HYRRS\_\_LA\_STL\_Den\_Copy - Copy

Start of Block: Screening Questions

screen1\_sleep Where did you sleep last night?

* Family home (1)
* Foster family home (2)
* Relative's home (3)
* Friend's home (5)
* Home of my boyfriend/girlfriend/person I'm having sex with (6)
* Group home (7)
* Youth Shelter (emergency, temporary) (8)
* Adult Shelter (emergency, temporary) (9)
* Hotel, motel (10)
* Sober living facility (11)
* Juvenile detention center, jail (12)
* Transitional living program (13)
* Own apartment (14)
* Street, park, beach, or outside (15)
* Abandoned building or squat (16)
* Car, bus, light rail, or metro (17)
* Other, please specify (18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Skip To: screen2\_long If Where did you sleep last night? = Family home

Skip To: screen2\_long If Where did you sleep last night? = Foster family home

Skip To: screen2\_long If Where did you sleep last night? = Relative's home

Skip To: screen2\_long If Where did you sleep last night? = Friend's home

Skip To: screen2\_long If Where did you sleep last night? = Home of my boyfriend/girlfriend/person I'm having sex with

Skip To: screen2\_long If Where did you sleep last night? = Group home

Skip To: screen3\_age If Where did you sleep last night? = Youth Shelter (emergency, temporary)

Skip To: screen3\_age If Where did you sleep last night? = Adult Shelter (emergency, temporary)

Skip To: screen3\_age If Where did you sleep last night? = Hotel, motel

Skip To: screen2\_long If Where did you sleep last night? = Sober living facility

Skip To: screen3\_age If Where did you sleep last night? = Juvenile detention center, jail

Skip To: screen3\_age If Where did you sleep last night? = Transitional living program

Skip To: screen\_voucher If Where did you sleep last night? = Own apartment

Skip To: screen3\_age If Where did you sleep last night? = Street, park, beach, or outside

Skip To: screen3\_age If Where did you sleep last night? = Abandoned building or squat

Skip To: screen3\_age If Where did you sleep last night? = Car, bus, light rail, or metro

Skip To: screen2\_long If Where did you sleep last night? = Other, please specify

screen\_voucher Are you receiving a voucher or agency assistance to pay your rent?

* No (1)
* Yes (2)

Skip To: End of Survey If Are you receiving a voucher or agency assistance to pay your rent? = No

Skip To: screen3\_age If Are you receiving a voucher or agency assistance to pay your rent? = Yes

screen2\_long For how long can you stay there?

* 30 days or less (1)
* Don’t know (2)
* More than 30 days (3)
* I've left that place (5)

Skip To: End of Survey If For how long can you stay there? = More than 30 days

screen3\_age How old are you?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Page Break |  |

realm\_score **Transience** **Resilience**  **Cocaine**  **Pregnancy**  **Satisfied**  **Temporary** **Identity** **Hepatitis** **Victimization**   
   
   
 **Instructions for Administering the REALM-SF** **1. Show the youth the above words on the tablet (or a card). Say:**   **"I want to see what format will work best for you to do the survey. I want to hear you read as many words as you can from this list. Begin with the first word and read aloud. When you come to a word you cannot read, do the best you can or say, 'blank' and go on to the next word."**   **2. If the youth takes more than 5 seconds on a word, say "blank" and point to the next word, if necessary, to move the youth along. If the youth begins to miss every word, have him or her pronounce only known words.** **Enter REALM SCORE in box below (Score needed for youth to take survey alone=4; Interviewer: if youth scores 0,1,2,or 3 please administer survey with youth)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Page Break |  |

consent **STOP and conduct verbal consent process here. Each site prepares IRB-approved information sheet/consent form and uses hard copy for youth to read. Interviewer gives youth hard copy of information sheet/consent form if requested.**

|  |  |
| --- | --- |
| Page Break |  |

consent\_agree Do you agree to participate in this study?

* No (1)
* Yes (2)

|  |  |
| --- | --- |
| Page Break |  |

PID   
Interviewer please enter this information for PID Code, Interview Date, and Interviewer Name. For PID code, use this format:  
First letter of mother’s first name? M-Mary M   
Number of older brothers (living and deceased)? 01-one 01   
Number representing the month you were born? 05-May 05   
First letter of middle name (if none, use X) A-Ann A   
Personal Identification Code M0105A

* PID Code (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Interview Date (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Interviewer Name (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_in Select what city you are in:

▼ Los Angeles (1) ... New York (6)

citysite Interviewer notes below the site at which the youth is taking the survey:

* Tempe Tumbleweed Resource Center (1)
* Phoenix Tumbleweed Resource Center (2)
* Denver Colorado Urban Peak Shelter (3)
* Denver Colorado Urban Peak Drop in Center (4)
* Denver Urban Peak Transitional Housing (5)
* Houston Salvation Army Young Adult Resource Center (6)
* Houston Covenant House Houston (7)
* Los Angeles MFP - My Friend's Place Hollywood (8)
* Los Angeles YCH - Youth Center on Highland Hollywood Los Angeles (9)
* Los Angeles SPY- Safe Place for Youth Venice Los Angeles (10)
* St. Louis Youth in Need (11)
* St. Louis Epworth Drop-in Center (12)

End of Block: Screening Questions

Start of Block: Migration

City\_becamehomeless (Interviewer asks): The first time you became homeless or unstably housed on your own, what city and state were you living in?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  |

num\_moves Now, think about the places you’ve moved since you first became unstably housed or homeless. I am going to help you count how many moves you have made.   
You said you were in \_\_\_\_ city when you first became unstably housed or homeless. Where did you go next? Where next? Where next?  
[Instructions for interviewer:  Count the number of moves from one city/neighborhood to another. If youth returned back to a city they already lived in, count it again. Continue to ask "where next" until you get to current living situation. If never moved, count as 0 moves. A move counts, whether between cities or neighborhoods, if a youth stayed in the new place at least 2 weeks.   
 For example, if the youth left home in San Diego and moved to San Francisco and then to Las Vegas and then back to San Diego, that would count as 3 moves.]  
Please type in your number of moves in the box below

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Page Break |  |

Tablet\_begin Hand tablet over to youth to allow for self-administration of remaining survey. If youth screened below 4 on REALM, continue to assist youth on remainder of survey.

End of Block: Migration

Start of Block: Gender/Sexual Identity

genderidentity What is your current gender identity? (**Check all that apply)**

* Male (1)
* Female (2)
* Transgender Male/Trans Man/ Female-to-Male (FTM) (3)
* Transgender Female/Trans Woman/ Male-to-Female (MTF) (4)
* Genderqueer, neither exclusively male nor female (5)
* Additional Gender Category/ (or Other), please specify (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Decline to Answer, please explain why (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

birthsex What sex were you assigned at birth on your original birth certificate? **(Select one)**

* Male (1)
* Female (2)

sexualorientation Which of the following best represents how you think of yourself?

* Gay or Lesbian (1)
* Straight, that is, not gay (2)
* Bisexual (3)
* Something else, please specify (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I don’t know/Questioning (5)

Display This Question:

If What is your current gender identity? (Check all that apply) = Transgender Male/Trans Man/ Female-to-Male (FTM)

Or What is your current gender identity? (Check all that apply) = Transgender Female/Trans Woman/ Male-to-Female (MTF)

Or What is your current gender identity? (Check all that apply) = Genderqueer, neither exclusively male nor female

Or Which of the following best represents how you think of yourself? != Straight, that is, not gay

GIscale Please choose the response that best fits how you feel about the sentences.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree (1) | Agree (2) | Mixed Feelings (3) | Disagree (4) | Strongly Disagree (5) |
| I have a positive attitude about being LGBTQ. (1) |  |  |  |  |  |
| I feel uneasy around people who are very open in public about being LGBTQ. (2) |  |  |  |  |  |
| I often feel I am ashamed that I am LGBTQ. (3) |  |  |  |  |  |
| For the most part I enjoy being LGBTQ. (4) |  |  |  |  |  |
| I worry a lot about what others think about my being LGBTQ. (5) |  |  |  |  |  |
| I feel proud about being LGBTQ. (6) |  |  |  |  |  |
| I wish I weren’t LGBTQ. (7) |  |  |  |  |  |

ethnic How would you describe yourself?

