

Refusals _____ Interview Date: _____

Interviewer's (Your) Name: _____

Neighborhood : _____

Respondent's Initials: First _____ Middle _____ Last _____

(Interviewer: Read question & answers to the respondent)

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DEMOGRAPHICS

1. What is your birth date?
Month _____ Day _____ Year _____

2. Which racial group do you identify with most? (Shade only 1)

☐ White/Caucasian

☐ Black/African American

☐ Hispanic/Latino

☐ American Indian/
Alaskan Native

☐ Asian

☐ Pacific Islander

☐ Other

☐ Multi-ethnic

3. Were you ever in foster care?
☐ Yes ☐ No
If yes, for how long? _____

4. How do you identify yourself?

☐ Male☐ Transgender

☐ Female☐ Other: _____

5. Do you consider yourself...?

☐ Straight☐ Bisexual

☐ Gay or lesbian☐ Other: _____

VETERAN STATUS

6. Have you served on active duty in the U.S. Armed Forces? (e.g., served in a full-time capacity in the Army, Navy, Air Force, Marine Corps, or Coast Guard)
☐ Yes ☐ No

7. Were you ever called into active duty as a member of the National Guard or as a Reservist?
☐ Yes ☐ No

8. What is your discharge status?

☐ Honorable☐ Dishonorable

☐ General☐ Other

☐ Other than honorable☐ Don't know

☐ Does not apply

9. If you are unsure if you are a Veteran, have you ever received health care or benefits from a VA Center?
☐ Yes ☐ No ☐ Does not apply

HOUSEHOLD MAKE UP

10. Do you live alone (by yourself)?
☐ Yes (skip to Q13) ☐ No

11. Do you live with: (shade all that apply)

☐ Spouse/significant other☐ Other family members

☐ Child/children☐ Street family/friends

☐ Parent/legal guardian☐ Other: _____

12. Of those you live with, how many people are in the following groups?

Under 18 _____

18-24 _____

25 or older _____

13. Do you have any children?
☐ Yes ☐ No (Skip to Q19)

14. Are your children:
0-4 years: How many? _____
5-17 years: How many? _____
18 years or older: How many? _____

15. Are your children currently living with you?
☐ Yes ☐ No

16. Are your children 5-17 in school?
☐ Yes ☐ No

17. Do you have any children in foster care?
☐ Yes ☐ No

18. Are any of your children living with family/friends?
☐ Yes ☐ No

JUSTICE SYSTEM

19. How many nights, if any, have you spent in jail or prison during the last 12 months?
_____ Nights

20. Are you currently on probation or parole?
☐ Yes ☐ No

21. Were you on probation or parole at the time you most recently became homeless?
☐ Yes ☐ No ☐ Decline to state

LIVING ACCOMMODATIONS

22. Where do you usually stay at night, since becoming homeless? (shade only 1)

☐ Backyard or storage structure☐ Outdoors/streets/parks☐ Motel/Hotel☐ Emergency Shelter☐ Transitional Housing☐ A place in a house not normally used for sleeping (kitchen, foyer, hallway) or unconverted garage☐ Public facility (train station, transit center, bus depot)☐ Other: _____

☐ Automobile☐ Camper/RV/Van☐ Abandoned Building☐ Encampments

How many people, including yourself, usually stay there?

23. Where were you living at the time you most recently became homeless? (Shade only 1)

☐ San Francisco☐ San Mateo County

☐ Alameda County☐ Santa Clara County

☐ Contra Costa County☐ Other County in CA

☐ Marin County☐ Out of State

24. How long have you lived in San Francisco? (Shade only 1)

☐ 7 days or less☐ 4-6 months☐ 3-5 years

☐ 8-30 days☐ 7-11 months☐ 6-9 years

☐ 1-3 months☐ 1-2 years☐ 10 years or more

25. What was the primary reason you came to San Francisco? (Shade only 1)

☐ For a job/seeking work☐ I visited and decided to stay

☐ I was born or grew up here☐ To access GA benefits

☐ Weather/climate☐ To access homeless services

☐ To access VA services and/or VA Clinic☐ I was forced out of my previous community

