2019 Demographic FOR STAFF ONLY **Pre-Survey** Please select the Service Planning Area and Location / Intersection: the survey was conducted Census Tract where you conducted the on the corners of **Demographic Survey** First Street O SPA 1 O SPA 2 **Second Street** O SPA 3 O SPA 4 AND/OR O SPA 5 O SPA 6 Other (e.g., O SPA 7 landmark, park) O SPA 8 **Census Tract** Six-digit code found on your map. Interviewer Initials **Drop-In Center Survey?** O Yes O No **Date** Time Please fill this section out based on your perception of the following characteristics of the potential respondent. **Perceived Age** O American Indian / Alaskan Native O Asian O Under 18 O Black / African-American O 18-24 O Native Hawaiian / Other Pacific Islander O 25-54 O White O 55-61

Perceived Gender

O 62 and over

- O Male
- O Female
- O Transgender male to female
- O Transgender female to male
- O Gender non-conforming

Perceived Ethnicity

- O Hispanic or Latino
- O Non-Hispanic or Latino

O Multi-Racial / Other

Do you observe/ detect signs of the following?

- ☐ Serious physical health condition
- Mental illness
- Alcohol or drug abuse
- No observations

Approached?

Yes, proceed with survey Yes, refused to take survey Yes, could not continue due to language barrier → No, unapproached -

next respondent

continue to



Los Angeles Homeless Services Authority 2019 Homeless Count Demographic Pre-Survey

Interviewer Instructions: Any text that is **bold** should be read aloud to the survey respondent. Directions and prompts, along with additional information for clarification are included in italics. Directions on question logic, such as skipping questions, is in red. Please skip questions only when directed by these prompts. Single choice responses are indicated by bubbles, while multiple selection responses are indicated by check boxes. The Staff Use Only section is for the interviewer to fill out after the survey has been completed.

Before we begin, I want to remind you that this interview is completely voluntary and your answers will be kept confidential. If we should come to any questions you don't want to answer, just let me know and we will go on to the next question. We are interested in the opinions and living conditions of different people throughout Los Angeles County. I will ask questions about your experience with housing, services, and some things about yourself. I think you'll find the questions interesting and you'll want to give them careful thought.

If you qualify for survey participation, you will receive a minimum \$5 food card for your time, but may be eligible for more in some cases. After eligibility is determined, your responses to the survey questions will not affect your eligibility to receive the food card. The survey will take around 10-15 minutes.

Do you understand the purpose of the survey, and that your answers will be kept confidential?

- O Yes, Continue with the Demographic Survey
- O No, Please re-read the introduction and confidentiality statement one more time before going to next participant.

6. What is your date of birth?

Month	Day	Year

If the respondent is born **before** January 31, 1994, continue with the Adult Demographic Survey.

Attach this sheet to the Adult Demographic Survey.

If the respondent is born **on or after** <u>January 31, 1994</u>, please continue with the 2019 Youth Demographic Survey. Attach this sheet to the Youth Demographic Survey.

	rter taking a sarvey in the past two ii	this box.					
0 163	O Yes If yes, do not continue with this survey. Thank them for their						
O No time and continue to	No time and continue to the next person.						
ights in the last 30 days? Wait for res	I be eligible to take the complete survey ponse, then select the choice closest to the the past month in the same place? If so, y	neir answer. If asked to clarify, ask, <u>"Have</u>					
 Apartment or home Emergency shelter Foster care, group home, SILP Hospital, substance abuse or psychiatric treatment facility Hotel or motel Jail or prison Safe haven Transitional housing Youth shelter 	 Street, sidewalk, or alley Bus or bus stop Train, or train/metro station Campground or woods Park, beach, or riverbed Under bridge or overpass Other outdoor location Abandoned building Parking lot (Surface) Parking structure Workplace 	 Car or truck Van RV or camper Outdoor encampment or tent On a bus or train Unconverted garage, attic, or basement Other makeshift shelter not meant for human habitation 					
	the most nights in the past 30 days. Whe	re did you spend last night? Wait for					
Apartment or home Apartment or home Emergency shelter Foster care, group home, SILP Hospital, substance abuse or psychiatric treatment facility Hotel or motel Jail or prison Safe haven Transitional housing Youth shelter Declined Don't know	 Street, sidewalk, or alley Bus or bus stop Train, or train/metro station Campground or woods Park, beach, or riverbed Under bridge or overpass Other outdoor location Abandoned building Parking lot (Surface) Parking structure Workplace 	O Car or truck O Van O RV or camper O Outdoor encampment or tent O On a bus or train O Unconverted garage, attic, or basement O Other makeshift shelter not meant for human habitation					
now, but what city, neighborhood, or If the answer is LA, Los Angeles (City), µ	g how much you travel throughout the docommunity were you sleeping in last nigolease ask: "What neighborhood." Refer to for a list of communities and cities in Loss in "outside of LA County." Same as survey loc	If BOTH answers to Questions and 3 are in the RED BOX, say "I'm sorry, you do not qualify for the Demographic Survey.					

