

Location code:
Location name:
Location type:

WILDER USE ONLY:

INTERVIEW #

INTERVIEWER #

**MINNESOTA STATEWIDE SURVEY OF PERSONS WITHOUT PERMANENT SHELTER
INTERVIEW SCHEDULE 2015**

Interviewer name: _____ Date: _____ Interview start time: _____ a.m. p.m.

Hello. My name is _____ and I'm a volunteer interviewer. We are doing a survey of people who do not have a regular or permanent place to stay. We would like your help. We are trying to collect information that will be helpful in creating affordable housing and planning other services.

Are you currently staying in a shelter or transitional housing program or about to be evicted from your housing and have nowhere else to go?

- Yes No ➔
 Here



CONTINUE

Are you currently staying in a place that is **not a regular or permanent place to stay**, such as outdoors, in a car or vacant building, a place of business, or a place that you received a voucher for?

- Yes No ➔



CONTINUE

Are you currently doubled up with a friend or family member on a temporary basis because you have nowhere else to go?

- Yes No ➔ **TERMINATE INTERVIEW**



CONTINUE

The survey is voluntary and confidential. We will pay you \$5 cash for completing the interview. You don't have to be interviewed if you don't want to. Whether or not you do the interview will not affect any services you are receiving. No one will be identified in the survey. You do not have to tell us your name. If there are questions you don't wish to answer, we will skip them.

Would you be willing to take the time now to do the interview?

- Yes No ➔



**GO TO
Q. 1**

TERMINATE INTERVIEW

1. Last night, did you stay with anyone else, or were you on your own?

<input type="radio"/> With other(s) ➔	Did the others include...	Yes	No	Refused	Don't know
<input type="radio"/> On own	1a. A spouse, partner, or significant other?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Refused	1b. Any children age 17 or younger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Don't know					

2. In the last 30 days and nights, including this one, how many nights have you spent...

[]	2a. Outside, in a car or vacant building, or some other place not intended for housing?				
	Nights				
+	[]	2b. Doubled up, in someone else's house, apartment, or room?			
	Nights				
+	[]	2c. In a shelter or transitional housing program?			
	Nights				
+	[]	2d. In regular housing?			
	Nights				
+	[]	2e. In some other type of place? (DESCRIBE)			
	Nights				
=	[30]	TOTAL NIGHTS			
	<input type="radio"/> Refused				
	<input type="radio"/> Don't know				

MAKE SURE THE NUMBERS IN ALL FIVE BOXES ADD UP TO 30

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And now, some background information about you.

3. How old are you? [] YEARS OLD
 Refused

4. (GENDER) (DO NOT ASK – UNLESS UNCLEAR: With what gender do you identify?)
 Male
 Female
 Other (DESCRIBE) []
 Refused

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5. Are you of Hispanic, Latino, or Chicano origin, for example, Mexican, Mexican American, Cuban, Puerto Rican?
 Yes
 No
 Refused
 Don't know

6. Is your race or ethnic background... **(CHECK ONE)**

- African American,
- African born, yourself or a parent,
- Asian or Pacific Islander,
- White or Caucasian,

- American Indian, or ➡
- Some other group?
(This can include mixed race)
(DESCRIBE)

**IF MIXED RACE INCLUDES
AMERICAN INDIAN, ALSO ASK ➡**

- Refused
- Don't know

6a. What reservation are you mainly affiliated with? **(CHECK ONE)**

- Bois Forte (Nett Lake)
- Fond du Lac
- Leech Lake (Cass Lake)
- Grand Portage
- Mille Lacs
- Red Lake
- White Earth
- Shakopee Mdewakanton Sioux
- Prairie Island Mdewakanton
- Lower Sioux
- Upper Sioux
- Other reservation
- None ➡ **GO TO Q.6d**

6b. Are you living there now?

- Yes
- No ➡
- Refused
- Don't know

6c. Would you be interested in living there if housing were available?

- Yes
- No
- Refused
- Don't know

6d. Are you... **(CHECK ONE)**

- Officially enrolled with a tribe,
- A descendent of a tribal member but not enrolled, or
- Something else? **(DESCRIBE)**
- Refused
- Don't know

7. Are you currently married, separated, divorced, widowed, or have you never been married? **(CHECK ONE)**

- Married
- Separated
- Divorced
- Widowed
- Never married
- Refused

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8. What is the highest grade in school you have completed?

- 8th grade or less ➡
- Some high school but did not finish 12th grade ➡
- 12th grade (high school graduate)
- Some college but no degree
- Completed any college degree (2-year Associate or higher)
- Refused
- Don't know

8a. Did you pass a high school equivalency test (GED)?

- Yes
- No
- Refused
- Don't know

9. While you were in school, did you ever have an IEP or Individual Education Plan, or receive Special Education services?

- Yes
- No
- Refused
- Don't know

10. Are you currently enrolled in any adult education or training programs?

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- Yes ➡
- No
- Refused
- Don't know

10a. What education or training program are you enrolled in?

- GED
- Adult Basic Education
- 2-year college or technical
- 4-year college
- Other

11. How long have you lived in Minnesota? (CHECK ONE)

- Less than 2 months ➡
- 2 months or more, but less than 1 year ➡
- 1 to 2 years ➡
- 3 to 5 years
- 6 to 10 years
- 11 to 19 years
- 20 years or more
- Refused
- Don't know

11a. Where did you live before coming to Minnesota?
(LIST MOST RECENT STATE OR COUNTRY)

11b. Did you ever live in Minnesota before?

- Yes
- No

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12. Were you born in the U.S. or somewhere else?

- U.S.
- Somewhere else ➡
- Refused
- Don't know

12a. In what year did you come to the U.S.?

 YEAR

12b. Did you enter the U.S. with official refugee status?

- Yes
- No
- Refused
- Don't know

13. Where did you live most of the time between the time you were born and age 16? **(CHECK ONE)**
- St. Paul
 - Minneapolis
 - In the 7-county metro area but not St. Paul or Minneapolis (Hennepin, Ramsey, Dakota, Washington, Anoka, Carver, Scott counties)
 - Anywhere else in Minnesota (not in the Twin Cities or the 7-county metro area)
 - Another state **(SPECIFY)**
 - Another country other than the U.S. **(SPECIFY)**
 - Refused
 - Don't know

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14. From the time you were born until age 16, did you mainly live with... **(CHECK ONE)**
- Biological parent(s),
 - Adoptive parent(s),
 - A blended family, **(IF NEEDED:** with a step-parent, step-brother, or step-sister)
 - A foster family,
 - Grandparents or other relatives, or
 - Someone else? **(DESCRIBE)**
 - Refused
 - Don't know

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15. Have you ever lived in a foster home?