☐ My family/friends are here☐ I was just passing through

☐ I was traveling and got stranded☐ Other: _____

26. Immediately before you became homeless, were you living in: (Shade only 1)

☐ A home owned or rented by you or your partner☐ Juvenile Justice Facility

☐ Hospital/treatment facility☐ Prison

☐ With friends/relatives☐ Jail

☐ Subsidized housing☐ Motel/hotel

☐ Other: _____

SHELTER STAYS

27. If you are a single adult, are you able to make shelter reservations through CHANGES when you seek such reservations?
☐ Yes ☐ Sometimes ☐ No ☐ Does not apply

28. Do you receive tokens to travel to the shelter from the reservation station or Connecting Point?
☐ Yes ☐ Sometimes ☐ No

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48. Non

49. Pan

LENGTH OF HOMELESSNESS

29. Is this the first time you have been homeless?

- ☐ Yes (Skip to Q32)
- ☐ No

30. In the last 12 months, how many times have you been homeless including this current time? (Shade only 1)

- ☐ One time
- ☐ 3 times
- ☐ 5 times
- ☐ 2 times
- ☐ 4 times
- ☐ 6 or more times

31. How many different times have you been homeless in the past 3 years, including this current time? (Shade only 1)

- ☐ One time
- ☐ 3 times
- ☐ 5 times
- ☐ 2 times
- ☐ 4 times
- ☐ 6 or more times

32. How long have you been homeless this current time? (Shade only 1)

- ☐ 7 days or less
- ☐ 4-6 months
- ☐ More than 1 year
- ☐ 8-30 days
- ☐ 7-11 months
- How many years? _____
- ☐ 1-3 months
- ☐ 1 year

33. Have you been living in an emergency shelter and/or on the streets (including bus stations, underpasses, encampments, abandoned buildings, etc.) for the past year (12 months) or more?

- ☐ Yes
- ☐ No

33b. In addition to right now, how long would you say you have stayed in these kinds of places over the past three years?

_____ Months _____ Years

CAUSE OF HOMELESSNESS

35. What do you think is the primary event or condition that led to your homelessness? (Shade only 1)

- ☐ Lost job
- ☐ Argument with family or friend who asked you to leave
- ☐ Evicted
- ☐ Aging out of foster care
- ☐ Foreclosure
- ☐ Alcohol or drug use
- ☐ Landlord raised rent
- ☐ Divorce/separation/breakup
- ☐ Illness/medical problem
- ☐ Incarceration
- ☐ Family/domestic violence
- ☐ Mental health issues
- ☐ Hospitalization/treatment program
- ☐ Other: _____
- ☐ Don't know/decline to state

36. What is keeping you from getting permanent housing? (Shade all that apply)

- ☐ Can't afford rent
- ☐ Bad credit
- ☐ No job/not enough income
- ☐ Eviction record
- ☐ No money for moving costs (security deposit, first and last month's rent)
- ☐ Criminal record
- ☐ No housing available
- ☐ No ID/Paperwork
- ☐ Don't want housing
- ☐ Housing process is too difficult
- ☐ No transportation
- ☐ Medical/health issues
- ☐ Child care costs
- ☐ Immigration issues
- ☐ Other: _____

SERVICES AND ASSISTANCE

37. Are you currently receiving any of the following forms of Government assistance? (Shade all that apply)

- ☐ General Assistance (GA)/CAAP
- ☐ Food Stamps/SNAP/WIC/CalFresh
- ☐ Any VA Disability Compensation
- ☐ Other Veterans benefits (GI, Health)
- ☐ Social Security
- ☐ SSI/SSDI/Disability
- ☐ Medi-cal/Medicare
- ☐ CalWORKs/TANF
- ☐ I am not receiving any form of government assistance

38. If you are not receiving any government assistance, why not? (Shade all that apply)

- ☐ Don't think you are eligible
- ☐ Don't have ID
- ☐ No permanent address
- ☐ Never applied
- ☐ Benefits were cut off
- ☐ Immigration issues
- ☐ Paperwork too difficult
- ☐ Don't know where to go
- ☐ Turned down
- ☐ Applied and waiting for response
- ☐ Other: _____
- ☐ Don't want government assistance

