Guard       ONo Active Duty ODon't know         ○ General, honorable conditions       ○ Honorable         ○ Other than honorable conditions       ○ Bad Conduct         ○ Uncharacterized       ○ Declined       ○ Dishonorable         ○ Unverified       ○ Don't know         CACH BOX CHECKED CLARIFY WITH RESPONDENT:         is their condition permanent or long-term?         □ (1)       ○ Yes       ○ No       ○ Don't know       ○ Declined
<ul> <li>ACTIVE DUTY in the:</li> <li>IF No ACTIVE DUTY, DECLINED</li> <li>33. What is their discharge status?</li> <li>34. Do they have, or have the following health come PLEASE USE RESPONSE CARD.</li> <li>(1) Difficulties w/ alcohol use?</li> <li>(2) Difficulties w/ substance use?</li> </ul>	□ National Guard       ○No Active Duty ○Don't know         ○, or DON'T KNOW       → QUESTION #34         ○ General, honorable conditions       ○ Honorable         ○ Other than honorable conditions       ○ Bad Conduct         ○ Uncharacterized       ○ Declined       ○ Dishonorable         ○ Unverified       ○ Don't know         ney been diagnosed with, any of       35. For E         ditions?       Check or mark the box for       ▲ And i         □ (1)       ○ Yes       ○ No       ○ Don't know       ○ Declined         □ (2)       ○ Yes       ○ No       ○ Don't know       ○ Declined	□ National Guard       ○ No Active Duty ○Don't know         ○ General, honorable conditions       ○ Honorable         ○ Other than honorable conditions       ○ Bad Conduct         ○ Uncharacterized       ○ Declined       ○ Dishonorable         ○ Unverified       ○ Don't know         ACH BOX CHECKED CLARIFY WITH RESPONDENT:         is their condition permanent or long-term?         □ (1)       ○ Yes       ○ No       ○ Don't know       ○ Declined
<ul> <li>ACTIVE DUTY in the:</li> <li>IF No ACTIVE DUTY, DECLINED</li> <li>33. What is their discharge status?</li> <li>34. Do they have, or have the following health concernation of the following</li></ul>	□ National Guard       ○No Active Duty ○Don't know         ○, or DON'T KNOW       → QUESTION #34         ○ General, honorable conditions       ○ Honorable         ○ Other than honorable conditions       ○ Bad Conduct         ○ Uncharacterized       ○ Declined       ○ Dishonorable         ○ Unverified       ○ Don't know         ney been diagnosed with, any of ditions?       Check or mark the box for factor of the condition selected, and ask       And the condition selected, and ask         □ (1)       ○ Yes       ○ No       ○ Don't know       ○ Declined         □ (2)       ○ Yes       ○ No       ○ Don't know       ○ Declined         □ (3)       ○ Yes       ○ No       ○ Don't know       ○ Declined	□ National Guard       ○ No Active Duty ○Don't know         ○ General, honorable conditions       ○ Honorable         ○ Other than honorable conditions       ○ Bad Conduct         ○ Uncharacterized       ○ Declined       ○ Dishonorable         ○ Unverified       ○ Don't know         CACH BOX CHECKED CLARIFY WITH RESPONDENT:         is their condition permanent or long-term?         □ (1)       ○ Yes       ○ No       ○ Don't know       ○ Declined         □ (2)       ○ Yes       ○ No       ○ Don't know       ○ Declined         □ (3)       ○ Yes       ○ No       ○ Don't know       ○ Declined
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ACTIVE DUTY in the: IF No ACTIVE DUTY, DECLINED 33. What is their discharge status? 34. Do they have, or have the the following health come PLEASE USE RESPONSE CARD. (1) Difficulties w/ alcohol use? (2) Difficulties w/ alcohol use? (3) HIV / AIDS-related illness? (4) Serious Mental Illness? (5) Physical disability? (6) Physical illness?	□ National Guard       ○ No Active Duty       ○ Don't know         ○, or DON'T KNOW       → QUESTION #34         ○ General, honorable conditions       ○ Honorable         ○ Other than honorable conditions       ○ Bad Conduct         ○ Uncharacterized       ○ Declined       ○ Dishonorable         ○ Unverified       ○ Don't know         ney been diagnosed with, any of the box for       35. For E         ditions?       