* White or Caucasian (not Hispanic or Latino) (1)
* Black or African American (not Hispanic or Latino) (2)
* Hispanic or Latino (3)
* American Indian (4)
* Asian or Pacific Islander (5)
* Multi-Racial/Mixed-Race (6)
* Other (specify) (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12monthhomeless During the past 12 months, have you spent the night in any of the following places. **(Check all that apply)**

* In a youth shelter (1)
* In an adult shelter (2)
* In a public place, such as a train or bus station, a restaurant, or an office building (3)
* In an abandoned building, squat (4)
* Outside in a park, on the street, on the beach, under a bridge or overhang, or on a rooftop (5)
* In a subway or other public place underground (6)
* With someone you did not know because you needed a place to stay (7)
* None of these (8)

|  |  |
| --- | --- |
| Page Break |  |

End of Block: Gender/Sexual Identity

Start of Block: Living Situation

firsthomeless These next questions deal with your housing.    
   
How old were you when you first became unstably housed or homeless?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 6 | 11 | 17 | 22 | 26 |

|  |  |
| --- | --- |
| Age () |  |

reasonhomeless How did you become unstably housed or homeless? **(Check all that apply)**

* I was kicked out/asked to leave my family home (1)
* I was kicked out/asked to leave my foster home (2)
* I was kicked out/asked to leave my relative's home (3)
* I was kicked out/asked to leave my group home (4)
* I ran away from my family home (5)
* I ran away from my foster family home (6)
* I ran away from my relative's home (7)
* I ran away from my group home (8)
* I aged out of the foster care system (9)
* I aged out of the juvenile justice system (10)
* I couldn't pay rent (11)
* I had no place to go when I got out of jail/prison (12)
* I had no place to go when I got out of the hospital (13)
* I left a situation of domestic violence (14)
* I left a gang or a neighborhood with gang violence (15)
* My family does not have a stable place to stay (16)
* I had no place to stay when I moved here (17)
* Other (18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

timehomeless\_ever How long have you been without a stable place to stay/homeless in your whole lifetime?

▼ Less than 1 month (2) ... 9 or more years (11)

travelerever Do you consider yourself to be a "traveler"?

* No (1)
* Yes (2)
* I don't know (3)

timehomeless\_recent How long have you been with out a stable place to stay/homeless in this most recent episode/this time?

▼ Less than 1 month (1) ... 9 or more years (10)

|  |  |
| --- | --- |
| Page Break |  |

End of Block: Living Situation

Start of Block: Homeless Identity

selfhomeless  Do you consider yourself to be homeless?

* No (1)
* Yes (2)
* Not currently, but I have in the past (3)

End of Block: Homeless Identity

Start of Block: Education

education These next questions deal with your education.  What is your highest level of education achieved?

* None (1)
* GED (2)
* High school diploma (3)
* One to three semesters of college (7)
* Associates (AA) degree (4)
* Bachelor’s BA/BS degree (5)
* Graduate degree (6)

inschool Are you currently attending any school?

* No (1)
* Yes (2)

|  |  |
| --- | --- |
| Page Break |  |

Military Are you a military veteran or currently enrolled in the military? If yes please select which organization

* No, I have never been in the military (4)
* Army (5)
* Navy (6)
* Air Force (7)
* Marines (8)
* Coast Guard (9)
* National Guard (10)
* Reserves (11)

End of Block: Education

Start of Block: Foster Care

fostercare Next are some questions about being in foster care **over your whole life.**    
   
 Have you ever been in foster care?

* No (1)
* Yes (2)

Skip To: End of Block If Next are some questions about being in foster care over your whole life.   Have you ever been in... = No

Display This Question:

If Next are some questions about being in foster care over your whole life.   Have you ever been in... = Yes

ttlfcplacements How many placements did you have throughout the time you were in foster care?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 4 | 7 | 10 | 14 | 17 | 20 | 23 | 25 |

|  |  |
| --- | --- |
| Number of placements () |  |

lengthfc Over your whole life, counting all placements, for how long were you in foster care?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |

|  |  |
| --- | --- |
| Years () |  |

currentfc Are you currently in foster care?

* Yes (1)
* No (2)

Skip To: End of Block If Are you currently in foster care? = Yes

agefc How old were you when you exited the foster care system?

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 4 | 6 | 9 | 11 | 14 | 17 | 19 | 22 | 24 | 26 |

|  |  |
| --- | --- |
| Age () |  |

howleavefc Which of the responses below best describes how you exited the foster care system? **(Select one)**

* My case was closed and I lived with a permanent family or caregiver (1)
* My case was closed and I continued living with my foster family (2)
* I aged out and had an unstable living situation (3)
* I aged out and had a stable living situation (4)
* I ran away before my case was closed and I aged out (5)
* Other (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Foster Care

Start of Block: Juvenile Justice History

jjinvolve Have you ever been involved with the juvenile justice system? (i.e., juvenile court,  probation, detention, or diversion)?

* No (1)
* Yes (2)

Skip To: End of Block If Have you ever been involved with the juvenile justice system (i.e. probation,detentdetention = No

ageoutjj Did you leave the juvenile justice system due to your age (i.e., did you age out)?

* No (1)
* Yes (2)

End of Block: Juvenile Justice History

Start of Block: Criminal Justice History

everarrest Next are some questions about whether you have an arrest history since turning 18.  
 Have you ever been arrested since turning 18?

* No (1)
* Yes (2)

Skip To: End of Block If Next are some questions about whether you have an arrest history since turning 18. Have you ever... = No

arrest\_unstable Since becoming unstably housed or homeless, have you been arrested?

* No (34)
* Yes (33)

everjail Have you ever been in jail or prison since turning 18?

* No (1)
* Yes (2)

Display This Question:

If Have you ever been in jail or prison since turning 18? = Yes

medjail Did you ever receive medication for your behavior or mood while you were in jail or prison?

* No (1)
* Yes (2)

jail\_homeless Since becoming unstably housed or homeless, have you been in jail or prison?

* No (1)
* Yes (2)

End of Block: Criminal Justice History

Start of Block: Income Generation

income\_confident The following questions may ask you about some potentially illegal behavior  
  
  
REMINDER: All the information that you provide is ANONYMOUS and  CONFIDENTIAL. In no way will the information you provide be linked to any personal identifying information.

incomegen\_12mo Next are some questions about different ways you might have earned income in the past 12 months.   
  
  
During the past 12 months, did you get any money or resources to meet your basic needs from:

|  |  |  |
| --- | --- | --- |
|  | No (1) | Yes (2) |
| Working full time (38+ hours a week) (1) |  |  |
| Working part-time (2) |  |  |
| Doing any kind of paid temporary work: day labor, seasonal work, minimum wage, or pick up work (3) |  |  |
| Doing any work you were paid “under the table” for? (4) |  |  |
| Selling self-made items (5) |  |  |
| Friends (6) |  |  |
| Relatives (7) |  |  |
| Panhandling/People just giving you money (8) |  |  |
| Clothing or other personal possessions that you sold (9) |  |  |
| Collecting and selling bottles/cans (10) |  |  |
| The sale of your blood/plasma (11) |  |  |
| Dealing drugs (12) |  |  |
| Trading sexual favors in exchange for money, drugs, shelter, food, or anything else of value? (13) |  |  |
| From an agency or program, such as food stamps/welfare (e.g., Food stamps/SNAP, TANF, SSI) (14) |  |  |
| Gambling (15) |  |  |
| Stealing (16) |  |  |
| Selling stolen goods (17) |  |  |

End of Block: Income Generation

Start of Block: Employment

working These next questions ask about different types of jobs you might have, such as legal paid employment (full-time, part-time, and paid temporary work) or work for someone else that you are paid under the table for (such as trimming marijuana or delivering flyers or working without legal documentation).    
   