39. Are you currently using any of the following services/assistance? (Shade all that apply)

- ☐ Emergency shelter
- ☐ Free meals
- ☐ Bus passes
- ☐ Job training/employment services
- ☐ Shelter day services
- ☐ Legal assistance
- ☐ Transitional housing
- ☐ Immigration services
- ☐ Health services
- ☐ Mental health services
- ☐ Alcohol/drug counseling
- ☐ Other: _____
- ☐ Not using any services

HEALTH

40. Since you became homeless this last time, have you needed medical care and been unable to receive it?

- ☐ Yes
- ☐ No, I have received care
- ☐ No, I haven't needed care

41. Where do you usually get medical care? (Shade only 1)

- ☐ Hospital emergency room
- ☐ Free/community clinic
- ☐ Urgent care clinic
- ☐ Private doctor
- ☐ Public health clinic
- ☐ Friends/family
- ☐ VA Hospital/clinic
- ☐ Other: _____
- ☐ Don't know

42. How many times in the last 12 months have you used the emergency room for any treatment?

_____ Times

43. Which of the following conditions are you currently experiencing? (Shade all that apply)

- ☐ Chronic depression
- ☐ Developmental disability
- ☐ Chronic physical illness
- ☐ HIV/AIDS
- ☐ Post-Traumatic Stress Disorder (PTSD)
- ☐ Substance abuse disorder (alcohol or drug)
- ☐ Physical disability
- ☐ Traumatic brain injury
- ☐ Mental illness (including bipolar and schizophrenia)
- ☐ Hepatitis C
- ☐ Tuberculosis
- ☐ None of the above

44. Do any of these conditions limit your ability to get or keep a job or take care of personal matters (such as taking care of yourself, taking medication a doctor has prescribed, taking care of your children, going shopping, or getting around in the community)?

- ☐ Yes
- ☐ No

45. If you live with a spouse, a significant other or parent, do anyof the following conditions prevent them from maintaining work or housing? (Shade all that apply)

- ☐ Does not apply
- ☐ Developmental disability
- ☐ Chronic depression
- ☐ HIV/AIDS
- ☐ Chronic physical illness
- ☐ Substance abuse disorder (alcohol or drug)
- ☐ Post-Traumatic Stress Disorder (PTSD)
- ☐ Traumatic brain injury
- ☐ Physical disability
- ☐ Hepatitis C
- ☐ Mental illness (including bipolar and schizophrenia)
- ☐ Tuberculosis
- ☐ None of the above

47. Are you currently experiencing home/domestic violence or abuse?

- ☐ Yes
- ☐ No
- ☐ Decline to state

INCOME AND EMPLOYMENT

48. What is your total monthly income from all sources?

- ☐ Government benefits \$ _____
- ☐ Non-government sources \$ _____ Source? _____

49. Do you panhandle, or ask people for money or spare change?

- ☐ Yes - In a typical month, how much money do you make from panhandling? \$ _____
- ☐ No

50. What is your current employment status? (Shade only 1)

- ☐ Unemployed
- ☐ Employed part-time
- ☐ Retired
- ☐ Employed full-time
- ☐ Student
- ☐ Day laborer/temp. employee
- ☐ Seasonal worker
- ☐ Miscellaneous or other

51. If you are unemployed, what is keeping you from getting employment? (Shade all that apply)

- ☐ Need education/training
- ☐ No child care/child care is too expensive
- ☐ No transportation
- ☐ No work permit
- ☐ Need clothing/shower facilities
- ☐ or social security card
- ☐ No phone
- ☐ No photo I.D.
- ☐ Mental health issues
- ☐ No permanent address
- ☐ Disabled
- ☐ Don't want to work
- ☐ Health problems
- ☐ No jobs
- ☐ Alcohol/drug issue
- ☐ Age
- ☐ Criminal record
- ☐ Other: _____