FORM **NSHAPC-200**
(8-1-96)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
INTERAGENCY COUNCIL ON THE HOMELESS AND
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

SERVICE USERS

NATIONAL SURVEY OF HOMELESS ASSISTANCE PROVIDERS AND CLIENTS

A. Field Representative name

B. FR code

C. Sample hit number

INTERVIEW

D. Date — Month — Day

E. Time — Start — a.m. / p.m. — Finish — a.m. / p.m.

F. Total time — Minutes

INTRODUCTION

Hello, I am *(Field Representative's name)* **from the United States Bureau of the Census. Here is my identification card. We are conducting a survey for the Interagency Council on the Homeless, the United States Department of Housing and Urban Development and other Federal agencies to obtain information on the persons who use services such as shelters, runaway centers, and soup kitchens. The survey is authorized by Title 12 of the U.S. Code. The survey will take about 45 minutes of your time. The information you give me is used for statistical purposes only. None of the information you give which could identify you or this place will be released to the public. Participating in this survey is voluntary and there are no penalties for not answering any questions. We will pay you for your time if you complete the questionnaire. If you have no questions, we will begin.**

G. What is your name? | Last | First | Middle initial

H. What is your age?

☐☐ Years

97 ☐ Don't know

98 ☐ Refused

If don't know or refused, estimate repondent's age

1 ☐ Under 18 yrs.   4 ☐ 50 to 64 yrs.
2 ☐ 18 to 29 yrs.   5 ☐ 65 yrs. and over
3 ☐ 30 to 49 yrs.

I. Have you completed an interview for this study before?

1 ☐ Yes – *INELIGIBLE FOR INTERVIEW. Skip to K and mark (X) box 3, "Interview not conducted"*

2 ☐ No
97 ☐ Don't know   } *Go to Check Item 1*
98 ☐ Refused

CHECK ITEM 1

If 18 or older – *Skip to 1.1a, page 4*
If under 18 – *Go to J*

J. Are you accompanied by a parent or guardian?

1 ☐ Yes, accompanied – *INELIGIBLE FOR INTERVIEW. Go to K and mark (X) box 3, "Interview not conducted"*

2 ☐ No, unaccompanied – *Skip to 1.1a, page 4*

K. Interview completion status

1 ☐ Interview completed – *Complete L—N*
2 ☐ Interview stopped – *Complete L—Q*
3 ☐ Interview not conducted – *Complete O—Q*

INTERVIEW COMPLETED

L. Answers were provided by:

1 ☐ Sampled client himself/herself
2 ☐ Sampled client with assistance from someone
3 ☐ A proxy for this client

M. Did client appear to be: *(Mark (X) all that apply)*

1 ☐ Lucid and alert   5 ☐ Confused
2 ☐ Drunk   6 ☐ Incoherent
3 ☐ Under the influence of   7 ☐ Other – *Specify* ⬐
drugs
4 ☐ Physically ill   _____

N. Reason for proxy interview or assisted interview: *(Skip if not applicable)*

1 ☐ Mentally or physically incapable   4 ☐ Other – *Specify* ⬐
2 ☐ Language barrier   _____
3 ☐ Client wished to have someone assist

INTERVIEW NOT COMPLETED

O. Reason for noninterview or stopped interview:

1 ☐ Ineligible   6 ☐ Drunk
2 ☐ Refused   7 ☐ Under the influence of drugs
3 ☐ Unavailable
4 ☐ Mentally or physically   8 ☐ Other – *Specify* ⬐
incapable
5 ☐ Language barrier   _____

P. Characteristics of noninterviewed client: *(Fill by observation)*

SEX: 1 ☐ Male   2 ☐ Female
RACE: 1 ☐ White   2 ☐ Black   3 ☐ Other

Q. Substitution information:

1 ☐ Substituted with ⬐   2 ☐ Not substituted because ⬐

_____   _____
(Client listing No.)   *(Reason)*

Notes

INTERVIEW

D. Date	**E.** Time	**F.** Total time
Month Day	Start _____ a.m. p.m.	Finish _____ a.m. p.m.	Minutes

INTRODUCTION

Hello, I am *(Field Representative's name)* **from the United States Bureau of the Census. Here is my identification card. We are conducting a survey for the Interagency Council on the Homeless, the United States Department of Housing and Urban Development and other Federal agencies to obtain information on the persons who use services such as shelters, runaway centers, and soup kitchens. The survey is authorized by Title 12 of the U.S. Code. The survey will take about 45 minutes of your time. The information you give me is used for statistical purposes only. None of the information you give which could identify you or this place will be released to the public. Participating in this survey is voluntary and there are no penalties for not answering any questions. We will pay you for your time if you complete the questionnaire. If you have no questions, we will begin.**

G. What is your name? | Last | First | Middle initial

H. What is your age?

[ ] Years

97 [ ] Don't know
98 [ ] Refused

If don't know or refused, estimate repondent's age

1 [ ] Under 18 yrs.
2 [ ] 18 to 29 yrs.
3 [ ] 30 to 49 yrs.
4 [ ] 50 to 64 yrs.
5 [ ] 65 yrs. and over

I. Have you completed an interview for this study before?

1 [ ] Yes – *INELIGIBLE FOR INTERVIEW. Skip to K and mark (X) box 3, "Interview not conducted"*

2 [ ] No
97 [ ] Don't know } *Go to Check Item 1*
98 [ ] Refused

CHECK ITEM 1

If 18 or older – *Skip to 1.1a, page 4*
If under 18 – *Go to J*

J. Are you accompanied by a parent or guardian?

1 [ ] Yes, accompanied – *INELIGIBLE FOR INTERVIEW. Go to K and mark (X) box 3, "Interview not conducted"*

2 [ ] No, unaccompanied – *Skip to 1.1a, page 4*

K. Interview completion status

1 [ ] Interview completed – *Complete L—N*
2 [ ] Interview stopped – *Complete L—P*
3 [ ] Interview not conducted – *Complete O—P*

INTERVIEW COMPLETED	INTERVIEW NOT COMPLETED
L. Answers were provided by: 1 [ ] Sampled client himself/herself 2 [ ] Sampled client with assistance from someone 3 [ ] A proxy for this client	**O. Reason for noninterview or stopped interview:** 1 [ ] Ineligible 6 [ ] Drunk 2 [ ] Refused 7 [ ] Under the influence of drugs 3 [ ] Unavailable 4 [ ] Mentally or physically incapable 8 [ ] Other – *Specify* 5 [ ] Language barrier _____
M. Did client appear to be: *(Mark (X) all that apply)* 1 [ ] Lucid and alert 5 [ ] Confused 2 [ ] Drunk 6 [ ] Incoherent 3 [ ] Under the influence of drugs 7 [ ] Other – *Specify* 4 [ ] Physically ill _____	**P. Characteristics of noninterviewed client:** *(Fill by observation)* SEX: 1 [ ] Male 2 [ ] Female RACE: 1 [ ] White 2 [ ] Black 3 [ ] Other
N. Reason for proxy interview or assisted interview: *(Skip if not applicable)* 1 [ ] Mentally or physically incapable 4 [ ] Other – *Specify* 2 [ ] Language barrier 3 [ ] Client wished to have someone assist	

Section 1 – CURRENT LIVING CONDITION

1.1a. **As of today, in what kind of place do you live now?** *Mark (X) one answer.*

1 ☐ An emergency shelter
2 ☐ A transitional shelter (includes transitional housing)
3 ☐ A welfare or voucher hotel
4 ☐ A car or other vehicle
5 ☐ An abandoned building
6 ☐ At a transportation site (bus station, airport, subway station)
7 ☐ At a place of business (all night movie, bar, laundromat, all-night restaurant, farm building, etc.)
8 ☐ Anywhere outside (streets, parks, culverts, campgrounds, or cardboard boxes, etc.)

Skip to 2.1a, page 6

9 ☐ Hotel or motel (place with separate rooms that you pay for yourself)
10 ☐ Dormitory hotel (place without separate rooms that you pay for yourself)
11 ☐ A migrant workers' camp

Skip to 1.2

12 ☐ A house (includes trailers and mobile homes)
13 ☐ An apartment
14 ☐ A room (other than hotel)

Go to 1.1b

15 ☐ Some other place – *Specify* ↙

_____

Skip to 2.1a, page 6

97 ☐ Don't know
98 ☐ Refused

b. **Is this house, apartment, or room that you are living in now part of a transitional program for homeless people?**

1 ☐ Yes – *Skip to 2.1a, page 6*
2 ☐ No – *Skip to 1.3a*

1.2. **How often do you use that place for sleeping? Would you say . . .?** *(Read all categories.)*

1 ☐ **Less than a week a month**
2 ☐ **Less than 1—3 weeks a month**
Skip to 2.1a, page 6
3 ☐ **Every night of the month** – *Skip to 3.1a, page 14*
97 ☐ Don't know
98 ☐ Refused

1.3a. **Who does that place belong to?**

1 ☐ Own place or unit you rent
2 ☐ Service providers place
Skip to 1.4a, page 5
3 ☐ Someone else's place
97 ☐ Don't know
98 ☐ Refused

b. **Whose place is it?**

1 ☐ Parent's
2 ☐ Other relative's
3 ☐ Friend's (include girlfriends and boyfriends)
4 ☐ Someone else's place – *Specify* ↙

_____

97 ☐ Don't know
98 ☐ Refused

c. **Can you sleep there for the next month** *(30 days)* **without being asked to leave?**

1 ☐ Yes – *Skip to 3.1a, page 14*
2 ☐ No
97 ☐ Don't know
Skip to 2.1a, page 6
98 ☐ Refused

Notes

Section 1 – CURRENT LIVING CONDITION – Continued

1.4a. What is the address of your place?

Name of place	Number and Street	
City/town/borough/township	State	ZIP Code

97 ☐ Don't know
98 ☐ Refused

b. Are you receiving help in paying your rent or mortgage?

1 ☐ Yes
2 ☐ No
97 ☐ Don't know
98 ☐ Refused

c. Can you sleep there for the next month (30 days) without being asked to leave?

1 ☐ Yes – *Skip to 3.1a, page 14*
2 ☐ No
97 ☐ Don't know   } *Go to 2.1a, page 6*
98 ☐ Refused

Notes

Section 2 – WITHOUT REGULAR HOUSING

2.1a. Over the last seven days, starting yesterday, did you sleep or rest in the following places? *(Read all categories and mark (X) all that apply.)*

(SHOW CALENDAR FOR ITEM 2.1a AND 2.1b)

b. On *(Read for each day of the week)* **did you sleep or rest in . . .?** *(Read for all categories marked with an "X" in the "Yes" column and mark (X) all that apply.)*

(FR: Fill in days)

PLACE OF SLEEP OR REST	Yes	No	Yester-day (1)	2 days ago (2)	3 days ago (3)	4 days ago (4)	5 days ago (5)	6 days ago (6)	7 days ago (7)
(1) Someone else's house, apartment, or room	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
*(2) An emergency shelter	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
*(3) A transitional shelter/housing	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
(4) Your own house, apartment, or room (includes foster and adult group homes)	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
*(5) A program that offers permanent housing for homeless persons	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
(6) A hotel or motel (place with rooms that you pay for yourself)	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
*(7) A room paid for by a voucher, for example, a pass, ticket, or coupon used for a room or place to stay	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
*(8) A migrant workers' camp	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
(9) A jail	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
(10) An institution (hospital, detoxification center)	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
(11) A transportation site (bus station, airport, subway station)	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
(12) A place of business (all-night movie, bar, laundromat, all-night restaurant, farm building, etc.)	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
(13) A car, bus, van, truck, or other vehicle (including abandoned vehicles)	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
(14) An abandoned building	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
(15) Anywhere outside (on the street, in a park, under a culvert, in a cardboard box, on a bench, in a campground, etc.)	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
(16) Someplace else – Specify ↘	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
(17) Did not sleep or rest	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
(18) Don't know	97☐		1☐	2☐	3☐	4☐	5☐	6☐	7☐
(19) Refused	98☐		1☐	2☐	3☐	4☐	5☐	6☐	7☐

If ALL "No" or "Don't know" or "Refused," skip to 2.2a, page 7.

CHECK ITEM 2 — For every item marked (X) "Yes" in 2.1a, is there at least one "X" in a corresponding day column in 2.1b?

1☐ Yes – *Go to 2.1c*
2☐ No – *Go back and reask 2.1a for that specific place of sleep or rest and reconcile the differences.*

(Ask if more than one place is marked "Yes" in 2.1a)

c. In which of these places *(Read answers marked "Yes" in 2.1a)* **did you spend the most time?**
(If none, enter the most recent place.)

☐☐ Place number from 2.1a

d. In what city or town is *(Read place corresponding to answer marked in 2.1c)* **located?** *(If city or town is not known, get a street address and make a determination of the city or town based on this information.)*

OFFICE USE ONLY ☐☐☐☐☐☐

Name of place	Number and Street
City/town/borough/township	State	ZIP Code

97☐ Don't know
98☐ Refused

Ask e ONLY if one or more communities below is circled. Otherwise, go to item 2.2a, page 7.

e. Is *(Read town/location entered in 2.1d)* **considered to be in** *(Read name of community circled below)*?

	Yes	No		Yes	No
(1) Grand Island, Nebraska	1☐	2☐	**(5)** Findlay, Ohio	1☐	2☐
(2) Hobbs, New Mexico	1☐	2☐	**(6)** Roseberg, Oregon	1☐	2☐
(3) Roswell, New Mexico	1☐	2☐	**(7)** Greenwood, South Carolina	1☐	2☐
(4) Statesville, West Statesville, Vance, North Carolina	1☐	2☐	**(8)** Not applicable		96☐

2.2a. Have you ever slept in . . .? *(Read asterisked (*) categories marked "No" in 2.1a page 6.)*

b. When was the last time you slept in . . .? *(Read for all categories marked with an "X" in the "Yes" column in 2.2a.)*

(Enter the number of days, weeks, months, or years in the appropriate box.)

PLACE OF SLEEP OR REST	Yes	No	Days ago (1)	Weeks ago (2)	Months ago (3)	Years ago (4)
(1) An emergency shelter	1☐	2☐				
(2) A transitional shelter/housing	1☐	2☐				
(3) A program that offers permanent housing for homeless persons	1☐	2☐				
(4) A room paid for by a voucher, for example, a pass, ticket, or coupon used for a room or place to stay	1☐	2☐				
(5) A migrant workers' camp	1☐	2☐				
(6) Don't know	97☐					
(7) Refused	98☐					

If ALL "No" or "Don't know" or "Refused," skip to 2.3a.

CHECK ITEM 3 Answer to "Days ago" should not be less than 8.
If under 8, reask 2.1a on page 6 for that specific place of sleep or rest and reconcile the differences.

2.3a. Over the last seven days, starting yesterday, did . . .?

(SHOW CALENDAR FOR ITEM 2.3a AND 2.3b)

b. On *(Read for each day of the week)* did . . .? *(Read for all categories marked with an "X" in the "Yes" column in 2.3a and mark all that apply.)*

PROGRAM OR SERVICE	Yes	No	Yester-day (1)	2 days ago (2)	3 days ago (3)	4 days ago (4)	5 days ago (5)	6 days ago (6)	7 days ago (7)
(1) An outreach worker offer to help you. That is, people come to you at outdoor locations to hand out blankets, see if you are okay, offer help	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
(2) You visit a drop-in center	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
(3) Don't know	97☐		1☐	2☐	3☐	4☐	5☐	6☐	7☐
(4) Refused	98☐		1☐	2☐	3☐	4☐	5☐	6☐	7☐

If ALL "No" or "Don't know" or "Refused," skip to 2.3c.

c. Have you ever . . .? *(Read for categories marked "No" in 2.3a.)*

d. When was the last time you have . . .? *(Read for all categories marked with an "X" in the "Yes" column 2.3c.)*

(Enter the number of days, weeks, months, or years in the appropriate box.)

PROGRAM OR SERVICE	Yes	No	Days ago (1)	Weeks ago (2)	Months ago (3)	Years ago (4)
(1) Been contacted by an outreach worker	1☐	2☐				
(2) Visited a drop-in center	1☐	2☐				
(3) Don't know	97☐					
(4) Refused	98☐					

If ALL "No" or "Don't know" or "Refused," skip to 2.4.