 Are you currently working (including any type of paid work, both legal and under the table)?

* No (1)
* Yes (2)

Skip To: ttlinformalincome If These next questions ask about different types of jobs you might have, such as legal paid employm... = No

Skip To: ttlpaidempl If These next questions ask about different types of jobs you might have, such as legal paid employm... = Yes

ttlpaidempl How many total paid employment jobs (full-time, part-time, paid temporary work, jobs you are paid under the table for) do you currently have?

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

|  |  |
| --- | --- |
| Total number of paid jobs you have () |  |

ttllegalhours Counting all paid employment jobs you have, how many hours per week do you work?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 0 | 17 | 34 | 50 | 67 | 84 |

|  |  |
| --- | --- |
| Total number of hours per week () |  |

ttllegalincome Counting all paid jobs you have, what is your income?  
   
 Enter: Dollar Amount Per Month (if you are paid each week, please multiply this amount by 4)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ttlinformalincome Sometimes people also do informal activities to make money that can be legal (such as selling self-made items, panhandling, or selling blood/plasma) or illegal (such as dealing drugs, selling stolen goods, or doing sex work). Counting all informal activities you do to make money (legal and illegal), what is your income?  
   
 Dollar amount per month (if you receive income from informal jobs on a daily basis, multiply the dollar amount by the number of days you do informal jobs each month)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Employment

Start of Block: Sexual Behaviors

Sex\_ever In this section, we are going to ask you questions about your sexual behaviors. There are no right or wrong answers; we just want to know your honest opinions or experiences. All your responses will be kept anonymous.   First, **think about your whole life**, have you ever had sexual intercourse?  
   
 By sexual intercourse, we mean vaginal sex, anal sex or oral sex.

* No (1)
* Yes (2)

Skip To: End of Block If In this section, we are going to ask you questions about your sexual behaviors. There are no righ... = No

ex\_debute How old were you when you had sexual intercourse for the first time?

* 11 years old or younger (1)
* 12 years old (2)
* 13 years old (3)
* 14 years old (4)
* 15 year old (5)
* 16 years old (6)
* 17 years old or older (7)

online\_sexpart Have you ever had sex (vaginal, anal or oral) with someone you met online? (this includes social media apps)

* No (1)
* Yes (2)

sex\_3mo The following questions will focus on your sexual behaviors in the **past 3 months**.  
  
  
Again, by sexual intercourse, we mean vaginal sex, anal sex, or oral sex.    
  
  
During the **past 3 months**, have you had sexual intercourse?

* No (1)
* Yes (2)

Skip To: Last\_condom\_use If The following questions will focus on your sexual behaviors in the past 3 months. Again, by sexua... = No

num\_sexpart\_3mo During the **past 3 months**, with how many people did you have sexual intercourse?

* 1 person (1)
* 2 people (2)
* 3 people (3)
* 4 people (4)
* 5 people (5)
* 6 or more people (6)

Concurrency During the **past 3 months,** have you ever had sex (oral, vaginal, or anal) with more than one partner in a **one week period**?

* No (1)
* Yes (2)

condom\_use\_3mo How often in the **past 3 months** did you use a condom during sexual intercourse?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never (1) | Less than half the time (2) | Half the time (3) | More than half the time (4) | Every time (5) |
| Condom used in sexual intercourse in the past 3 months (1) |  |  |  |  |  |

Last\_condom\_use Thinking about the **last time** you had sexual intercourse, did you or your partner use a condom?

* No (1)
* Yes (2)

Last\_SUI Did you drink alcohol or use drugs before you had sexual intercourse **the last time?**

* No (1)
* Yes (2)

ever\_sextrade Have you ever traded sex for for money, drugs, a place to stay, food or meals, or anything else before?

* No (1)
* Yes (2)

Display This Question:

If Have you ever traded sex for for money, drugs, a place to stay, food or meals, or anything else b... = Yes

tradesex\_condom Thinking about the last time you traded sex for such resources, did you use a condom?

* No (1)
* Yes (2)

Display This Question:

If Have you ever traded sex for for money, drugs, a place to stay, food or meals, or anything else b... = Yes

Last\_sextrade\_online **The last time** you traded sex for money, drugs, a place to stay, food or meals, or anything else, did you meet your sex partner on the internet or through an app?

* No (1)
* Yes (2)

Display This Question:

If Have you ever traded sex for for money, drugs, a place to stay, food or meals, or anything else b... = Yes

ever-sextradetraffic Were you ever been forced by someone else to engage in sex for money or other resources?

* No (1)
* Yes (2)

End of Block: Sexual Behaviors

Start of Block: Condom Attitude/Sexual Behaviors

condom\_eff   
The next statements measure a person's opinions about the use of condoms. There are no right or wrong answers to any of these statements. For each statement, please respond based on your own opinion.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Strongly Disagree (1) | Somewhat Disagree (2) | Somewhat Agree (3) | Strongly Agree (4) |
| It is easy for you to have a condom with you when you are going to have sex. (1) |  |  |  |  |
| It is hard for you to get condoms. (2) |  |  |  |  |
| It is too much trouble to carry around condoms. (3) |  |  |  |  |
| You can put on a condom without ruining the mood (4) |  |  |  |  |
| If you are sexually aroused you can stop before sex to use a condom. (5) |  |  |  |  |

Condom\_int In **the next 6 months,** how likely is it that you will use a condom or dental dam every time you have sexual intercourse with your partner?    
   
 By sexual intercourse, we mean vaginal sex, anal sex or oral sex.      
   
 Use a scale of 1 (not at all likely) to 7 (extremely likely) for your rating.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not at all likley  1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | Extremely likely  7 (7) |
| Likely to use a condom or dental dam everytime during sexual intercourse in next 6 months (1) |  |  |  |  |  |  |  |

End of Block: Condom Attitude/Sexual Behaviors

Start of Block: Vaccinations

HPV\_1 In your life, have you received the HPV vaccination that protects against certain cancers and genital warts?

* No (1)
* Yes (2)
* I don't know/remember (3)

Skip To: End of Block If In your life, have you received the HPV vaccination that protects against certain cancers and gen... = No

HPV\_2 How many of the 3-shot HPV vaccination series did you receive?

* 1 shot (1)
* 2 shots (2)
* 3 shots (3)

End of Block: Vaccinations

Start of Block: HIV-STD-Hep C

Last\_HIVtest The following set of questions will ask about your experiences regarding HIV, STD and Hepatitis C testing. Please remember that your responses are anonymous.  
   
 When was the last time you were tested for HIV/AIDS?

* Within the past 3 months (1)
* More than 3 months but less than 6 months ago (2)
* More than 6 months ago (3)
* I have never been tested for HIV/AIDS (4)

Skip To: Last\_STItest If The following set of questions will ask about your experiences regarding HIV, STD and Hepatitis C... = I have never been tested for HIV/AIDS

HIV\_status Did you test positive for HIV?

* No (1)
* Yes (2)
* I didn't get my results (3)

Last\_STItest When was the last time you were tested for a sexually transmitted infection, or STI or STD?  
(For example, chlamydia, gonorrhea, syphilis, or genital warts)

* Within the past 3 months (1)
* More than 3 months but less than 6 months ago (2)
* More than 6 months ago (3)
* I have never been tested for STI or STD (4)

Skip To: time\_testHepC If When was the last time you were tested for a sexually transmitted infection, or STI or STD? (For... = I have never been tested for STI or STD

STD\_status Did you test positive for any STI or STDs?

* No (1)
* Yes (2)
* I didn't get my results. (3)

time\_testHepC When was the last time you were tested for Hepatitis C?

* Within the past 3 months (1)
* More than 3 months but less than 6 months ago (2)
* More than 6 months ago (3)
* I have never been tested for Hepatitis C (4)

Skip To: End of Block If When was the last time you were tested for Hepatitis C? = I have never been tested for Hepatitis C

HepC\_status Did you test positive for Hepatitis C?