4 – 2019 Demographic Survey

1. Have you received a food card after taking a survey in the past two months?

FIRST write in the Date of Birth from the pre-survey in

going to ask you some questions about you and 9. Do you identify as Hispanic or Latino? If yes, your personal experiences. read each category that starts with "Yes" and choose all that apply. **5.** What are your initials? *Enter first and last.* ☐ No, not of Hispanic, Latino, or Spanish origin ☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban **6.** What gender do you identify with? Wait for ☐ Yes, another Hispanic, Latino, or Spanish origin response and choose one answer. Read each (specify): _____ category if response given is not listed. ☐ Declined ■ Don't know O Male O Female O Gender non-conforming 10. What race do you identify with? Choose all O Declined that apply. Wait for response and choose one O Don't know answer. Read each category if response is not listed. If response is "Hispanic" or "Latino" select **7.** Do you identify as transgender? Please use the "Some other race (specify)" and write in "HL" response card. If respondent cannot read, ■ White proceed to read each response and choose all ☐ Black or African-American that apply. ☐ American Indian or Alaska Native (Specify enrolled O Yes (1) or principal tribe): _____ O No (2) ☐ Asian Indian O Declined (3) □ Chinese O Don't know (4) ☐ Filipino Japanese ■ Korean 8. Which of the following best represents your ■ Vietnamese sexual orientation? Please use the response ■ Native Hawaiian card. ☐ Guamanian or Chamorro O Straight (1) ■ Samoan ☐ Other Asian (specify): _____ O Gay (2) ☐ Other Pacific Islander (specify): _____ O Lesbian (3) O Bisexual (4) ☐ Some other race (specify): O Unsure/ Questioning (5) Declined O Declined (6) ■ Don't know O Don't know (7)

You are eligible to complete the Survey. First, I'm

Other (8) (Specify):

homelessness? O Yes O No	If assurante Question 11 is	tell me how many other people lived with you AT ANY GIVEN TIME, NOT including yourself? Ask only for the cases you selected in Question 9. Leave text boxes blank if respondent does not know or declines to					
O Declined O Don't know If answer to Question 11 is Yes, skip to Question 13.		answer. If the respondent lived alone, write in 0 (zero).					
12. How old were experienced home	you the FIRST TIME you elessness?	Van RV/ Camper Tent Makeshift Shelter					
13. How long have homelessness THIS Day(s) Week(s) Month(s)	e you been experiencing S TIME?	many separate tim homelessness, on t shelters? E.g., if the once in the past yea before and after, tw	EAR, including this time, how es have you experienced the street, in a vehicle or in e respondent has been housed ar and they were homeless vo separate episodes or elessness took place.				
14. IN THE PAST 6 MONTHS, have you lived in any of the following situations? List each category below, and check the appropriate box. If they have not lived in the situation, do not check the box. Note: a makeshift shelter is a structure made of available materials that is not meant for human habitation. Have you lived in a Car? Have you lived in a RV/Camper? Have you lived in a Tent? Have you lived in a Makeshift Shelter? None of the Above Declined Don't Know		number of separate	If the response to Question 13 was 1 year or greater, select 1 time and continue to Question 17. HREE YEARS, what about the e times you experienced the street, in a vehicle or in				
		shelters? O 1 time O 2 to 3 times O 4 or more times O Declined O Don't know	If the response to Question 13 was 3 years or greater, select 1 time and continue to Question 19. If 4 or more times is NOT selected, continue to Question 19 on the next page.				
			HREE YEARS, have you stayed in streets for longer than A YEAR				
		O Declined O Don't know					

