**Pre-Survey – FOR STAFF ONLY**

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

**CENSUS SUBTRACT:**

**SUFFIX:** (LETTER/S)

**Phone Survey?**
- No
- Yes

**Service Provider site Survey?**
- No
- Yes

If service provider site, enter site name to the right.

**DATE:** __ __ / __ __ / __ __ __ __

**TIME:** __ __ : __ __ AM PM

**LOCATION / INTERSECTION**

where you are conducting survey:

**1st Street:**

**2nd Street:**

**Other:** (e.g. park or landmark)

---

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

**Perceived GENDER:**
- Male
- Female
- Gender non-binary
- Can't identify

**Perceived AGE:**
- Under 18
- 18-24
- 25-54
- 55-61
- 62+ 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

---

**RESPONDENT APPROACHED?**
- No, unapproached
- Yes, but refused
- Yes, but language barrier
- Yes, proceed with survey

---

**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.

Do you understand the purpose of the survey & that your answers will be kept confidential?
- No, unapproached
- Yes, but refused
- Yes, but language barrier
- Yes, proceed with survey

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

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

   
   
   
   
   

   Enter birthdate in the format 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 the 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?"

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

3. **You told me where you had spent the most nights in the past 30 days. Where did you spend last night?**

   *Wait for response, then select the choice closest to their answer.*

   - Your own apartment or home
   - Street, sidewalk, or alley
   - Car or truck
   - Emergency shelter
   - Campground or woods
   - Van or SUV
   - Apartment or home of a relative or friend
   - Park, beach, or riverbed
   - RV or camper
   - Apartment or home of a stranger
   - Under bridge or overpass
   - Parking structure
   - Foster care, group home, SILP, STRTP
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   - Unconverted garage, attic, basement
   - Airport
   - Jail or prison
   - Makeshift Shelter
   - Workplace
   - Safe Haven
   - Tent
   - Declined
   - Transitional housing
   - Other outdoor location
   - Assisted living or Board & Care facility
   - Other place not meant for human habitation

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:________________
   - SPA 1
   - SPA 2
   - SPA 3
   - SPA 4
   - SPA 5
   - SPA 6
   - SPA 7
   - SPA 8
   - Don’t know
   - Declined

---

**If either Question #2 or #3 = Unsheltered (2nd & 3rd columns), they are eligible – continue**

**If both Question #2 and Question #3 = Sheltered (1st column), respondent is ineligible – read Prompt:**

I’m sorry, you do not qualify for the full survey. Thank you for your time.
### Individual Demographics

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

6. What gender or genders do you identify with?  
- [ ] Male  
- [ ] Female  
- [ ] Not singularly male or female  
- [ ] Questioning  
- [ ] Declined  
- [ ] Don't know  

7. Do you identify as transgender?  
- [ ] (1) Yes  
- [ ] (2) No  
- [ ] Declined  
- [ ] Don't know  

8. Which best represents your sexual orientation?  
- [ ] (1) Straight  
- [ ] (2) Gay  
- [ ] (3) Lesbian  
- [ ] (4) Bisexual  
- [ ] (5) Unsure / Questioning  
- [ ] Declined  
- [ ] Don't know  

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  
- Cuban  
- Dominican  
- Guatemalan  
- Other Hispanic/Latin origin:____________________  
- Honduran  
- Puerto Rican  
- Mexican  
- Mexican American or Chicano  
- Salvadoran  
- South American  
- Spanish (from Spain)  
- Declined  
- Don't know  

10. What race OR races do you identify with?  
- American Indian, Alaska Native, or Indigenous  
- Asian or Asian American  
- Native Hawaiian or Other Pacific Islander  
- Black, African American, or African  
- African American  
- African  
- Black – Not African  
- White  

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 ______________
## Experience(s) of Homelessness

15. Is this the FIRST time you have experienced homelessness?  
- Yes  
- No  
- Declined  
- 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?  
- 1 time  
- 2 to 3 times  
- 4 or more times  
- Declined  
- 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?  
- 1 time  
- 2 to 3 times  
- 4 or more times  
- Declined  
- Don't know

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:  
   List each category to the right, if they say "yes" check the box.  
   For EACH checked box, ask the following question:
   22. At any given time, how many other people lived with you in the [Car, Van, Tent, etc.]?  
      If the respondent lived alone, please enter 0 (zero).