<input type="radio"/> Yes ➔	15a. As a child? (17 or younger)	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> No	15b. Any time in the last 2 years?	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Refused	15c. Ever for more than 30 days?	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Don't know			

16. Have you ever lived in a group home?

<input type="radio"/> Yes ➔	16a. As a child? (17 or younger)	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> No	16b. Any time in the last 2 years?	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Refused	16c. Ever for more than 30 days?	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Don't know			

17. Have you ever lived in a drug or alcohol treatment facility?

<input type="radio"/> Yes ➔	17a. As a child? (17 or younger)	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> No	17b. Any time in the last 2 years?	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Refused	17c. Were you there for more than 30 days?	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Don't know			

18. Have you ever lived in a residence for people with physical disabilities?

<input type="radio"/> Yes ➔ <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	18a. As a child? (17 or younger)	<input type="radio"/> Yes	<input type="radio"/> No
	18b. Any time in the last 2 years?	<input type="radio"/> Yes	<input type="radio"/> No
	18c. Ever for more than 30 days?	<input type="radio"/> Yes	<input type="radio"/> No

19. Have you ever stayed in some type of halfway house?

<input type="radio"/> Yes ➔ <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	19a. As a child? (17 or younger)	<input type="radio"/> Yes	<input type="radio"/> No
	19b. Any time in the last 2 years?	<input type="radio"/> Yes	<input type="radio"/> No
	19c. Ever for more than 30 days?	<input type="radio"/> Yes	<input type="radio"/> No

20. Have you ever stayed in a mental health treatment program for persons with emotional, behavioral or mental health problems? (Includes hospital, regional treatment center or other residential program)?

<input type="radio"/> Yes ➔ <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	20a. As a child? (17 or younger)	<input type="radio"/> Yes	<input type="radio"/> No
	20b. Any time in the last 2 years?	<input type="radio"/> Yes	<input type="radio"/> No
	20c. Ever for more than 30 days?	<input type="radio"/> Yes	<input type="radio"/> No

21. Did you leave any of these living arrangements (**QUESTIONS 15-20**) in the last 12 months?

Not applicable – respondent has never been in any of these living arrangements.

<input type="radio"/> Yes ➔ <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	21a. Which arrangement did you leave <u>last</u> ? (CHECK ONE)		
	<input type="radio"/> Foster home <input type="radio"/> Group home <input type="radio"/> Drug or alcohol treatment facility <input type="radio"/> Residence for people with physical disabilities <input type="radio"/> Some type of halfway house <input type="radio"/> Facility for persons with emotional, behavioral or mental health problems <input type="radio"/> Don't know ➔ GO TO Q.22		
	21b. Were you homeless at the time you went <u>into</u> that arrangement?	<input type="radio"/> Yes	<input type="radio"/> No
	21c. Did you have a stable place to live when you <u>left</u> that arrangement?	<input type="radio"/> Yes	<input type="radio"/> No
	21d. Did you receive any help finding a stable place to live when you left that arrangement?	<input type="radio"/> Yes	<input type="radio"/> No
	21e. Before leaving, were you offered follow-up or aftercare services by someone at that arrangement?	<input type="radio"/> Yes	<input type="radio"/> No

22. Were you ever held for more than a week in a juvenile detention center or other juvenile facility or camp?

<input type="radio"/> Yes ➔ <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	22a. In the last 2 years?		
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know		

23. Did you ever serve time in a county jail or workhouse for a month or more?

<input type="radio"/> Yes ➡	23a. In the last 2 years?
<input type="radio"/> No	<input type="radio"/> Yes
<input type="radio"/> Refused	<input type="radio"/> No
<input type="radio"/> Don't know	<input type="radio"/> Refused
	<input type="radio"/> Don't know

24. Did you ever serve time in a state prison?

<input type="radio"/> Yes ➡	24a. In the last 2 years?
<input type="radio"/> No	<input type="radio"/> Yes
<input type="radio"/> Refused	<input type="radio"/> No
<input type="radio"/> Don't know	<input type="radio"/> Refused
	<input type="radio"/> Don't know

25. Did you ever serve time in a federal prison?

<input type="radio"/> Yes ➡	25a. In the last 2 years?
<input type="radio"/> No	<input type="radio"/> Yes
<input type="radio"/> Refused	<input type="radio"/> No
<input type="radio"/> Don't know	<input type="radio"/> Refused
	<input type="radio"/> Don't know

26. Did you leave any of these corrections facilities (**QUESTIONS 22-25**) in the last 12 months?

Not applicable – respondent has not been in any of these facilities

<input type="radio"/> Yes ➡	26a. Which one of these facilities did you leave last? (CHECK ONE)			
	<input type="radio"/> Juvenile detention	<input type="radio"/> County jail	<input type="radio"/> State prison	<input type="radio"/> Federal prison
<input type="radio"/> No	26b. Were you homeless at the time you went <u>into</u> that facility?	<input type="radio"/> Yes	<input type="radio"/> No	
<input type="radio"/> Refused	26c. When you <u>left</u> that facility, were you under the supervision of a probation or parole officer (PO)?	<input type="radio"/> Yes	<input type="radio"/> No	
<input type="radio"/> Don't know	26d. Did you have a stable place to live when you left that facility?	<input type="radio"/> Yes	<input type="radio"/> No	
	26e. Did you receive any help finding a stable place to live when you left that facility?	<input type="radio"/> Yes	<input type="radio"/> No	

27. How long have you been without a regular or permanent place to live? This includes where you are currently staying. (**CHECK ONE**)

- One week or less
- More than 1 week but less than 1 month
- At least 1 month to less than 4 months
- At least 4 months but less than 7 months
- At least 7 months but less than 12 months
- At least 1 year but less than 3 years
- At least 3 years but less than 5 years
- 5 years or longer
- Refused
- Don't Know

28. In the last 60 days, how many times have you moved from one place to another? **(CHECK ONE NUMBER)**

- 0
- 1
- 2 to 9
- 10 or more
- Refused
- Don't Know

29. During the last 3 years, how many different times including now have you been homeless? **(CHECK ONE NUMBER)**

- 1
- 2
- 3
- 4 or more
- Refused
- Don't Know

30. During your entire life, how many different times including now have you been homeless? **(CHECK ONE NUMBER)**

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more
- Refused
- Don't Know

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31. What was the last city or town where you had regular or permanent housing? **(CHECK ONE)**

- St. Paul
- Minneapolis

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Anywhere else in Minnesota ➡

SPECIFY CITY

AND

SPECIFY COUNTY

Another State (not MN)

SPECIFY

Another Country (not the U.S.)