CHECK ITEM 4 Answer to "Days ago" should not be less than 8.
If under 8, reask 2.3a for that specific program or service and reconcile the differences.

2.4. Other than *(Read asterisked (*) categories marked "Yes" in 2.1a and 2.2a)*, when was the last time you had a place of your own such as a house, apartment, room, or other housing for 30 days or more in the same place?

_____ Days ago

_____ Weeks ago

_____ Months ago

_____ Years ago

90☐ Never – *Skip to 2.11a, page 10*
97☐ Don't know
98☐ Refused

2.5. Was it a. . .? *(Read categories and mark (X) one category.)*

1 ☐ **House (includes trailer and mobile homes)**
2 ☐ **Apartment**
3 ☐ **Room**
4 ☐ **Some other kind of place –** *Specify* ↙

_____

97 ☐ Don't know
98 ☐ Refused

2.6. Did anyone else live with you, including children, youth or adults, or did you live there all by yourself?

1 ☐ Lived by myself (no spouse, no children, no one else) – *Skip to 2.8*
2 ☐ Lived with other people
97 ☐ Don't know
98 ☐ Refused

2.7. If you lived with other people, who did you share that place with? *(Read categories and mark (X) all that apply.)*

1 ☐ **Spouse**
2 ☐ **Children (natural-born, adopted or stepchildren under 18 years old)**
3 ☐ **Parents (mother and/or father, mother- and/or father-in-law)**
4 ☐ **Foster family**
5 ☐ **Sisters and/or brothers, sisters-and/or brothers-in-law**
6 ☐ **Your adult children (18 years old and over)**
7 ☐ **Grandparents**
8 ☐ **Other relatives**
9 ☐ **Partner/ boyfriend/girlfriend**
10 ☐ **Friends**
11 ☐ **Other residents**
12 ☐ **Other persons –** *Specify* ↙

_____

97 ☐ Don't know
98 ☐ Refused

2.8. Who paid the rent or mortgage or owned it? *(Mark (X) all that apply.)*

Anyone else?

1 ☐ Self
2 ☐ Spouse
3 ☐ Parents (mother and/or father, mother- and/or father-in-law)
4 ☐ Foster family
5 ☐ Sisters and/or brothers, sisters-and/or brothers-in-law
6 ☐ Your adult children (18 years old and over)
7 ☐ Grandparents
8 ☐ Other relatives
9 ☐ Partner/boyfriend/girlfriend
10 ☐ Friends
11 ☐ Non-profit program or institution
12 ☐ Government program or institution
13 ☐ Free rent for working
14 ☐ Other – *Specify* ↙

_____

97 ☐ Don't know
98 ☐ Refused

Notes

(SHOW FLASHCARD 1)

2.9a. Why did you leave that place? Was it because . . .?
(Read categories and mark (X) all that apply.)

1 ☐ Couldn't pay the rent
2 ☐ Rent increased and couldn't afford to pay it
3 ☐ Someone who paid the rent/mortgage stopped paying it
4 ☐ Lost your job or job ended
5 ☐ You, or your children were abused, beaten; violence in household
6 ☐ Lost welfare or other cash assistance benefit
7 ☐ Pushed out, kicked out
8 ☐ Was drinking
9 ☐ Was doing drugs
10 ☐ Went into hospital or treatment program
11 ☐ ARC/AIDS/HIV related
12 ☐ Was pregnant/just had baby
13 ☐ Became sick or disabled (other than ARC/AIDS related)
14 ☐ Went into military
15 ☐ Went to jail or prison
16 ☐ Left town
17 ☐ Didn't get along with people there
18 ☐ People you were staying with asked you to leave
19 ☐ Landlord made you leave
20 ☐ Displaced because building was condemned, destroyed or urban renewal, fire
21 ☐ Released, dismissed, discharged
22 ☐ Other – *Specify* ↙

_____

97 ☐ Don't know ⎫
98 ☐ Refused ⎬ *Skip to Check Item 5*

b. *(Repeat answers marked in 2.9a, and ask),* **Of those, what was the main reason that you left?**

☐☐ Reason number

| CHECK ITEM 5 | Refer to 2.1a on page 6 and 2.2a on page 7. | 1 ☐ If emergency shelter or transitional shelter/housing is marked in either 2.1a or 2.2a – *Go to 2.10* |
| | | 2 ☐ Otherwise – *Skip to 2.11a, page 10* |

(SHOW FLASHCARD 2)

2.10. Between the time you left that place and now, how much time have you spent in shelters? *(Read categories and mark (X) one.)*

1 ☐ All of the time
2 ☐ Most of the time
3 ☐ About three-quarters of the time
4 ☐ About half of the time
5 ☐ About one-quarter of the time
6 ☐ Almost none of the time
90 ☐ None of the time
97 ☐ Don't know
98 ☐ Refused

Notes

2.11a. Since you left your last regular place, have you spent time in . . .?

(Read categories and mark (X) all that apply.)

b. How much time did you spend in . . .? *(Read for all categories marked with an "X" in the "Yes" column and mark (X) only one.)*

PLACE	Yes	No	Less than 1 week (1)	1 to 3 weeks (2)	1 to 6 months (3)	7 to 12 months (4)	13 to 24 months (5)	More than 2 years (6)
(1) Temporary place of your own paid for by you, e.g., hotel/motel	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(2) Parent's home	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(3) Homes of other relatives	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(4) Homes of friends	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(5) Foster home	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(6) Mental hospital or psychiatric ward	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(7) Veterans Affairs hospital	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(8) Other hospital	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(9) Nursing home, board and care home	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(10) Migrant workers' camp	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(11) Military	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(12) Jail or prison	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(13) Halfway house or adult group home – *(Mark (X) type)*								
(a) Halfway house for probation and parole	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(b) Residential recovery program, such as substance abuse halfway house, 3/4 house	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(c) Adult group home, crisis residence, or other housing for the mentally ill	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(14) Other – *Specify* ⬂	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(15) Don't know	97 ☐							
(16) Refused	98 ☐							

If all categories are marked "No" or "Don't know" or "Refused," skip to 2.12, page 11.

CHECK ITEM 6 For every "Yes" box marked in 2.11a, verify that one box is marked in 2.11b for that specific place. If one box is not marked in 2.11b, reconcile the difference.

Section 2 – WITHOUT REGULAR HOUSING – Continued

2.12. Where were you living when you became (homeless/without regular housing) THIS time? That is, not living in a house, apartment, room, or other housing for 30 days or more in the same place?

OFFICE USE ONLY

Name of place	Number and Street	
City/town/borough/township	State	ZIP Code

97 ☐ Don't know
98 ☐ Refused

CHECK ITEM 7 — Is (City/town/borough/township) SAME as address on questionnaire label?

1 ☐ Yes – *Skip to 2.15, page 12*
2 ☐ No

2.13. Why did you leave *(City/town/borough/township in 2.12)*? *(Mark (X) all that apply.)*

Anything else?

1 ☐ No affordable housing available
2 ☐ No jobs available
3 ☐ No help available from family
4 ☐ Used available services until exceeded time limit
5 ☐ Entered institution in another city (e.g., jail, mental hospital)
6 ☐ No services in that place
7 ☐ Made to leave (given bus fare to leave town, driven to county line, etc.)
8 ☐ Close of agricultural season
9 ☐ Evicted from or asked to leave last residence
10 ☐ No particular reason
11 ☐ Other – *Specify* ↙

_____

98 ☐ Refused

2.14. Why did you come to *(City on questionnaire label)*? *(Mark (X) all that apply.)*

Anything else?

1 ☐ To look for work, heard jobs were here
2 ☐ Cheap housing
3 ☐ Had friends and/or relatives here
4 ☐ Availability of shelters/missions
5 ☐ Good services/programs
6 ☐ Climate
7 ☐ Following crops
8 ☐ On the way to where I am going, just passing through
9 ☐ No particular reason
10 ☐ Other – *Specify* ↙

_____

98 ☐ Refused

Notes

2.15. When did you come to *(City on questionnaire label)*?

Month Year

☐☐ ☐☐

1 ☐ Here all my life

2.16a. Have you EVER had a place where you paid the rent, your name was on the lease, or you owned it?

1 ☐ Yes
2 ☐ No
97 ☐ Don't know ⎫ *Skip to 2.17*
98 ☐ Refused ⎭

b. Did you have that place . . .? *(Read categories and mark (X) all that apply.)*

1 ☐ **By yourself**
2 ☐ **With a spouse**
3 ☐ **With someone else** – *Specify* ↙

_____

97 ☐ Don't know
98 ☐ Refused

2.17. As a child before the age of 13, were you ever placed in any of the following places? *(Read categories and mark (X) one answer in each column.)*

a. A foster home	**b. A group home**	**c. Any other kind of institution**
1 ☐ Yes	1 ☐ Yes	1 ☐ Yes
2 ☐ No	2 ☐ No	2 ☐ No
97 ☐ Don't know	97 ☐ Don't know	97 ☐ Don't know
98 ☐ Refused	98 ☐ Refused	98 ☐ Refused

2.18. As a teenager between the ages of 13 to 17, were you ever placed in any of the following places? *(Read categories and mark (X) one answer in each column.)*

a. A foster home	**b. A group home**	**c. Any other kind of institution**
1 ☐ Yes	1 ☐ Yes	1 ☐ Yes
2 ☐ No	2 ☐ No	2 ☐ No
97 ☐ Don't know	97 ☐ Don't know	97 ☐ Don't know
98 ☐ Refused	98 ☐ Refused	98 ☐ Refused

CHECK ITEM 8

1 ☐ "No" to ALL of 2.17a, b, and c and 2.18a, b, and c – *Skip to 2.20*
2 ☐ Otherwise – *Go to 2.19*

2.19. Altogether, how much time did you spend away from home in those situations before you were 18 years old? (Only include time spent in a foster or group home or other institution.)

2 ☐ Less than one week
3 ☐ 1 to 4 weeks
4 ☐ 1 to 6 months
5 ☐ 7 to 12 months
6 ☐ 13 to 24 months
7 ☐ More than 2 years
90 ☐ None
97 ☐ Don't know
98 ☐ Refused

2.20. As a child or teenager did you ever run away from home for more than 24 hours?

1 ☐ Yes
2 ☐ No
97 ☐ Don't know
98 ☐ Refused

2.21. As a child or teenager were you ever forced to leave your home or pushed out for more than 24 hours?

1 ☐ Yes
2 ☐ No
97 ☐ Don't know
98 ☐ Refused

2.22. How old were you when you FIRST found yourself without regular housing or a regular place to stay?

_____ Age
97 ☐ Don't know
98 ☐ Refused

Notes

2.23. How many times in your life have you been without regular housing? That is, not living in a house, apartment, room, or other housing for 30 days or more in the same place? (Include this time)

1 ☐ Just this time – *Skip to 2.26*

_____ Number of times

2.24. How long ago did your LAST period (of homelessness/without regular housing) end? *(Refers to the time before this one.)*

_____ Days ago

_____ Weeks ago

_____ Months ago

_____ Years ago

97 ☐ Don't know

98 ☐ Refused

2.25. How long were you (homeless/without regular housing) during the period (of homelessness) just before this one?

_____ Days

_____ Weeks

_____ Months

_____ Years

97 ☐ Don't know

98 ☐ Refused

2.26. Since you (became homeless/left your last regular housing), how many towns/cities have you stayed 2 or more days in?

1 ☐ 1 town/city
2 ☐ 2 towns/cities
3 ☐ 3 towns/cities
4 ☐ 4 towns/cities
5 ☐ 5 to 10 towns/cities
6 ☐ 11 or more towns/cities

} *Skip to 4.1, page 20*

97 ☐ Don't know
98 ☐ Refused

Notes

Section 3 – CURRENTLY WITH REGULAR HOUSING

3.1a. Over the last seven days, starting yesterday, did you sleep or rest in the following places? *(Read all categories and mark (X) all that apply.)*

b. On *(Read for each day of the week)* **did you sleep or rest in . . .?** *(Read for all categories marked with an "X" in the "Yes" column and mark (X) all that apply.)*

(SHOW CALENDAR FOR ITEM 3.1a AND 3.1b)

PLACE OF SLEEP OR REST

(FR: Fill in days)

PLACE OF SLEEP OR REST	Yes	No	Yester-day (1)	2 days ago (2)	3 days ago (3)	4 days ago (4)	5 days ago (5)	6 days ago (6)	7 days ago (7)
(1) Your own house, apartment, or room (includes foster and adult group homes)	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
(2) Someone else's house, apartment, or room	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
** **(3)** An emergency shelter	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
** **(4)** A transitional shelter/housing	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
** **(5)** A program that offers permanent housing for homeless persons	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
(6) A hotel or motel (place with rooms that you pay for yourself)	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
** **(7)** A room paid for by a voucher, for example, a pass, ticket, or coupon used for a room or place to stay	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
** **(8)** A migrant workers' camp	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
(9) A jail	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
(10) An institution (hospital, detoxification center)	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
(11) A transportation site (bus station, airport, subway station)	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
(12) A place of business (all-night movie, bar, laundromat, all-night restaurant, farm building, etc.)	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
(13) A car, bus, van, truck, or other vehicle (including abandoned vehicles)	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
(14) An abandoned building	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
(15) Anywhere outside (on the street, in a park, under a culvert, in a cardboard box, on a bench, in a campground, etc.)	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
(16) Someplace else – Specify ⤵	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
(17) Did not sleep or rest	1☐	2☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐
(18) Don't know	97☐		1☐	2☐	3☐	4☐	5☐	6☐	7☐
(19) Refused	98☐		1☐	2☐	3☐	4☐	5☐	6☐	7☐

If ALL "No" or "Don't know" or "Refused," skip to 3.2a, page 15.

CHECK ITEM 9 For every item marked (X) "Yes" in 3.1a, is there at least one "X" in a corresponding day column in 3.1b?

1☐ Yes – *Go to 3.1c*
2☐ No – *Go back and reask 3.1a for that specific place of sleep or rest and reconcile the differences.*

(Ask if more than one place is marked "Yes" in 3.1a)

c. Which of these *(Read categories marked "Yes" in 3.1a)* **if any, do you consider to be your home?**

(If none, enter place where most time was spent or the most recent place.)

☐☐ Place number from 3.1a

d. In what city or town is *(Read place corresponding to category marked in 3.1c)* **located?** *(If city or town is not known, get a street address and make a determination of the city or town based on this information.)*

OFFICE USE ONLY
☐☐☐☐☐☐

Name of place	Number and Street
City/town/borough/township	State	ZIP Code

97☐ Don't know
98☐ Refused

Ask e ONLY if one or more communities below is circled. Otherwise, go to Check Item 10, page 15.

e. Is *(Read town/location entered in 3.1d)* **considered to be in** *(Read name of community circled below)?*

	Yes	No		Yes	No
(1) Grand Island, Nebraska	1☐	2☐	**(5)** Findlay, Ohio	1☐	2☐
(2) Hobbs, New Mexico	1☐	2☐	**(6)** Roseberg, Oregon	1☐	2☐
(3) Roswell, New Mexico	1☐	2☐	**(7)** Greenwood, South Carolina	1☐	2☐
(4) Statesville, West Statesville, Vance, North Carolina	1☐	2☐	**(8)** Not applicable		96☐

FORM NSHAPC-200 (8-1-96)

Section 3 – CURRENTLY WITH REGULAR HOUSING – Continued

CHECK ITEM 10	Refer to item 3.1c.	1 ☐ 1 or 2 marked in 3.1c – *Go to 3.1f* 2 ☐ Otherwise – *Skip to 3.2a*

3.1f. Is this public housing?

1 ☐ Yes
2 ☐ No
97 ☐ Don't know
98 ☐ Refused

g. Do you pay to stay there?

1 ☐ Yes
2 ☐ No
97 ☐ Don't know
98 ☐ Refused

3.2a. Have you ever slept in . . .? *(Read asterisked (*) categories marked "No" in 3.1a, page 14.)*

b. When was the last time you slept in . . .? *(Read for all categories marked with an "X" in the "Yes" column in 3.2a.)*

(Enter the number of days, weeks, months, or years in the appropriate box.)