- Car - - - - - - - - with (#)_______ people
- Van - - - - - - - - with (#)_______ people
- RV/Camper - - - - with (#)_______ people
- Tent- - - - - - - - with (#)_______ people
- Makeshift shelter with (#)_______ people
- 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
25. How are they related to you?
- [ ] Spouse / partner
- [ ] Child
- [ ] Grandchild
- [ ] Sibling
- [ ] Other Relative
- [ ] Parent
- [ ] Non-family
- [ ] Declined/Don’t know

26. How old are they?
(Year) [ ] Yes [ ] No [ ] Declined
(Year) [ ] Yes [ ] No [ ] Declined

27. Do they identify as Hispanic or Latin(o)(a)(x)?
- [ ] Yes
- [ ] No
- [ ] Declined

28. What race, OR races, do they identify with?
- [ ] American Indian, Alaska Native, or Indigenous
- [ ] Asian or Asian American
- [ ] Asian Indian
- [ ] Japanese
- [ ] Chinese
- [ ] Korean
- [ ] Filipino
- [ ] Vietnamese
- [ ] Other Asian, specify ______________________
- [ ] Black, African American, or African
- [ ] Native Hawaiian or other Pacific Islander
- [ ] Guamanian/ Chamorro
- [ ] Native Hawaiian
- [ ] Samoan
- [ ] Other Pacific Islander, specify ______________________
- [ ] White
- [ ] Other race, specify __________________________
- [ ] Declined
- [ ] Don’t know

29. What gender or genders do they identify with?
- [ ] Male
- [ ] Female
- [ ] Not singularly male or female
- [ ] Declined

30. Do they identify as transgender?
- [ ] Use response card [ ] Yes [ ] No [ ] Declined

31. Which best represents their sexual orientation?
- [ ] Straight
- [ ] Gay
- [ ] Lesbian
- [ ] Bisexual
- [ ] Other, specify __________________________
- [ ] Declined

32. Have they served any ACTIVE DUTY in the:
- [ ] U.S. Armed Forces
- [ ] Reservist
- [ ] National Guard
- [ ] No Active Duty

33. What is their discharge status?
- [ ] General, honorable conditions
- [ ] Other than honorable conditions
- [ ] Uncharacterized
- [ ] Declined
- [ ] Don’t know
- [ ] Dishonorable
- [ ] Unverified

34. Do they have, or have they been diagnosed with, any of the following health conditions?
- [ ] Difficulties w/ alcohol use
- [ ] Difficulties w/ substance use
- [ ] HIV / AIDS-related illness
- [ ] Serious Mental Illness
- [ ] Physical disability
- [ ] Physical illness
- [ ] Traumatic Brain Injury
- [ ] Developmental Disability
- [ ] Other, specify __________________________
- [ ] Declined