19. Have you served on ACTIVE DUTY in the U.S. Armed forces (Army, Air force, Navy, Marine Corps, or Coast Guard?)	22. Which years or in which theater of war did you serve? Wait for response and choose ALL that apply.			
or Coast Guard?) O Yes No O Declined O Don't know 20. Were you called into ACTIVE DUTY as a member of the National Guard or as a reservist? O Yes O No O Declined O Don't know	 World War II (1940-1947) Between WWII and Korean War (1947 - 1950) Korean War (1950 - 1955) Between Korean War and Vietnam (1955 - 1964) Vietnam (1964 - 1975) Post-Vietnam (1975 - 1991) Persian Gulf (1991 − 2001) Afghanistan (2001 - Present) Iraq - Operation Iraqi Freedom or Operation New Dawn (2003 - 2011) Declined Don't know 			
If answer to either Question 19 or Question 20 is Yes, complete Questions 21 and 22. Otherwise, skip to the next prompt.	Now I'm going to ask you some questions about your current living situation, specifically if you			
 21. What is your discharge status? If none of the below answers are given, select Unverified. O Honorable O General under honorable conditions O Under other than honorable conditions (OTH) 	have family members living with you. Depending on who lives with you, I may ask more question 23. NOT including yourself, how many other adults and/or children live with you? Only fill in answers if the person is living with at least one other person.			
O Bad Conduct O Dishonorable O Uncharacterized	Children under 18 Adults 18 to 24			
O Unverified O Declined O Don't know	Adults Over 24			
If Unverified is selected for Question 21, skip to the next	The next section is for families that include at least one adult over 18, and one child under 18 years of age. If the respondent does not indicate that they live with at			

least one child under the age of 18, skip to Page 11.

Thank you again. Now I'm going to ask some personal questions about the people you live with. I'll refer to them by the initial(s) or nickname(s) you give me. As a reminder, all answers will be kept confidential. You will receive an additional \$10 in compensation for your family.

prompt.

What are the initi	What are the initials or a nickname of other people in your household from youngest to oldest? Fill in the initials of									
each family memb	ber ii	n the boxes below	N. Co	omplete the resp	onse	es in each colum	n for	each family me	mbe	r.
Question	Per	rson 2	Per	rson 3	Per	rson 4	Per	son 5	Per	rson 6
24. What are the										
initials or a										
nickname of										
other people in										
your household										
from youngest to										
oldest?										
Next I'm going to							_		-	
nickname(s) you g	gave	me. Refer to the	e pei	rson by initials oi	r by l	nick name provid	ded d	above. Finish all (ques	tions for each
person before con	tinu	ing to the next fo	amily	y member.						
25. How is	0	Child	0	Child	0	Child	0	Child	0	Child
[initials] related	0	Grandchild	0	Grandchild	0	Grandchild	0	Grandchild	0	Grandchild
to you?	0	Spouse or	0	Spouse or	0	Spouse or	0	Spouse or	0	Spouse or
•		partner		partner		partner		partner		partner
	0	Parent	0	Parent	0	Parent	0	Parent	0	Parent
	0	Grandparent	0	Grandparent	0	Grandparent	0	Grandparent	0	Grandparent
	0	Sibling	0	Sibling	0	Sibling	0	Sibling	0	Sibling
	0	Other Relative	0	Other Relative	0	Other Relative	0	Other Relative	0	Other Relative
	0	Non-family	0	Non-family	0	Non-family	0	Non-family	0	Non-family
26. How old is										
[initials]? For a										
child under a										
year old,										
approx. their										
age. e.g,. six										
months old = .5										
27. What	0	Male	0	Male	0	Male	0	Male	0	Male
gender does	0	Female	0	Female	0	Female	0	Female	0	Female
[initials]	0	Gender non-	0	Gender non-	0	Gender non-	0	Gender non-	0	Gender non-
identify with?		conforming		conforming		conforming		conforming		conforming
identity with:	0	Declined	0	Declined	0	Declined	0	Declined	0	Declined
	0	Don't know	0	Don't know	0	Don't know	0	Don't know	0	Don't know
28. Does	0	Yes	0	Yes	0	Yes	0	Yes	0	Yes
[initials]	0	No	0	No	0	No	0	No	0	No
identify as	0	Declined	0	Declined	0	Declined	0	Declined	0	Declined
transgender?	0	Don't know	0	Don't know	0	Don't know	0	Don't know	0	Don't know
If family member	0	Straight	0	Straight	0	Straight	0	Straight	0	Straight
is under 18 in	0	Gay	0	Gay	0	Gay	0	Gay	0	Gay
Question 26, skip	0	Lesbian	0	Lesbian	0	Lesbian	0	Lesbian	0	Lesbian
to Question 30.	0	Bisexual	0	Bisexual	0	Bisexual	0	Bisexual	0	Bisexual
29. Which of the	0	Unsure/	0	Unsure/	0	Unsure/	0	Unsure/	O	Unsure/
following best		Questioning		Questioning		Questioning		Questioning		Questioning
represents	0	Declined	0	Declined	0	Declined	0	Declined	0	Declined
[initials]'s sexual										
orientation?										
Read each										
category and										
choose one										
answer.			1		1					
Initials	Ì						Ì			