* No (1)
* Yes (2)
* I did not get my results (3)

End of Block: HIV-STD-Hep C

Start of Block: Perceived HIV Risk Scale

Display This Question:

If Did you test positive for HIV? = No

And Did you test positive for HIV? = I didn't get my results

And The following set of questions will ask about your experiences regarding HIV, STD and Hepatitis C... = I have never been tested for HIV/AIDS

PerceivHIV **Tell us how much you agree or disagree with each of the following statements, as they apply to you.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Strongly Disagree (5) | Somewhat Disagree (3) | Somewhat Agree (4) | Strongly Agree (2) |
| It would be easy for me to get infected with HIV or AIDS. (1) |  |  |  |  |
| My behavior puts me at risk of HIV or AIDS. (2) |  |  |  |  |
| I worry about getting infected with HIV or AIDS. (3) |  |  |  |  |
| I try to protect myself from being infected with HIV or AIDS. (4) |  |  |  |  |

End of Block: Perceived HIV Risk Scale

Start of Block: PrEP

PREPFAC There is a medication called Truvada or PrEP (pre-exposure prophylaxis) that can help prevent HIV. This is a daily pill taken by mouth given to people at risk for HIV to help protect them from getting HIV. The following questions will ask you your thoughts and feelings about PrEP.    
   
 If you were interested and eligible to take PrEP, how important would the following be to using PrEP. Rate the importance of each.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not important at all (1) | Not very important (2) | Somewhat important (3) | Very Important (4) | Extremely Important (5) |
| Not having to pay for PrEP (1) |  |  |  |  |  |
| Access to free HIV testing (2) |  |  |  |  |  |
| Access to free sexual healthcare and monitoring while on PrEP (3) |  |  |  |  |  |
| Access to one-on-one counseling and support around PrEP use (4) |  |  |  |  |  |
| Access to text-based support for PrEP use (5) |  |  |  |  |  |
| Access to support or counseling about sex life (6) |  |  |  |  |  |
| Not having to go to the regular doctor to get PrEP (7) |  |  |  |  |  |
| Access to group-based adherence support for PrEP (8) |  |  |  |  |  |

PREP\_know How much do you know about PrEP – a medication called Truvada that a person can take to help prevent getting HIV?

* I have never heard of it (4)
* I have heard of it, but don’t know what it is (5)
* I know a little bit about it (6)
* I know a lot about it (7)
* I have talked to my doctor about it (8)

PREP\_interest If eligible for PrEP, how interested would you be in taking a medication that could drastically reduce your chances of getting HIV?

* No interest (4)
* Low interest (5)
* Somewhat interested (6)
* Moderately interested (7)
* Very interested (8)

PREP\_likelytake How likely would you be to take a pill each day if you knew it could greatly reduce your chance of getting HIV?

* Extremely unlikely (1)
* Unlikely (2)
* Neutral (3)
* Likely (4)
* Extremely likely (8)

PREP\_doctor If your doctor recommended PrEP for you, how likely would you be to use it to prevent HIV Infection?

* Extremely unlikely (1)
* Unlikely (2)
* Neutral (3)
* Likely (4)
* Extremely likely (5)

End of Block: PrEP

Start of Block: Pregnancy

Pregnancy The next few questions will ask you about pregnancy or getting someone else pregnant.  
   
 If you got pregnant or got someone else pregnant right now:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree (6) | Disagree (7) | Neither agree nor disagree (8) | Agree (9) | Strongly Agree (10) |
| It would be embarrassing for your family (1) |  |  |  |  |  |
| It would be embarrassing for you (2) |  |  |  |  |  |
| You would be forced to grow up too fast (4) |  |  |  |  |  |
| It would be one of the worst things that could happen to you (5) |  |  |  |  |  |
| You would feel closer to your partner (6) |  |  |  |  |  |
| You would have an easier time accessing services such as medical care, housing, and food (7) |  |  |  |  |  |

preg\_numtimes How many times in your life have you been pregnant or gotten someone else pregnant? (Include a current pregnancy or miscarriage)

* 0 (1)
* 1 (2)
* 2 (3)
* 3 (4)
* 4 or more times (5)

Skip To: End of Block If How many times in your life have you been pregnant or gotten someone else pregnant? (Include a cu... = 0

preg\_numunplan How many of your pregnancies have been unplanned?

* 0 (1)
* 1 (2)
* 2 (3)
* 3 (4)
* 4 or more (5)

preg\_numbchild How many children do you have?

* 0 (1)
* 1 (2)
* 2 (3)
* 3 (4)
* 4 or more (5)

preg\_numchildliving How many of your children are living with you currently?

* 0 (1)
* 1 (2)
* 2 (3)
* 3 (4)
* 4 or more (5)

End of Block: Pregnancy

Start of Block: Adverse Childhood Experiences

ACE\_instruct These questions ask you about things that you might have experienced **when you were growing up.** Some of these are sensitive questions. Please let the researcher know if you need to take a break.

ACE\_emotabuse   
Did a parent or other adult in the household **often swear at you, insult you, put you down, or humiliate you or act in a way that made you afraid that you might be physically hurt?**

* No (1)
* Yes (2)

ACE\_physicalabuse   
Did a parent or other adult in the household often or very often **push, grab, slap, or throw something at you or hit you so hard that you had marks or were injured?**

* No (1)
* Yes (2)

ACE\_sexualabuse   
Did an adult or person at least 5 years older than you ever **touch or fondle you or have you touch their body in a sexual way or attempt to or actually have oral, anal, or vaginal intercourse** with you?

* No (2)
* Yes (1)

ACE\_emotneglect   
Did you often feel that **no one in your family loved you or thought you were important or special or your family didn’t look out for each other, feel close to each other, or support each other**?

* No (1)
* Yes (2)

ACE\_physneglect   
Did you often **feel that you didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you or were your parents too drunk or high to take care of you or take you to the doctor** if you needed it?

* No (1)
* Yes (2)

|  |  |
| --- | --- |
| Page Break |  |

ACE\_divorce   
These questions ask you about things that you might have experienced when you were growing up.   
  
  
  Did you ever **lose a parent or guardian to divorce, abandonment, or other reason**?

* No (1)
* Yes (2)

ACE\_domesticviol Was your **mother, stepmother, or guardian often pushed, grabbed, slapped, or had something thrown at them, were kicked, bitten, hit with a fist, or hit with something hard, or ever repeatedly hit over at least a few minutes or threatened with a gun or knife**?

* No (1)
* Yes (2)

ACE\_caregiversubstan   
Did you **live with anyone who was a problem drinker or alcoholic or who used street drugs**?

* No (1)
* Yes (2)

ACE\_caregiverdepress   
While you were growing up:  
   Was a **household member depressed or mentally ill or did a household member attempt suicide**?

* No (1)
* Yes (2)

ACE\_caregiverincar   
While you were growing up:  
   Did a **household member go to prison**?

* No (1)
* Yes (2)

End of Block: Adverse Childhood Experiences

Start of Block: Victimization Experiences

Vict\_instruct Some of these questions are sensitive. If you need to take a break or talk to someone, please raise your hand and tell a research assistant who can help you find support.   
    
Now we are going to ask you about some things that might have happened since you haven’t had a stable place to stay or have been homeless.

vict\_robbery   
Since you haven’t had a stable place to stay or have been homeless:  
 Did anyone **use force to take something away from you that you were carrying or wearing?** (Things like a backpack, money, watch, clothing, bike, stereo, or anything else)

* No (1)
* Yes (2)

vict\_assltwweapon Sometimes people are attacked with sticks, rocks, knives, or other things that would hurt.     
    
Since you haven’t had a stable place to stay or have been homeless, **did anyone hit or attack you on purpose with an object or weapon?** (Somewhere like: in shelter, at school, at a store, in a car, on the street, or anywhere else)

* No (1)
* Yes (2)

|  |  |
| --- | --- |
| Page Break |  |

vict\_assaultwoweapon Since you haven’t had a stable place to stay or have been homeless:  
   
 Has anyone **hit or attacked you WITHOUT using an object or weapon**?