PLACE OF SLEEP OR REST	Yes	No	Days ago (1)	Weeks ago (2)	Months ago (3)	Years ago (4)
(1) An emergency shelter	1 ☐	2 ☐				
(2) A transitional shelter/housing	1 ☐	2 ☐				
(3) A program that offers permanent housing for homeless persons	1 ☐	2 ☐				
(4) A room paid for by a voucher, for example, a pass, ticket, or coupon used for a room or place to stay	1 ☐	2 ☐				
(5) A migrant workers' camp	1 ☐	2 ☐				
(6) Don't know		97 ☐				
(7) Refused		98 ☐				

If ALL "No" or "Don't know" or "Refused," skip to 3.3a.

CHECK ITEM 11	Answer to "Days ago" should not be less than 8. *If under 8, reask 3.1a, on page 14 for that specific place of sleep or rest and reconcile the differences.*

3.3a. Over the last seven days, starting yesterday, did . . .?

(SHOW CALENDAR FOR ITEM 3.3a AND 3.3b)

b. On *(Read for each day of the week)* **did . . .?**
(Read for all categories marked with an "X" in the "Yes" column in 3.3a and mark all that apply.)

PROGRAM OR SERVICE	Yes	No	Yesterday (1)	2 days ago (2)	3 days ago (3)	4 days ago (4)	5 days ago (5)	6 days ago (6)	7 days ago (7)
(1) An outreach worker offer to help you. That is, people come to you at outdoor locations to hand out blankets, see if you are okay, offer help	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
(2) You visit a drop-in center	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
(3) Don't know		97 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
(4) Refused		98 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐

If ALL "No" or "Don't know" or "Refused," skip to 3.3c.

c. Have you ever . . .? *(Read for categories marked "No" in 3.3a.)*

d. When was the last time you have . . .?
(Read for all categories marked with an "X" in the "Yes" column 3.3c.)

(Enter the number of days, weeks, months, or years in the appropriate box.)

PROGRAM OR SERVICE	Yes	No	Days ago (1)	Weeks ago (2)	Months ago (3)	Years ago (4)
(1) Been contacted by an outreach worker	1 ☐	2 ☐				
(2) Visited a drop-in center	1 ☐	2 ☐				
(3) Don't know		97 ☐				
(4) Refused		98 ☐				

If ALL "No" or "Don't know" or "Refused," skip to 3.4, page 16.

CHECK ITEM 12	Answer to "Days ago" should not be less than 8. *If under 8, reask 3.3a for that specific program or service and reconcile the differences.*

3.4.	Have you ever been (homeless/without regular housing), that is, not living in a house, apartment, room, or other housing for 30 days or more in the same place?	1 ☐ Yes 2 ☐ No – *Skip to 4.1, page 20* 97 ☐ Don't know 98 ☐ Refused
3.5.	How many times in your life have you been (homeless/without regular housing)?	_____ Number of times 97 ☐ Don't know 98 ☐ Refused
3.6.	How old were you the first time you were (homeless/without regular housing)?	_____ Age 97 ☐ Don't know 98 ☐ Refused
3.7.	How long were you (homeless/without regular housing)? If more than once, use the most recent one.	_____ Days _____ Weeks _____ Months _____ Years 97 ☐ Don't know 98 ☐ Refused
3.8.	How long ago did your LAST period (of homelessness/without regular housing) end?	_____ Days ago _____ Weeks ago _____ Months ago _____ Years ago 97 ☐ Don't know 98 ☐ Refused
3.9.	Please think about the LAST time you did not have a home or regular place to stay. What type of place were you living in just before you were (homeless/without regular housing) the LAST time? Was it a . . .? *(Read categories and mark (X) one category.)*	1 ☐ **House (includes trailer or mobile homes)** 2 ☐ **Apartment** 3 ☐ **Room** 4 ☐ **Some other kind of place** – *Specify* ↙ _____ 97 ☐ Don't know 98 ☐ Refused
3.10.	Did anyone else live with you, including children, youth or adults, or did you live there all by yourself?	1 ☐ Lived by myself (no spouse, no children, no one else) – *Skip to 3.12, page 17* 2 ☐ Lived with other people 97 ☐ Don't know 98 ☐ Refused
3.11.	If you lived with other people, who did you share that place with . . .? *(Read categories and mark (X) all that apply.)*	1 ☐ **Spouse** 2 ☐ **Children (natural-born, adopted, or stepchildren under 18 years old)** 3 ☐ **Parents (mother and/or father, mother- and/or father-in-law)** 4 ☐ **Foster family** 5 ☐ **Sisters and/or brothers, sisters-and/or brothers-in-law** 6 ☐ **Your adult children (18 years old and over)** 7 ☐ **Grandparents** 8 ☐ **Other relatives** 9 ☐ **Partner/boyfriend/girlfriend** 10 ☐ **Friends** 11 ☐ **Other residents** 12 ☐ **Other** – *Specify* ↙ _____ 97 ☐ Don't know 98 ☐ Refused

3.12. Who paid the rent or mortgage or owned it?
(Mark (X) all that apply.)

Anyone else?

1 ☐ Self
2 ☐ Spouse
3 ☐ Parents (mother and/or father, mother- and/or father-in-law)
4 ☐ Foster family
5 ☐ Sisters and/or brothers, sisters-and/or brothers-in-law
6 ☐ Your adult children (18 years old and over)
7 ☐ Grandparents
8 ☐ Other relatives
9 ☐ Partner/boyfriend/girlfriend
10 ☐ Friends
11 ☐ Non-profit program or institution
12 ☐ Government program or institution
13 ☐ Free rent for working
14 ☐ Other – *Specify* ⤵

_____

97 ☐ Don't know
98 ☐ Refused

(SHOW FLASHCARD 1)

3.13a. **Why did you leave that place? Was it because . . . ?** *(Read categories and mark (X) all that apply.)*

1 ☐ **Couldn't pay the rent**
2 ☐ **Rent increased and couldn't afford to pay it**
3 ☐ **Someone who paid the rent/mortgage stopped paying it**
4 ☐ **Lost your job or job ended**
5 ☐ **You, or your children were abused, beaten; violence in household**
6 ☐ **Lost welfare or other cash assistance benefit**
7 ☐ **Pushed out, kicked out**
8 ☐ **Was drinking**
9 ☐ **Was doing drugs**
10 ☐ **Went into hospital or treatment program**
11 ☐ **ARC/AIDS/HIV related**
12 ☐ **Was pregnant/just had baby**
13 ☐ **Became sick or disabled (other than ARC/AIDS related)**
14 ☐ **Went into military**
15 ☐ **Went to jail or prison**
16 ☐ **Left town**
17 ☐ **Didn't get along with people there**
18 ☐ **People you were staying with asked you to leave**
19 ☐ **Landlord made you leave**
20 ☐ **Displaced because building was condemned, destroyed or urban renewal, fire**
21 ☐ **Released, dismissed, discharged**
22 ☐ **Other –** *Specify* ⤵

_____

97 ☐ Don't know ⎫
98 ☐ Refused   ⎬ *Skip to 3.14*

b. *(Repeat answers marked in 3.13a and ask)*
Of those, what was the main reason that you left?

☐☐ Reason number from 3.13a

(ASK ONLY IF emergency shelter or transitional shelter/ housing marked in either 3.1a or 3.2a on pages 14 and 15.)

(SHOW FLASHCARD 2)

3.14. **During the time that you were (homeless/did not have a regular place to stay), about how much time did you spend in shelters?** *(Read categories and mark (X) one.)*

1 ☐ **All of the time**
2 ☐ **Most of the time**
3 ☐ **About three-quarters of the time**
4 ☐ **About half of the time**
5 ☐ **About one-quarter of the time**
6 ☐ **Almost none of the time**
90 ☐ **None of the time**
97 ☐ Don't know
98 ☐ Refused

Notes

3.15a. Since you left your last regular place, have you spent time in . . . ?

(Read categories and mark (X) all that apply.)

b. How much time did you spend in . . . ? *(Read for all categories marked with an "X" in the "Yes" column and mark (X) one.)*

PLACE	Yes	No	Less than 1 week (1)	1 to 3 weeks (2)	1 to 6 months (3)	7 to 12 months (4)	13 to 24 months (5)	More than 2 years (6)
(1) Temporary place of your own paid for by you, e.g., hotel/motel	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(2) Parent's home	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(3) Homes of other relatives	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(4) Homes of friends	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(5) Foster home	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(6) Mental hospital or psychiatric ward	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(7) Veterans Affairs hospital	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(8) Other hospital	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(9) Nursing home, board and care home	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(10) Migrant workers' camp	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(11) Military	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(12) Jail or prison	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(13) Halfway house or adult group home – *(Mark (X) type)*								
(a) Halfway house for probation and parole	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(b) Residential recovery program, such as substance abuse halfway house, 3/4 house	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(c) Adult group home, crisis residence, or other housing for the mentally ill	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(14) Other – *Specify* ↗	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
(15) Don't know	97 ☐							
(16) Refused	98 ☐							

If ALL "No" or "Don't know" or "Refused," go to 3.16.

3.16. As a child before the age of 13, were you ever placed in any of the following places? *(Read categories and mark (X) one answer in each column.)*

a. A foster home
1 ☐ Yes
2 ☐ No
97 ☐ Don't know
98 ☐ Refused

b. A group home
1 ☐ Yes
2 ☐ No
97 ☐ Don't know
98 ☐ Refused

c. Any other kind of institution
1 ☐ Yes
2 ☐ No
97 ☐ Don't know
98 ☐ Refused

3.17. As a teenager between the ages of 13 to 17, were you ever placed in any of the following places? *(Read categories and mark (X) one answer in each column.)*

a. A foster home
1 ☐ Yes
2 ☐ No
97 ☐ Don't know
98 ☐ Refused

b. A group home
1 ☐ Yes
2 ☐ No
97 ☐ Don't know
98 ☐ Refused

c. Any other kind of institution
1 ☐ Yes
2 ☐ No
97 ☐ Don't know
98 ☐ Refused

(Ask only if any "Yes" marked in 3.16 or 3.17, otherwise skip to 3.19, page 19.)

3.18. Altogether, how much time did you spend away from home in those situations before you were 18 years old? (Only include time spent in a foster or group home or other institution.)

1 ☐ Less than one week
2 ☐ 1 to 4 weeks
3 ☐ 1 to 6 months
4 ☐ 7 to 12 months
5 ☐ 13 to 24 months
6 ☐ More than 2 years
90 ☐ None
97 ☐ Don't know
98 ☐ Refused

3.19. As a child or teenager, did you ever run away from home for more than 24 hours?

1 ☐ Yes
2 ☐ No
97 ☐ Don't know
98 ☐ Refused

3.20. As a child or teenager, were you ever forced to leave your home or pushed out for more than 24 hours?

1 ☐ Yes
2 ☐ No
97 ☐ Don't know
98 ☐ Refused

3.21. When you were (homeless/without regular housing) the LAST time, where were you living?

OFFICE USE ONLY

Name of place	Number and Street	
City/town/borough/township	State	ZIP Code

97 ☐ Don't know
98 ☐ Refused

CHECK ITEM 13 Is (City/town/borough/township) SAME as address on questionnaire label?

1 ☐ Yes – *Skip to 3.24*
2 ☐ No

3.22. Why did you leave (City/town/borough/township in 3.21)? *(Mark (X) all that apply.)*

Anything else?

1 ☐ No affordable housing available
2 ☐ No jobs available
3 ☐ No help available from family
4 ☐ Used available services until exceeded time limit
5 ☐ Entered institution in another city (e.g., jail, mental hospital)
6 ☐ No services in that place
7 ☐ Made to leave (given bus fare to leave town, driven to county line, etc.)
8 ☐ Close of agricultural season
9 ☐ Evicted from or asked to leave last residence
10 ☐ No particular reason
11 ☐ Other – *Specify* ↗

_____

98 ☐ Refused

3.23. Why did you come to (City on questionnaire label)? *(Mark (X) all that apply.)*

Anything else?

1 ☐ To look for work, heard jobs were here
2 ☐ Cheap housing
3 ☐ Had friends and/or relatives here
4 ☐ Availability of shelters/missions
5 ☐ Good services/programs
6 ☐ Climate
7 ☐ Following crops
8 ☐ On the way to where I am going, just passing through
9 ☐ No particular reason
10 ☐ Other – *Specify* ↗

_____

98 ☐ Refused

3.24. How long have you been in (City on questionnaire label)?

1 ☐ Less than 3 months
2 ☐ 4 to 6 months
3 ☐ 7 to 12 months
4 ☐ 13 to 23 months
5 ☐ 2 to 5 years
6 ☐ 6 to 10 years
7 ☐ More than 10 years but less than all my life
8 ☐ All my life
97 ☐ Don't know
98 ☐ Refused

3.25. When you were (homeless/without regular housing), in how many towns/cities did you stay 2 or more days?

1 ☐ 1 town/city
2 ☐ 2 towns/cities
3 ☐ 3 town/cities
4 ☐ 4 town/cities
5 ☐ 5 to 10 town/cities
6 ☐ 11 or more towns/cities
97 ☐ Don't know
98 ☐ Refused

Section 4 – DEMOGRAPHICS

The next questions ask for some basic background information about you.

4.1. **Gender:** (FILL BY OBSERVATION)

1 ☐ Male
2 ☐ Female

(SHOW FLASHCARD 3)

4.2a. **What is your race?** *(Mark (X) one box for race that the person considers himself/herself to be.)*

1 ☐ **White**
2 ☐ **Black, African-Am., or Negro**
3 ☐ **American Indian/Native American**
4 ☐ **Asian/Pacific Islander**
5 ☐ **Other** – *Specify* ↙

_____

97 ☐ Don't know
98 ☐ Refused

---

b. **Are you of Spanish/Hispanic origin? For example: Mexican, Mexican/American, Cuban, Puerto Rican.**

1 ☐ Yes
2 ☐ No (not Spanish/Hispanic) – *Skip to 4.3*
97 ☐ Don't know
98 ☐ Refused

(SHOW FLASHCARD 4)

C. **Which Spanish/Hispanic group are you?**

1 ☐ **Mexican, Mexican-Am., Chicano**
2 ☐ **Puerto Rican**
3 ☐ **Cuban**
4 ☐ **Other Spanish/Hispanic**
97 ☐ Don't know
98 ☐ Refused

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

Month   Day   Year

☐☐ ☐☐ ☐☐

97 ☐ Don't know
98 ☐ Refused

4.4. **How much school have you completed?** *(Read categories if person is unsure. Mark (X) for the highest level completed or degree received. If currently enrolled, mark the level of previous grade attended or highest degree received.)*

1 ☐ No school completed
2 ☐ Preschool
3 ☐ Kindergarten
4 ☐ 1st, 2nd, 3rd, 4th grade
5 ☐ 5th, 6th, 7th, or 8th grade
6 ☐ 9th grade
7 ☐ 10th grade
8 ☐ 11th grade
9 ☐ 12th grade, NO DIPLOMA
10 ☐ HIGH SCHOOL GRADUATE – high school DIPLOMA
11 ☐ G.E.D.
12 ☐ Vocational training certificate
13 ☐ Some college but no degree
14 ☐ Associate degree in college – Occupational program
15 ☐ Associate degree in college – Academic program
16 ☐ Bachelor's degree (e.g., BA, AB, BS)
17 ☐ Master's degree (e.g., MA, MEng, MEd, MSW, MBA)
18 ☐ Professional school degree (e.g., MD, DDS, DVM, LLB, JD)
19 ☐ Doctorate degree (e.g., PhD, EdD)
97 ☐ Don't know
98 ☐ Refused

4.5a. **Are you working on any diploma, degree, course, or training program now?**

1 ☐ Yes
2 ☐ No – *Skip to 4.5c, page 21*
97 ☐ Don't know
98 ☐ Refused

---

b. **What type of diploma, degree, courses or training program are you working on?**

(Mark (X) all that apply.)

Anything else?

1 ☐ G.E.D.
2 ☐ High school diploma
3 ☐ College courses or degree
4 ☐ Vocational or other training program or apprenticeship
5 ☐ English as a Second Language
6 ☐ Learning to read and write
7 ☐ Other – *Specify* ↙

97 ☐ Don't know
98 ☐ Refused

Skip to 4.6a, page 21

(Ask 4.5c only if respondent is under 18 years old; refer to item H on the cover page.)

4.5c. Are there reasons you are not working on any diploma, degree, course, or training program now? *(Mark (X) all that apply.)*

Anything else?