SPECIFY

Refused

Don't know

31a. Was that on a reservation?

- Yes ➡
- No
- Don't Know

31b. Which one? **(CHECK ONE)**

- Bois Forte (Nett Lake)
- Fond du Lac
- Leech Lake (Cass Lake)
- Grand Portage
- Mille Lacs
- Red Lake
- White Earth
- Shakopee Mdewakanton Sioux
- Prairie Island Mdewakanton
- Lower Sioux
- Upper Sioux
- Other reservation

32. I am going to read a list of possible reasons why you might have left your last regular or permanent housing. For each one, please tell me if it was a reason why you left. **(CHECK A RESPONSE FOR EACH ITEM)**

Did you leave your <u>last regular or permanent housing</u> because...	Yes	No	Refused	Don't know
A. You were evicted or your lease was not renewed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. A place you were renting was foreclosed on?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. A home you owned went into foreclosure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. You could not afford rent or house payments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. You lost your job or had your hours cut?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. A drinking or drug problem you had?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. A drinking or drug problem of someone else who was living with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. A behavior problem of a guest or visitor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Violence in the neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Substandard or unsafe housing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. Abuse by someone you lived with?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. You entered treatment, jail, prison, or other residential program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. A breakup with your spouse or partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. Problems getting along with other people you lived with?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O. Medical expenses or health care-related debt?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P. Another type of debt? (DESCRIBE) <input style="width: 200px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. What was the first type of place you stayed when you lost your last regular or permanent housing? Did you ... **(CHECK ONE)**

- Stay with friends or family in regular housing that they had,
- Stay in an emergency shelter,
- Sleep in a car or van, or a bus station or apartment lobby or other enclosed public space not intended for housing,
- Sleep outside or some other open place, or

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Stay somewhere else? **(DESCRIBE)**

- Refused
- Don't know

Including today, have you ever lived in...

34. ...An emergency shelter?

<input type="radio"/> Yes ➔ <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	34a. As a child? (17 or younger)	<input type="radio"/> Yes	<input type="radio"/> No
	34b. As an adult? (18 or older)	<input type="radio"/> Yes	<input type="radio"/> No
	34c. Any time in the last 2 years?	<input type="radio"/> Yes	<input type="radio"/> No

35. ...A domestic violence shelter?

<input type="radio"/> Yes ➔ <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	35a. As a child? (17 or younger)	<input type="radio"/> Yes	<input type="radio"/> No
	35b. As an adult? (18 or older)	<input type="radio"/> Yes	<input type="radio"/> No
	35c. Any time in the last 2 years?	<input type="radio"/> Yes	<input type="radio"/> No

36. ...Permanent supportive housing? This is a program that provides support services with housing and does NOT have a limit on how long you can stay.

<input type="radio"/> Yes ➔ <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	36a. As a child? (17 or younger)	<input type="radio"/> Yes	<input type="radio"/> No
	36b. As an adult? (18 or older)	<input type="radio"/> Yes	<input type="radio"/> No
	36c. Any time in the last 2 years?	<input type="radio"/> Yes	<input type="radio"/> No

37. ...A formal time-limited transitional housing program? This is a formal program that provides support services with housing or rent assistance and HAS a limit on how long you can stay.

<input type="radio"/> Yes ➔ <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	37a. As a child? (17 or younger)	<input type="radio"/> Yes	<input type="radio"/> No
	37b. As an adult? (18 or older)	<input type="radio"/> Yes	<input type="radio"/> No
	37c. Any time in the last 2 years?	<input type="radio"/> Yes	<input type="radio"/> No

38. Did you leave any of these kinds of shelters or programs (**QUESTIONS 34-37**) in the last 12 months?

Not applicable – respondent has not been in any of these kinds of shelters or programs

<input type="radio"/> Yes ➔ <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	38a. Which one did you leave last? (CHECK ONE)		
	<input type="radio"/> Transitional housing <input type="radio"/> Emergency shelter <input type="radio"/> Battered women's shelter <input type="radio"/> Permanent supportive housing		
	38b. Did you have a stable place to live when you left there?	<input type="radio"/> Yes	<input type="radio"/> No
	38c. Did you receive any help finding a stable place to live when you left?	<input type="radio"/> Yes	<input type="radio"/> No
	38d. Before leaving, were you offered follow-up or aftercare services by someone at that facility?	<input type="radio"/> Yes	<input type="radio"/> No

39. In the last 3 months, were you ever turned away from a shelter because there was no space available?

- Yes ➔
- No
- Refused
- Don't know

39a. The last time that happened, where did you end up sleeping? **(CHECK ONE)**

- At another shelter
- At a church
- At a motel or some other place you had a voucher for
- At a safe home for people in crisis
- In a friend or family member's house or apartment
- In a car, vacant building, or other enclosed place not meant for housing
- Outdoors
- Some other kind of place **(DESCRIBE)**

40a. How old were you the very first time you were homeless, either with or without your parents?

YEARS OLD

- Refused
- Don't know

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40b. How old were you the first time you were homeless on your own without your parents?

YEARS OLD

- Refused
- Don't know

41. Are you currently on a waiting list for public housing, Section 8 housing, or some other type of housing that offers financial assistance?

- Yes ➔

41a. How long have you been on the waiting list?

MONTHS

- Don't know

- No ➔

41b. Have you been unable to get on a waiting list because it was closed?

- Refused
- Don't know

- Yes
- No

42. During the past two years have you received a housing voucher that you could not use because you could not find a place that would accept it?