* No (1)
* Yes (2)

|  |  |
| --- | --- |
| Page Break |  |

vict\_threatenassault Since you haven’t had a stable place to stay or have been homeless:  
   
 Has someone **threatened to hurt you when you thought they might really do it?**

* No (1)
* Yes (2)

vict\_biasattack Since you haven’t had a stable place to stay or have been homeless:  
   
 Have you **been hit or attacked because of...**

|  |  |  |
| --- | --- | --- |
|  | No (1) | Yes (2) |
| Someone saying you were homeless (1) |  |  |
| Your skin color (2) |  |  |
| Your religion (3) |  |  |
| Where your family comes from (4) |  |  |
| A physical problem you have (5) |  |  |
| Someone saying you were gay (6) |  |  |
| Someone saying you were transgender (7) |  |  |

vict\_gang Since you haven’t had a stable place to stay or have been homeless:  
   
 **Did a gang hit, jump, or attack you?**

* No (1)
* Yes (2)

Vict\_witness Since you haven’t had a stable place to stay or have been homeless:  
   
 In real life, did you **SEE anyone get attacked on purpose?** (Somewhere like: at a store, at work, in a car, on the street, or anywhere else)

* No (1)
* Yes (2)

vict\_ipv\_vic Since you haven't had a stable place to stay or have been homeless:     
    
Think about the **person (s) you have been in a romantic and/or intimate relationships with** (ex. boyfriend, girlfriend, casual date, hookup, etc.).  
   
 Did this person (s) ever hit, push, shove, punch, kick or physically hurt you on purpose?

* No (4)
* Yes (5)
* I have not been in a relationship during this time period (2)

vict\_ipv\_perp Since you haven't had a stable place to stay or have been homeless:     
    
Think about the **person (s) you have been in a romantic and/or intimate relationships with** (ex. boyfriend, girlfriend, fiance, casual date, hookup, etc.).  
   
 Have you ever hit, push, shove, punch, kick or physically hurt this person (s) on purpose?

* No (4)
* Yes (5)
* I have not been in a relationship during this time period (2)

vict\_sexlasslt Since you haven’t had a stable place to stay or have been homeless:  
   
 Did anyone **touch your private parts when they shouldn’t have or make you touch their private parts?**

* No (1)
* Yes (2)

vict\_forcesex Since you haven’t had a stable place to stay or have been homeless:  
   
 Did anyone **try to force you to have sex; that is, sexual intercourse of any kind, even if it didn’t happen?**

* No (1)
* Yes (2)

Display This Question:

If Since you haven’t had a stable place to stay or have been homeless:Did anyone try to force you to... = Yes

vict\_sexlassltexam Did you get a sexual assault examination at the Emergency Room, hospital, or clinic?

* No (1)
* Yes (2)

Display This Question:

If Did you get a sexual assault examination at the Emergency Room, hospital, or clinic? = No

vict\_whynoexam Why didn’t you get a sexual assault examination at the emergency room? **(Check all that apply)**

* I didn’t know where to go (1)
* I couldn’t safely leave the situation (2)
* I didn't know what a sexual assault exam is (3)
* I didn’t think it was important (4)
* I didn’t have health insurance (5)
* I didn’t want to get involved with the legal system (6)

End of Block: Victimization Experiences

Start of Block: Coping

Cope Please rate how often you use each of the following ways to deal with problems:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never (1) | Rarely (2) | Sometimes (3) | Often (4) |
| Concentrated on what to do and how to solve the problem (1) |  |  |  |  |
| Think about what happened and try to sort it out in my head (2) |  |  |  |  |
| Try not to think about it (3) |  |  |  |  |
| Go to sleep (4) |  |  |  |  |
| Go to someone I trust for support (5) |  |  |  |  |
| Go off by myself to think (6) |  |  |  |  |
| Try to learn from the bad experience (7) |  |  |  |  |
| Use my anger to get me through it (8) |  |  |  |  |
| Use drugs or alcohol (9) |  |  |  |  |
| Do a hobby (e.g. read, draw) (10) |  |  |  |  |
| Try to value myself and not think so much about other people's opinions (11) |  |  |  |  |
| Realize that I am strong and can deal with whatever is bothering me (12) |  |  |  |  |
| Think about how things will get better in the future (13) |  |  |  |  |
| Use my spiritual beliefs/belief in a higher power (14) |  |  |  |  |

End of Block: Coping

Start of Block: Experiences of Discrimination

descrim The next questions ask you about experiences of discrimination you may have had in your life.   
 In your day-to-day life, including in the workplace or at school, how often do any of the following things happen to you?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never (1) | Less than once a year (2) | A few times a year (3) | At least once a week (4) | Always (5) |
| You are treated with less courtesy or respect than other people. (1) |  |  |  |  |  |
| You receive poorer service than other people at restaurants or stores. (2) |  |  |  |  |  |
| People act as if they think you are not smart. (3) |  |  |  |  |  |
| People act as if they are afraid of you. (4) |  |  |  |  |  |
| You are threatened or harassed. (5) |  |  |  |  |  |

discrim\_reasons What do you think were the reasons for these experiences? **(Check all that apply)**

* Your ancestry or national origin (1)
* Your gender (2)
* Your gender identity/gender expression (3)
* Your race (4)
* Your age (5)
* Your religion (6)
* Your height (7)
* Your weight (8)
* Your sexual orientation (9)
* Your housing status (being homeless or without a stable place to live) (10)
* Your education or income level (11)
* Some other aspect of your physical appearance (12)

End of Block: Experiences of Discrimination

Start of Block: Stress of the Streets

Stress\_streets How much stress did you feel about the following in the last month?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | None at all (1) | A little (2) | More than a little (3) | A lot (4) |
| Finding enough food to eat (4) |  |  |  |  |
| Getting along with friends (6) |  |  |  |  |
| Being arrested (8) |  |  |  |  |
| Being unable to find work (9) |  |  |  |  |
| Being hit, kicked or punched (10) |  |  |  |  |
| Finding a place to sleep (11) |  |  |  |  |
| Getting professional help for a health problem (12) |  |  |  |  |
| Being treated badly by the rest of society (14) |  |  |  |  |
| Having a purpose for my life (15) |  |  |  |  |
| Getting more education (16) |  |  |  |  |
| Finding a place to take a bath or shower (17) |  |  |  |  |
| Finding a place to wash my clothes (18) |  |  |  |  |
| Finding other people to hang out with (7) |  |  |  |  |
| Being raped (19) |  |  |  |  |
| Earning money (20) |  |  |  |  |

End of Block: Stress of the Streets

Start of Block: Mindfulness

Mindfulness   
Below are some questions about how you think.   
  
How much do you agree with each of the following statements?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Do not agree (4) | Agree slightly (5) | Agree Moderately (6) | Agree Very Much (7) |
| I am constantly aware of my thinking (1) |  |  |  |  |
| I pay close attention to the way my mind works (4) |  |  |  |  |
| I think a lot about my thoughts (5) |  |  |  |  |
| I constantly examine my thoughts (6) |  |  |  |  |
| I monitor my thoughts (7) |  |  |  |  |
| I am aware of the way my mind works when I am thinking through a problem (8) |  |  |  |  |

End of Block: Mindfulness

Start of Block: Gun violence

gun\_confidential The following questions are about guns.  
  
REMINDER: All the information that you provide is **ANONYMOUS and  CONFIDENTIAL**. In no way will the information you provide be linked to any personal identifying information.

witness\_gun **In your lifetime**, have you ever seen someone being injured or killed by a gun?

* No (1)
* Yes (2)

Display This Question:

If In your lifetime, have you ever seen someone being injured or killed by a gun? = Yes

witness\_gun\_gang   
 Was this related to gang violence?

* No (1)
* Yes (2)

|  |  |
| --- | --- |
| Page Break |  |

perp\_assltgun **In your lifetime**, have you shot a gun at another individual.

* No (1)
* Yes (2)

Display This Question:

If In your lifetime, have you shot a gun at another individual. = Yes

perp\_gun\_gang   
 Was this related to gang violence?