1 ☐ Not interested
2 ☐ Family or personal crisis
3 ☐ Suspended
4 ☐ Expelled
5 ☐ Problems with transportation, no transportation
6 ☐ Can't register, no documents
7 ☐ Don't stay in one place long enough
8 ☐ Lack of clothing, shoes, can't keep clean
9 ☐ Don't like school
10 ☐ Has to watch their own children
11 ☐ Has to babysit younger brothers/sisters
12 ☐ Sick, doesn't feel well
13 ☐ Too tired, can't get up in the morning
14 ☐ Working
15 ☐ No reason
16 ☐ Other – *Specify* ↙

_____

97 ☐ Don't know
98 ☐ Refused

4.6a. Did you ever repeat one or more grades in school?

1 ☐ No
2 ☐ Repeated one grade
3 ☐ Repeated more than one grade
97 ☐ Don't know
98 ☐ Refused

b. Were you ever enrolled in special classes because of a learning disability or other disability?

1 ☐ Yes
2 ☐ No
97 ☐ Don't know
98 ☐ Refused

4.7a. Did you ever drop out of school?

1 ☐ No, never dropped out
2 ☐ Dropped out of elementary school (1–5)
3 ☐ Dropped out of junior high/middle school (6–8)
4 ☐ Dropped out of senior high school (9–12)
97 ☐ Don't know
98 ☐ Refused

(Do NOT ask b and c if box (3) Suspended or box (4) Expelled marked in 4.5c.)

b. Were you ever suspended?

1 ☐ Yes
2 ☐ No
97 ☐ Don't know
98 ☐ Refused

c. Were you ever expelled?

1 ☐ Yes
2 ☐ No
97 ☐ Don't know
98 ☐ Refused

4.8. What is your marital status? Are you . . . ?
(Read categories and mark (X) only one.)

1 ☐ **Now married**
2 ☐ **Widowed**
3 ☐ **Divorced**
4 ☐ **Separated**
5 ☐ **Never married**
97 ☐ Don't know
98 ☐ Refused

Notes

4.9a. Is any one with you or are you by yourself?

1 ☐ Respondent is alone – *Skip to 4.10*
2 ☐ Other(s) with respondent

b. Are you with your . . .? *(Read categories and mark (X) all that apply.)*

1 ☐ **Spouse**
2 ☐ **Partner/boyfriend/girlfriend**
3 ☐ **Children**
4 ☐ **Other relatives** – *Specify* ↙

_____

5 ☐ **Other persons** – *Specify* ↙

_____

4.10. *(Ask only of females under 50 years old . . .)* **Are you pregnant now?**

1 ☐ Yes
2 ☐ No
97 ☐ Don't know
98 ☐ Refused

4.11a. What is your social security number?

☐☐☐ – ☐☐ – ☐☐☐☐

b. *(If social security number refused, ask . . .)* **What are the first five digits of your social security number?**

☐☐☐ – ☐☐

97 ☐ Don't know
98 ☐ Refused

Notes

Notes

Section 5 – CHILDREN AND EDUCATION

The next questions ask you about any children you may have.

5.1. Do you have any children?

1 ☐ Yes
2 ☐ No
97 ☐ Don't know } *Skip to 6.1, page 28*
98 ☐ Refused

5.2. How many children do you have who are –

a. Under 18?

_____ Number of children under 18 years old

b. 18 and over?

If all children 18 years and older – Skip to 6.1, page 28.

_____ Number of children 18 years and older

	CHILD 1	CHILD 2	CHILD 3
5.3a. What is the name and age of each child under 18? *(Enter number of months if under one year of age)*	Name _____ Year(s) OR _____ Month(s) 97 ☐ Don't know 98 ☐ Refused	Name _____ Year(s) OR _____ Month(s) 97 ☐ Don't know 98 ☐ Refused	Name _____ Year(s) OR _____ Month(s) 97 ☐ Don't know 98 ☐ Refused
b. What is *(Child's name)* **sex?**	1 ☐ Male 2 ☐ Female	1 ☐ Male 2 ☐ Female	1 ☐ Male 2 ☐ Female
(Complete questions 5.4 through 5.14 for ONE child at a time.) **5.4.** Does *(Child's name)* **live with you?**	1 ☐ Yes – *Skip to Check Item 14* 2 ☐ No	1 ☐ Yes – *Skip to Check Item 14* 2 ☐ No	1 ☐ Yes – *Skip to Check Item 14* 2 ☐ No
5.5. With whom does *(Child's name)* **live now?**	1 ☐ Child lives with his/her other parent 2 ☐ Child lives with my parent(s) or in-laws 3 ☐ Child lives with other relatives 4 ☐ Child is in foster care, group home 5 ☐ Jail or other institution 6 ☐ Other – *Specify* ↘ _____ 97 ☐ Don't know where child lives 98 ☐ Refused	1 ☐ Child lives with his/her other parent 2 ☐ Child lives with my parent(s) or in-laws 3 ☐ Child lives with other relatives 4 ☐ Child is in foster care, group home 5 ☐ Jail or other institution 6 ☐ Other – *Specify* ↘ _____ 97 ☐ Don't know where child lives 98 ☐ Refused	1 ☐ Child lives with his/her other parent 2 ☐ Child lives with my parent(s) or in-laws 3 ☐ Child lives with other relatives 4 ☐ Child is in foster care, group home 5 ☐ Jail or other institution 6 ☐ Other – *Specify* ↘ _____ 97 ☐ Don't know where child lives 98 ☐ Refused
5.6. How long has it been since *(Child's name)* **has lived with you?**	1 ☐ 0 to 6 months 2 ☐ 7 to 12 months 3 ☐ 1 to 2 years 4 ☐ 3 to 4 years 5 ☐ More than 4 years 6 ☐ Child never lived with me – *Go to next child or skip to 6.1, page 28* 98 ☐ Refused	1 ☐ 0 to 6 months 2 ☐ 7 to 12 months 3 ☐ 1 to 2 years 4 ☐ 3 to 4 years 5 ☐ More than 4 years 6 ☐ Child never lived with me – *Go to next child or skip to 6.1, page 28* 98 ☐ Refused	1 ☐ 0 to 6 months 2 ☐ 7 to 12 months 3 ☐ 1 to 2 years 4 ☐ 3 to 4 years 5 ☐ More than 4 years 6 ☐ Child never lived with me – *Go to next child or skip to 6.1, page 28* 98 ☐ Refused
CHECK ITEM 14 Refer to child's age in 5.3a	1 ☐ 6 years or older – *Go to 5.7* 2 ☐ 3, 4 or 5 years old – *Skip to 5.8, page 26* 3 ☐ Less than 3 years old – *Skip to 5.13, page 26*	1 ☐ 6 years or older – *Go to 5.7* 2 ☐ 3, 4 or 5 years old – *Skip to 5.8, page 26* 3 ☐ Less than 3 years old – *Skip to 5.13, page 26*	1 ☐ 6 years or older – *Go to 5.7* 2 ☐ 3, 4 or 5 years old – *Skip to 5.8, page 26* 3 ☐ Less than 3 years old – *Skip to 5.13, page 26*
5.7. Does *(Child's name)* **attend school?**	1 ☐ Yes, regularly attends school – *Skip to 5.11, page 26* 2 ☐ Attends school but not regularly, misses a lot } *Skip to 5.9, page 26* 3 ☐ No, not attending school 97 ☐ Don't know 98 ☐ Refused } *Skip to 5.11, page 26*	1 ☐ Yes, regularly attends school – *Skip to 5.11, page 26* 2 ☐ Attends school but not regularly, misses a lot } *Skip to 5.9, page 26* 3 ☐ No, not attending school 97 ☐ Don't know 98 ☐ Refused } *Skip to 5.11, page 26*	1 ☐ Yes, regularly attends school – *Skip to 5.11, page 26* 2 ☐ Attends school but not regularly, misses a lot } *Skip to 5.9, page 26* 3 ☐ No, not attending school 97 ☐ Don't know 98 ☐ Refused } *Skip to 5.11, page 26*

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Section 5 - CHILDREN AND EDUCATION

CHILD 4	CHILD 5	CHILD 6	CHILD 7
Name	Name	Name	Name
_____ Year(s) OR _____ Month(s) 97 ☐ Don't know 98 ☐ Refused	_____ Year(s) OR _____ Month(s) 97 ☐ Don't know 98 ☐ Refused	_____ Year(s) OR _____ Month(s) 97 ☐ Don't know 98 ☐ Refused	_____ Year(s) OR _____ Month(s) 97 ☐ Don't know 98 ☐ Refused
1 ☐ Male 2 ☐ Female	1 ☐ Male 2 ☐ Female	1 ☐ Male 2 ☐ Female	1 ☐ Male 2 ☐ Female
1 ☐ Yes – *Skip to Check Item 14* 2 ☐ No	1 ☐ Yes – *Skip to Check Item 14* 2 ☐ No	1 ☐ Yes – *Skip to Check Item 14* 2 ☐ No	1 ☐ Yes – *Skip to Check Item 14* 2 ☐ No
1 ☐ Child lives with his/her other parent 2 ☐ Child lives with my parent(s) or in-laws 3 ☐ Child lives with other relatives 4 ☐ Child is in foster care, group home 5 ☐ Jail or other institution 6 ☐ Other – *Specify* ↗ _____ 97 ☐ Don't know where child lives 98 ☐ Refused	1 ☐ Child lives with his/her other parent 2 ☐ Child lives with my parent(s) or in-laws 3 ☐ Child lives with other relatives 4 ☐ Child is in foster care, group home 5 ☐ Jail or other institution 6 ☐ Other – *Specify* ↗ _____ 97 ☐ Don't know where child lives 98 ☐ Refused	1 ☐ Child lives with his/her other parent 2 ☐ Child lives with my parent(s) or in-laws 3 ☐ Child lives with other relatives 4 ☐ Child is in foster care, group home 5 ☐ Jail or other institution 6 ☐ Other – *Specify* ↗ _____ 97 ☐ Don't know where child lives 98 ☐ Refused	1 ☐ Child lives with his/her other parent 2 ☐ Child lives with my parent(s) or in-laws 3 ☐ Child lives with other relatives 4 ☐ Child is in foster care, group home 5 ☐ Jail or other institution 6 ☐ Other – *Specify* ↗ _____ 97 ☐ Don't know where child lives 98 ☐ Refused
1 ☐ 0 to 6 months 2 ☐ 7 to 12 months 3 ☐ 1 to 2 years 4 ☐ 3 to 4 years 5 ☐ More than 4 years 6 ☐ Child never lived with me – *Go to next child or skip to 6.1, page 28* 98 ☐ Refused	1 ☐ 0 to 6 months 2 ☐ 7 to 12 months 3 ☐ 1 to 2 years 4 ☐ 3 to 4 years 5 ☐ More than 4 years 6 ☐ Child never lived with me – *Go to next child or skip to 6.1, page 28* 98 ☐ Refused	1 ☐ 0 to 6 months 2 ☐ 7 to 12 months 3 ☐ 1 to 2 years 4 ☐ 3 to 4 years 5 ☐ More than 4 years 6 ☐ Child never lived with me – *Go to next child or skip to 6.1, page 28* 98 ☐ Refused	1 ☐ 0 to 6 months 2 ☐ 7 to 12 months 3 ☐ 1 to 2 years 4 ☐ 3 to 4 years 5 ☐ More than 4 years 6 ☐ Child never lived with me – *Go to next child or skip to 6.1, page 28* 98 ☐ Refused
1 ☐ 6 years or older – *Go to 5.7* 2 ☐ 3, 4 or 5 years old – *Skip to 5.8, page 26* 3 ☐ Less than 3 years old – *Skip to 5.13, page 26*	1 ☐ 6 years or older – *Go to 5.7* 2 ☐ 3, 4 or 5 years old – *Skip to 5.8, page 26* 3 ☐ Less than 3 years old – *Skip to 5.13, page 26*	1 ☐ 6 years or older – *Go to 5.7* 2 ☐ 3, 4 or 5 years old – *Skip to 5.8, page 26* 3 ☐ Less than 3 years old – *Skip to 5.13, page 26*	1 ☐ 6 years or older – *Go to 5.7* 2 ☐ 3, 4 or 5 years old – *Skip to 5.8, page 26* 3 ☐ Less than 3 years old – *Skip to 5.13, page 26*
1 ☐ Yes, regularly attends school – *Skip to 5.11, page 26* 2 ☐ Attends school but not regularly, misses a lot } 3 ☐ No, not attending school } *Skip to 5.9, page 26* 97 ☐ Don't know 98 ☐ Refused } *Skip to 5.11, page 26*	1 ☐ Yes, regularly attends school – *Skip to 5.11, page 26* 2 ☐ Attends school but not regularly, misses a lot } 3 ☐ No, not attending school } *Skip to 5.9, page 26* 97 ☐ Don't know 98 ☐ Refused } *Skip to 5.11, page 26*	1 ☐ Yes, regularly attends school – *Skip to 5.11, page 26* 2 ☐ Attends school but not regularly, misses a lot } 3 ☐ No, not attending school } *Skip to 5.9, page 26* 97 ☐ Don't know 98 ☐ Refused } *Skip to 5.11, page 26*	1 ☐ Yes, regularly attends school – *Skip to 5.11, page 26* 2 ☐ Attends school but not regularly, misses a lot } 3 ☐ No, not attending school } *Skip to 5.9, page 26* 97 ☐ Don't know 98 ☐ Refused } *Skip to 5.11, page 26*

Please list children's names in the same order as in 5.3a.	CHILD 1	CHILD 2	CHILD 3
	Name	Name	Name

5.8. Does *(Child's name)* **attend kindergarten, Head Start or other pre-school program?**

CHILD 1	CHILD 2	CHILD 3
1 ☐ Yes, regularly attends ↗	1 ☐ Yes, regularly attends ↗	1 ☐ Yes, regularly attends ↗
2 ☐ Kindergarten ⎫	2 ☐ Kindergarten ⎫	2 ☐ Kindergarten ⎫
3 ☐ Head Start ⎬ Skip	3 ☐ Head Start ⎬ Skip	3 ☐ Head Start ⎬ Skip
4 ☐ Other pre-school ⎬ to	4 ☐ Other pre-school ⎬ to	4 ☐ Other pre-school ⎬ to
(nursery school, ⎭ 5.11	(nursery school, ⎭ 5.11	(nursery school, ⎭ 5.11
pre-kindergarten, Even Start)	pre-kindergarten, Even Start)	pre-kindergarten, Even Start)
5 ☐ Enrolled, but does not attend regularly	5 ☐ Enrolled, but does not attend regularly	5 ☐ Enrolled, but does not attend regularly
6 ☐ Not enrolled	6 ☐ Not enrolled	6 ☐ Not enrolled
97 ☐ Don't know	97 ☐ Don't know	97 ☐ Don't know
98 ☐ Refused	98 ☐ Refused	98 ☐ Refused

5.9. *(If not attending regularly,)* **how long has it been since** *(Child's name)* **regularly attended school?**

CHILD 1	CHILD 2	CHILD 3
1 ☐ Less than 1 month	1 ☐ Less than 1 month	1 ☐ Less than 1 month
2 ☐ 1 to 3 months	2 ☐ 1 to 3 months	2 ☐ 1 to 3 months
3 ☐ 4 to 6 months	3 ☐ 4 to 6 months	3 ☐ 4 to 6 months
4 ☐ 7 months or more	4 ☐ 7 months or more	4 ☐ 7 months or more
5 ☐ Never attended regularly	5 ☐ Never attended regularly	5 ☐ Never attended regularly
97 ☐ Don't know	97 ☐ Don't know	97 ☐ Don't know
98 ☐ Refused	98 ☐ Refused	98 ☐ Refused

5.10. Why doesn't *(Child's name)* **attend school or pre-school regularly?** *(Mark (X) all that apply.)*

Anything else?