	_									
30. Does		No, not of		No, not of		No, not of		No, not of		No, not of
[initials]		Hispanic, Latino,		Hispanic, Latino,		Hispanic, Latino,		Hispanic, Latino,		Hispanic, Latino,
identify as	_	or Spanish origin		or Spanish origin		or Spanish origin		or Spanish origin		or Spanish origin
Hispanic or	u	Yes, Mexican,		Yes, Mexican,		Yes, Mexican,		Yes, Mexican,		Yes, Mexican,
Latino? If yes,		Mexican		Mexican		Mexican		Mexican		Mexican
read each		American,		American,		American,		American,		American,
category that		Chicano		Chicano		Chicano		Chicano		Chicano
starts with "Yes"	ш	Yes, Puerto	u	Yes, Puerto		Yes, Puerto	u	Yes, Puerto		Yes, Puerto
and choose all		Rican		Rican		Rican		Rican		Rican
that apply.		Yes, Cuban		Yes, Cuban		Yes, Cuban		Yes, Cuban		Yes, Cuban
		Yes, another		Yes, another		Yes, another		Yes, another		Yes, another
		Hispanic, Latino,		Hispanic, Latino,		Hispanic, Latino,		Hispanic, Latino,		Hispanic, Latino,
		or Spanish origin		or Spanish origin		or Spanish origin		or Spanish origin		or Spanish origin
		(specify):		(specify):		(specify):		(specify):		(specify):
		 Declined		 Declined		 Declined		 Declined		Declined
		Don't know		Don't know		Don't know		Don't know		Don't know
31. What race		White		White		White		White		White
does [initials]		Black or African-		Black or African-		Black or African-		Black or African-		Black or African-
identify with?		American		American		American		American		American
Choose all that		American Indian		American Indian		American Indian		American Indian		American Indian
apply. Wait for		or Alaska Native		or Alaska Native		or Alaska Native		or Alaska Native		or Alaska Native
response and		(Specify enrolled		(Specify enrolled		(Specify enrolled		(Specify enrolled		(Specify enrolled
choose one		or principal		or principal		or principal		or principal		or principal
answer. Read		tribe):		tribe):		tribe):		tribe):		tribe):
each category if	_		_		_				_	
response is not		Asian Indian		Asian Indian		Asian Indian		Asian Indian		Asian Indian
listed. If		Chinese		Chinese		Chinese		Chinese		Chinese
response is		Filipino		Filipino		Filipino		Filipino		Filipino
"Hispanic" or		Japanese		Japanese		Japanese		Japanese		Japanese
"Latino" select		Korean		Korean		Korean		Korean		Korean
"Some other		Vietnamese		Vietnamese		Vietnamese		Vietnamese		Vietnamese
race (specify)"		Native Hawaiian		Native Hawaiian		Native Hawaiian		Native Hawaiian		Native Hawaiian
and write in		Guamanian or		Guamanian or		Guamanian or		Guamanian or		Guamanian or
"HL"		Chamorro		Chamorro		Chamorro		Chamorro		Chamorro
		Samoan		Samoan		Samoan		Samoan		Samoan
		Other Asian		Other Asian		Other Asian		Other Asian		Other Asian
		(specify):		(specify):		(specify):		(specify):		(specify):
		Other Pacific		Other Pacific		Other Pacific		Other Pacific		Other Pacific
		Islander		Islander	_	Islander		Islander		Islander
		(specify):		(specify):		(specify):		(specify):		(specify):
		Some other race		Some other race		Some other race		Some other race		Some other race
		(specify):		(specify):		(specify):		(specify):		(specify):
		Declined		 Declined		 Declined		————— Declined		————— Declined
]	Don't know	1	Don't know) [Don't know		Don't know		Don't know
	J	DOIL CKIIOW		DOIL F KIIOM	J	DOIL F KIIOM	J	DOIL CKIIOM	J	אסוו נ אווטש