* No (1)
* Yes (2)

|  |  |
| --- | --- |
| Page Break |  |

vict\_ass\_gun In your lifetime, has anyone shot at you with a gun on purpose?

* No (1)
* Yes (2)

Display This Question:

If In your lifetime, has anyone shot at you with a gun on purpose? = Yes

vict\_ass\_gun\_gang   
 Was this related to gang violence?

* No (1)
* Yes (2)

Display This Question:

If In your lifetime, has anyone shot at you with a gun on purpose? = Yes

vict\_ass\_gun\_inj   
 Have you ever been injured by a gun/bullet?

* No (1)
* Yes (2)

|  |  |
| --- | --- |
| Page Break |  |

avoidpolice Do you purposely avoid areas and situations that may expose you to interaction with police or law enforcement?

* No (1)
* Yes (2)

gunaccess Do you have access to a gun or know how to access a gun easily if you wanted to?

* No (1)
* Yes (3)

Gang\_confidential The following questions deal with whether or not you have been in a gang.  
   
 **REMINDER:** All the information that you provide is **ANONYMOUS and  CONFIDENTIAL**. In no way will the information you provide be linked to any personal identifying information.

|  |  |
| --- | --- |
| Page Break |  |

Gang\_Cur   
Are you currently or have you ever been a member of gang?

* No (1)
* Yes (2)

Skip To: gang\_aff If Are you currently or have you ever been a member of gang? = No

Gang\_frmr Are you currently an active member of a gang?

* No (1)
* Yes (2)

gang\_name What was the specific name of the gang you were or are currently a member of?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

gang\_age What age did you first join a gang ?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 5 | 8 | 12 | 16 | 20 | 23 | 26 |

|  |  |
| --- | --- |
| Age () |  |

gang\_provide My gang provided me with things that I needed when I didn’t have them like....  
**(Check all that apply)**

* Food (1)
* Clothes (2)
* Shelter (3)
* Protection (4)
* Safety (5)
* Money (6)
* Social support (7)
* Other (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* My gang never provided me with anything (9)

gang\_race My gang is made up of people:

* That were the same race/ethnicity as myself (1)
* That were of a different race/ethnicity as myself (2)
* Of varying races/ethnicities, there was not one dominant race (3)

gang\_gender My gang is:

* Mainly men (1)
* Mainly women (2)
* Both (3)

Display This Question:

If Are you currently or have you ever been a member of gang? = No

gang\_aff You said that you have never been a member of a gang.   
    
Do you have someone important in your life that is currently a member of a gang?    
**(Check all that apply)**

* A friend from growing up (1)
* A friend from school (2)
* A friend from after I became homeless (3)
* Mother (4)
* Father (5)
* Sibling (brother/sister) (6)
* Extended family member (e.g. aunt, uncle, cousin) (7)
* Romantic/intimate partner (Boyfriend/girlfriend, husband/wife, fiancé or hook up) (8)
* Other (9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No one important in my life is a gang member (10)

Skip To: juggalo If You said that you have never been a member of a gang.   Do you have someone important in your lif... = No one important in my life is a gang member

gang\_enc Would you encourage others to join a gang?

* No (1)
* Yes (2)
* I am not sure (3)

|  |  |
| --- | --- |
| Page Break |  |

juggalo Have you ever or do you currently consider yourself a Juggalo or a Juggalette?  
 (A Juggalo/Juggalette is someone who is a fan of the band Insane Clown Posse [ICP], Twiztid, Dark Lotus, or other Psychopathic Records bands.)

* No (1)
* Yes (2)

|  |  |
| --- | --- |
| Page Break |  |

Display This Question:

If Are you currently or have you ever been a member of gang? = No

streetfamily You said that you are not a member of a gang.   
  
  
Do you consider yourself part of a "street family"?

* No (1)
* Yes (2)

End of Block: Gun violence

Start of Block: Mental Health

MH\_depress The next questions ask about your mood or behavior over the past 2 weeks  
   
 **Over the past two weeks**, how often have you been bothered by any of the following problems:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all (1) | Several days (2) | More than half the days (3) | Nearly every day (4) |
| Little interest or pleasure in doing things (1) |  |  |  |  |
| Feeling down, depressed or hopeless (2) |  |  |  |  |
| Trouble falling asleep, staying asleep, or sleeping too much (3) |  |  |  |  |
| Feeling tired or having little energy (4) |  |  |  |  |
| Poor appetite or overeating (5) |  |  |  |  |
| Feeling bad about yourself-or that you’re a failure or have let yourself or your family down (6) |  |  |  |  |
| Having trouble concentrating on things such as reading or watching television (7) |  |  |  |  |
| Moving or speaking so slowly that people could have noticed, OR the opposite - being so restless or fidgety that you have been moving around a lot more than usual (8) |  |  |  |  |
| Thought that you would be better off dead or of hurting yourself in some way. (9) |  |  |  |  |

MH\_mult Now think about the past 12 months.    
  
  
Think of one month in the past 12 months when you were the most depressed, anxious, or emotionally stressed.   
  
During that same month when you were at your worst emotionally , how often did you feel...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | None of the time (1) | A little of the time (2) | Some of the time (3) | Most of the time (4) | All of the time (5) |
| Nervous? (1) |  |  |  |  |  |
| Hopeless? (2) |  |  |  |  |  |
| Restless or Fidgety? (3) |  |  |  |  |  |
| So sad or depressed that nothing could cheer you up? (5) |  |  |  |  |  |
| That everything was an effort? (6) |  |  |  |  |  |
| Down on yourself, no good, or worthless? (7) |  |  |  |  |  |

PTSD\_1 In your life, have you ever had any experience that was so frightening, horrible or upsetting that, in the past month, you:

|  |  |  |
| --- | --- | --- |
|  | No (1) | Yes (2) |
| Had nightmares about it or thought about it when you did not want to? (4) |  |  |
| Were constantly on guard, watchful, or easily startled? (3) |  |  |
| Tried hard not to think about it or went out of your way to avoid situations that reminding you of it? (2) |  |  |
| Felt numb or detached from others, activities or your surroundings? (5) |  |  |

ADHD\_DX Has a doctor or mental health provider ever diagnosed you with ...

|  |  |  |
| --- | --- | --- |
|  | No (1) | Yes (2) |
| ADHD (attention Deficit hyperactivity disorder)? (2) |  |  |
| PTSD (Post Traumatic Stress Disorder)? (4) |  |  |
| Oppositional Defiant or Conduct Disorder? (3) |  |  |
| Major Depression? (5) |  |  |
| Bipolar Disorder? (6) |  |  |
| Schizophrenia or Schizoaffective Disorder? (7) |  |  |

MH\_current Are you currently experiencing problems with your mental health?

* Yes (1)
* No (2)
* Not sure (3)

Skip To: End of Block If Are you currently experiencing problems with your mental health? = No

MH\_overall What mental health problems are you currently struggling with? **(Check all that apply)**

* ADHD/Attention/Hyperactivity (1)
* Depression (2)
* Bipolar/Mood Swings (3)
* Anxiety (4)
* Out of Control Anger (5)
* Schizophrenia or Psychosis (6)
* Something Else (Please Specify) (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Mental Health

Start of Block: Suicide Behavior

SUIC\_THOUGHT The next few questions are about thoughts and behaviors related to suicide.   
    
c

* No (1)
* Yes (2)

SUIC\_ATTEMPT During the past 12 months, did you try to kill yourself?

* No (1)
* Yes (2)

End of Block: Suicide Behavior

Start of Block: Perceived Stress Scale

Perc\_stress1 **In the last month,** how often have you felt difficulties were piling up so high that you could not overcome them?

* Never (1)
* Almost Never (2)
* Sometimes (3)
* Fairly often (4)
* Very often (5)

Perc\_stress2 **In the last month,** how often have you felt that things were going your way?

* Never (1)
* Almost Never (2)
* Sometimes (3)
* Fairly often (4)
* Very often (5)

Perc\_stress3 **In the last month,** how often have you felt confident about your ability to handle your personal problems?