- Yes
- No
- Refused
- Don't know

43. I have a few questions that ask about reasons you may have difficulty getting or keeping housing. For each one, I would like to know if you have ever had difficulty. **(CHECK A RESPONSE FOR EACH ITEM)**

Have you ever had difficulty getting or keeping housing because of...	Yes	No	Refused	Don't know
A. Your age?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Your race or the race of any of your family members?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. The size of your family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. The age of your children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Your health status?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. A physical disability?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. The cost of application fees?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Lack of a job or income?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Credit problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. A criminal background?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. Abuse by someone you lived with?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. A mental health problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. No local rental history?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. Court eviction or bad rental history?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O. Alcohol or chemical use by you or anyone in your household?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P. There was no housing you could afford?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q. A landlord's concern about your immigration status?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
R. You don't know how to go about finding rental housing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



IF ALL "NO" > GO TO Q. 45

IF "YES" TO ANY ASK...

44. Are any of the reasons you've just mentioned preventing you from getting housing now? **(READ LIST OF "YES" RESPONSES ABOVE)**

- Yes ➔
 No
 Refused
 Don't know

44a. Which reasons? **(RECORD LETTER FROM ABOVE LIST [A - R] FOR UP TO 3 MAIN REASONS)**

45. Have you ever received an unlawful detainer, sometimes called a UD or court eviction?
- Yes
 No
 Refused
 Don't know

46. This month, have you or will you receive income or financial support from...
(CHECK A RESPONSE FOR EACH ITEM)

	Yes	No	Refused	Don't know
A. Steady employment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Temp work or day labor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IF YES, ASK...				
46a. How many days in October?				
C. Blood or plasma center?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. MFIP, the Minnesota Family Investment Program, or a family welfare program in another state?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. General Assistance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Emergency assistance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Social Security – the regular <u>old age</u> or retirement program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. SSDI, or Social Security Disability Insurance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. SSI, or Supplemental Security Income?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Unemployment benefits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. Child care subsidy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. Child support payments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. Parents or grandparents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. Other relatives or friends, including boyfriends or girlfriends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O. Sale or pawning of personal belongings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P. Asking for money on the streets?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q. Any other sources? (SPECIFY) 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



IF ALL "NO" > GO TO Q. 48

IF "YES" TO ANY ASK...

47. Which of the ones you mentioned was your main source of income in October?

(RECORD LETTER FROM ABOVE LIST [A - Q])

- Refused
- Don't know

WILDER USE ONLY

48. What is or will be your total income in October from all sources not including food stamps (SNAP)? **(ROUND TO THE NEAREST DOLLAR)**

\$

- Refused
- Don't know

49. How much would you be able to pay each month, including rent and utilities, for your own place to live? **(ROUND TO THE NEAREST DOLLAR)**

\$

- Refused
- Don't know

50. What size apartment would be big enough to meet your housing needs? Would you say...

- A single room studio or efficiency,
- One bedroom,
- Two bedrooms,
- Three bedrooms, or
- Four or more bedrooms?
- Refused
- Don't know

51. In the last 12 months, have you ever received any of the following public benefits?

(CHECK A RESPONSE FOR EACH ITEM)

How about...	Yes	No	Refused	Don't know
A. Public medical benefits like Medicare, MinnesotaCare, or Medical Assistance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Child care assistance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Unemployment benefits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Earned Income Tax Credit (EITC)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Food Stamps or SNAP?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. WIC (Women, Infant, & Children food program)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. SSI, for <u>either yourself or a child</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Diversionary Work Program (DWP)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Financial assistance to help pay for rent or housing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. During the last 12 months, did you lose any services or benefits that you had been receiving, or did you become unable to afford any of them?

- Yes ➔
- No
- Refused
- Don't know

52a. What services did you lose or become unable to afford? **(RECORD LETTER FOR UP TO 3 SERVICES FROM ABOVE LIST [A - I] OR WRITE IN OTHER SERVICES OR BENEFITS THAT RESPONDENT MENTIONS)**

Other:

53. Do you feel that you need assistance in applying or reapplying for any services or benefits?

- Yes ➔
- No
- Refused
- Don't know

53a. What services do you need assistance with? **(RECORD LETTER FOR UP TO 3 SERVICES FROM ABOVE LIST [A - I] OR WRITE IN OTHER SERVICES OR BENEFITS THAT RESPONDENT MENTIONS)**

Other:

54. In the last 12 months, have you received family welfare benefits in Minnesota or another state?
[Minnesota's cash benefit program for families with children is called MFIP.]

- Yes ➔
- No
- Refused
- Don't know

54a. Have you been sanctioned during the last 12 months?

- Yes
- No
- Refused
- Don't know

54b. Have you exited the family welfare program in the last 12 months?

- Yes ➔
 - No
- 54c. Did you exit because you used up your 60 months, or for another reason?
- Used up 60 months
 - Another reason

54d. Have you used or received MFIP employment services in October?

- Yes
- No
- Refused
- Don't know

55. During the past 12 months, have you attended a Project Homeless Connect or Community Connect event, or an Opportunity Center where several services are all available in one location? (**IF NEEDED:** services like haircuts, free food, housing assistance, and help with employment.)

- Yes ➔
- No
- Refused
- Don't know

55a. How helpful was it? Would you say...

- Very helpful,
- Somewhat helpful,
- Not very helpful, or
- Not at all helpful?
- Refused
- Don't know

56. Do you currently own a cell phone with a data plan that can access the internet?

- Yes
- No
- Refused
- Don't know

57. Do you currently have reliable access to a computer with internet access?

- Yes
- No
- Refused
- Don't know

58. Do you currently have a Minnesota driver's license or Minnesota state-issued photo ID?

- Yes
- No
- Refused
- Don't know

59. I am going to read a list of types of transportation you might have used during October. For each type of transportation, I would like to know if you used it **daily**, **weekly**, only **once or twice** during October, or **not at all** during October.