Initials					
Due to the personal	☐ Problematic	☐ Problematic	☐ Problematic	☐ Problematic	☐ Problematic
nature of the following	alcohol use (1)	alcohol use (1)	alcohol use (1)	alcohol use (1)	alcohol use (1)
_	☐ Problematic drug	☐ Problematic	☐ Problematic	☐ Problematic	☐ Problematic
question, we have a	use (2)	drug use (2)	drug use (2)	drug use (2)	drug use (2)
response card for you to	☐ Serious and long	☐ Serious and long	☐ Serious and long	☐ Serious and	☐ Serious and
tell me the number that	continuing mental	continuing mental	continuing mental	long continuing	long continuing
corresponds with your	illness(3)	illness(3)	illness(3)	mental illness(3)	mental illness(3)
answer.	☐ Physical	☐ Physical	☐ Physical	☐ Physical	☐ Physical
	disability(4)	disability(4)	disability(4)	disability(4)	disability(4)
32. Does [initials] have	☐ Physical Illness	☐ Physical Illness	☐ Physical Illness	☐ Physical	☐ Physical Illness
	(chronic or ongoing)	(chronic or	(chronic or ongoing)	Illness (chronic	(chronic or
any of the following	(5)	ongoing) (5)	(5)	or ongoing) (5)	ongoing) (5)
health conditions?	☐ HIV / AIDS-	☐ HIV / AIDS-	☐ HIV / AIDS-	☐ HIV / AIDS-	☐ HIV / AIDS-
Please use the response	related illness(6)	related illness(6)	related illness(6)	related illness(6)	related illness(6)
card.	☐ Severe	☐ Severe	☐ Severe	☐ Severe	☐ Severe
	depression (chronic	depression (chronic	depression (chronic	depression	depression
	or ongoing) (7)	or ongoing) (7)	or ongoing) (7)	(chronic or	(chronic or
	☐ Post-Traumatic	☐ Post-Traumatic	☐ Post-Traumatic	ongoing) (7)	ongoing) (7)
	Stress Disorder	Stress Disorder	Stress Disorder	☐ Post-	☐ Post-Traumatic
	(PTSD) (8)	(PTSD) (8)	(PTSD) (8)	Traumatic Stress	Stress Disorder
	☐ Traumatic Brain	☐ Traumatic Brain	☐ Traumatic Brain	Disorder (PTSD)	(PTSD) (8)
	Injury (TBI) (9)	Injury (TBI) (9)	Injury (TBI) (9)	(8)	☐ Traumatic Brain
	☐ Developmental	☐ Developmental	☐ Developmental	☐ Traumatic	Injury (TBI) (9)
	disability(10)	disability(10)	disability(10)	Brain Injury (TBI)	Developmental
	☐ None of the	☐ None of the	☐ None of the	(9)	disability(10)
	above(11)	above(11)	above(11)		☐ None of the
	Declined(12)	Declined(12)	Declined(12)	Developmental	above(11)
	Don't know(13)	Don't know(13)	Don't know(13)	disability(10)	Declined(12)
				☐ None of the	Don't know(13)
				above(11)	
				Declined(12)	
				☐ Don't	
				know(13)	
33. Does [Initials] have	O No	O No	O No	O No	O No
any other ongoing	O Yes	O Yes	O Yes	O Yes	O Yes
health conditions? If yes,	O Declined	O Declined	O Declined	O Declined	O Declined
write in answers. If they	O Don't know	O Don't know	O Don't know	O Don't know	O Don't know
do not wish to disclose	(If yes list condition	(If yes list condition	(If yes list condition	(If yes list	(If yes list condition
	below)	below)	below)	condition below)	below)
information, leave the		·			
space blank.					
34. Is [initials]'s health	O Yes	O Yes	O Yes	O Yes	O Yes
	O No	O No	O No	O No	O No
condition or disability	O Declined	O Declined	O Declined	O Declined	O Declined
permanent or long	O Don't know	O Don't know	O Don't know	O Don't know	O Don't know
term?	O DOIL KHOW	O DOIL KNOW	O DOLL KHOW	O DOIL KNOW	O DOLL KNOW
Initials			1		
	i .	l l		ì	i e e e e e e e e e e e e e e e e e e e