CHILD 1	CHILD 2	CHILD 3
1 ☐ Problems with transportation, no transportation	1 ☐ Problems with transportation, no transportation	1 ☐ Problems with transportation, no transportation
2 ☐ Can't register, no documents	2 ☐ Can't register, no documents	2 ☐ Can't register, no documents
3 ☐ Don't stay in one place long enough	3 ☐ Don't stay in one place long enough	3 ☐ Don't stay in one place long enough
4 ☐ Lack of clothing, shoes, can't keep clean	4 ☐ Lack of clothing, shoes, can't keep clean	4 ☐ Lack of clothing, shoes, can't keep clean
5 ☐ Child doesn't like school	5 ☐ Child doesn't like school	5 ☐ Child doesn't like school
6 ☐ Has to babysit younger brothers/sisters	6 ☐ Has to babysit younger brothers/sisters	6 ☐ Has to babysit younger brothers/sisters
7 ☐ Has been sick, doesn't feel well	7 ☐ Has been sick, doesn't feel well	7 ☐ Has been sick, doesn't feel well
8 ☐ Too tired, can't get him/her up in the morning	8 ☐ Too tired, can't get him/her up in the morning	8 ☐ Too tired, can't get him/her up in the morning
9 ☐ Other – *Specify* ↗	9 ☐ Other – *Specify* ↗	9 ☐ Other – *Specify* ↗
_____	_____	_____
_____	_____	_____
97 ☐ Don't know	97 ☐ Don't know	97 ☐ Don't know
98 ☐ Refused	98 ☐ Refused	98 ☐ Refused

5.11. Has *(Child's name)* **ever been enrolled in special classes because of a learning disability or other disability?**

CHILD 1	CHILD 2	CHILD 3
1 ☐ Yes	1 ☐ Yes	1 ☐ Yes
2 ☐ No	2 ☐ No	2 ☐ No
97 ☐ Don't know	97 ☐ Don't know	97 ☐ Don't know
98 ☐ Refused	98 ☐ Refused	98 ☐ Refused

5.12. Has *(Child's name)* **repeated any grade?**

CHILD 1	CHILD 2	CHILD 3
1 ☐ Yes	1 ☐ Yes	1 ☐ Yes
2 ☐ No	2 ☐ No	2 ☐ No
97 ☐ Don't know	97 ☐ Don't know	97 ☐ Don't know
98 ☐ Refused	98 ☐ Refused	98 ☐ Refused

5.13. Other than school or pre-school, does *(Child's name)* **receive day care?**

CHILD 1	CHILD 2	CHILD 3
1 ☐ Yes	1 ☐ Yes	1 ☐ Yes
2 ☐ No ⎫ Go to next	2 ☐ No ⎫ Go to next	2 ☐ No ⎫ Go to next
97 ☐ Don't know ⎬ child or skip to 6.1,	97 ☐ Don't know ⎬ child or skip to 6.1,	97 ☐ Don't know ⎬ child or skip to 6.1,
98 ☐ Refused ⎭ page 28	98 ☐ Refused ⎭ page 28	98 ☐ Refused ⎭ page 28

5.14. Where does *(Child's name)* **go for day care?**

CHILD 1	CHILD 2	CHILD 3
1 ☐ To the shelter	1 ☐ To the shelter	1 ☐ To the shelter
2 ☐ To a day care center	2 ☐ To a day care center	2 ☐ To a day care center
3 ☐ To friends/relatives	3 ☐ To friends/relatives	3 ☐ To friends/relatives
4 ☐ Other – *Specify* ↗	4 ☐ Other – *Specify* ↗	4 ☐ Other – *Specify* ↗
_____	_____	_____
97 ☐ Don't know	97 ☐ Don't know	97 ☐ Don't know
98 ☐ Refused	98 ☐ Refused	98 ☐ Refused

CHILD 4	CHILD 5	CHILD 6	CHILD 7
Name	Name	Name	Name

CHILD 4	CHILD 5	CHILD 6	CHILD 7
1 ☐ Yes, regularly attends ↗ 2 ☐ Kindergarten 3 ☐ Head Start 4 ☐ Other pre-school (nursery school, pre-kindergarten, Even Start) } Skip to 5.11 5 ☐ Enrolled, but does not attend regularly 6 ☐ Not enrolled 97 ☐ Don't know 98 ☐ Refused	1 ☐ Yes, regularly attends ↗ 2 ☐ Kindergarten 3 ☐ Head Start 4 ☐ Other pre-school (nursery school, pre-kindergarten, Even Start) } Skip to 5.11 5 ☐ Enrolled, but does not attend regularly 6 ☐ Not enrolled 97 ☐ Don't know 98 ☐ Refused	1 ☐ Yes, regularly attends ↗ 2 ☐ Kindergarten 3 ☐ Head Start 4 ☐ Other pre-school (nursery school, pre-kindergarten, Even Start) } Skip to 5.11 5 ☐ Enrolled, but does not attend regularly 6 ☐ Not enrolled 97 ☐ Don't know 98 ☐ Refused	1 ☐ Yes, regularly attends ↗ 2 ☐ Kindergarten 3 ☐ Head Start 4 ☐ Other pre-school (nursery school, pre-kindergarten, Even Start) } Skip to 5.11 5 ☐ Enrolled, but does not attend regularly 6 ☐ Not enrolled 97 ☐ Don't know 98 ☐ Refused
1 ☐ Less than 1 month 2 ☐ 1 to 3 months 3 ☐ 4 to 6 months 4 ☐ 7 months or more 5 ☐ Never attended regularly 97 ☐ Don't know 98 ☐ Refused	1 ☐ Less than 1 month 2 ☐ 1 to 3 months 3 ☐ 4 to 6 months 4 ☐ 7 months or more 5 ☐ Never attended regularly 97 ☐ Don't know 98 ☐ Refused	1 ☐ Less than 1 month 2 ☐ 1 to 3 months 3 ☐ 4 to 6 months 4 ☐ 7 months or more 5 ☐ Never attended regularly 97 ☐ Don't know 98 ☐ Refused	1 ☐ Less than 1 month 2 ☐ 1 to 3 months 3 ☐ 4 to 6 months 4 ☐ 7 months or more 5 ☐ Never attended regularly 97 ☐ Don't know 98 ☐ Refused
1 ☐ Problems with transportation, no transportation 2 ☐ Can't register, no documents 3 ☐ Don't stay in one place long enough 4 ☐ Lack of clothing, shoes, can't keep clean 5 ☐ Child doesn't like school 6 ☐ Has to babysit younger brothers/sisters 7 ☐ Has been sick, doesn't feel well 8 ☐ Too tired, can't get him/her up in the morning 9 ☐ Other – Specify ↗ _____ _____ 97 ☐ Don't know 98 ☐ Refused	1 ☐ Problems with transportation, no transportation 2 ☐ Can't register, no documents 3 ☐ Don't stay in one place long enough 4 ☐ Lack of clothing, shoes, can't keep clean 5 ☐ Child doesn't like school 6 ☐ Has to babysit younger brothers/sisters 7 ☐ Has been sick, doesn't feel well 8 ☐ Too tired, can't get him/her up in the morning 9 ☐ Other – Specify ↗ _____ _____ 97 ☐ Don't know 98 ☐ Refused	1 ☐ Problems with transportation, no transportation 2 ☐ Can't register, no documents 3 ☐ Don't stay in one place long enough 4 ☐ Lack of clothing, shoes, can't keep clean 5 ☐ Child doesn't like school 6 ☐ Has to babysit younger brothers/sisters 7 ☐ Has been sick, doesn't feel well 8 ☐ Too tired, can't get him/her up in the morning 9 ☐ Other – Specify ↗ _____ _____ 97 ☐ Don't know 98 ☐ Refused	1 ☐ Problems with transportation, no transportation 2 ☐ Can't register, no documents 3 ☐ Don't stay in one place long enough 4 ☐ Lack of clothing, shoes, can't keep clean 5 ☐ Child doesn't like school 6 ☐ Has to babysit younger brothers/sisters 7 ☐ Has been sick, doesn't feel well 8 ☐ Too tired, can't get him/her up in the morning 9 ☐ Other – Specify ↗ _____ _____ 97 ☐ Don't know 98 ☐ Refused
1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused
1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused
1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused } Go to next child or skip to 6.1, page 28	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused } Go to next child or skip to 6.1, page 28	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused } Go to next child or skip to 6.1, page 28	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused } Go to next child or skip to 6.1, page 28
1 ☐ To the shelter 2 ☐ To a day care center 3 ☐ To friends/relatives 4 ☐ Other – Specify ↗ _____ 97 ☐ Don't know 98 ☐ Refused	1 ☐ To the shelter 2 ☐ To a day care center 3 ☐ To friends/relatives 4 ☐ Other – Specify ↗ _____ 97 ☐ Don't know 98 ☐ Refused	1 ☐ To the shelter 2 ☐ To a day care center 3 ☐ To friends/relatives 4 ☐ Other – Specify ↗ _____ 97 ☐ Don't know 98 ☐ Refused	1 ☐ To the shelter 2 ☐ To a day care center 3 ☐ To friends/relatives 4 ☐ Other – Specify ↗ _____ 97 ☐ Don't know 98 ☐ Refused

Section 6 – FOOD INTAKE

These questions ask about the food you eat and where you get your food.

6.1. Which of the following best describes your situation in terms of food you eat . . .? *(Read categories and mark (X) one.)*

- 1 ☐ Get enough of the kinds of foods you want to eat
- 2 ☐ Get enough, but not always what you want to eat
- 3 ☐ Sometimes not enough to eat
- 4 ☐ Often not enough to eat
- 97 ☐ Don't know
- 98 ☐ Refused

6.2. How many times do you usually eat in a day?

- 1 ☐ Less than once per day
- 2 ☐ Once per day
- 3 ☐ Twice per day
- 4 ☐ Three times per day
- 5 ☐ Four times per day
- 6 ☐ Five times per day
- 7 ☐ More than five times per day
- 97 ☐ Don't know
- 98 ☐ Refused

6.3a. Were you ever hungry but didn't eat because you couldn't afford enough food?

- 1 ☐ Yes
- 2 ☐ No
- 97 ☐ Don't know   } *Skip to 6.4*
- 98 ☐ Refused

b. Did this happen in the last 30 days?

- 1 ☐ Yes
- 2 ☐ No
- 97 ☐ Don't know   } *Skip to 6.4*
- 98 ☐ Refused

c. In the last 30 days, about how many days were you hungry but didn't eat because you couldn't afford enough food?

- _____ Number of days
- 97 ☐ Don't know
- 98 ☐ Refused

6.4. In the last 30 days, did you go a whole day without anything at all to eat?

- 1 ☐ Yes
- 2 ☐ No
- 97 ☐ Don't know   } *Skip to 6.6a, page 29*
- 98 ☐ Refused

6.5a. In the last seven days, starting yesterday, did you go a whole day without anything at all to eat?

- 1 ☐ Yes
- 2 ☐ No
- 97 ☐ Don't know   } *Skip to 6.6a, page 29*
- 98 ☐ Refused

b. How many days last week did you go without anything to eat for the whole day?

- _____ Number of days
- 97 ☐ Don't know
- 98 ☐ Refused

Notes

6.6a. Over the last seven days, starting yesterday, did you get food from the following sources? *(Read all categories and mark (X) all that apply.)*

(SHOW CALENDAR FOR ITEM 6.6a AND 6.6b)

b. On *(Read for each day of the week)* **did you get food from . . .?** *(Read for all categories with an "X" in the "Yes" column and mark all that apply.)*

FOOD SOURCE	Yes	No	Yester-day (1)	2 days ago (2)	3 days ago (3)	4 days ago (4)	5 days ago (5)	6 days ago (6)	7 days ago (7)
			(FR: Fill in days)						
(1) A soup kitchen (breakfast)	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
(2) A soup kitchen (lunch)	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
(3) A soup kitchen (dinner)	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
(4) A food pantry	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
(5) A mobile food van, wagon, or program that provides free food	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
(6) Other	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
(7) Did not eat	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
(8) Don't know	97 ☐		1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
(9) Refused	98 ☐		1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐

If ALL "No" or "Don't know" or "Refused," skip to 6.6c.

CHECK ITEM 15 For every category marked "Yes" in 6.6a, is there at least one "X" marked in corresponding day column in 6.6b?

1 ☐ Yes – *Go to 6.6c*

2 ☐ No – *Go back and reask 6.6a for that specific food source and reconcile the differences.*

---

c. Have you ever gotten food from . . .? *(Read categories marked "No" in 6.6a.)*

d. When was the last time you got food from . . .? *(Read for all categories marked with an "X" in the "Yes" column in 6.6c.)*

(Enter the number of days, weeks, months, or years in the appropriate box.)

FOOD SOURCE	Yes	No	Days ago (1)	Weeks ago (2)	Months ago (3)	Years ago (4)
(1) A soup kitchen (breakfast)	1 ☐	2 ☐				
(2) A soup kitchen (lunch)	1 ☐	2 ☐				
(3) A soup kitchen (dinner)	1 ☐	2 ☐				
(4) A food pantry	1 ☐	2 ☐				
(5) A mobile food van, wagon, or program that provides free food	1 ☐	2 ☐				
(6) Don't know	97 ☐					
(7) Refused	98 ☐					

If ALL "No" or "Don't know" or "Refused," skip to 6.6e, page 30.

CHECK ITEM 16 *Answer to "Days ago" should not be less than 8. If under 8, reask Item 6.6a for that specific food source and reconcile the differences.*

Notes

6.6e. *(Ask only if "Other" is marked in 6.6a on page 29)* **Over the last seven days, starting yesterday, on how many days did you get food from each of the following places?** *(Read categories and enter number of days or "0" for each category.)*

(SHOW CALENDAR)

FOOD SOURCE

	Number of days
(1) Your own house, apartment, or room (includes foster and group homes)	_____ Days
(2) Someone else's house, apartment, or room	_____ Days
(3) The shelter where you live (shelter provided)	_____ Days
(4) The shelter where you live (you cooked)	_____ Days
(5) Street vendor (you paid)	_____ Days
(6) Grocery store	_____ Days
(7) Restaurant (you paid)	_____ Days
(8) Handouts from people passing by	_____ Days
(9) Trash cans	_____ Days

(10) Other – *Specify* ↙

_____   _____ Days

97 ☐ Don't know
98 ☐ Refused

(If no children are living with or in the custody of respondent, skip to 7.1, page 31.)

6.7. How many times (does/do your child(ren) usually eat in a day?

1 ☐ Less than once per day
2 ☐ Once per day
3 ☐ Twice per day
4 ☐ Three times per day
5 ☐ Four times per day
6 ☐ Five times per day
7 ☐ More than five times per day
97 ☐ Don't know
98 ☐ Refused

6.8a. In the last 30 days, did your child(ren) ever skip a meal because you couldn't get them enough to eat?

1 ☐ Yes
2 ☐ No
97 ☐ Don't know } *Skip to 6.9a*
98 ☐ Refused

b. About how many days did that happen in the last 30 days?

_____ Number of days

97 ☐ Don't know
98 ☐ Refused

6.9a. In the past 30 days, was/were your child(ren) ever hungry but you couldn't get food?

1 ☐ Yes
2 ☐ No
97 ☐ Don't know } *Skip to 6.10a*
98 ☐ Refused

b. About how many days did that happen in the last 30 days?

_____ Number of days

97 ☐ Don't know
98 ☐ Refused

6.10a. In the past 30 days, did your child(ren) go a whole day without anything at all to eat?

1 ☐ Yes
2 ☐ No
97 ☐ Don't know } *Skip to 7.1, page 31*
98 ☐ Refused

b. About how many days did that happen in the last 30 days?

_____ Number of days

97 ☐ Don't know
98 ☐ Refused

Section 7 – EMPLOYMENT

The next questions ask about work.

7.1	**Did you do any PAID work at all during the last 30 days (ANYTHING THAT BRINGS IN MONEY)?**	1 ☐ Yes 2 ☐ No 97 ☐ Don't know ⎫ *Skip to 7.4a* 98 ☐ Refused ⎭

7.2. **Is this work . . .?** *(Read categories and mark (X) all that apply.)*

1 ☐ **A job you have had for three months or more with the same employer**
2 ☐ **A job you have had for less than 3 months, but you expect to continue for 3 or more months**
3 ☐ **A temporary job, non-farmwork (one you expect to last less than 3 months)**
4 ☐ **A temporary job, farmwork**
5 ☐ **A day job or pick-up job that lasts only a few hours, or one or two days**
6 ☐ **Peddling such as selling books, clothes, other items on the street or collecting cans and bottles to exchange for money** ⎱ *If only 6 or 7 marked, skip to 7.4a*
7 ☐ **Other – *Specify* ↗**

_____

97 ☐ Don't know
98 ☐ Refused

7.3. **During the last 30 days, how many hours did you usually work per week in paid employment in all full- or part-time jobs, including day labor?**

_____ Number of hours per week ⎫
97 ☐ Don't know ⎬ *Skip to 7.6*
98 ☐ Refused ⎭

7.4a. **When did you last work for pay at a full-time job or business lasting 2 consecutive weeks or more?**

1 ☐ Within past 3 months
2 ☐ 3 months to 6 months ago
3 ☐ 6 months to a year ago
4 ☐ 1 to 2 years ago
5 ☐ 2 to 3 years ago
6 ☐ 3 to 4 years ago
7 ☐ 4 to 5 years ago
8 ☐ 5 or more years ago
9 ☐ Never worked – *Skip to 7.4c*

b. Why did you leave that job?