How about...	Daily	Weekly	Once or twice	Not at all?	Refused	Don't know
A. A city or local bus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. A long-distance bus or bus between cities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Light rail?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. A taxi cab?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. A bike share like Nice Ride?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Your own bicycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Your own or someone else's car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Metro Mobility or another special service public transport?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

60. Do any of the following issues prevent you from using public transportation like buses or light rail?

	Yes	No	Refused	Don't know
A. The price or cost to ride	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Service is not available near you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Service is not available at the times you need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. The service schedules are confusing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Service is difficult to access because of a disability you have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

60.5. In the past 12 months, have you received a loan or advance from a payday lending service?

- | | |
|--|---|
| <input type="radio"/> Yes ➔
<input type="radio"/> No
<input type="radio"/> Refused
<input type="radio"/> Don't know | 60.5a. During the last 12 months, how many times did you receive a payday loan, including renewals?
<input type="radio"/> 1
<input type="radio"/> 2-5
<input type="radio"/> 6-10
<input type="radio"/> More than 10
<input type="radio"/> Don't know |
|--|---|

61. Now I am going to read a list of services and benefits you might have received during October. For each one, please tell me if you used or received that service or benefit **(CHECK A RESPONSE FOR EACH ITEM)**

How about...	Yes	No	Refused	Don't know
A. Food Stamps or SNAP?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. WIC (Women, Infant & Children Food Program)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Free mental health clinic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Free dental clinic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Free medical clinic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Emergency room?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Transportation assistance, including free bus tokens or a bus card?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Job training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Help to find a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Help getting financial or other public benefits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. Help getting an ID?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. Help with legal issues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. State or federal veterans benefits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. Free voicemail services or free cell phone services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O. Free or almost free clothing shelves, like Goodwill?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P. Drop-in centers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q. Food shelves?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
R. Hot meal program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S. Outreach services, like a street worker providing you with help or checking to see if you are OK?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T. Other social services not mentioned above? (DESCRIBE) <input style="width: 300px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



↓
IF ALL "NO" > GO TO Q. 63

IF "YES" TO ANY ASK...

62. Of all the services you have used this month, which services have helped you the most? **(READ "YES" RESPONSES FROM ABOVE LIST [A - T] AND RECORD LETTER FOR UP TO 3 SERVICES)**

None of them was helpful

WILDER USE ONLY

63. Have you ever served in the U.S. military?

Yes ➔

No **GO**
 Refused **TO**
Q. 64

63a. Which branch of the military services?

- Army
- Navy
- Marines
- Air Force
- Coast Guard

National Guard ➔

Reserves ➔

63b. Did you serve on active duty?

- Yes No

63c. Did you serve...

- Less than 3 months (less than 90 days),
- 3 to 6 months (90 to 180 days),
- 6 months to 2 years (181 days to 2 years), or
- More than 2 years?
- Don't know

63d. Did you begin your military service...

- Prior to August 1964,
- August 1964 to May 1975,
- June 1975 to September 1980,
- October 1980 to March 2003, or
- April 2003 or later?
- Don't know

63e. Did you serve in a combat zone?

- Yes ➔
- No
- Refused
- Don't know

63f. Was that during... **(CHECK ALL THAT APPLY)**

- The Vietnam War?
- First Gulf War?
- Post 9/11 Iraq or Afghanistan wars?
- Any other conflict? **(SPECIFY)**

63g. What type of discharge did you receive? Was it...

- Honorable,
- Administrative,
- General,
- Medical,
- Bad Conduct,
- Other than honorable, or
- Dishonorable?
- Refused
- Don't know

↓
CONTINUE VETERANS QUESTIONS NEXT PAGE

WILDER USE ONLY

QUESTIONS ON THIS PAGE FOR VETERANS ONLY

63h. Do you feel that you have any service related health problems?

- Yes ➔
- No
- Refused
- Don't know

63i. What kinds of problems? **(DESCRIBE)**

WILDER USE ONLY

63j. Have you been diagnosed with a service-related head injury or TBI? **(TBI=traumatic brain injury)**

- Yes
- No
- Refused
- Don't know

63k. Have you attended a Veterans StandDown event during the last 12 months?

- Yes
- No
- Refused
- Don't know

63l. Have you had contact with a County or Tribal Veterans Services Officer during the last 12 months?

- Yes
- No
- Refused
- Don't know

63m. Are you now receiving... **(READ EACH AND CHECK ALL THAT APPLY)**

- Service connected compensation,
- Non-Service Connected (NSC) Veteran's pension,
- Veterans Administration Medical services (VAMC),
- Veterans Administration disability pay,
- State Veterans Home benefits,
- Other state veterans' benefits,
- Other federal veterans' benefits, or are you now receiving...

- No veterans' benefits? ➔
 - Refused ➔
 - Don't know ➔

63n. Have you used or received any veterans' benefits in the last 12 months?

 - Yes
 - No
 - Refused
 - Don't know

63o. Have you joined the Minnesota Homeless Veteran Registry?

- Yes
- No
- Refused
- Don't know

64. Are you currently employed? This includes temp work and self-employment.

Yes ➔

64a. How many hours, on average, do you work per week? (In a 7 day period)

HOURS ➔

64b. What is your current hourly rate for your main job? **(CHECK ONE)**

- Less than \$7.25 an hour
- \$7.25 to \$7.99
- \$8.00 to \$9.99
- \$10.00 to \$11.99
- \$12.00 to \$15.99
- \$16.00 an hour or more
- Paid by the job/
on commission
- Refused
- Don't know

No ➔

64d. In the last 6 months, have you been laid off, terminated, or had your job eliminated?

Refused

- Yes
- No
- Refused

**GO TO
Q. 65**

64e. How long has it been since you last held a job?

DAYS MONTHS YEARS

CHECK HERE IF NEVER EMPLOYED

64f. Are you currently looking for work?

- Yes
- No
- Refused

64c. Has your main job lasted for at least 3 months?

- Yes
- No
- Refused
- Don't know

GO TO Q. 65

64g. What do you feel are the biggest barriers or problems to your getting a job now? I'd like you to tell me the most important reason first. **(RECORD UP TO THREE REASONS)**

- Refused
- Don't know

GO TO Q. 65

WILDER USE ONLY

WILDER USE ONLY

WILDER USE ONLY

65. During October, did you have any kind of medical coverage or health insurance?

- Yes ➔
- No
- Refused
- Don't know

65a. Did you use the MNSURE.org website to help find your current medical coverage?

- Yes
- No
- Refused
- Don't know

65b. Did you meet with a MNSURE Navigator to help find your current medical coverage?