				•	
If family member is under 18		O Yes	O Yes	O Yes	O Yes
in Question 26, skip to	O No	O No	O No	O No	O No
prompt at the top of Page 11	O Declined	O Declined	O Declined	O Declined	O Declined
35. Has [initials] served on	O Don't know	O Don't know	O Don't know	O Don't know	O Don't know
ACTIVE DUTY in the U.S.					
Armed forces (Army, Air					
force, Navy, Marine Corps,					
or Coast Guard?)					
36. Was [initials] called	O Yes	O Yes	O Yes	O Yes	O Yes
into ACTIVE DUTY as a	O No	O No	O No	O No	O No
	O Declined	O Declined	O Declined	O Declined	O Declined
member of the National	O Don't know	O Don't know	O Don't know	O Don't know	O Don't know
Guard or as a reservist?					
37. What is	○ Honorable	○ Honorable	○ Honorable	○ Honorable	○ Honorable
[initials]'s discharge	○ General under	○ General under	○ General under	○ General	General under
status? If "Unverified" is	honorable	honorable	honorable conditions	under honorable	honorable
selected for Question 37,	conditions	conditions	 Under other than honorable conditions 	conditions	conditions
skip to the prompt at the top	 Under other than honorable 	Under other than honorable	(OTH)	Under other than honorable	Under other than honorable
of Page 11.	conditions (OTH)	conditions (OTH)	○ Bad Conduct	conditions (OTH)	conditions (OTH)
orruge 11.	○ Bad Conduct	○ Bad Conduct	○ Diad corrade:○ Dishonorable	○ Bad Conduct	○ Bad Conduct
	Dishonorable	○ Dishonorable	○ Uncharacterized	Dishonorable	Dishonorable
	Uncharacterized	○ Uncharacterized	○ Unverified	Ö	Ö
	Unverified	Unverified	Declined	Uncharacterized	Uncharacterized
	 Declined 	○ Declined	○ Don't know	Unverified	 Unverified
	○ Don't know	○ Don't know		 Declined 	Declined
	D	D	D	O Don't know	O Don't know
38. Which years or in	World War II	World War II	World War II	World War II	World War II
which theater of war	(1940-1947)	(1940-1947)	(1940-1947)	(1940-1947)	(1940-1947)
did [initials] serve? Wait	Between WWII	Between WWII	Between WWII	Between WWI	Between WWII
for response and choose	and Korean War (1947-1950)	and Korean War (1947-1950)	and Korean War (1947- 1950)	and Korean War (1947-1950)	and Korean War (1947-1950)
ALL that apply.	Grean War	(1947-1930) Korean War	☐ Korean War (1950-		☐ Korean War
, , ,	(1950-1955)	(1950-1955)	1955)	(1950-1955)	(1950-1955)
	Between Korean	Between Korean	Between Korean	Between	Between Korean
	War and Vietnam	War and Vietnam	War and Vietnam	Korean War and	War and Vietnam
	(1955-1964)	(1955-1964)	(1955-1964)	Vietnam (1955-	(1955-1964)
	☐ Vietnam (1964-	☐ Vietnam (1964-	☐ Vietnam (1964-	1964)	☐ Vietnam (1964-
	1975)	1975)	1975)	☐ Vietnam	1975)
	Post-Vietnam	Post-Vietnam	Post-Vietnam	(1964-1975)	Post-Vietnam
	(1975-1991)	(1975-1991)	(1975-1991)	☐ Post-Vietnam	(1975-1991)
	Persian Gulf	Persian Gulf	Persian Gulf (1991	(1975-1991)	Persian Gulf
	(1991-2001)	(1991-2001)	2001)	☐ Persian Gulf	(1991-2001)
	☐ Afghanistan	☐ Afghanistan	Afghanistan (2001-		☐ Afghanistan
	(2001-Present)	(2001-Present)	Present)	☐ Afghanistan	(2001-Present)
	☐ Iraq-Operation	☐ Iraq-Operation	☐ Iraq-Operation	(2001-Present)	☐ Iraq-Operation
	Iraqi Freedom or	Iraqi Freedom or	Iraqi Freedom or	☐ Iraq-Operation	
	Operation New Dawn	Operation New Dawr	Operation New Dawn	Iraqi Freedom or	Operation New
	(2003-2011)	(2003-2011)	(2003-2011)	Operation New	Dawn (2003-2011)
	☐ Declined	Declined	Declined	Dawn (2003-2011)	Declined
	☐ Don't know	☐ Don't know	☐ Don't know	Declined	☐ Don't know
				☐ Don't know	

Thank you for answering those questions about your household. Next I'm going to ask you some additional personal questions about you. These questions are about your health and different lived experiences you have had. As a reminder, your answers will be kept confidential. Due to the personal nature of some of the questions, we have a response card for you to tell me the number that corresponds to your answer.