35. For each box checked, clarify with respondent: Are their conditions permanent or long-term?
- [ ] Yes
- [ ] No
- [ ] Don’t know
- [ ] Declined
<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>25. How are they related to you?</td>
<td>☐ Spouse/partner ☐ Child ☐ Parent ☐ Sibling ☐ Other Relative ☐ Non-family ☐ Declined/Don't know</td>
</tr>
<tr>
<td>26. How old are they?</td>
<td>(Years) (Months)</td>
</tr>
<tr>
<td>27. Do they identify as Hispanic or Latin(o)(a)(x)?</td>
<td>☐ Yes ☐ No ☐ Declined ☐ Don't know</td>
</tr>
<tr>
<td>28. What race, OR races, do they identify with?</td>
<td>☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Asian Indian ☐ Japanese ☐ Chinese ☐ Filipino ☐ Other Asian, specify ☐ Black, African American, or African ☐ Native Hawaiian or other Pacific Islander ☐ Guamanian/Chamorro ☐ Native Hawaiian ☐ Samoan ☐ Other Pacific Islander, specify ☐ White ☐ Other race, specify ☐ Declined ☐ Don't know</td>
</tr>
<tr>
<td>29. What gender or genders do they identify with?</td>
<td>Select ALL that apply: ☐ Male ☐ Not singularly male or female ☐ Declined ☐ Don't know</td>
</tr>
<tr>
<td>30. Do they identify as transgender?</td>
<td>Use response card: ☐ (1) Yes ☐ (2) No ☐ Declined ☐ Don't know</td>
</tr>
<tr>
<td>31. Which best represents their sexual orientation?</td>
<td>Use response card: ☐ (1) Straight ☐ (2) Gay ☐ (3) Lesbian ☐ (4) Bisexual ☐ (5) Unsure/??? ☐ (6) Other, ☐ Declined/Don't know</td>
</tr>
<tr>
<td>32. Have they served any ACTIVE DUTY in the:</td>
<td>☐ U.S. Armed Forces ☐ Reservist ☐ Declined ☐ National Guard ☐ No Active Duty ☐ Don't know</td>
</tr>
<tr>
<td>33. What is their discharge status?</td>
<td>☐ General, honorable conditions ☐ Other than honorable conditions ☐ Uncharacterized ☐ Declined ☐ Don't know ☐ Honorable ☐ Unverified ☐ Bad Conduct ☐ Dishonorable ☐ Unverified</td>
</tr>
<tr>
<td>34. Do they have, or have they been diagnosed with, any of the following health conditions?</td>
<td>☐ Difficulties w/ alcohol use? ☐ (1) ☐ Yes ☐ No ☐ Don't know ☐ Declined ☐ Difficulties w/ substance use? ☐ (2) ☐ Yes ☐ No ☐ Don't know ☐ Declined ☐ HIV / AIDS-related illness? ☐ (3) ☐ Yes ☐ No ☐ Don't know ☐ Declined ☐ Serious Mental Illness? ☐ (4) ☐ Yes ☐ No ☐ Don't know ☐ Declined ☐ Physical disability? ☐ (5) ☐ Yes ☐ No ☐ Don't know ☐ Declined ☐ Physical illness? ☐ (6) ☐ Yes ☐ No ☐ Don't know ☐ Declined ☐ Traumatic Brain Injury? ☐ (7) ☐ Yes ☐ No ☐ Don't know ☐ Declined ☐ Developmental Disability? ☐ (8) ☐ Yes ☐ No ☐ Don't know ☐ Declined ☐ Other: ☐ (9) ☐ Yes ☐ No ☐ Don't know ☐ Declined</td>
</tr>
<tr>
<td>35. For each box checked, clarify with respondent:</td>
<td>And is their condition permanent or long-term?</td>
</tr>
</tbody>
</table>

Please use response card.
### Household / Family - C

**INITIALS from QUESTION #24 HERE**

#### PERSON 5: ____ ____

25. How are they related to you?
- ✓ Spouse / partner
- ✗ Child
- ✗ Sibling
- ✗ Grandchild
- ✗ Other Relative
- ✗ Parent
- ✗ Non-family
- ✗ Declined/Don’t know

26. How old are they?
- (Years) _______ (Months) _______

27. Do they identify as Hispanic or Latin(o)(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
  - Asian Indian
  - Chinese
  - Filipino
  - Other Asian, specify _______
- Black, African American, or African
- Native Hawaiian or other Pacific Islander
  - Guamanian/Chamorro
  - Hawaiian
  - Samoan
  - Other Pacific Islander, specify _______
- White
- Other race, specify _______
  - Declined
  - Don’t know

29. What gender or genders do they identify with?
- Select ALL that apply
  - Male
  - Female
  - Not singularly male or female
  - Questioning
  - Declined
  - Don’t know

30. Do they identify as transgender?
- Use response card
  - (1) Yes
  - (2) No
  - Declined
  - Don’t know

#### PERSON 6: ____ ____

25. How are they related to you?
- ✓ Spouse / partner
- ✗ Child
- ✗ Sibling
- ✗ Grandchild
- ✗ Other Relative
- ✗ Parent
- ✗ Non-family
- ✗ Declined/Don’t know