Check or mark the box for       And it         ○ (1)       ○ Yes       ○ No       ○ Don't know       ○ Declined         ○ (2)       ○ Yes       ○ No       ○ Don't know       ○ Declined         ○ (3)       ○ Yes       ○ No       ○ Don't know       ○ Declined         ○ (4)       ○ Yes       ○ No       ○ Don't know       ○ Declined         ○ (5)       ○ Yes       ○ No       ○ Don't know       ○ Declined         ○ (6)       ○ Yes       ○ No       ○ Don't know       ○ Declined	□ National Guard       ○ No Active Duty ○Don't know         ○ General, honorable conditions       ○ Honorable         ○ Other than honorable conditions       ○ Bad Conduct         ○ Uncharacterized       ○ Declined       ○ Dishonorable         ○ Unverified       ○ Don't know         ACH BOX CHECKED CLARIFY WITH RESPONDENT:         is their condition permanent or long-term?         □ (1)       ○ Yes         ○ Yes       ○ No         ○ Don't know       ○ Declined         □ (2)       ○ Yes       ○ No         ○ (3)       ○ Yes       ○ No       ○ Don't know         □ (4)       ○ Yes       ○ No       ○ Don't know       ○ Declined         □ (5)       ○ Yes       ○ No       ○ Don't know       ○ Declined         □ (5)       ○ Yes       ○ No       ○ Don't know       ○ Declined         □ (6)       ○ Yes       ○ No       ○ Don't know       ○ Declined
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ACTIVE DUTY in the: IF No ACTIVE DUTY, DECLINED 33. What is their discharge status? 34. Do they have, or have the the following health come PLEASE USE RESPONSE CARD. (1) Difficulties w/ alcohol use? (2) Difficulties w/ alcohol use? (3) HIV / AIDS-related illness? (4) Serious Mental Illness? (5) Physical disability? (6) Physical illness? (7) Traumatic Brain Injury? (8) Developmental Disability?	□ National Guard       ○No Active Duty       ○Don't know         ○, or DON'T KNOW       → QUESTION #34         ○ General, honorable conditions       ○ Honorable         ○ Other than honorable conditions       ○ Bad Conduct         ○ Uncharacterized       ○ Declined       ○ Dishonorable         ○ Unverified       ○ Don't know         ney been diagnosed with, any of taitions?       Check or mark the box for taition selected, and ask       And taitions?         □ (1)       ○ Yes       ○ No       ○ Don't know       ○ Declined         □ (1)       ○ Yes       ○ No       ○ Don't know       ○ Declined         □ (2)       ○ Yes       ○ No       ○ Don't know       ○ Declined         □ (2)       ○ Yes       ○ No       ○ Don't know       ○ Declined         □ (3)       ○ Yes       ○ No       ○ Don't know       ○ Declined         □ (4)       ○ Yes       ○ No       ○ Don't know       ○ Declined         □ (5)       ○ Yes       ○ No       ○ Don't know       ○ Declined         □ (6)       ○ Yes       ○ No       ○ Don't know       ○ Declined         □ (7)       ○ Yes       ○ No       ○ Don't know       ○ Declined         □ (8)       ○ Yes       ○ No       ○	National Guard       No Active Duty ODon't know         General, honorable conditions       Honorable         Other than honorable conditions       Bad Conduct         Uncharacterized       Declined       Dishonorable         Unverified       Don't know         ACH BOX CHECKED CLARIFY WITH RESPONDENT:         is their condition permanent or long-term?         (1)       Yes       No         (2)       Yes       No       Don't know         (2)       Yes       No       Don't know         (3)       Yes       No       Don't know         (4)       Yes       No       Don't know         (5)       Yes       No       Don't know         (6)       Yes       No       Don't know         (7)       Yes       No       Don't know         (8)       Yes       No       Don't know
ACTIVE DUTY in the: IF No ACTIVE DUTY, DECLINED 33. What is their discharge status? 34. Do they have, or have the the following health conc PLEASE USE RESPONSE CARD. (1) Difficulties w/ alcohol use? (2) Difficulties w/ substance use? (3) HIV / AIDS-related illness? (4) Serious Mental Illness? (5) Physical disability? (6) Physical illness? (7) Traumatic Brain Injury?	□ National Guard       ○No Active Duty ○Don't know         ○, or DON'T KNOW       → QUESTION #34         ○ General, honorable conditions       ○ Honorable         ○ Other than honorable conditions       ○ Bad Conduct         ○ Uncharacterized       ○ Declined       ○ Dishonorable         ○ Unverified       ○ Don't know         ney been diagnosed with, any of title       35. For E         ditions?       