39. Do you have, have you ever had, or has a healthcare provider ever told you that you have any of the following health conditions? Please use the response card. □ Problematic alcohol use (1)	Make sure that the person being interviewed is safe from immediate threats of violence before asking the next four questions. If you do not feel that the situation is safe to ask questions about domestic				
 □ Problematic drug use (2) □ Serious and long continuing mental illness (e.g, depression, bipolar disorder, or schizophrenia) (3) 	violence, select "Safety concern" for Questions 42 through 44. Then Proceed to Question 45 on the next page.				
Physical disability (4) Physical illness (chronic or ongoing) (5) HIV / AIDS-related illness (6) Severe depression (chronic or ongoing) (7) Post-Traumatic Stress Disorder (PTSD) (8) Traumatic Brain Injury (TBI) (9) Developmental disability (10) None of the above (11) Declined (12)	I'm about to ask three sensitive and personal questions about experiences with violence. Do you feel comfortable answering? If the answer is No, select Declined for questions 43-45. If the answer is Unsure or Yes, offer to move to a more private location if the respondent would be more comfortable answering the questions. Please use the response card.				
■ Don't know (13) 40. Do you have any other ongoing health conditions? If yes, write in any answers provided in the space below. If they do not wish to disclose information about	42. Have you experienced any of the following forms of violence or abuse? Please use the response card. If the person is not comfortable responding to the question, select Declined.				
their medical condition, leave the space blank. O No O Yes (Specify): O Declined O Don't know If respondent answers "None of the above," "Declined," or "Don't know," for Question 39 and	 □ Neglect by parent, guardian, or other relative (1) □ Physical abuse by parent, guardian, or other relative (2) □ Sexual abuse by parent, guardian, or other relative(3) □ Physical abuse by intimate partner or spouse(4) □ Sexual abuse by intimate partner or spouse (5) □ Physical abuse by someone else (6) □ Sexual abuse by someone else (7) □ Dating violence (8) 				
"No," "Declined," or "Don't know" for Question 40, skip Question 41 and move on to the next prompt. 41. Is your medical condition or disability either permanent or long-term? O Yes O No O Declined	Stalking (9) None of the above (10) Declined (11) Don't know (12) Safety concern If only either of the following options are selected, skip to Question 45. If any other selections are made, and there is no safety concern, continue to Question 43.				
O Don't know					

43. Are you currently fleeing violence or abuse? Please use the response card. If the person is not comfortable responding to the question, select Declined.	46. How long ago were you last released from jail or prison?
O Yes (1) O No (2) O Declined (3) O Don't know (4) O Safety concern	Day(s) Week(s) Month(s)
44. Are you currently experiencing homelessness	Year(s)
because you are fleeing domestic violence, dating violence, sexual assault, or stalking? Please use the response card. If the person is not comfortable responding to the question, select Declined.	47. When you were last released from jail or prison, were you released on probation or parole? If yes, read each category that starts with "Yes"
 Yes (1) No (2) Declined (3) Don't know (4) Safety concern This next question is about involvement in different systems. If you don't know or don't want to answer, let me know. Otherwise, say "yes" if you have ever been involved in any of the following systems. Please read each option and choose ALL that apply. Choose None of the above if 	and choose all that apply. ☐ Yes, probation ☐ Yes, parole ☐ None of the above ☐ Declined ☐ Don't know Now I'm going to ask you a series of questions about WHERE you lived before you lost stable housing. 48. Have you ever lived outside of LA County?
none apply. Foster Care Juvenile Detention or Probation Camp Juvenile probation Mandated stay in inpatient or outpatient mental health treatment facility Jail Prison Adult Probation Parole None of the above Declined Don't know	O Yes O No O Declined Don't know 49. How long has it been since you moved or moved back to LA County? If respondent is unsure use an example, e.g., "six months ago I moved from out of state." Day(s) Week(s)
■ DOITE KITOW	Month(s)
	Year(s)