1 ☐ Personal, family (including pregnancy) or school
2 ☐ Health
3 ☐ Retirement or old age
4 ☐ Seasonal job completed
5 ☐ Seasonal farmwork ended
6 ☐ Slack work or business conditions, laid off
7 ☐ Temporary – nonseasonal job completed
8 ☐ Unsatisfactory work arrangements (hours, pay, etc.)
9 ☐ Fired because employer considered performance to be unsatisfactory
10 ☐ Other – *Specify* ↗

_____

c. Do you want a regular job now, either full- or part-time?

1 ☐ Yes
2 ☐ Maybe – it depends
3 ☐ No
97 ☐ Don't know
98 ☐ Refused

7.5a. **Are you looking for work now?**

1 ☐ Yes – *Skip to 7.6*
2 ☐ No

b. What are the reasons you are not looking for work? *(Mark (X) all that apply.)*

Anything else?

1 ☐ Already have a job
2 ☐ Believe no work available in line of work or area
3 ☐ Couldn't find any work
4 ☐ Lack necessary schooling, training, skills or experience
5 ☐ Ill health, physical disability
6 ☐ Can't arrange child care
7 ☐ Family responsibilities
8 ☐ In school or other training
9 ☐ Other – *Specify* ↗

_____

97 ☐ Don't know
98 ☐ Refused

If "Never worked" marked in 7.4a, Skip to 8.1, page 32.

7.6. **Since you were 16 years old, how much of your life have you had a job or done some work for pay?** *(Read categories and mark (X) one.)*

1 ☐ **All or almost all of the time**
2 ☐ **Most of the time**
3 ☐ **Half of the time**
4 ☐ **Some of the time**
5 ☐ **Almost none of the time**

Section 8 – SOURCES OF INCOME AND SERVICE USE

The next few questions ask about your income, and about your use of certain government programs and services.

8.1. Have you received any money from any of these sources in the last month? *(Read categories and mark (X) one box on each line.)*	Yes (1)	No (2)	Don't know (3)	Refused (4)
a. Working	1 ☐	2 ☐	97 ☐	98 ☐
b. Day labor	1 ☐	2 ☐	97 ☐	98 ☐
c. Aid to Families with Dependent Children (AFDC)	1 ☐	2 ☐	97 ☐	98 ☐
d. General assistance such as CA, PA, HR, GR	1 ☐	2 ☐	97 ☐	98 ☐
e. Social Security (Survivors and Retirement)	1 ☐	2 ☐	97 ☐	98 ☐
f. Social Security Disability Insurance (SSDI)	1 ☐	2 ☐	97 ☐	98 ☐
g. Supplemental Security Income (SSI) Aged, Blind, and Disability	1 ☐	2 ☐	97 ☐	98 ☐
h. Veteran's disability payments	1 ☐	2 ☐	97 ☐	98 ☐
i. Veteran's pension (not disability related)	1 ☐	2 ☐	97 ☐	98 ☐
j. Other pensions	1 ☐	2 ☐	97 ☐	98 ☐
k. Other survivor benefits	1 ☐	2 ☐	97 ☐	98 ☐
l. Private disability insurance	1 ☐	2 ☐	97 ☐	98 ☐
m. Unemployment compensation	1 ☐	2 ☐	97 ☐	98 ☐
n. Child support	1 ☐	2 ☐	97 ☐	98 ☐
o. Other spousal benefits	1 ☐	2 ☐	97 ☐	98 ☐
p. Spouse	1 ☐	2 ☐	97 ☐	98 ☐
q. Parents	1 ☐	2 ☐	97 ☐	98 ☐
r. Other relatives	1 ☐	2 ☐	97 ☐	98 ☐
s. Friends (includes boyfriends or girlfriends)	1 ☐	2 ☐	97 ☐	98 ☐
t. Peddling or selling personal belongings	1 ☐	2 ☐	97 ☐	98 ☐
u. Asking for money on the streets	1 ☐	2 ☐	97 ☐	98 ☐
v. Blood or plasma center	1 ☐	2 ☐	97 ☐	98 ☐
w. Illegal activities	1 ☐	2 ☐	97 ☐	98 ☐
x. Any other income – *Specify* ↙	1 ☐	2 ☐	97 ☐	98 ☐
y. No income	90 ☐ *Skip to 8.3, page 33*			

8.2. Over the last 30 days, what was your total income from ALL sources?

$ _____ . 00

– OR –

(If respondent cannot report total income, mark (X) one category.)

1 ☐ Less than $100
2 ☐ $100 to 299
3 ☐ $300 to 499
4 ☐ $500 to 699
5 ☐ $700 to 799
6 ☐ $800 to 999
7 ☐ $1,000 to 1,199
8 ☐ $1,200 to 1,499
9 ☐ $1,500 to 1,999
10 ☐ $2,000 to 2,499
11 ☐ $2,500 to 2,999
12 ☐ $3,000 or more
97 ☐ Don't know
98 ☐ Refused

Notes

Section 8 – SOURCES OF INCOME AND SERVICE USE – Continued

8.3a. **Do you receive food stamps now?**

1 ☐ Yes
2 ☐ No
97 ☐ Don't know } *Skip to 8.4*
98 ☐ Refused

b. **How much do you get each month in food stamps?**

$ [   ] . 00

97 ☐ Don't know
98 ☐ Refused

(Ask only if respondent has regular housing, that is, Section 3 is completed.)

8.4. **Do you receive a housing subsidy or housing assistance?**

1 ☐ Yes
2 ☐ No
97 ☐ Don't know
98 ☐ Refused

Notes

8.5a. Did you ever receive any of the following benefits?	**b.** *If all "No" in 8.5a or if never homeless (3.4 on page 16 is marked "No"), skip to 8.6, page 35. If "Yes" in 8.5a, ask:* **Were you receiving** *(Read benefit name)* **when you (became homeless/had to leave the last regular place you stayed)?**	**c.** *If "No" in 8.5b ask –* **Did you stop receiving** *(Read benefit name)* **within the year before you (became homeless/ had to leave the last regular place you stayed)?**
(1) Aid to Families with Dependent Children	a. 1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused	b. 1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused	c. 1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused
(Mark "Yes" without asking if item 8.3a marked "Yes.") **(2) Food stamps**	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused
(3) General assistance	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused
(4) Housing assistance, such as Section 8, Public Housing, Tenant Assistance, Housing Vouchers	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused
(5) Supplemental Security Income (SSI)	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused
(6) Social Security Disability Insurance Benefits (SSDI)	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused
(7) Social Security Benefits	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused
(8) Medicaid	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused
(9) Veterans benefits	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused	1 ☐ Yes 2 ☐ No 97 ☐ Don't know 98 ☐ Refused

Notes

8.6. **In the last 30 days, did you receive . . .?**

(Read categories and mark (X) all that apply.)

1 ☐ **Assistance getting clothing**
2 ☐ **Transportation assistance**
3 ☐ **Help with legal issues**
4 ☐ **Help with domestic violence problems**
5 ☐ **Help with managing money**
6 ☐ **Assistance with getting financial or other public benefits
(e.g., food stamps, AFDC, SSI, Section 8)**
7 ☐ **Help finding a job**
8 ☐ **Job training**
9 ☐ **Assistance with finding affordable housing**
10 ☐ **Assistance with rent, mortage, or utilities for securing permanent housing**

(Ask only if respondent has children under the age of 18. Refer to item 5.2a, page 24.)

11 ☐ **Help with parenting**

(Ask only if respondent has regular housing; that is, Section 3 is completed.)

12 ☐ **Help to resolve problems with the landlord or with persons with whom you are living.**
90 ☐ None of the above

Notes

Section 9 – VETERAN STATUS

The next questions ask about your experiences in the armed services.

9.1a. Have you ever been on active-duty military service in the Armed Forces of the United States or ever been in the United States military Reserves or the National Guard? (Active duty does not include training in the reserves or National Guard.)
(Mark (X) one category.)

- 1 ☐ Yes, now on active duty
- 2 ☐ Yes, on active duty in the past, but not now
- 3 ☐ Yes, service in Reserves or National Guard only
- 4 ☐ No ⎫
- 97 ☐ Don't know ⎬ *Skip to 10.1, page 37*
- 98 ☐ Refused ⎭

b. When did you serve on active-duty in the U.S. Armed Forces? *(Mark (X) all that apply.)*

Anything else?

- 1 ☐ August 1990 or later
- 2 ☐ September 1980 to July 1990
- 3 ☐ May 1975 to August 1980
- 4 ☐ Vietnam era (August 1964–April 1975)
- 5 ☐ February 1955–July 1964
- 6 ☐ Korean conflict (June 1950–January 1955)
- 7 ☐ World War II (September 1940–July 1947)
- 8 ☐ World War I (April 1917–November 1918)
- 9 ☐ Any other time
- 97 ☐ Don't know
- 98 ☐ Refused

9.2. In total, how many years of active-duty military service have you had?

- _____ Years
- 97 ☐ Don't know
- 98 ☐ Refused

9.3. Were you ever stationed in a war zone?

- 1 ☐ Yes
- 2 ☐ No
- 97 ☐ Don't know
- 98 ☐ Refused

9.4. During your military service, were you ever in or exposed to combat?

- 1 ☐ Yes
- 2 ☐ No
- 97 ☐ Don't know
- 98 ☐ Refused

(If 9.1a is marked "1," skip to 10.1, page 37.)

9.5. When you were discharged from military service, did you receive an honorable discharge?

- 1 ☐ Yes
- 2 ☐ No
- 97 ☐ Don't know
- 98 ☐ Refused

9.6. Have you ever used a medical facility that was operated by the VA for overnight hospital care, outpatient visits, or for nursing home, convalescent home, or admissions for long-term care?

- 1 ☐ Yes
- 2 ☐ No
- 97 ☐ Don't know
- 98 ☐ Refused

9.7a. Have you participated in programs specifically for homeless veterans?

- 1 ☐ Yes
- 2 ☐ No ⎫
- 97 ☐ Don't know ⎬ *Skip to 10.1, page 37*
- 98 ☐ Refused ⎭

b. In which of the following programs did you participate? *(Read categories and mark (X) all that apply.)*

- 1 ☐ **Compensated work therapy program**
- 2 ☐ **Dom program (domiciliary care program)**
- 3 ☐ **Homeless shelters for veterans not run by the VA**
- 4 ☐ **Veterans Center drop-in program**
- 5 ☐ **Stand down**
- 6 ☐ **Other –** *Specify* ↙

- 97 ☐ Don't know
- 98 ☐ Refused

Notes

Section 10 – CURRENT PHYSICAL HEALTH

The next questions ask about your health and medical care.

10.1. Do you have any of the following medical conditions? *(Read categories and mark (X) one box on each line.)*

	Yes	No	Don't know	Refused
a. Sugar in your blood (diabetes)	1 ☐	2 ☐	97 ☐	98 ☐
b. Anemia (poor blood)	1 ☐	2 ☐	97 ☐	98 ☐
c. High blood pressure	1 ☐	2 ☐	97 ☐	98 ☐
d. Heart disease/stroke	1 ☐	2 ☐	97 ☐	98 ☐
e. Problems with your liver	1 ☐	2 ☐	97 ☐	98 ☐
f. Arthritis, rheumatism, joint problems	1 ☐	2 ☐	97 ☐	98 ☐
g. Chest infection, cold, cough, bronchitis	1 ☐	2 ☐	97 ☐	98 ☐
h. Pneumonia	1 ☐	2 ☐	97 ☐	98 ☐
i. Tuberculosis	1 ☐	2 ☐	97 ☐	98 ☐
j. Skin disease, skin infection, skin sores, skin ulcers	1 ☐	2 ☐	97 ☐	98 ☐
k. Lice, scabies, other similar infestations	1 ☐	2 ☐	97 ☐	98 ☐
l. Cancer	1 ☐	2 ☐	97 ☐	98 ☐
m. Problem walking, lost limb, other handicap	1 ☐	2 ☐	97 ☐	98 ☐
n. Gonorrhea, syphilis, herpes, chlamydia, other STDs (NOT AIDS)	1 ☐	2 ☐	97 ☐	98 ☐
o. HIV positive	1 ☐	2 ☐	97 ☐	98 ☐
p. Have AIDS	1 ☐	2 ☐	97 ☐	98 ☐
q. Use drugs intravenously (shoot up)	1 ☐	2 ☐	97 ☐	98 ☐
r. Other – *Specify* ⇗ _____	1 ☐	2 ☐	97 ☐	98 ☐
s. None	90 ☐			

10.2. When was the last time you were treated or examined by a doctor/nurse for health problems, including routine checkups?

- 1 ☐ Within the past month
- 2 ☐ At least 1 month but less than 6 months ago
- 3 ☐ At least 6 months but less than 12 months ago
- 4 ☐ At least 1 year but less than 2 years ago
- 5 ☐ At least 2 years ago
- 90 ☐ Never – *Skip to 10.4, page 38*
- 97 ☐ Don't know
- 98 ☐ Refused

10.3. Where was this visit?

(Mark (X) one category.)

- 1 ☐ A VA hospital as an inpatient
- 2 ☐ Any other hospital as an inpatient
- 3 ☐ A hospital emergency room
- 4 ☐ A hospital outpatient clinic
- 5 ☐ A VA outpatient clinic
- 6 ☐ A doctor or nurse in a shelter, soup kitchen, or other program
- 7 ☐ Health Care for the Homeless clinic
- 8 ☐ A community health clinic
- 9 ☐ A migrant health care facility
- 10 ☐ A private doctor's office (not in a hospital or clinic)
- 11 ☐ Other – *Specify* ⇗ _____

- 97 ☐ Don't know
- 98 ☐ Refused

Notes

Section 10 – CURRENT PHYSICAL HEALTH – Continued

10.4a. In the last year, have you gotten medical care from any of the following places? *(Read categories and mark (X) one box on each line.)*

	Yes	No	Don't know	Refused
(1) A VA hospital where you stayed at least one night	1 ☐	2 ☐	97 ☐	98 ☐
(2) Any other hospital where you stayed at least one night	1 ☐	2 ☐	97 ☐	98 ☐
(3) A hospital emergency room	1 ☐	2 ☐	97 ☐	98 ☐
(4) A hospital outpatient clinic	1 ☐	2 ☐	97 ☐	98 ☐
(5) A VA outpatient clinic	1 ☐	2 ☐	97 ☐	98 ☐
(6) A doctor or nurse in a shelter, soup kitchen, or other program	1 ☐	2 ☐	97 ☐	98 ☐
(7) Health Care for the Homeless clinic	1 ☐	2 ☐	97 ☐	98 ☐
(8) A community health clinic	1 ☐	2 ☐	97 ☐	98 ☐
(9) A migrant health care facility	1 ☐	2 ☐	97 ☐	98 ☐
(10) A private doctor's office (not in a hospital or clinic)	1 ☐	2 ☐	97 ☐	98 ☐
(11) Other – *Specify* ↙	1 ☐	2 ☐	97 ☐	98 ☐

If "Yes" is marked in any category in item 10.4a, ask –

b. All together, how many times have you received medical treatment in the past year not including return visits?

1 ☐ Once
2 ☐ 2 or 3 times
3 ☐ 4 to 10 times
4 ☐ 11 or more times
90 ☐ Never
97 ☐ Don't know
98 ☐ Refused

CHECK ITEM 17 Are all responses in 10.4a marked "No" and 10.4b marked 1–4?

1 ☐ Yes – *Reask 10.4a and 10.4b to resolve discrepancies*
2 ☐ No – *Go to 10.5a*

10.5a. Are you supposed to be taking any prescribed medication now?