Check or mark the box for teACH condition selected, and ask       And text         □ (1)       Yes       No       ○ Don't know       Declined         □ (2)       Yes       No       ○ Don't know       ○ Declined         □ (3)       Yes       No       ○ Don't know       ○ Declined         □ (4)       Yes       No       ○ Don't know       ○ Declined         □ (5)       Yes       No       ○ Don't know       ○ Declined         □ (6)       Yes       No       ○ Don't know       ○ Declined         □ (7)       ○ Yes       No       ○ Don't know       ○ Declined	National Guard       No Active Duty ODon't know         General, honorable conditions       Honorable         Other than honorable conditions       Bad Conduct         Uncharacterized       Declined       Dishonorable         Unverified       Don't know         ACH BOX CHECKED CLARIFY WITH RESPONDENT:         is their condition permanent or long-term?         (1)       Yes       No         (2)       Yes       No       Don't know         (3)       Yes       No       Don't know       Declined         (4)       Yes       No       Don't know       Declined         (5)       Yes       No       Don't know       Declined         (6)       Yes       No       Don't know       Declined         (7)       Yes       No       Don't know       Declined

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	
<b>36.</b> Do you have, or have you been diagnosed with any	<b>37.</b> For EACH HEALTH CONDITION(s) CHECKED, ASK:
of the following health conditions? PLEASE USE RESPONSE CARD. Select ALL that apply & ask —	
□(1) Difficulties with alcohol use	○ Yes ○ No ○ Don't know ○ Declined
$\Box$ (2) Difficulties with substance use	○ Yes ○ No ○ Don't know ○ Declined
□(3) HIV / AIDS-related illness	Not needed.
□(4) Serious Mental Illness (e.g. Severe Depression, Bipolar Disorder, Post-traumatic Stress	O Yes O No O Don't know O Declined Disorder, Schizophrenia, etc.)
□(5) Physical disability	○ Yes ○ No ○ Don't know ○ Declined
□(6) Physical illness	○ Yes ○ No ○ Don't know ○ Declined
(7) Traumatic brain Injury (TBI)	O Yes O No O Don't know O Declined
□(8) Developmental Disability	○ Yes ○ No ○ Don't know ○ Declined
□(9) Other, specify:	○ Yes ○ No ○ Don't know ○ Declined
○ None of the above ○ Don't know ○ Declined	
* <u>BEFORE CONTINUING</u> – IF YOU FEEL YOU ARE NOT CURRENTLY IN A VIOLENCE AND SEX TRAFFICKING, SELECT "SAFETY CONCERN IF THERE IS NO OBVIOUS SAFETY CONCERN – <u>CONFIRM RESPONDE</u>	FOR QUESTIONS #38, THEN CONTINUE TO QUESTION #42.
38. The next 3 questions are personal & sensitive because th with violence. Do you currently feel comfortable answerin IF answer is "No", select Declined for 40-42. IF respondent is unsure, offer a more private location	ig those questions? ○ NO → QUESTION #42
<ul> <li>□(2) Physical abuse by parent, guardian, other relative</li> <li>□(7) Sexual</li> <li>□(3) Physical abuse by intimate partner or spouse</li> <li>□(8) Dating</li> <li>□(4) Physical abuse by someone else while unsheltered</li> <li>□(9) Stalkin</li> <li>□(5) Sexual abuse by someone else while unsheltered</li> <li>□(10) Huma</li> </ul>	abuse by intimate partner or spouse       Select ALL that apply.         abuse by parent, guardian, other relative         Violence       ONone of the above → QUESTION #42         vg       O Declined         on Trafficking       O Don't know
<b>40.</b> Are you currently fleeing violence or abuse? PLEASE USE RESPONSE CARD.	
<b>41.</b> Are you currently experiencing homelessness becaus domestic/intimate partner violence, dating violence, sexual	e you're fleeing O (1) Yes O Declined
Systems Involvement	
<b>42.</b> This next question is about involvement in different s Otherwise, say "yes" if you have ever been involved in Please read each option and choose ALL that apply.	n any of these systems:
□ Jail □ Adult Probation □ Foster Care □	Juvenile Detention / Probation CampONone of the aboveMandated stay in inpatient or outpatient mental health facilityODeclinedODon't know
IF INVOLVED IN: JAIL; PRISON; ADULT PROBATION; PAROLE – CONTINUE	TO QUESTION #43 AND #44 OTHERWISE

IF INVOLVED IN: JAIL; PRISON; ADULT PROBATIO	DN; PAROLE – CONTINUE TO QUESTION #43 AND #44 OTHERWISE
43. How long ago were you last released	
<b>44. When you were last released from ja</b> <i>IF "Yes", read options, choose</i>	ail or prison, were you on probation or parole? O Declined Se ALL that apply. Yes, Probation Yes, Parole O None of the above
<b>45.</b> What is the highest level of education O Less than high school diploma / No GEL O High school diploma/GED O Some college or Associate's Degree (As	<ul> <li>D Technical Certificate IF response is NOT listed, read each answer.</li> <li>O Bachelor's degree or greater O Declined</li> </ul>
Now I'm going to ask you a few qu	uestions about where you lived before you lost stable housing.