26. How old are they?
- (Years) _______ (Months) _______

27. Do they identify as Hispanic or Latin(o)(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
  - Asian Indian
  - Japanese
  - Chinese
  - Korean
  - Filipinos
  - Vietnamese
  - Other Asian, specify _______
- Black, African American, or African
- Native Hawaiian or other Pacific Islander
  - Guamanian/Chamorro
  - Hawaiian
  - Samoan
  - Other Pacific Islander, specify _______
- White
- Other race, specify _______
  - Declined
  - Don’t know

29. What gender or genders do they identify with?
- Select ALL that apply
  - Male
  - Female
  - Not singularly male or female
  - Questioning
  - Declined
  - Don’t know

30. Do they identify as transgender?
- Use response card
  - (1) Yes
  - (2) No
  - Declined
  - Don’t know

**IF AGE OF PERSON = UNDER 18 YEARS OLD**

31. Which best represents their sexual orientation?
- Use response card
  - (1) Straight
  - (2) Gay
  - (3) Lesbian
  - (4) Bisexual
  - (5) Unsure/?”ing
  - (6) Other, _______
  - Declined/Don’t know

32. Have they served any ACTIVE DUTY in the:
- U.S. Armed Forces
- Reserve
- National Guard
- No Active Duty
  - Declined
  - Don’t know

**IF NO ACTIVE DUTY, DECLINED, OR DON’T KNOW**

33. What is their discharge status?
- General, honorable conditions
- Other than honorable conditions
- Uncharacterized
- Declined/Don’t know
- Dishonorable
- Unverified

34. Do they have, or have they been diagnosed with, any of the following health conditions?
- 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?
  - (8) Developmental Disability?
  - (9) Other: _______

35. For each box checked above, clarify with respondent:
- And is their condition permanent or long-term?
  - None of the above
  - Declined/Don’t know

---

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?

- Difficulties with alcohol use
- Difficulties with substance use
- HIV / AIDS-related illness
- Serious Mental Illness
- Physical disability
- Physical illness
- Traumatic brain Injury (TBI)
- Developmental Disability
- Other, specify:

**PLEASE USE RESPONSE CARD:**
Select ALL that apply & ask

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

Is this condition permanent or long-term?

- Yes
- No
- Don’t know
- Declined

---

#### 37. What are your current living arrangements?

- In a home with family
- In a home with friends
- In an independent living situation
- Currently homeless

**PLEASE USE RESPONSE CARD:**

Select ALL that apply & ask

---

#### 38. The next 3 questions are personal & sensitive because they ask about experiences with violence. Do you currently feel comfortable answering those questions?

- Yes
- No
- Declined
- Don’t know

**IF answer is “No”, select Declined for 40-42. If respondent is unsure, offer a more private location nearby if available.**

---

#### 39. Have you experienced any of the following forms of violence or abuse?

- Neglect by parent, guardian, other relative
- Physical abuse by parent, guardian, other relative
- Physical abuse by intimate partner or spouse
- Physical abuse by someone else while unsheltered
- Sexual abuse by someone else while unsheltered
- Sexual abuse by intimate partner or spouse
- Sexual abuse by parent, guardian, other relative
- Dating Violence
- Stalking
- Human Trafficking

**PLEASE USE RESPONSE CARD:**
Select ALL that apply.

---

#### 40. Are you currently fleeing violence or abuse?

- Yes
- No
- Declined
- Don’t know

---

#### 41. Are you currently experiencing homelessness because you’re fleeing domestic/intimate partner violence, dating violence, sexual assault, or stalking?

- Yes
- Declined
- 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:

- Jail
- Prison
- Adult Probation
- Parole
- Foster Care
- Juvenile Probation
- Juvenile Detention / Probation Camp
- Mandated stay in inpatient or outpatient mental health facility

**PLEASE USE RESPONSE CARD:**
Select ALL that apply.

**IF INVOLVED IN: Jail; Prison; Adult Probation; Parole – continue to Question #43 and #44**

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

---

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

<table>
<thead>
<tr>
<th>(days)</th>
<th>(weeks)</th>
<th>(months)</th>
<th>(years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

44. When you were last released from jail or prison, were you on probation or parole?

- [ ] Yes, Probation
- [ ] Yes, Parole
- [ ] Declined
- [ ] Don’t know
- [ ] None of the above

45. What is the highest level of education you have completed?

- [ ] Less than high school diploma / No GED
- [ ] High school diploma/GED
- [ ] Some college or Associate’s Degree (AS)
- [ ] Technical Certificate
- [ ] Bachelor’s degree or greater
- [ ] Don’t know
- [ ] None of the above

46. Have you ever lived outside Los Angeles County?

- [ ] Yes
- [ ] No
- [ ] Declined
- [ ] Don’t know

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.”