* Never (1)
* Almost Never (2)
* Sometimes (3)
* Fairly often (4)
* Very often (5)

Perc\_stress4 These questions deal with any stress you’ve felt in the past month.   
    
In the last month, how often have you felt that you were unable to control the important things in your life?

* Never (1)
* Almost never (2)
* Sometimes (3)
* Fairly often (4)
* Very often (5)

End of Block: Perceived Stress Scale

Start of Block: Mental Health Treatment

MED\_EVER Have you ever taken any prescription medication to treat mental or emotional health conditions?

* No (1)
* Yes (2)

Skip To: THER\_EVER If Have you ever taken any prescription medication to treat mental or emotional health conditions? = No

MED\_12 Was this in the past 12 months?

* No (1)
* Yes (2)

THER\_EVER Have you ever received any outpatient treatment or counseling for any problem you were having with your emotions, nerves, or mental health?

* No (1)
* Yes (2)

Skip To: ER\_EVER If Have you ever received any outpatient treatment or counseling for any problem you were having wit... = No

THER\_12 Did you receive these services during **the past 12 months**?

* No (1)
* Yes (2)

ER\_EVER Have you ever received treatment for any problem you were having with your emotions, nerves or mental health in an emergency room?

* No (1)
* Yes (2)

Skip To: HOSPIT\_EVER If Have you ever received treatment for any problem you were having with your emotions, nerves or me... = No

ER\_12 Was it in the past 12 months?

* No (1)
* Yes (2)

HOSPIT\_EVER Have you ever stayed overnight or longer in a hospital or other facility to receive treatment or counseling for any problem you were having with your emotions, nerves, or mental health?

* No (1)
* Yes (2)

Skip To: UNMET\_EVER If Have you ever stayed overnight or longer in a hospital or other facility to receive treatment or... = No

HOSPIT\_12 Was this in the past 12 months?

* No (1)
* Yes (2)

UNMET\_EVER Was there ever a time when you needed mental health treatment or counseling for yourself but did not get it?

* No (1)
* Yes (2)

UNMET\_12 Was this in the past 12 months?

* No (1)
* Yes (2)

MHNEED\_Perceive Do you currently feel that you need mental health treatment?

* Yes (1)
* No (2)
* I am currently receiving treatment (3)
* Not sure (4)

End of Block: Mental Health Treatment

Start of Block: Help Seeking

HelpSeek\_Scale If you were having a problem with your mental health, how likely would you seek help from the following people?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Extremely unlikely (1) | Unlikely (2) | Likely (3) | Extremely likely (4) |
| Intimate partner (e.g. girlfriend, boyfriend husband, wife) (1) |  |  |  |  |
| Friend (not related) (2) |  |  |  |  |
| Parent (3) |  |  |  |  |
| Other relative/ family member (4) |  |  |  |  |
| Professional (e.g. psychologist, social worker, counselor, case worker) (5) |  |  |  |  |
| Phone helpline (e.g. Lifeline) (6) |  |  |  |  |
| Doctor (7) |  |  |  |  |
| Minister or religious leader (e.g. Priest, Rabbi, Chaplain) (8) |  |  |  |  |

End of Block: Help Seeking

Start of Block: Desire for Help

desirehelp Please indicate how much you agree with the following statement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Disagree Strongly (1) | Disagree (2) | Uncertain (3) | Agree (4) | Agree Strongly (5) |
| I need help in dealing with my housing situation. (1) |  |  |  |  |  |

End of Block: Desire for Help

Start of Block: Tobacco

SMOKE\_2   
The next questions ask you about your use of substances...   
  **Cu**rrently how often do you smoke cigarettes?

* Never (1)
* Some days (2)
* Most days (3)
* Every day (4)

End of Block: Tobacco

Start of Block: Substance use

druguse\_30 Thinking about the **past 30 days**, how many times have you used the following substances?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 0 times (1) | 1 or 2 times (2) | 3 to 9 times (3) | 10 to 19 times (4) | 20 to 39 times (5) | 40 or more times (6) |
| Cocaine (1) |  |  |  |  |  |  |
| Crack (2) |  |  |  |  |  |  |
| Heroin (3) |  |  |  |  |  |  |
| Meth (4) |  |  |  |  |  |  |
| Ecstasy (5) |  |  |  |  |  |  |
| Synthetic Marijuana (k2, spice) (6) |  |  |  |  |  |  |

alc\_30 Thinking about the **past 30 days**, how many times have you used alcohol?

* 0 times (1)
* 1 or 2 times (2)
* 3 to 9 times (3)
* 10 to 19 times (4)
* 20 to 39 times (5)
* 40 or more times (6)

Skip To: marj\_30 If Thinking about the past 30 days, how many times have you used alcohol? = 0 times

binge\_30 During the **past 30 days**, on how many days did you have **5 or more drinks**of alcohol  (a drink can be a bottle of beer, 8 ounces of liquor, 5 ounces of wine, or one "shot")  in a row, that is, within a couple of hours?

* 0 days (1)
* 1 day (2)
* 2 days (3)
* 3 to 5 days (4)
* 6 to 9 days (5)
* 9 to 19 days (6)
* 20 or more days (7)

marj\_30 Now thinking about the **past 30 days**, how many times have you used marijuana?

* 0 times (1)
* 1 or 2 times (2)
* 3 to 9 times (3)
* 10 to 19 times (4)
* 20 to 39 times (5)
* 40 or more times (6)

marj\_access How do you access marijuana? **(Check all that apply)**

* Dealer (bought informally) (1)
* Dispensary (store) (2)
* Grow my own (3)
* A friend gave it to me for free (4)
* I do not use marijuana (5)

marj\_card Have you ever used a medical marijuana card to access marijuana?

* No (1)
* Yes (2)
* I don't use marijuana (3)

Display This Question:

If Have you ever used a medical marijuana card to access marijuana? = Yes

marj\_card2 How did you get your medical marijuana card? **(Check all that apply)**

* A doctor prescribed it (1)
* A friend gave me their’s (2)
* I stole or took it from someone (3)
* I made a card (4)

marj\_usedmore Have you ever accidentally used more marijuana (smoke, edible, etc.) than you meant to?

* No (1)
* Yes (2)
* I do not use marijuana (3)

marj\_policy Did marijuana laws play a role in choosing the city you currently live in?

* No (1)
* Yes (2)
* I don't know the marijuana laws where I live (3)

rx\_30 During the past 30 days, how many times have you taken a prescription drug without a doctor's prescription or used more of the drug or took the drug more often than prescribed? Prescription drugs may include OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax.

* 0 times (1)
* 1 or 2 times (2)
* 3 to 9 times (3)
* 10 to 19 times (4)
* 20 to 39 times (5)
* 40 or more times (6)

Skip To: inject\_30 If During the past 30 days, how many times have you taken a prescription drug without a doctor's pre... = 0 times

rx\_type\_30 In the **past 30 days**, what types of prescription drugs have you taken without a doctor's prescription, or used more of or took more often than prescribed? **(Check all that apply)**

* Prescription stimulants (for example, Ritalin, Concerta, Dexedrine, Adderall, prescription diet pills, etc.) (1)
* Prescription sedatives or sleeping pills (for example, Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.) (2)
* Prescription opioids (for example, fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.) (3)
* Other, please specify: (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

rx\_how\_30 In the **past 30 days,** where did you get the prescription drugs that you took without a doctor's prescription or faking your symptoms? **(Check all that apply)**

* Prescribed to me by one doctor (1)
* Prescribed to me by two or more different doctors (2)
* I wrote a fake prescription (3)
* Stolen from a doctor's office, clinic, hospital or pharmacy (4)
* Got them for free from a friend or relative (5)
* Bought them from a friend or relative (6)
* Took them from a friend or relative without asking (7)
* Bought them from a drug dealer or other stranger (8)
* Bought them on the internet (9)

inject\_30 Think only about the **past 30 days,** during the past 30 days, how many times have you used a needle to inject any illegal drug into your body?