- Yes
- No
- Refused
- Don't know

66. Do you feel that you now need to see a health professional about any physical health problems?

- Yes
- No
- Refused
- Don't know

67. Do you feel that you now need to see a health professional about any emotional or mental health problems?

- Yes
- No
- Refused
- Don't know

68. Do you feel that you now need to see a health professional about any alcohol or drug problems?

- Yes
- No
- Refused
- Don't know

69. Do you feel that you now need to see a dentist about tooth or gum problems?

- Yes
- No
- Refused
- Don't know

70. Is there anything that prevents you from getting needed health care?

- Yes ➔
- No
- Refused
- Don't know

70a. What is the main reason you do not get the health care you need? Please tell me just the one most important reason. **(CHECK ONE)**

- No money
- No insurance
- Don't know where to go
- No transportation
- The care I need isn't available
- Rather not go
- Something else **(DESCRIBE)**

WILDER USE ONLY

71. Do you have a regular place where you go for medical care?

- Yes ➔
- No
- Refused
- Don't know

71a. Is that ...**(CHECK ONE)**

- A free clinic,
- The emergency room,
- A clinic that requires insurance or fees,
- Indian Health Service, or
- Somewhere else? **(SPECIFY)**
- Don't know

WILDER USE ONLY

72. Do you have a physical, mental, or other health condition that limits the kind or amount of work you can do?

- Yes
- No
- Refused
- Don't know

73. Do you have a physical, mental, or other health condition that makes it hard for you to bathe, eat, get dressed, get in or out of a bed or chair, or get around by yourself?

- Yes
- No
- Refused
- Don't know

74. Do you often feel confused or have trouble remembering things, or have problems making decisions, to the point that it interferes with your daily activities?

- Yes
- No
- Refused
- Don't know

75. Have you ever been hit in the head so hard that you saw stars or were knocked unconscious – for example, from a blow, or a fall, or a motor vehicle accident?

- Yes ➔
- No
- Refused
- Don't know

75a. After your head injury, did you start having problems with headaches, concentration or memory, understanding, excessive worry, sleeping, or getting along with people?

- Yes
- No
- Refused
- Don't know

75b. How old were you when you were injured?

(IF MORE THAN ONE SUCH INJURY, GIVE AGE OF FIRST ONE)

YEARS OLD Don't know

76. During the last 12 months, did you have any of the following illnesses, conditions, or problems?
What about ... Asthma?

- Yes ➔
- No
- Refused
- Don't know

76a. Have you received care for this in the last 12 months?

- Yes
- No
- Refused
- Don't know

77. (What about) Tuberculosis (TB)?

- Yes ➡
- No
- Refused
- Don't know

77a. Have you received care for this in the last 12 months?

- Yes
- No
- Refused
- Don't know

78. (What about) Other chronic lung or respiratory problems?

- Yes ➡
- No
- Refused
- Don't know

78a. Have you received care for this in the last 12 months?

- Yes
- No
- Refused
- Don't know

79. (What about) Frostbite or trench foot?

- Yes ➡
- No
- Refused
- Don't know

79a. Have you received care for this in the last 12 months?

- Yes
- No
- Refused
- Don't know

80. During the last 12 months, did you have high blood pressure?

- Yes ➡
- No
- Refused
- Don't know

80a. Have you received care for this in the last 12 months?

- Yes
- No
- Refused
- Don't know

81. (What about) Other chronic heart or circulatory problems such as anemia or heart disease?

- Yes ➡
- No
- Refused
- Don't know

81a. Have you received care for this in the last 12 months?

- Yes
- No
- Refused
- Don't know

82. (What about) Diabetes?

- Yes ➡
- No
- Refused
- Don't know

82a. Have you received care for this in the last 12 months?

- Yes
- No
- Refused
- Don't know

83. (What about) Hepatitis?

- Yes ➡
- No
- Refused
- Don't know

83a. Have you received care for this in the last 12 months?

- Yes
- No
- Refused
- Don't know

84. (What about) Syphilis, gonorrhea, or another sexually transmitted disease other than AIDS/HIV?

- Yes ➡
- No
- Refused
- Don't know

84a. Have you received care for this in the last 12 months?

- Yes
- No
- Refused
- Don't know

85. Have you ever been told that you tested positive for HIV or AIDS?

- Yes ➡
- No
- Refused
- Don't know

85a. Have you received care for this in the last 12 months?

- Yes
- No
- Refused
- Don't know

86. During the last two years, have you been told by a doctor or nurse that you have any of the following conditions?
(CHECK A RESPONSE FOR EACH ITEM)

	Yes	No	Refused	Don't know
a. Schizophrenia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Paranoid or delusional disorder, other than schizophrenia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Manic episodes or manic depression, also called bipolar disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Major depression?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Anti-social personality, obsessive-compulsive personality, or any other severe personality disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Alcohol abuse disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Drug abuse disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Post-Traumatic Stress Disorder (PTSD)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. A concussion or Traumatic Brain Injury (TBI)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Anxiety disorder or panic disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

87. Have you ever received outpatient care from a counselor, psychologist, or mental health worker because of nervousness, depression, or mental health problems?

- Yes ➡
- No
- Refused
- Don't know

87a. During the last two years?

- Yes
- No
- Refused
- Don't know

88. Are there any medications or prescriptions you are supposed to be taking now that you are not taking?

<input type="radio"/> Yes ➔ <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	88a. Is the medication you are not taking for... (CHECK A RESPONSE FOR EACH ITEM)			
		Yes	No	Refused
	1. A physical problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	2. A mental health problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	3. An alcohol or chemical abuse problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

89. Have you smoked any cigarettes during the last 30 days? This does not include e-cigarettes or vaporizers.

<input type="radio"/> Yes ➔ <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	89a. How old were you when you first started smoking cigarettes?
	<input type="text"/> YEARS OLD
	<input type="radio"/> Don't know
	89b. How many cigarettes per day do you smoke now?
	<input type="text"/> # OF CIGARETTES PER DAY ("PACK" = 20)
	<input type="radio"/> Less than 1 cigarette per day
	<input type="radio"/> Don't know

90. During the last 30 days have you used... **(CHECK A RESPONSE FOR EACH ITEM)**

	Yes	No	Refused
a. E-cigarettes or a vaporizer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Alcohol (beer, wine, hard liquor)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Crack or any other kind of cocaine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Inhalants (aerosol sprays, glue, amyl nitrite, poppers)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Meth (methamphetamines)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Synthetic stimulants ("bath salts")?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Prescription or pharmaceutical drugs not intended for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

91. Do you consider yourself an alcoholic or chemically dependent?

- Yes
- No
- Refused
- Don't know

92. Have you ever been treated in an outpatient alcohol or drug treatment program?

<input type="radio"/> Yes ➔ <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	92a. During the last two years?
	<input type="radio"/> Yes
	<input type="radio"/> No
	<input type="radio"/> Refused
	<input type="radio"/> Don't know

93. Have you ever been admitted to a detox center?

- Yes ➔
- No
- Refused
- Don't know

93a. Approximately how many times?