1 ☐ Yes
2 ☐ No
97 ☐ Don't know ⎫ *Skip to 10.6*
98 ☐ Refused ⎭

b. Are you able to take the medication that has been prescribed for you as your doctor directed? *(Mark (X) all that apply.)*

Anything else?

1 ☐ Yes, always taken as directed
2 ☐ Sometimes run out and do not refill prescription when I should
3 ☐ Sometimes lose medicine
4 ☐ Sometimes forget to take medicine
5 ☐ Sometimes can't afford medication
6 ☐ Sometimes store doesn't have medication
7 ☐ Other – *Specify* ↙

_____

97 ☐ Don't know
98 ☐ Refused

10.6. Have you needed to see a doctor/nurse in the last year but were not able?

1 ☐ Yes
2 ☐ No
97 ☐ Don't know
98 ☐ Refused

Notes

10.7. **What do you do if you are sick and cannot see a doctor/nurse?** *(Read all categories and mark (X) all that apply.)*

- 1 ☐ **Buy aspirin or other remedies at a drug store**
- 2 ☐ **Borrow medicine from a friend**
- 3 ☐ **Get aspirin or other remedies at a shelter**
- 4 ☐ **Other** – *Specify* ↗

_____

- 90 ☐ Nothing
- 97 ☐ Don't know
- 98 ☐ Refused

10.8. **When was the last time you were treated by a dentist?**

- 1 ☐ Within the past month
- 2 ☐ At least 1 month but less than 6 months ago
- 3 ☐ At least 6 months but less than 12 months ago
- 4 ☐ At least 1 year but less than 2 years ago
- 5 ☐ At least 2 years ago
- 90 ☐ Never – *Skip to 10.10*
- 97 ☐ Don't know
- 98 ☐ Refused

10.9. **Where was this visit?** *(Mark (X) one category.)*

- 1 ☐ A VA hospital as an inpatient
- 2 ☐ Any other hospital as an inpatient
- 3 ☐ A hospital emergency room
- 4 ☐ A hospital outpatient clinic
- 5 ☐ A VA outpatient clinic
- 6 ☐ A dentist in a shelter, soup kitchen, or other program
- 7 ☐ Health Care for the Homeless clinic
- 8 ☐ A community health clinic
- 9 ☐ A migrant health care facility
- 10 ☐ A private dentists office (not in a hospital or clinic)
- 11 ☐ Other – *Specify* ↗

_____

10.10. **Have you needed to see a dentist in the last year but were not able?**

- 1 ☐ Yes
- 2 ☐ No
- 97 ☐ Don't know
- 98 ☐ Refused

10.11. **Which of the following types of medical insurance do you currently receive?** *(Read categories and mark (X) all that apply.)*

Anything else?

- 1 ☐ **Medicaid**
- 2 ☐ **VA medical care**
- 3 ☐ **Private insurance**
- 4 ☐ **No insurance**
- 5 ☐ **Other** – *Specify* ↗

_____

- 97 ☐ Don't know
- 98 ☐ Refused

Notes

Section 10 – CURRENT PHYSICAL HEALTH – Continued

10.12. *(If no children are living with or in custody of respondent (Refer to item 5.4, page 24), skip to 11.1, page 42.)*

When was the last time your child(ren) was/were examined or treated by a doctor/nurse for physical health problems, including routine checkups?

1 ☐ Within the past month
2 ☐ At least 1 month but less than 6 months ago
3 ☐ At least 6 month but less than 12 months ago
4 ☐ At least 1 year but less than 2 years ago
5 ☐ At least 2 years ago
90 ☐ Never – *Skip to 10.14*
97 ☐ Don't know
98 ☐ Refused

10.13. **Where was this visit?** *(Mark (X) all that apply.)*

1 ☐ Any hospital as an inpatient
2 ☐ A hospital emergency room
3 ☐ A hospital outpatient clinic
4 ☐ A doctor or nurse in a shelter, soup kitchen, or other program
5 ☐ Health Care for the Homeless clinic
6 ☐ A community health clinic
7 ☐ A migrant health care facility
8 ☐ A private doctor's office (not in a hospital or clinic)
9 ☐ Other – *Specify* ↙

_____

97 ☐ Don't know
98 ☐ Refused

10.14. **In the last year, has/have your child(ren) gotten medical care from any of the following places?** *(Read categories and mark (X) one box on each line.)*

	Yes	No	Don't know	Refused
a. A hospital where your children stayed at least one night	1 ☐	2 ☐	97 ☐	98 ☐
b. A hospital emergency room	1 ☐	2 ☐	97 ☐	98 ☐
c. A hospital outpatient clinic	1 ☐	2 ☐	97 ☐	98 ☐
d. A doctor or nurse in a shelter, soup kitchen, or other program	1 ☐	2 ☐	97 ☐	98 ☐
e. Health Care for the Homeless clinic	1 ☐	2 ☐	97 ☐	98 ☐
f. A community health clinic	1 ☐	2 ☐	97 ☐	98 ☐
g. A migrant health care facility	1 ☐	2 ☐	97 ☐	98 ☐
h. A private doctor's office (not in a hospital or clinic)	1 ☐	2 ☐	97 ☐	98 ☐
i. Other – *Specify* ↙	1 ☐	2 ☐	97 ☐	98 ☐

_____

Notes

10.15a. Are they supposed to be taking any prescribed medication now?

1 ☐ Yes
2 ☐ No
97 ☐ Don't know ⎫ *Skip to 10.16*
98 ☐ Refused ⎭

b. Are they able to take the medication that has been prescribed for them as your doctor directed? *(Mark (X) all that apply.)*

Anything else?

1 ☐ Yes, always taken as directed
2 ☐ Sometimes run out and do not refill prescription when I should
3 ☐ Sometimes lose medicine
4 ☐ Sometimes forget to take medicine
5 ☐ Sometimes can't afford medication
6 ☐ Sometimes store doesn't have medication
7 ☐ Other – *Specify* ↗

_____

97 ☐ Don't know
98 ☐ Refused

10.16. Have they needed to see a doctor/nurse in the last year but were not able?

1 ☐ Yes
2 ☐ No
97 ☐ Don't know
98 ☐ Refused

10.17. What do you do if they are sick and cannot see a doctor/nurse? *(Read all categories and mark (X) all that apply.)*

1 ☐ **Buy aspirin or other remedies at a drugstore**
2 ☐ **Borrow medicine from a friend**
3 ☐ **Get aspirin or other remedies at a shelter**
4 ☐ **Other –** *Specify* ↗

_____

90 ☐ Nothing
97 ☐ Don't know
98 ☐ Refused

10.18. When was the last time your child(ren) was/were treated by a dentist?

1 ☐ Within the past month
2 ☐ At least 1 month but less than 6 months ago
3 ☐ At least 6 months but less than 12 months ago
4 ☐ At least 1 year but less than 2 years ago
5 ☐ At least 2 years ago
90 ☐ Never – *Skip to 10.20*
97 ☐ Don't know
98 ☐ Refused

10.19. Where was this visit? *(Mark (X) all that apply.)*

1 ☐ Any hospital as an inpatient
2 ☐ A hospital emergency room
3 ☐ A hospital outpatient clinic
4 ☐ A dentist in a shelter, soup kitchen, or other program
5 ☐ Health Care for the Homeless clinic
6 ☐ A community health clinic
7 ☐ A migrant health care facility
8 ☐ A private dentist's office (not in a hospital or clinic)
9 ☐ Other – *Specify* ↗

_____

97 ☐ Don't know
98 ☐ Refused

10.20. Has/Have your child(ren) needed to see a dentist in the last year but was/were not able?

1 ☐ Yes
2 ☐ No
97 ☐ Don't know
98 ☐ Refused

10.21. Which of the following types of medical insurance does/do your child(ren) currently receive? *(Read categories and mark (X) all that apply.)*

1 ☐ **Medicaid**
2 ☐ **Private insurance**
3 ☐ **No insurance**
4 ☐ **Other –** *Specify* ↗

_____

97 ☐ Don't know
98 ☐ Refused

Section 11 – VICTIMIZATION AND IMPRISONMENT

The next questions ask about things that have happened to you.

11.1. Have you ever in your lifetime –	Yes	No	Don't know	Refused
a. Spent more than 5 days in a city or county jail?	1 ☐	2 ☐	97 ☐	98 ☐
b. Spent more than 5 days in a military jail or lock-up?	1 ☐	2 ☐	97 ☐	98 ☐
c. Served time in a State or Federal prison?	1 ☐	2 ☐	97 ☐	98 ☐
d. Spent time in juvenile detention before you were 18 years old?	1 ☐	2 ☐	97 ☐	98 ☐

CHECK ITEM 18 *If respondent has never been homeless, (3.4 on page 16 is marked "No"), skip to 11.3.*

11.2. At any time when you were (homeless/ without regular housing), did anyone ever do any of the following to you –	Yes	No	Don't know	Refused
a. Steal money or things directly from you, while you were there?	1 ☐	2 ☐	97 ☐	98 ☐
b. Steal money or things from your bags, locker, etc., while you were gone?	1 ☐	2 ☐	97 ☐	98 ☐
c. Physically assault you, beat you up?	1 ☐	2 ☐	97 ☐	98 ☐
d. Sexually assault you, rape you?	1 ☐	2 ☐	97 ☐	98 ☐
11.3. From the time you were a baby until you were 18 years old, did anyone you lived with (parent, step-parent, brother or sister, step-brother or -sister, parent's boyfriend or girlfriend, etc.), ever –				
a. Leave you without adequate food or shelter?	1 ☐	2 ☐	97 ☐	98 ☐
b. Physically abuse you, to cause physical injury?	1 ☐	2 ☐	97 ☐	98 ☐
c. Force you or pressure you to do sexual acts that you did not want to do?	1 ☐	2 ☐	97 ☐	98 ☐

Notes

FORM NSHAPC-200 (8-1-96)

Section 12 – MENTAL HEALTH

The next few questions ask about mental health conditions that were NOT the direct result of drug or alcohol use.

12.1a. Have you ever had a significant period that was not a direct result of drug/alcohol use in your life in which you have . . .?	Yes	No	*If all "No" in 12.1a., skip to 12.5a.* **b.** How recently did you experience . . .? *(Read categories marked "Yes" in item 12.1a.)* Code	*Codes for item 12.1b.*
(1) Experienced serious depression	1 ☐	2 ☐		
(2) Experienced serious anxiety or tension	1 ☐	2 ☐		
(3) Experienced hallucinations, that is, heard voices or seen things that you could not control or that others could not hear or see	1 ☐	2 ☐		**1** — Within the past 30 days **2** — 1 to 6 months ago **3** — 7 to 12 months ago **4** — 13 to 24 months ago (1–2 years) **5** — 25 to 48 months ago (2–4 years) **6** — More than 4 years ago **97** — Don't know **98** — Refused
(4) Experienced trouble understanding, concentrating, or remembering	1 ☐	2 ☐		
(5) Experienced trouble controlling violent behavior	1 ☐	2 ☐		
(6) Experienced serious thoughts of suicide	1 ☐	2 ☐		
(7) Attempted suicide	1 ☐	2 ☐		
(8) Taken prescribed medication for any psychological/emotional problem	1 ☐	2 ☐		

CHECK ITEM 19   *If 12.1b has at least one code "1" within the past 30 days, go to 12.2. Otherwise, skip to 12.4.*

12.2. In the past 30 days, on how many days have you experienced any of these things?

_____ Number of days
90 ☐ None
97 ☐ Don't know ⎫ *Skip to 12.4*
98 ☐ Refused ⎭

(SHOW FLASHCARD 5)

12.3. During the past 30 days, how much have you been troubled or bothered by any of these experiences? *(Mark (X) only one.)*

1 ☐ Not at all
2 ☐ Slightly (a little)
3 ☐ Moderately
4 ☐ Considerably
5 ☐ Extremely
97 ☐ Don't know
98 ☐ Refused

(SHOW FLASHCARD 5)

12.4. How important is treatment or counseling for these psychological problems to you now? *(Mark (X) only one.)*

1 ☐ Not at all
2 ☐ Slightly (a little)
3 ☐ Moderately
4 ☐ Considerably
5 ☐ Extremely
97 ☐ Don't know
98 ☐ Refused

12.5a. Have you ever received outpatient treatment or counseling for emotional or mental problems (from a clinic or a private doctor)?

1 ☐ Yes
2 ☐ No
97 ☐ Don't know ⎫ *Skip to 12.6a, page 44*
98 ☐ Refused ⎭

b. In your lifetime, how many times have you received this outpatient treatment or counseling for emotional or mental conditions?

1 ☐ Once
2 ☐ Twice
3 ☐ Three times
4 ☐ Four or more times
97 ☐ Don't know
98 ☐ Refused

c. *If never homeless (3.4 on page 16 is marked "No"), skip to 12.5d, page 44.*

Was the first time you received outpatient treatment before or after you became (homeless/without regular housing) for the first time?

1 ☐ Before
2 ☐ After
97 ☐ Don't know
98 ☐ Refused

12.5d. **When was the last time you received outpatient treatment or counseling for emotional or mental problems (from a clinic or a doctor)?**

- 1 ☐ Within the past month
- 2 ☐ At least 1 month but less than 6 months ago
- 3 ☐ At least 6 months but less than 12 months ago
- 4 ☐ At least 1 year but less than 2 years ago
- 5 ☐ At least 2 years ago
- 90 ☐ Never
- 97 ☐ Don't know
- 98 ☐ Refused

12.6a. **Have you ever been HOSPITALIZED for emotional or mental problems?**

- 1 ☐ Yes
- 2 ☐ No
- 97 ☐ Don't know   *Skip to Introduction at top of page 45*
- 98 ☐ Refused

b. **In your lifetime, how many times have you been hospitalized for emotional or mental problems?**

- 1 ☐ Once
- 2 ☐ Twice
- 3 ☐ Three times
- 4 ☐ Four or more times
- 97 ☐ Don't know
- 98 ☐ Refused

c. *If never homeless (3.4 on page 16 is marked "No"), skip to 12.6d.* **Was the first time you were hospitalized for emotional or mental problems before or after you became (homeless/without regular housing) for the first time?**

- 1 ☐ Before
- 2 ☐ After
- 97 ☐ Don't know
- 98 ☐ Refused

d. **When was the last time you were hospitalized for emotional or mental problems?**

- 1 ☐ Within the past month
- 2 ☐ At least 1 month but less than 6 months ago
- 3 ☐ At least 6 months but less than 12 months ago
- 4 ☐ At least 1 year but less than 2 years ago
- 5 ☐ At least 2 years ago
- 97 ☐ Don't know
- 98 ☐ Refused

Notes

Section 13 – CHEMICAL DEPENDENCY

These questions ask about alcohol and drug use. We consider alcohol to include beer, wine, or liquor.

13.1a. During your lifetime, have there been times when you drank –

	Yes	No	
(1) Alcohol 3 or more times a week?	1 ☐	2 ☐	If both "No", skip to 13.14a, page 48
(2) Alcohol to get drunk 3 or more times a week?	1 ☐	2 ☐	

(Ask b for categories marked (X) "Yes"" in 13.1a.)

b. When was the most recent time you drank –

(1) Alcohol 3 or more times a week?   Code ☐

(2) Alcohol to get drunk 3 or more times a week?   ☐

If neither code is marked "1," skip to 13.6.

Codes for item 13.1b.

1 — Within the past 30 days
2 — 1 to 6 months ago
3 — 7 to 12 months ago
4 — 13 to 24 months ago (1–2 years)
5 — 25 to 48 months ago (2–4 years)
6 — More than 4 years ago
97 — Don't know
98 — Refused

13.2a. On how many different days did you have one or more drinks of alcohol in the past 30 days?

_____ Number of days
97 ☐ Don't know
98 ☐ Refused

b. On the days when you drank alcohol in the past 30 days, about how many drinks did you usually have in a single day?

_____ Number of drinks
97 ☐ Don't know
98 ☐ Refused

13.3. How much money did you spend on alcohol in the past 30 days?

$ _____ .00

97 ☐ Don't know
98 ☐ Refused

13.4a. In the past 30 days, did you . . .