<b>RESIDENCE</b> <b>46.</b> Have you ever lived outside Los An	ngeles County? O Yes O No O Declined O Don't know
IF LIVED OUTSIDE L.A. COUNTY = YES - CONT	ITINUE TO QUESTION #47 AND #48 <u>OTHERWISE</u> QUESTION #49
<ul> <li>47. How long has it been since you mov If they are unsure, use example: "6 months a</li> <li>48. Where were you living before the last</li> </ul>	ago I moved here from Idaho."(weeks)(months)(years)
<ul> <li>Los Angeles County</li> <li>Other Southern California County (Imperial, San Diego, Riverside, Orar Kern, Ventura, Santa Barbara, or San</li> </ul>	O Out of State       O Declined         y       O Other County in California       O Don't know         ange, San Bernardino,       O Other county in California       O Don't know
IF LIVING IN WHEN LAST LOST HOUSING IN =	= L.A. COUNTY – CONTINUE TO QUESTION #49 <u>OTHERWISE</u> → QUESTION #50
<b>49.</b> In which city or community in Los Au including shelters, jails, or other ins IF respondent names a community, se	
IF they say "LA", or aren't sure, ask: " <b>Do you remember the zip code wh</b>	Knows zip code, specify:
IF they say the community of the curr IF respondent is still having difficulty, the L.A. County map & enter the	rent survey, select " <b>Here</b> ". O SPA 1 O SPA 3 O SPA 5 O SPA 7 r, have them point on O SPA 2 O SPA 4 O SPA 6 O SPA 8
<b>50.</b> What do you think are some of the n	main reasons or conditions that led to your loss of housing? Wait for response and choose ALL that apply.
<ul> <li>Unemployment or financial reasons</li> <li>Timed out or left housing program</li> </ul>	<ul> <li>□ Break-up, divorce, or separation</li> <li>□ Uninhabitable living conditions</li> <li>□ Conflicts with household members</li> <li>□ Physical safety concerns</li> </ul>
<ul> <li>Left or aged out of foster care</li> <li>Release from jail or prison</li> <li>Release from hospital, treatment facility, or other institution</li> </ul>	<ul> <li>Kicked out due to sexual orientation or gender identity</li> <li>Child support issues</li> <li>Domestic or Dating violence, Stalking,</li> <li>Human trafficking</li> <li>Recent immigration</li> <li>Natural disaster (fire, flood, etc.)</li> <li>Housing discrimination</li> </ul>
<ul> <li>Medical, physical disability or illness</li> <li>Mental health issues</li> <li>Problematic alcohol or drug use</li> <li>Other, specify:</li> </ul>	Partner or Parent abuse       Industing discrimination         Death or illness of child or relative       Job loss due to COVID-19         No friends or family available       One of the above         Declined       Don't know

51. Do you live with any pets, inclu	•	O No	O Declined
	If <b>"Yes</b> ", ask how many $\rightarrow$	O Yes, how many:	O Don't know
MPLOYMENT & INCOME		- 11 0	
<b>52.</b> How would you describe your		Wall for response a	nd choose appropriate option
O Unemployed, actively looking fo			<b>byed</b> ", ask for clarification.