* 0 times (1)
* 1 time (2)
* 2 or more times (3)

Skip To: sub\_treat If Think only about the past 30 days, during the past 30 days, how many times have you used a needle... = 0 times

needle\_share\_30 During the **past 30 days**, have you ever shared your “works” with others?

* No (1)
* Yes (2)

sub\_treat Have you ever received treatment or counseling for your use of alcohol or any drug, not counting cigarettes?

* No (1)
* Yes (2)

Skip To: End of Block If Have you ever received treatment or counseling for your use of alcohol or any drug, not counting... = No

subtreat\_pastyear Was this treatment/counseling in the past year?

* No (1)
* Yes (2)

End of Block: Substance use

Start of Block: Substance use problems

CAGE2 Have people annoyed you by criticizing your drinking or drug use?

* No (1)
* Yes (2)

CAGE1 Have you ever felt that you ought to cut down on your drinking or drug use?

* No (1)
* Yes (2)

CAGE3 Have you ever felt bad or guilty about your drinking or drug use?

* No (1)
* Yes (2)

CAGE4 Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover or to start the day right?

* No (1)
* Yes (2)

instruct\_continue You are almost done! Thank you for thinking carefully about the following questions.

End of Block: Substance use problems

Start of Block: Technology Assessment

techaccess Which of the following items do you, personally, have access to?   
**(Check all that apply)**

* A smartphone (1)
* A cell phone that is not a smartphone (2)
* A desktop or laptop computer (3)
* A tablet computer like an iPad, Samsung Galaxy or Kindle Fire (4)
* None (5)

socmediaprof\_1 Do you have a profile on a social media site? (such as Facebook, twitter, etc.)

* No (1)
* Yes (2)

Skip To: infoonline If Do you have a profile on a social media site? (such as Facebook, twitter, etc.) = No

socmeduse Which of the following social media do you use? **(Check all that apply)**

* Facebook (1)
* Twitter (2)
* Instagram (3)
* Google+ (4)
* Snapchat (5)
* Vine (6)
* Tumblr (7)
* Other social media not listed here (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I do not use any social media (9)

Skip To: infoonline If Which of the following social media do you use? (Check all that apply) = I do not use any social media

socmed\_connect In general, does using social media make you feel...

|  |  |  |
| --- | --- | --- |
|  | No (1) | Yes (2) |
| More connected to information about what is going on in your friends lives? (1) |  |  |
| Worse about your own life because of what you see from other friends on social media (2) |  |  |

socmedtime How often do you use social networking websites like Myspace, Facebook, Twitter, or Instagram? **(Select one)**

* Several times a day (1)
* Once a day (2)
* Once every couple of days (3)
* About once a week (4)
* Less than once a week (5)
* Never (6)

infoonline   
The last time you were online, what type of health information did you look up?   
**(Check all that apply)**

* Looked for healthcare services (doctor, emergence room, hospital) (1)
* Looked for HIV testing services (2)
* Looked for STD testing services (3)
* Where to get free condoms (4)
* Where to get birth control (5)
* Pregnancy information (6)
* STD symptoms (7)
* Diet and Nutrition Information (8)
* Cold/flu symptoms (9)
* Medication information (10)
* Other information, please specify (11) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None of these (12)

socservonline The last time you were online, what specific types of social service related information did you look up?   
**(Check all that apply)**

* Legal help (1)
* Childcare information/services (2)
* GR (General Relief) information (3)
* SSI (Supplemental Security Income) information (4)
* School information (5)
* GED programs (6)
* Financial aid for schools (7)
* Find a case worker (8)
* Find a therapist (9)
* Housing/Shelter (12)
* Other, please list (10) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None of these (14)

End of Block: Technology Assessment

Start of Block: Supplemental Block\_Sex

Condom\_attitude   
The next statements measure a person’s opinions about the use of condoms.  There are no right or wrong answers to any of these statements. For each statement please indicate how much you agree or disagree.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Strongly agree (11) | Somewhat agree (12) | Somewhat disagree (14) | Strongly disagree (15) |
| Using condoms can be difficult. (11) |  |  |  |  |
| Using condoms makes sex less enjoyable (12) |  |  |  |  |
| Condoms can make you lose your hard-on (13) |  |  |  |  |
| Condoms break too often (14) |  |  |  |  |

Display This Question:

If Did you test positive for HIV? = Yes

doctor\_HIV Are you currently seeing a doctor or going to a clinic to help you manage your HIV?

* No (1)
* Yes (2)
* 3 (3)

Display This Question:

If Did you test positive for any STI or STDs? = Yes

doctor\_std Are you currently seeing a doctor or going to a clinic to help you manage your HIV?

* No (1)
* Yes (2)

Display This Question:

If Did you test positive for Hepatitis C? = Yes

doctor\_hcv Are you currently seeing a doctor or going to a clinic to help you manage your Hepatitis C?

* No (1)
* Yes (2)

life\_sexpartners **In your life,** with how many people have you had sexual intercourse with?

* 1 person (4)
* 2 people (5)
* 3 people (6)
* 4 people (7)
* 5 people (8)
* 6 or more people (9)

lastsextype The **last time** you had sexual intercourse, what kinds of sex did you have?  **(Check all that apply)**

* Anal sex, with a condom (4)
* Anal sex, no condoms/bareback (5)
* Oral sex, with a condom/dental dam (6)
* Oral sex, no condom/dental dam (7)
* Vaginal sex, with a condom (8)
* Vaginal sex, no condom (9)

look\_sexpart If I was looking for a sex partner, I would:   
  
**(Check any that apply)**

* Ask a friend (4)
* Ask my partner (5)
* Go to a party (6)
* Go online (ex: craigslist, okcupid.com (7)
* Use a smartphone app (eg tinder, grindr) (8)
* Go to a bar (9)
* Go to a sex club (10)
* Go to a public place like a park or the beach (11)
* Go to a service agency (ex: drop-in center, emergency shelter) (12)
* Other: (14) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Supplemental Block\_Sex

Start of Block: Juggalo\_supplement

Display This Question:

If Have you ever or do you currently consider yourself a Juggalo or a Juggalette? (A Juggalo/Juggale... = Yes

jugg\_supp Now we are going to ask you a few more questions about being a Juggalo or Juggalette. You are almost done!

Display This Question:

If Have you ever or do you currently consider yourself a Juggalo or a Juggalette? (A Juggalo/Juggale... = Yes

jugg\_age What age did you first identify as a Juggalo or Juggalette ?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 5 | 8 | 12 | 16 | 20 | 23 | 26 |

|  |  |
| --- | --- |
| Age () |  |

Display This Question:

If Have you ever or do you currently consider yourself a Juggalo or a Juggalette? (A Juggalo/Juggale... = Yes

jugg\_provide My Juggalo community provided me with things that I needed when I didn’t have them like....  
**(Check all that apply)**

* Food (1)
* Clothes (2)
* Shelter (3)
* Protection (4)
* Safety (5)
* Money (6)
* Social support (7)
* Other (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* My Juggalo community never provided me with anything (9)

Display This Question:

If Have you ever or do you currently consider yourself a Juggalo or a Juggalette? (A Juggalo/Juggale... = Yes

jugg\_race My Juggalos community is made up of people:

* That were the same race/ethnicity as myself (1)
* That were of a different race/ethnicity as myself (2)
* Of varying races/ethnicities, there was not one dominant race (3)

Display This Question:

If Have you ever or do you currently consider yourself a Juggalo or a Juggalette? (A Juggalo/Juggale... = Yes

jugg\_gen My Juggalo community is:

* Mainly men (1)
* Mainly women (2)
* Both (3)

Display This Question:

If Have you ever or do you currently consider yourself a Juggalo or a Juggalette? (A Juggalo/Juggale... = Yes

Jugg\_enc Would you encourage others to become a Juggalo or Juggalette?

* No (1)
* Yes (2)
* I am not sure (3)

Display This Question:

If Have you ever or do you currently consider yourself a Juggalo or a Juggalette? (A Juggalo/Juggale... = Yes

Jugg\_write Please use this space to write in anything you would like to express regarding identifying as a Juggalo or Juggalette:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Juggalo\_supplement