<table>
<thead>
<tr>
<th>(weeks)</th>
<th>(months)</th>
<th>(years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

48. Where were you living before the last time you lost housing?

- [ ] Los Angeles County
- [ ] Out of State
- [ ] Other County in California
- [ ] Outside of the U.S.
- [ ] Other Southern California County

(IF Imperial, San Diego, Riverside, Orange, San Bernardino, Kern, Ventura, Santa Barbara, or San Luis Obispo)

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:
- [ ] Knows zip code, specify:
- [ ] Here (location of survey)
- [ ] SPA 1
- [ ] SPA 2
- [ ] SPA 3
- [ ] SPA 4
- [ ] SPA 5
- [ ] SPA 6
- [ ] SPA 7
- [ ] SPA 8
- [ ] Don’t know
- [ ] Declined

50. What do you think are some of the main reasons or conditions that led to your loss of housing?

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

Now I’m going to ask you a few questions about where you lived before you lost stable housing.
51. Do you live with any pets, including service animals?
   If “Yes”, ask how many →
   ○ No
   ○ Yes, how many: __________
   ○ Declined
   ○ Don’t know

52. How would you describe your current employment situation?
   Wait for response and choose appropriate option.
   If “Unemployed”, ask for clarification.
   ○ Unemployed, actively looking for work
   ○ Unemployed, not actively looking for work
   ○ Unemployed, student
   ○ Disabled or on disability
   ○ Retired
   ○ Self-employed
   ○ Full-time (more than 35 hours)
   ○ Part-time (35 hours or less)
   ○ Seasonal work (recurring temporary work)
   ○ 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
   ○ None of the above
   ○ Don’t know

54. What type of work did you have to do?
   Please use response card.
   ○ (1) Yes
   ○ (2) No

55. Do you receive any of the following forms of government assistance?
   Please use response card.
   ○ Unemployment
   ○ Food Stamps / EBT Card / CalFresh
   ○ GR / GA - General Relief or Assistance
   ○ SSI / SSDI / Disability
   ○ Health Insurance
   ○ CalWORKS / TANF
   ○ WIC - Women, Infants & Children
   ○ Child support or survivor benefits
   ○ State children’s health insurance (CHIP/ Healthy Families)
   ○ CAPI - Cash Assistance Program for Immigrants
   ○ Veteran’s medical center / benefits
   ○ Veteran’s disability
   ○ Veteran’s pension
   ○ None at this time
   ○ 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.
   ○ Medicare
   ○ Medi-Cal
   ○ Health Net
   ○ L.A. Care Health Plan
   ○ My Health LA (DHS)
   ○ Community Clinics
   ○ Anthem / CareMore
   ○ Blue Shield/Promise
   ○ Molina Health Care
   ○ Declined
   ○ Don’t know

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.

58. Are you currently enrolled in school or other education?
   IF YES, read each category that starts with “Yes”, and choose ALL that apply.
   ○ Yes, community college
   ○ Yes, vocational or technical training
   ○ Yes, 4-year college or university
   ○ Yes, Grade 12 or less
   ○ Yes, Certificate program
   ○ Yes, Currently enrolled in other, specify: ____________________
   ○ No, not currently enrolled in school
   ○ Declined
   ○ Don’t know

59. 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.
   ○ Foster Care with nonrelative family
   ○ Foster Care Residential, Group Home, STRTP placement
   ○ Foster Care with extended family (Relative / Kinship Care)
   ○ Extended Foster Care (AB 12)
   ○ Independent Living Program (ILP)
   ○ Supervised Independent Living Program (SILP)
   ○ None of those
   ○ Declined
   ○ 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 2nd gift card, please enter the last 6 digits of 2nd gift card here: ____________________________

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