O Unemployed, not actively lookin	•	,	O None of the above
O Unemployed, student	O Part-time (35 h	,	O Declined
O Disabled or on disability		(recurring temporary work)	O Don't know
O Retired	O Temporary wo	rk (limited contract w/ termination	on date)
<b>53.</b> Have you been forced to work,		d or got paid less than e	xpected? O Declined
PLEASE USE R	RESPONSE CARD.	) (1) Yes ○ (2) No→ QUES	TION #55 O Don't know
4. What type of work did you have	e to do? <b>P</b> LEASE USE RESPO	INSE CARD.	
□(1) Agricultural work	□(4) Door-to-door sales	$\Box$ (6) Panhandling	O Declined
	□(5) Illegal goods sales	$\Box(7)$ Sex work	O Don't know
□(3) Household/childcare work	(drugs, guns, etc.)	□(8) Other, specify:	
<b>5.</b> Do you receive any of the follo	wing forms of governmen	nt assistance?	antion observe All () (
□ Unemployment		Nodu cuom	option, choose ALL that appl
□ Food Stamps / EBT Card / CalFresh			s medical center / benefits
GR / GA - General Relief or Assistance	□ WIC - Women, Infants & Child support or survive	—	noncion
	Use the subport of survivo	or penetits $\Box$ veterall s	
🗆 SSI / SSDI / Disability	••		9P \
SSI / SSDI / Disability	☐ State children's health i	nsurance (CHIP/ Healthy Family	ilies) O Declined
SSI / SSDI / Disability Health Insurance	☐ State children's health i ☐ CAPI - Cash Assistance	Program for Immigrants	ilies) O Declined O Don't know
6. Do you have health insurance	State children's health i CAPI - Cash Assistance IF YES / HEALTH COVERAGE	Program for Immigrants	ilies) O Declined O Don't know
<ul> <li>Health Insurance</li> <li>6. Do you have health insurance or any other health coverage?</li> </ul>	State children's health i CAPI - Cash Assistance IF YES / HEALTH COVERAGE	Program for Immigrants <u>, ASK</u> : What is the name of Choose all that apply.	of your healthcare plan?
<ul> <li>Health Insurance</li> <li>Do you have health insurance or any other health coverage?</li> <li>Yes →</li> </ul>	State children's health i CAPI - Cash Assistance IF YES / HEALTH COVERAGE Medicare L.A. C	Program for Immigrants <u>ASK</u> : What is the name of Choose all that apply. are Health Plan O Anthe	O Don't know of your healthcare plan? m / CareMore O Declined
<ul> <li>Health Insurance</li> <li>Do you have health insurance or any other health coverage?</li> <li>Yes</li> <li>No</li> </ul>	State children's health i CAPI - Cash Assistance IF YES / HEALTH COVERAGE Medicare L.A. C Medi-Cal My He	Program for Immigrants <u>ASK</u> : What is the name of Choose all that apply. are Health Plan O Anthe Palth LA (DHS) O Blue S	ilies) O Declined O Don't know of your healthcare plan? m / CareMore O Declined
<ul> <li>Health Insurance</li> <li>6. Do you have health insurance or any other health coverage?</li> <li>Yes →</li> </ul>	State children's health i CAPI - Cash Assistance IF YES / HEALTH COVERAGE Medicare L.A. C Medi-Cal My He	Program for Immigrants <u>ASK</u> : What is the name of Choose all that apply. Tare Health Plan O Anthe Palth LA (DHS) O Blue S	ilies) O Declined O Don't know of your healthcare plan? m / CareMore O Declined Shield/Promise O Don't know
<ul> <li>Health Insurance</li> <li>6. Do you have health insurance or any other health coverage?</li> <li>Yes</li> <li>No</li> <li>Declined</li> <li>Don't know</li> </ul>	State children's health i CAPI - Cash Assistance CAPI - Cash Assistance IF YES / HEALTH COVERAGE Medicare Medicare Health Net Comm Other, specify:	Program for Immigrants <u>ASK</u> : What is the name of Choose all that apply. are Health Plan O Anthe Palth LA (DHS) O Blue S nunity Clinics O Molina	ilies) O Declined O Don't know of your healthcare plan? m / CareMore O Declined Shield/Promise O Don't know a Health Care
<ul> <li>Health Insurance</li> <li>6. Do you have health insurance or any other health coverage?</li> <li>Yes</li> <li>No</li> <li>Declined</li> <li>Don't know</li> </ul>	State children's health i CAPI - Cash Assistance CAPI - Cash Assistance IF YES / HEALTH COVERAGE Medicare Medi-Cal Medi-Cal Health Net Comm Other, specify:	e Program for Immigrants <u>E, ASK</u> : What is the name of Choose all that apply. are Health Plan O Anthe balth LA (DHS) O Blue S hunity Clinics O Molina ts (e.g. SSI, GR), & any o	ilies) O Declined O Don't know of your healthcare plan? m / CareMore O Declined Shield/Promise O Don't know a Health Care
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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?

O Yes

O 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