OF TIMES

- Refused
- Don't know

93b. Have you been in detox during the last two years?

- Yes
- No
- Refused
- Don't know

94. Did you receive any care in an emergency room in the last six months?

- Yes ➔
- No
- Refused
- Don't know

94a. How many times have you been to the ER in the last 6 months?

OF TIMES

- Refused
- Don't know

94b. How many of those ER visits resulted in a hospital admission?

OF ADMISSIONS

- Refused
- Don't know

95. During the last 12 months have you had to seek health care because of an injury or illness resulting from violence?

- Yes
- No
- Refused
- Don't know

96. Have you ever been physically or sexually attacked or assaulted while you have been homeless?

- Yes
- No
- Refused
- Don't know

97. During any time in the last 12 months have you been in a personal relationship with someone who hit you, slapped you or pushed you around or threatened to do so?

- Yes
- No
- Refused
- Don't know

98. Have you ever stayed in an abusive situation because you did not have other housing options?
- Yes
 - No
 - Refused
 - Don't know
99. Have you ever been sexual with someone only for the purpose of getting shelter, clothing, food or other things?
- Yes
 - No
 - Refused
 - Don't know
100. Has anyone ever encouraged you to make money by dancing, stripping, posing for nude photos, working for an escort service, or otherwise exchanging sex for money?

Yes ➔ 100a. At what age were you first approached to do this?

No YEARS OLD

Refused Refused

Don't know Don't know

101. Next, I have a few questions about your childhood. **(CHECK A RESPONSE FOR EACH ITEM)**

	Yes	No	Refused	DK
a. As a child, did either of your parents ever go to prison?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. As a child, did you ever live with someone who was a problem drinker, alcoholic, or drug user?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. As a child, did you witness abuse of another family member?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. As a child, did a parent or guardian ever struggle with mental health issues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. As a child, were you ever physically mistreated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. As a child, were you ever sexually mistreated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Did your parents ever neglect to provide you with food, shelter, or medical care, or leave you for long periods of time when you were too young to be on your own?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

102. How long has it been since you have had contact with any of your family or relatives other than those living with you here? **(CHECK ONE)**
- Less than 1 month
 - More than 1 month but less than 1 year
 - 1 year or more
 - Refused
 - Don't know
 - Not applicable, no family/relatives

103a. Do you generally identify your sexual orientation as ... **(CHECK ONE)**

- Heterosexual or straight,
- Gay or lesbian,
- Bisexual, or
- Are you unsure?
- Refused

WILDER USE ONLY

103b. Do you identify yourself as transgender?

- Yes, male to female
- Yes, female to male
- Yes, other **(DESCRIBE)**
- No
- Refused

Now, I'd like to ask you a few questions about children.

104. Do you have any children age 17 or younger?

- Yes ➔

- No
 - Refused
- GO TO
Q. 114
(PAGE 32)**

104a. How many of your children are 17 or younger?

104b. What are their ages?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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104c. Is there a court order for any of your children to receive child support?

- Yes ➔
- No
- Refused
- Don't know

104d. Is the support being provided for all children who are eligible?

- Yes
- No
- Refused
- Don't know

THIS PAGE FOR RESPONDENTS WHO HAVE ANY CHILDREN 17 OR YOUNGER

104e. Is there a child protection case open for any of your children?

- Yes
- No
- Refused
- Don't know

104f. Are any of your children age 5 or younger enrolled in a Head Start program or an early childhood program?

Not applicable, no children age 5 or younger

- Yes ➔
- No
- Refused
- Don't know

104g. Have any of your children enrolled in these early childhood programs had difficulty attending because of your housing situation?

- Yes
- No
- Refused
- Don't know

104h. Do you have any children age 17 or younger who are not living with you here?

- Yes ➔
- No
- Refused
- Don't know

104i. Are any children not living with you here because of program restrictions in the shelter or facility?

- Yes
- No
- Refused
- Don't know

104j. How many of your children age 17 or younger are living with you here?

0 ➔ **GO TO Q.114 (PAGE 32)**

- 1 ➔
- 2 ➔
- 3 ➔
- 4 ➔
- 5 ➔
- 6 ➔
- 7 ➔
- 8 ➔

CONTINUE WITH NEXT QUESTIONS

THIS SECTION FOR RESPONDENTS WITH CHILDREN AGE 17 OR YOUNGER LIVING WITH THEM.

105. What are the ages of the minor children living with you here?

--	--	--	--	--	--	--	--

106. Do any of your children living with you here have a chronic or severe physical health problem that interferes with their daily activities?

- Yes
- No
- Refused
- Don't know

107. Do any of your children living with you here have an emotional or behavior problem that interferes with their daily activities?

- Yes
- No
- Refused
- Don't know

108. During the last 12 months, have you ever been unable to obtain needed dental care for any of your children who are living with you here?

- Yes
- No
- Refused
- Don't know

109. During the last 12 months, have you ever been unable to obtain needed physical health care (not including dental) for any of your children who are living with you here?

- Yes
- No
- Refused
- Don't know

110. During the last 12 months, have you ever been unable to obtain needed mental health care for any of your children who are living with you here?

- Yes
- No
- Refused
- Don't know

111. During the last 12 months, have you ever been unable to obtain regular child care when you needed it?

- Yes
- No
- Refused
- Don't know

112. In the last month, have any of your children living with you here had to skip meals because there wasn't enough money to buy food?

- Yes
- No
- Refused
- Don't know

113. Just to check, do you have children age 6 or older living with you?

- Yes ➡
- No
- Refused
- Don't know

My next questions are about your school age children who are living with you.

113a. Do any of your children living with you here have any learning problems that resulted in you or school staff requesting additional services such as tutoring, summer school, or a special education assessment?

- Yes
- No
- Refused
- Don't know

113b. Have any of your children living with you experienced any of the following school related issues?

	Yes	No	Refused	Don't Know
a. Excessive absences?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Excessive tardies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Skipping school or truancy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Dismissals or suspension?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Drop in grades?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Displaying aggression, bullying, anti-social behavior?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Experience with bullying as a victim?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Difficulty with peer relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Held back or repeated a grade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

113c. Did all of your school age children living with you here attend school today?