	Yes	No	Don't know	Refused	
(1) Crave alcohol?	1 ☐	2 ☐	97 ☐	98 ☐	If all marked "No," "Don't know," or "Refused," skip to 13.5
(2) Suffer adverse effects from alcohol?	1 ☐	2 ☐	97 ☐	98 ☐	
(3) Have withdrawal symptoms from alcohol such as seizures, shaking, or seeing or hearing things that aren't really there?	1 ☐	2 ☐	97 ☐	98 ☐	
(4) Desire to stop drinking but could not?	1 ☐	2 ☐	97 ☐	98 ☐	

b. On how many days did you experience any of these things?

_____ Number of days
30 ☐ Every day
97 ☐ Don't know
98 ☐ Refused

(SHOW FLASHCARD 5)

13.5. In the past 30 days, how troubled or bothered were you by alcohol problems?

1 ☐ Not at all
2 ☐ Slightly (a little)
3 ☐ Moderately
4 ☐ Considerably
5 ☐ Extremely
97 ☐ Don't know
98 ☐ Refused

(SHOW FLASHCARD 5)

13.6. How important to you is treatment for alcohol problems; that is, the need for alcohol-related treatment, not general therapy?

1 ☐ Not at all
2 ☐ Slightly (a little)
3 ☐ Moderately
4 ☐ Considerably
5 ☐ Extremely
97 ☐ Don't know
98 ☐ Refused

Section 13 – CHEMICAL DEPENDENCY – CONTINUED

13.7. Because of drinking have you ever . . .? *(Read categories and mark (X) one box on each line.)*	Yes	No	Don't know	Refused
a. Lost consciousness, passed out	1 ☐	2 ☐	97 ☐	98 ☐
b. Had blackouts where you don't remember things	1 ☐	2 ☐	97 ☐	98 ☐
c. Experienced tremors or shaking	1 ☐	2 ☐	97 ☐	98 ☐
d. Experienced seizures, convulsions	1 ☐	2 ☐	97 ☐	98 ☐
e. Attended a meeting of Alcoholics Anonymous	1 ☐	2 ☐	97 ☐	98 ☐
f. Not been able to stop drinking when you wanted to	1 ☐	2 ☐	97 ☐	98 ☐
g. Experienced problems between you and your wife/husband, parent, or other near relative	1 ☐	2 ☐	97 ☐	98 ☐
h. Been arrested, even for a few hours, because of behavior due to drinking (e.g., drunk driving, getting in fights, being "drunk and disorderly")	1 ☐	2 ☐	97 ☐	98 ☐

13.8a. About how old were you when you first started drinking, not counting small tastes or sips of alcohol?

____ Age
97 ☐ Don't know
98 ☐ Refused

b. About how old were you when you first drank to get drunk on a regular basis (regular is defined as 3 or more times in a week)?

____ Age
90 ☐ Never
97 ☐ Don't know
98 ☐ Refused

13.9. Have you ever been treated for alcohol abuse?

1 ☐ Yes
2 ☐ No
97 ☐ Don't know ⎫ *Skip to 13.14a, page 48*
98 ☐ Refused ⎭

13.10a. Have you ever received INPATIENT treatment, (including detox) for problems with alcohol?

1 ☐ Yes
2 ☐ No
97 ☐ Don't know ⎫ *Skip to 13.12a, page 47*
98 ☐ Refused ⎭

b. Was it a . . .? *(Read categories and mark (X) all that apply.)*

1 ☐ **Hospital based detox**
2 ☐ **Other inpatient detox**
3 ☐ **Hospital based inpatient other than detox**
4 ☐ **Jail or prison program**
5 ☐ **Therapeutic community**
6 ☐ **Halfway house**
7 ☐ **Juvenile treatment program**
8 ☐ **Other short-term residential**
9 ☐ **Other long-term residential**
10 ☐ **Other –** *Specify* ↙

_____

11 ☐ Does not recall type of treatment facility
97 ☐ Don't know
98 ☐ Refused

c. During your lifetime, how many times have you received inpatient treatment for problems with alcohol?

____ Number of times
96 ☐ Too many to remember
97 ☐ Don't know
98 ☐ Refused

13.11. How long ago was the last of these inpatient treatments (including detox) for alcohol problems?

1 ☐ Within the past month
2 ☐ At least 1 month but less than 6 months ago
3 ☐ At least 6 months but less than 12 months ago
4 ☐ At least 1 year but less than 2 years ago
5 ☐ At least 2 years ago
97 ☐ Don't know
98 ☐ Refused

13.12a. **Have you ever received OUTPATIENT treatment for problems with alcohol?**

1 ☐ Yes
2 ☐ No
97 ☐ Don't know
98 ☐ Refused

} *Skip to 13.14a, page 48*

b. **Was it a . . . ?** *(Read categories and mark (X) all that apply.)*

1 ☐ **Outpatient detoxification**
2 ☐ **Individual counselor, psychologist, or psychiatrist**
3 ☐ **Alcoholics Anonymous**
4 ☐ **Other self-help group**
5 ☐ **Employee assistance program**
6 ☐ **Other** – *Specify* ⟟

_____

7 ☐ Does not recall type of treatment facility
97 ☐ Don't know
98 ☐ Refused

c. **During your lifetime, how many times have you received outpatient treatment for problems with alcohol?**

_____ Number of times
96 ☐ Too many to remember
97 ☐ Don't know
98 ☐ Refused

13.13. **How long ago was the last of these outpatient treatments (including detox) for alcohol?**

1 ☐ Within the past month
2 ☐ At least 1 month but less than 6 months ago
3 ☐ At least 6 months but less than 12 months ago
4 ☐ At least 1 year but less than 2 years ago
5 ☐ At least 2 years ago
97 ☐ Don't know
98 ☐ Refused

Notes

13.14a. During your lifetime, have there been times when you used *(Name drug)* **regularly? (Regular use is a frequency of 3 or more times a week.) (Please do not include prescription drugs being taken on the advice of a doctor or nurse.)** *(Read categories and mark (X) all that apply.)*

b. *If all "No" in 13.14a, skip to 14a, page 51.*

If "Yes" in 13.14a, ask –
How recently did you use . . .? *(Read all categories.)*

Use codes below to answer 13.14b.

1 — Within the past 30 days
2 — 1 to 6 months ago
3 — 7 to 12 months ago
4 — 13 to 24 months ago
5 — 25 to 48 months ago (2–4 years)
6 — More than 4 years
97 — Don't know
98 — Refused

c. *For each drug with code "1" in 13.14b, ask –*

In the past 30 days, on how many days did you use . . .? *(Read categories.)*

		Yes	No	Code	Number of days
(1)	**Marijuana/hashish, such as, pot/grass/reefer/THC**	1☐	2☐		
(2)	**Inhalants, such as, glue, amyl nitrite, poppers, aerosol sprays**	1☐	2☐		
(3)	**Crack/rock**	1☐	2☐		
(4)	**Powdered cocaine other than crack**	1☐	2☐		
(5)	**Heroin**	1☐	2☐		
(6)	**Methadone**	1☐	2☐		
(7)	**Other opiates/analgesics, such as, Darvon, Demerol, Talwin, Talacen**	1☐	2☐		
(8)	**Stimulants, such as, amphetamines, crystal, Preludin, methamphetamines, uppers, speed**	1☐	2☐		
(9)	**Barbiturates, such as downers**	1☐	2☐		
(10)	**Other sedatives, such as, sleeping pills, Seconal**	1☐	2☐		
(11)	**Hypnotics/Tranquilizers, such as Librium, Valium, benzodiazepine**	1☐	2☐		
(12)	**Hallucinogens, such as LSD, PCP, peyote, mescaline, ecstasy, angel dust**	1☐	2☐		
(13)	**Any other drug, do not include alcohol as a drug –** *Specify* ↙	1☐	2☐		

If no drugs marked code "1" in 13.14b, skip to 13.18, page 49.

Notes

Section 13 – CHEMICAL DEPENDENCY – Continued

13.15a. In the past 30 days, did you . . .	Yes	No	Don't know	Refused
(1) Crave drugs?	1 ☐	2 ☐	97 ☐	98 ☐
(2) Suffer adverse effects from drugs?	1 ☐	2 ☐	97 ☐	98 ☐
(3) Have withdrawal symptoms from drugs?	1 ☐	2 ☐	97 ☐	98 ☐
(4) Desire to stop using drugs but could not?	1 ☐	2 ☐	97 ☐	98 ☐

*If ALL "No" or "Don't know" or "Refused,"
skip to 13.16.*

b. On how many days did you experience any of
these things?

_____ Number of days

30 ☐ Every day
97 ☐ Don't know
98 ☐ Refused

(SHOW FLASHCARD 5)

13.16. In the past 30 days, how troubled or bothered
were you by drug problems?

1 ☐ Not at all
2 ☐ Slightly (a little)
3 ☐ Moderately
4 ☐ Considerably
5 ☐ Extremely
97 ☐ Don't know
98 ☐ Refused

(SHOW FLASHCARD 5)

13.17. How important to you is treatment for drug
problems? (This is the need for drug-related
treatment, not general therapy.)

1 ☐ Not at all
2 ☐ Slightly (a little)
3 ☐ Moderately
4 ☐ Considerably
5 ☐ Extremely
97 ☐ Don't know
98 ☐ Refused

13.18. In your lifetime – *(Read categories and mark (X) one box on each line.)*	Yes	No	Don't know	Refused
a. Have you used more than one drug at a time?	1 ☐	2 ☐	97 ☐	98 ☐
b. Have you had "blackouts" or "flashbacks" as a result of drug use?	1 ☐	2 ☐	97 ☐	98 ☐
c. Have your friends or relatives known or suspected you used drugs?	1 ☐	2 ☐	97 ☐	98 ☐
d. Have you ever lost friends because of your use of drugs?	1 ☐	2 ☐	97 ☐	98 ☐
e. Have you ever neglected your family or missed work because of your use of drugs?	1 ☐	2 ☐	97 ☐	98 ☐
f. Have you engaged in illegal activities in order to obtain drugs?	1 ☐	2 ☐	97 ☐	98 ☐
g. Have you ever experienced withdrawal symptoms as a result of heavy drug intake?	1 ☐	2 ☐	97 ☐	98 ☐
h. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)?	1 ☐	2 ☐	97 ☐	98 ☐

13.19a. About how old were you when you first started
using drugs?

_____ Age

97 ☐ Don't know
98 ☐ Refused

b. About how old were you when you first started
using drugs regularly? (Regular use is a
frequency of 3 or more times a week.)

_____ Age

90 ☐ Never
97 ☐ Don't know
98 ☐ Refused

13.20. Have you ever been treated for drug abuse? (If
treated for both alcohol and drug problems
during the same treatment, count it as twice.)

1 ☐ Yes
2 ☐ No – *Go to 14a, page 51*
97 ☐ Don't know
98 ☐ Refused

13.21a. **Have you ever received INPATIENT treatment (including detox) for problems with drugs?**

1 ☐ Yes
2 ☐ No
97 ☐ Don't know
98 ☐ Refused
} *Skip to 13.23a*

b. **Was the place where you received treatment a . . . ?** *(Read categories and mark (X) all that apply).*

Anything else?

1 ☐ **Hospital based detox**
2 ☐ **Other inpatient detox**
3 ☐ **Hospital based inpatient other than detox**
4 ☐ **Jail or prison program**
5 ☐ **Therapeutic community**
6 ☐ **Halfway House**
7 ☐ **Juvenile treatment program**
8 ☐ **Other short-term residential**
9 ☐ **Other long-term residential**
10 ☐ **Other –** *Specify* ⇗

_____

11 ☐ Does not recall type of treatment facility
97 ☐ Don't know
98 ☐ Refused

c. **During your lifetime, how many times have you received inpatient treatment for problems with drugs?**

_____ Number of times

96 ☐ Too many to remember
97 ☐ Don't know
98 ☐ Refused

13.22. **How long ago was the last of these inpatient treatments (including detox) for drug problems?**

1 ☐ Within the past month
2 ☐ At least 1 month but less than 6 months ago
3 ☐ At least 6 months but less than 12 months ago
4 ☐ At least 1 year but less than 2 years ago
5 ☐ At least 2 years ago
97 ☐ Don't know
98 ☐ Refused

13.23a. **Have you ever received OUTPATIENT treatment for problems with drugs?**

1 ☐ Yes
2 ☐ No
97 ☐ Don't know
98 ☐ Refused
} *Skip to 14a, page 51*

b. **Was it a . . . ?** *(Read categories and mark (X) all that apply).*

1 ☐ **Outpatient detoxification**
2 ☐ **Methadone detoxification**
3 ☐ **Methadone maintenance**
4 ☐ **Other outpatient detoxification**
5 ☐ **Outpatient drug free program**
6 ☐ **Employee assistance program**
7 ☐ **Individual counselor, psychologist, or psychiatrist**
8 ☐ **Narcotics Anonymous**
9 ☐ **Other self-help group**
10 ☐ **Other –** *Specify* ⇗

_____

11 ☐ Does not recall type of treatment facility
97 ☐ Don't know
98 ☐ Refused

c. **During your lifetime, how many times have you received outpatient treatment for problems with drugs?**

_____ Number of times

96 ☐ Too many to remember
97 ☐ Don't know
98 ☐ Refused

13.24. **How long ago was the last of these outpatient treatments (including detox) for drug problems?**

1 ☐ Within the past month
2 ☐ At least 1 month but less than 6 months ago
3 ☐ At least 6 months but less than 12 months ago
4 ☐ At least 1 year but less than 2 years ago
5 ☐ At least 2 years ago
97 ☐ Don't know
98 ☐ Refused

Section 14 – SERVICE NEEDS

14a. **What are the things you need the most now?** *(Mark the first three answers given by the respondent.)*

1 ☐ Assistance getting food

2 ☐ Assistance getting clothing

3 ☐ Transportation assistance

4 ☐ Help with legal issues

5 ☐ Help with parenting

6 ☐ Child care services and payment of costs

7 ☐ Help with enrolling children in school

8 ☐ Help with domestic violence problems

9 ☐ Ability to read and write

10 ☐ A GED or other education

11 ☐ Help with managing money

12 ☐ Assistance with getting financial or other public benefits, e.g., Food Stamps, AFDC, SSI, SEC 8

13 ☐ Help finding a job

14 ☐ Job training

15 ☐ Assistance with finding affordable housing

Assistance with rent, mortgage, or utilities for:

16 ☐ Securing permanent housing

17 ☐ Current residence

18 ☐ Help to resolve problems with the landlord or with persons with whom you are living

19 ☐ Medical care for yourself

20 ☐ Medical care for your children

21 ☐ Dental care for yourself

22 ☐ Dental care for your children

23 ☐ Help getting or managing medications

24 ☐ Detoxification from alcohol or other drugs

25 ☐ Treatment for use of alcohol or other drugs

26 ☐ Services for emotional or psychiatric problems

27 ☐ Help with finding out availability of resources

28 ☐ Other – *Specify* ⟋

b. **Of these, which do you need the most help with now?**

☐☐ Number

Section 14 – SERVICE NEEDS Continued

14c. *(Ask only if respondent is without regular housing; that is, section 2 is completed.)*

Finally, if you had to name the single most important thing that is keeping you from getting out of homelessness, what would that be? *(Mark (X) one.)*

1 ☐ Insufficient income
2 ☐ Lack of suitable housing (including adequate/standard housing)
3 ☐ Lack of job/employment
4 ☐ Insufficient education/skills/training housing
5 ☐ Addiction(s) to alcohol or drug
6 ☐ Physical condition or disability
7 ☐ Mental health condition
8 ☐ Family or domestic instability
9 ☐ Insufficient services or lack of information about available services
10 ☐ Other – *Specify* ↙

_____

THANK RESPONDENT FOR COMPLETING THE INTERVIEW – GO TO 15.1

Notes

Section 15 – INTERVIEWER OBSERVATIONS

15.1. Please assess the overall ability of the respondent to answer these questions.

_____

_____

_____

_____

_____

_____

15.2. Where was interview conducted?

1 ☐ At provider facility or office
2 ☐ At respondent's housing unit
3 ☐ Shelter
4 ☐ Meal provider (no shelter), Soup kitchen
5 ☐ Sidewalk, street, or alley
6 ☐ Park
7 ☐ In public access building (e.g. bus or train station, lobby of apartment, restaurant, theater, etc.)
8 ☐ Parking lot
9 ☐ Other – Specify ⤿

_____

15.3. Interviewer comments.

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GO TO COVER PAGE AND COMPLETE ITEMS E, F, and K–N.

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