50. Before the last time you lost your nousing,	52. What do you think are some of the
where were you living? Read each response and	main reasons or conditions that led to your loss of
choose one answer.	housing? Wait for response and choose ALL that
O Los Angeles County	apply.
O Other county in Southern California (Kern, Imperial,	☐ Break-up, divorce, or separation
Orange, Riverside, San Bernardino, San Diego, San	☐ Child support issues
Luis Obispo, or Ventura)	Critical support issuesConflicts with family or household members
O Other county in California	Death or illness of family member or child
Out of state	☐ Kicked out of home due to sexual orientation/
Outside of the United States	·
Declined	gender identity
O Don't know	No friends or family available
	☐ Domestic violence, parental abuse, partner abuse,
If "Los Angeles County" is selected, ask Question	dating violence, or stalking
51. Otherwise, skip to Question 52.	Physical Safety Concerns (e.g., gang related
F4	violence)
51. What city or community in LA County did you	☐ Eviction or foreclosure
live in before you lost your housing? If the	☐ Uninhabitable living conditions
respondent is having difficulty, ask them where the	☐ Timed out or left previous housing program
neighborhood or specific area the house or apartment	☐ Unemployment or financial reasons
was that they stayed in. If the answer is LA, Los Angeles	☐ Medical, physical disability or illness
(City), please ask: "What neighborhood" Refer to your	☐ Mental health issues
LA Cities and Communities Cheat Sheet for a list of	☐ Problematic alcohol or drug use
communities and cities in Los Angeles County.	 Released from hospital, treatment facility, or other institution
	Release from jail or prison
	☐ Recent immigration
	☐ Left or aged out of foster care
	☐ Declined
	☐ Don't know
	Other (Specify):
	53. Do you live with any pets including service
	animals? If the response is "yes" ask, if so, how
	many pets do you have?
	O Yes (specify):
	O No
	O Declined
	O Don't know

	→ 57. Do you receive any of the following forms of						
54. Which of the following would best describe	government assistance? Read each category						
your employment situation? Wait for response,	following the directions in red and choose ALL that						
and choose the most appropriate response. If	apply.						
unemployed or not working, ask for clarification.	CAPI - Cash Assistance Program for Immigrants						
☐ Disabled or on disability	Child support or survivor benefits						
☐ Retired	Food Stamps / EBT Card / CalFresh						
☐ Full-time (more than 35 hours)	GR / GA - General Relief or Assistance						
☐ Part-time (35 hours or less)	My Health LA (DHS)						
☐ Seasonal work (recurring temporary work)	Medicaid / Medi-Cal / LA Care/ HealthNet						
☐ Temporary work (limited contract with termination	n 📮 SSI / SSDI / Disability						
date)	☐ Medicare						
☐ Self-employed	Unemployment (unemployed persons only)						
Unemployed; actively looking for work	Veteran's Disability (vets only)						
Unemployed; not actively looking for work	Veterans Medical Center / Veteran Benefits (vets)						
Unemployed; student	only)						
☐ None of the above	Veteran's Pension (vets only)						
☐ Declined	State children's health insurance (CHIP/ Healthy						
☐ Don't know	Families) (families only)						
55. Have you been forced to work, where you	☐ CalWORKs / TANF (families only)						
didn't get paid or you got paid less than expected	☐ WIC - Women, Infants, and Children (families only)						
	Natural disaster, fire, flood, etc.						
Please use the response card.	None at this time						
O Yes (1)	☐ Declined						
O No (2)	☐ Don't know						
O Declined (3)	58. What is your approximate monthly income,						
O Don't know (4)	including cash benefits (e.g., SSI, GR) and any						
If the response to Question 55 is "No," skip to Question 57.	other sources of money?						
56. What type of work did you have to do? Please	e Thank you for taking time to complete the						
use the response card.	Demographic Survey and for sharing this information						
·	about you and your experiences. Here is your food						
Agricultural work (1)	card! Please complete the STAFF USE ONLY section						
□ Panhandling (2)□ Door-to-door sales (3)	below, and attach the pre-survey to the survey before						
Restaurant/catering work (4)	continuing to the next respondent.						
Household/childcare work (5)	STAFF ONLY Food Card Received?						
☐ Illegal goods sales (drugs, guns, etc.) (6)	STAFF ONLY Food Card Received?						
Sex work (7)	Surveyor, what is the status of the survey? O Yes O No						
Other (8)	O Complete (respondent was asked every question, excluding skip logic)						
☐ Declined (9) ☐ Don't know (10)	O Partial (respondent didn't finish survey)						
- Bott Ckilow (10)	O Sheltered/Housed/Cannot Confirm Eligibility O Refusal (at any point, respondent declined to take or continue the survey)						