- Yes
- No
- Refused
- Don't know

113d. Do any of your children living with you here have trouble going to school because of your housing situation?

- Yes
- No
- Refused
- Don't know

113e. Have any of your children had to change schools due to your housing situation?

- Yes
- No
- Refused
- Don't know

114. Please remind me, are you 25 or older?

- Yes ➔ **GO TO END (BACK COVER)**

 Refused ➔ **GO TO END (BACK COVER)**
 No (IF NO, COMPLETE YOUTH SECTION BELOW)
 ↓

115. How long has it been since you last lived with a parent or guardian?

(ENTER NUMBER IN PROPER BOX: DAYS, WEEKS, MONTHS OR YEARS)

OF DAYS

OF WEEKS

OF MONTHS

OF YEARS

- Refused
 Don't know

116. How old were you when you first left home on your own?

OF YEARS OLD

- Refused
 Don't know

117. I'm going to read some things that might cause young people to be homeless. For each, I'd like you to tell me if you think it was a main cause of your being homeless today, part of the cause but not the main cause, or not really a factor in your being homeless today. What about... **(CHECK A RESPONSE FOR EACH ITEM)**

	Main cause	Part of the cause	Not a factor	Refused	Don't know
a. Your parents' use of drugs or alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Your own use of drugs or alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You were not willing to live by your parents' rules?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Physical or sexual abuse by someone in your household?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Neglect, or parents not attending to your basic needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Your family lost their housing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Lack of tolerance for your sexual orientation or gender identity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. You were told to leave or you were locked out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. You were fighting frequently with your parents or guardians?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Your home was too small for everyone to live there?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. You didn't feel safe because of violence in your house?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. You left foster care or a group home or other placement without a permanent place to go?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

118. If you wanted to return home, would your parent(s), guardian(s) or other caregiver allow you to do so?

- Yes
 No
 Refused
 Don't know
 Not applicable, no home/family to go to

119. Do you think that you will ever live with your family again?

- Yes
- No
- Refused
- Don't know
- Not applicable, has no family

120. Have you ever run away from foster care, a group home, treatment center, or other placement?

- Yes ➔
- No ➔
- Refused ➔
- Don't know ➔

Not applicable, never been in an out-of-home placement

120a. Have you ever had to leave a foster or group home, correctional facility, or other placement, because you were too old to stay there?

- Yes
- No
- Refused
- Don't know

121. Do you have a parent who has ever been in jail or prison?

- Yes ➔
- No
- Refused
- Don't know

121a. Do you have a parent who is currently in a jail or prison?

- Yes
- No
- Refused
- Don't know

122. I know I've asked you this already, but just remind me. Do you have a high school diploma or GED?

Yes ➔ **GO TO Q.124**

No ➔

122a. Did you attend elementary, middle or junior high school, high school, or GED classes at all during the last school year? (Fall 2014 to Spring 2015)

- Refused
 - Don't know
- GO TO Q.124**

- Yes ➔
- No
- Refused
- Don't know

122b. In the last year, did you have problems with... **(CHECK A RESPONSE FOR EACH ITEM)**

	Yes	No	Ref	DK
a. Truancy or skipping school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Suspensions or expulsions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Poor or failing grades?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Trouble getting to school because of housing or transportation issues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Not feeling safe at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

122c. How many different schools did you attend during the last school year?

OF SCHOOLS

- Refused
- Don't know

123. Are you currently enrolled in any school or educational program?

Yes ➔

123a. Did you attend school today? (Thursday, October 22)

Yes

No ➔ Why not? (**CHECK THE FIRST 3 REASONS RESPONDENT MENTIONS**)

No school or no classes today

Starting soon; not enrolled yet

R was sick (or had a sick child)

Lack of motivation; didn't want to

No transportation; ride was late

Other (**SPECIFY**)

Refused

GO TO Q124

No ➔

123b. What are the main reasons you are not attending school now?

I'd like you to tell me the most important reason first. (**CHECK THE FIRST 3 REASONS RESPONDENT MENTIONS**)

Refused

Don't know

No permanent address

Not interested, no motivation

Dealing with other issues or problems

Have to work

Dropped out

Need a parent's signature

Other (**SPECIFY**)

Refused

124. Have you ever been pregnant or made someone pregnant?

Yes ➔

No ➔

Refused ➔

Don't know ➔

Not applicable,
does not have sexual
relationships

124a. Do you use or need birth control?

Yes ➔

No

Refused

Don't know

124b. Are you able to get a form of birth control that you can use?

Yes

No

Refused

Don't know

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WILDER USE ONLY

125. In the last 12 months, have any of the following people helped you to find the services you need?
(CHECK A RESPONSE FOR EACH ITEM)

What about...	Yes	No	Refused	Don't know
A. A friend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Partner or significant other?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Your parent?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Another relative?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. A social worker?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. A shelter staff person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Youth worker?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Outreach worker (e.g. Streetworks)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Teacher or other school staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Guardian ad Litem or other court staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. A foster or Host Home parent?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

126. Is there currently any adult in your life who you trust and have regular contact with?

- Yes ➔
- No
- Refused
- Don't know

126a. Who is that?

(IF MORE THAN ONE, RECORD MOST IMPORTANT RELATIONSHIP)

(RECORD LETTER FROM ABOVE LIST [A - K] OR WRITE IN OTHER PERSON IF NOT ON LIST. CLARIFY RELATIONSHIP IF NEEDED)

Other:

- Refused
- Don't know

GO TO NEXT PAGE

END

Thank you very much for your help.

I need to show Wilder Research and the study funders that I paid you for your time. Because the information you just gave me is confidential, I don't want you to give me your name. Instead, could you just give me your mother's first name?
(IF RESPONDENT IS NOT COMFORTABLE GIVING THIS INFORMATION, ASK INSTEAD FOR THE NAME OF THEIR FIRST PET.)

(Name)

GIVE RESPONDENT \$5.00 OR A CARD THEY CAN TURN IN TO THE SITE LEADER FOR \$5.00.

Interview end time: _____ a.m.
_____ p.m.

INTERVIEWER COMMENTS:

127. Respondent's answers appeared to be: **(CHECK ONE)**

- Reliable
- Unreliable
- Other **(DESCRIBE)**

Additional Comments:
