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 ➔

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 ➔

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

○ Yes ◁ No ➔

The survey is voluntary and confidential. We will pay you $10 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 ➔

TERMINATE INTERVIEW

TERMINATE INTERVIEW

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

- With other(s) ➔ Did the others include…
  - On own
  - Refused
  - Don't know

1a. A spouse, partner, or significant other?  
   - Yes  
   - No  
   - Refused  
   - Don't know

1b. Any children age 17 or younger?  
   - Yes  
   - No  
   - Refused  
   - Don't know

2. In the last 30 days, 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, not doubled up?  
   - Nights

2e. In some other type of place? (DESCRIBE)  
   - Nights

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

- Refused
- Don’t know

3. In the past 12 months, have you stayed the night on a bus, on a light rail train, in a bus or train transit station, or at a highway rest stop?

- Yes
- No
- Refused
- Don't know

And now, some background information about you.

4. How old are you?  
   - YEARS OLD

- Refused

5. With what gender do you identify?

- Male
- Female
- Self-identify (DESCRIBE)

- Refused
6. Are you currently married, separated, divorced, widowed, or have you never been married? **(CHECK ONE)**
- Married
- Separated
- Divorced
- Widowed
- Never married
- Refused

7. Are you of Hispanic or Latino origin?
- Yes
- No
- Refused
- Don’t know

8. 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,
- Some other group? (This can include mixed race) **(SPECIFY)**
- Refused
- Don't know

8a. What tribe 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.8c**
- Refused
- Don’t know

8b. Are you living on your tribe’s reservation now?
- Yes
- No
- Refused
- Don’t know

8c. Are you… **(CHECK ONE)**
- Officially enrolled with a tribe,
- A descendent of a tribal member but not enrolled, or
- Something else?
- Refused
- Don’t know
9. 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

9a. Did you pass a high school equivalency test (GED)?

- Yes
- No
- Refused
- Don’t know

10. 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

11. Are you currently enrolled in adult education, college, or a job training program?

- Yes
- No
- Refused
- Don’t know

11a. What education or training program are you enrolled in?

- GED
- Adult Basic Education
- 2-year college or technical school
- 4-year college
- Other (SPECIFY)

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

- 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

12a. Where did you live before coming to Minnesota? (LIST MOST RECENT STATE OR COUNTRY)

12b. Did you ever live in Minnesota before?

- Yes
- No
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? (SPECIFY)
   - Refused
   - Don’t know

15. Have you ever lived in a foster home?

<table>
<thead>
<tr>
<th>Yes</th>
<th>15a. As a child? (17 or younger)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>15b. Have you ever run away from a foster care placement?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Refused</td>
<td>15c. Did you ever have to leave a foster home because you were too old to stay there?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. Have you ever lived in a group home?

<table>
<thead>
<tr>
<th>Yes</th>
<th>16a. As a child? (17 or younger)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>16b. Have you ever run away from a group home placement?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Refused</td>
<td>16c. Did you ever have to leave a group home because you were too old to stay there?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
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</tbody>
</table>

17. 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)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>17a. As a child? (17 or younger)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
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</tr>
</tbody>
</table>

18. Have you ever stayed in a drug or alcohol treatment facility?

<table>
<thead>
<tr>
<th>Yes</th>
<th>18a. As a child? (17 or younger)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   | Yes | |
   | No  | |
   | Refused | |
   | Don’t know | |
20. Have you ever lived in a nursing home or a residence for people with physical disabilities?
   ○ Yes
   ○ No
   ○ Refused
   ○ Don’t know

21. Did you leave any of these places (QUESTIONS 15-20) in the last 12 months?
   ○ Not applicable – respondent has never been in any of these places.
   ○ Yes
   ○ No
   ○ Refused
   ○ Don’t know

   21a. Which place did you leave last? (CHECK ONE)
       ○ Foster home
       ○ Group home
       ○ Mental health treatment program
       ○ Drug or alcohol treatment facility
       ○ Some type of halfway house
       ○ Nursing home or residence for people with physical disabilities
       ○ Don’t know ➔ GO TO Q.22

   21b. Were you homeless at the time you went into that place?
       ○ Yes
       ○ No

   21c. Did you have a stable place to live when you left that place?
       ○ Yes
       ○ No

   21d. Did you receive any help finding a stable place to live when you left that place?
       ○ Yes
       ○ No

22. Were you ever held for more than a week in a juvenile detention center or other juvenile facility or camp?
   ○ Yes ➔
   ○ No
   ○ Refused
   ○ Don’t know

   22a. In the last 2 years?
       ○ Yes
       ○ No
       ○ Refused
       ○ Don’t know

23. Did you ever serve time in a county jail or workhouse for a month or more?
   ○ Yes ➔
   ○ No
   ○ Refused
   ○ Don’t know

   23a. In the last 2 years?
       ○ Yes
       ○ No
       ○ Refused
       ○ Don’t know

24. Did you ever serve time in a state or federal prison?
   ○ Yes ➔
   ○ No
   ○ Refused
   ○ Don’t know

   24a. In the last 2 years?
       ○ Yes
       ○ No
       ○ Refused
       ○ Don’t know
25. Did you leave any of these corrections facilities (QUESTIONS 22-24) in the last 12 months?  
○ Not applicable – respondent has not been in any of these facilities  
○ Yes  
25a. Which one of these facilities did you leave last?  
○ Juvenile detention  
○ County jail  
○ State or federal prison  
25b. Were you homeless at the time you went into that facility?  
○ Yes  
○ No  
○ Don’t know  
25c. Did you have a stable place to live when you left that facility?  
○ Yes  
○ No  
○ Don’t know  
25d. Did you receive any help finding a stable place to live when you left that facility?  
○ Yes  
○ No  
○ Don’t know

26. Are you currently on probation or parole?  
○ Yes  
○ No  
○ Refused  
○ Don’t know

27. How long have you been without a regular or permanent place to live? This includes where you are currently staying.  
○ One week or less  
○ More than 1 week but less than 1 month  
○ At least 1 month but 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 5 years  
○ 5 years or longer  
○ Refused  
○ Don’t know

28. What was the first type of place you stayed when you lost your last regular or permanent housing? Did you …  
○ Stay with friends or family in regular housing that they had,  
○ Stay in an emergency shelter,  
○ Sleep in a car, a bus or train station, lobby, or another inside public space not intended for housing,  
○ Sleep outside or some other open place including camping, or  
○ Did you stay somewhere else?  
○ Refused  
○ Don’t know

29. In the last 60 days, how many times have you moved from one place to another?  
○ 0  
○ 1  
○ 2 to 9  
○ 10 or more  
○ Refused  
○ Don’t know
30. 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

31. 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

32. What was the last city or town where you had regular or permanent housing? (CHECK ONE)
   ○ St. Paul
   ○ Minneapolis
   ○ Somewhere else in Minnesota ➪
   ○ Another state (not MN)
   ○ Another country (not the U.S.)
   ○ Refused
   ○ Don’t know

   SPECIFY CITY
   AND
   SPECIFY COUNTY

32a. Was that on a reservation?
   ○ Yes ➪ 32b. Which one? (CHECK ONE)
   ○ No
   ○ Don’t know
   ○ 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
   ○ Refused
   ○ Don’t know
33. 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)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes</th>
<th>No</th>
<th>Refused</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>You were evicted or your lease was not renewed?</td>
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<tr>
<td>A home you owned or were renting went into foreclosure?</td>
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<tr>
<td>You could not afford rent or house payments?</td>
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<tr>
<td>You lost your job or had your hours cut?</td>
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<tr>
<td>Violence in the neighborhood?</td>
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<tr>
<td>Substandard or unsafe housing?</td>
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<tr>
<td>Abuse by someone you lived with?</td>
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<tr>
<td>You entered treatment, jail, prison, or other residential program?</td>
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<tr>
<td>A breakup with your spouse or partner?</td>
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<tr>
<td>Problems getting along with other people you lived with?</td>
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<tr>
<td>Medical expenses or health care-related debt?</td>
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</tr>
</tbody>
</table>

Including today, have you ever lived in...

34. …An emergency shelter?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Refused</th>
<th>Don’t know</th>
</tr>
</thead>
</table>

34a. As a child? (17 or younger)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
</table>

35. …A domestic violence shelter?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Refused</th>
<th>Don’t know</th>
</tr>
</thead>
</table>

35a. As a child? (17 or younger)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
</table>

36. …A supportive housing program that provides support services with housing?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Refused</th>
<th>Don’t know</th>
</tr>
</thead>
</table>

36a. As a child? (17 or younger)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>YEARS OLD</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Refused</th>
<th>Don’t know</th>
</tr>
</thead>
</table>
38. 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

38a. 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, bus or train or other enclosed place not meant for housing
- Outdoors
- Some other kind of place (DESCRIBE)

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

- Yes
- No
- Refused
- Don’t know

39a. How long have you been on the waiting list?

- MONTHS
- Don’t know

39b. Have you been unable to get on a waiting list because it was closed?

- Yes
- No
- Don’t know

40. During the past 2 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

41. I would like to know if you have had difficulty renting an apartment or getting housing because of any of the following reasons. (CHECK A RESPONSE FOR EACH ITEM)

<table>
<thead>
<tr>
<th>How about…</th>
<th>Yes</th>
<th>No</th>
<th>Refused</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The size of your family?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Your age?</td>
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</tr>
<tr>
<td>c. Your race or the race of any of your family members?</td>
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<td></td>
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<tr>
<td>d. A physical disability?</td>
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<tr>
<td>e. A mental health problem?</td>
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<tr>
<td>f. Alcohol or chemical use by you or anyone in your household?</td>
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<tr>
<td>g. A criminal background?</td>
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<tr>
<td>h. Credit problems?</td>
<td></td>
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<tr>
<td>i. You had no local rental history or a reference?</td>
<td></td>
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</tr>
<tr>
<td>j. An eviction action, UD (unlawful detainer), or bad rental history?</td>
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</tr>
<tr>
<td>k. You had no transportation?</td>
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<tr>
<td>l. There was no housing you could afford?</td>
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</tr>
</tbody>
</table>
42. 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

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Refused</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Steady or temporary employment?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. MFIP, the Minnesota Family Investment Program, or another family welfare program?</td>
<td></td>
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<tr>
<td>c. General Assistance?</td>
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<tr>
<td>d. Emergency assistance?</td>
<td></td>
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<tr>
<td>e. Social Security – old age or survivor benefits?</td>
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<tr>
<td>f. Another Social Security program like Disability Insurance?</td>
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<td></td>
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<tr>
<td>g. Child support payments?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>h. Family or significant other?</td>
<td></td>
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</tr>
<tr>
<td>i. Asking for money on the streets?</td>
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<tr>
<td>j. Any other sources? (SPECIFY)</td>
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</tr>
</tbody>
</table>

**IF ALL “NO” ➔ GO TO Q.45**

IF “YES” TO ANY ASK...
44. Which of the ones you mentioned was your main source of income in October?
(RECORD LETTER FROM ABOVE LIST [A - J])

- Refused
- Don’t know

45. 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
46. In the last 12 months, have you ever received any of the following public benefits? (CHECK A RESPONSE FOR EACH ITEM)

<table>
<thead>
<tr>
<th>How about…</th>
<th>Yes</th>
<th>No</th>
<th>Refused</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Public medical benefits like Medicare, MinnesotaCare, or Medical Assistance?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Child care assistance or subsidy?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Unemployment benefits?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>d. Earned Income Tax Credit (EITC)?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>e. Food Stamps or SNAP?</td>
<td></td>
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</tr>
<tr>
<td>f. SSI, for either yourself or a child?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>g. Help paying for rent or housing? (such as Section 8 or supportive housing)</td>
<td></td>
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</tr>
</tbody>
</table>

47. During the last 12 months, did you lose any benefits that you had been receiving?

- Yes  
- No  
- Refused  
- Don’t know

48. 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

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

- Yes  
- No  
- Refused  
- Don't know

50. Do you currently have a valid Minnesota driver’s license or Minnesota state-issued photo ID?

- Yes  
- No  
- Refused  
- Don't know
51. How do you usually get to the places you need to go? (DO NOT READ LIST. RECORD UP TO 3 WAYS MENTIONED)
   ○ Walk, wheelchair, or bike
   ○ Drive myself
   ○ A family member or friend drives me
   ○ A public bus or the light rail
   ○ Take a taxi or ride-sharing service such as Uber or Lyft
   ○ Metro Mobility or other special transportation service
   ○ A volunteer driver (other than a family member or friend)
   ○ A shelter, program staff, or outreach worker drives me
   ○ Other (SPECIFY) ____________________________
   ○ Does not apply/I do not need transportation for the things I need or want to do

52. 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 this month. (CHECK A RESPONSE FOR EACH ITEM)

<table>
<thead>
<tr>
<th>How about...</th>
<th>Yes</th>
<th>No</th>
<th>Refused</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Food Stamps or SNAP?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>b. WIC (Women, Infant &amp; Children Food Program)?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>c. Mental health services?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>d. Medical or dental services?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>e. Emergency room?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>f. Transportation assistance, including free bus tokens or a bus card?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>g. Help to find a job?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>h. Help getting financial or other public benefits?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>i. Help getting an ID?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>j. Free voicemail services or free cell phone services?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>k. Free or almost free clothing shelves, like Goodwill?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>l. Drop-in centers or opportunity centers where several services are all located in one place?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>m. Food shelves?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>n. Free hot meals?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>o. Outreach services, like a street worker providing you with help or checking to see if you are OK?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

IF ALL “NO” ➔ GO TO Q.54

IF “YES” TO ANY ASK...

53. Of all the services you have used this month, which services have helped you the most? (READ “YES” RESPONSES FROM ABOVE LIST [A - O] AND RECORD LETTER FOR UP TO 3 SERVICES)
54. Have you ever served in the U.S. military?

☐ Yes ➔

54a. Which branch of the military?

☐ Army
☐ Navy
☐ Marines
☐ Air Force
☐ Coast Guard

☐ National Guard ➔

54b. Did you serve on active duty?

☐ Yes
☐ No

☐ Refused

54c. 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?

☐ Refused

☐ Don’t know

54d. Did you begin your military service…

☐ Prior to August 1964,
☐ August 1964 through May 1975,
☐ June 1975 through September 1980,
☐ October 1980 through March 2003, or
☐ April 2003 or later?

☐ Don’t know

54e. Did you serve in a combat zone?

☐ Yes ➔

54f. Was that during… (CHECK ALL THAT APPLY)

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

☐ No

☐ Refused

☐ Don’t know

54g. What type of discharge did you receive? Was it…

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

CONTINUE VETERANS QUESTIONS ON NEXT PAGE
54h. Do you feel that you have any service-related health problems?

- [ ] Yes
- [ ] No
- [ ] Refused
- [ ] Don’t know

54i. What kinds of problems? **(DESCRIBE)**

54j. Have you been diagnosed with a service-related head injury or traumatic brain injury?

- [ ] Yes
- [ ] No
- [ ] Refused
- [ ] Don’t know

54k. Have you had contact with a County or Tribal Veterans Services Officer during the last 12 months?

- [ ] Yes
- [ ] No
- [ ] Refused
- [ ] Don’t know

54l. Are you now receiving… **(READ EACH AND CHECK ALL THAT APPLY)**

- Service-connected compensation,
- Non-Service Connected (NSC) Veteran’s pension,
- VA Medical Center services,
- VA 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

54m. Have you used or received any Veterans’ benefits in the last 12 months?

- [ ] Yes
- [ ] No
- [ ] Refused
- [ ] Don’t know

54n. Have you joined the Minnesota Homeless Veteran Registry?

- [ ] Yes
- [ ] No
- [ ] Refused
- [ ] Don’t know
55. Are you currently employed? This includes temp work and self-employment.

- Yes
- No
- Refused

55a. How many hours, on average, do you work per week? (In a 7-day period)

- Refused

55b. What is your current hourly rate for your main job?

- Less than $7.87 an hour
- $7.87 to $9.66
- $9.67 to $11.99
- $12.00 to $14.99
- $15.00 an hour or more
- Paid by the job/commission
- Refused
- Don’t know

55c. In the last 6 months, have you been laid off, terminated, or had your job eliminated?

- Yes
- No
- Refused

55d. Have you received unemployment benefits in the last 6 months?

- Yes
- No
- Refused

55e. How long has it been since you last held a job?

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

- Refused

55f. Are you currently looking for work?

- Yes
- No
- Refused

55g. 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.56
56. During October, did you have any kind of medical coverage or health insurance?
   ○ Yes
   ○ No
   ○ Refused
   ○ Don’t know

57. Now I would like to ask some questions about health care services you might need right now.

   Do you feel that you now need to see…
   a. A doctor or nurse about any physical health problems?  
      Yes ☐ No ☐ Refused ☐ Don’t know ☐
   b. A health professional about any emotional or mental health problems?  
      Yes ☐ No ☐ Refused ☐ Don’t know ☐
   c. A health professional about any alcohol or drug problems?  
      Yes ☐ No ☐ Refused ☐ Don’t know ☐
   d. A dentist about tooth or gum problems?  
      Yes ☐ No ☐ Refused ☐ Don’t know ☐

58. Do you have a regular place where you go for medical care?
   ○ Yes ☑  58a. Is that … (CHECK ONE)
   ○ No ☐
   ○ Refused ☐
   ○ Don’t know ☐
   ○ A free clinic, ☐
   ○ The emergency room, ☐
   ○ A clinic that requires insurance or fees, ☐
   ○ VA Medical Center, ☐
   ○ Indian Health Service, or ☐
   ○ Somewhere else? (SPECIFY) ☐
   ○ Don’t know ☐

59. Did you receive any care in an emergency room in the last six months?
   ○ Yes ☑  59a. How many times have you been to the ER in the last 6 months?
   ○ No ☐
   ○ Refused ☐
   ○ Don’t know ☐  # OF TIMES
   ○ Refused ☐
   ○ Don’t know ☐
   59b. How many of those ER visits resulted in a hospital admission?
   ○ Refused ☐
   ○ Don’t know ☐  # OF ADMISSIONS
   ○ Refused ☐
   ○ Don’t know ☐

60. 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 ☐

61. 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 ☐
62. 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

63. 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?

63a. 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

63b. How old were you when you were injured?

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

YEARS OLD

- Don’t know

64. During the last 12 months, did you have any of the following illnesses, conditions, or problems?

<table>
<thead>
<tr>
<th>What about…</th>
<th>Yes</th>
<th>No</th>
<th>Refused</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Asthma?</td>
<td></td>
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<tr>
<td>b. Tuberculosis (TB) or another chronic lung or respiratory problem?</td>
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<tr>
<td>c. High blood pressure?</td>
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<tr>
<td>d. Other chronic heart or circulatory problems such as anemia or heart disease?</td>
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<tr>
<td>e. Diabetes?</td>
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</tr>
<tr>
<td>f. Cancer?</td>
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<tr>
<td>g. Severe chronic pain?</td>
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</tr>
</tbody>
</table>

65. 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)

<table>
<thead>
<tr>
<th>What about…</th>
<th>Yes</th>
<th>No</th>
<th>Refused</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Schizophrenia or another paranoid or delusional disorder?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>b. Bipolar disorder, manic episodes, or manic depression?</td>
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<tr>
<td>c. Major depression or clinical depression?</td>
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<td></td>
</tr>
<tr>
<td>d. Obsessive-compulsive personality or any other severe social or personality disorder?</td>
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</tr>
<tr>
<td>e. Post-Traumatic Stress Disorder (PTSD)?</td>
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<td></td>
<td></td>
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<tr>
<td>f. Anxiety disorder or panic disorder?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>g. Autism or Autism Spectrum Disorder?</td>
<td></td>
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<td></td>
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<tr>
<td>h. Alcohol abuse disorder?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>i. Drug abuse disorder?</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
66. 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

66a. During the last two years?

- Yes
- No
- Refused
- Don’t know

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

- Yes
- No
- Refused
- Don’t know

Is the medication you are not taking for...

(CHECK A RESPONSE FOR EACH ITEM)

- Yes
- No
- Refused

67a. A physical problem?

67b. A mental health problem?

67c. An alcohol or chemical abuse problem?

68. During the last 30 days have you used...

(CHECK A RESPONSE FOR EACH ITEM)

- Yes
- No
- Refused

a. Cigarettes?

b. E-cigarettes or a vaporizer?

c. Alcohol?

d. Marijuana?

e. Crack or any other kind of cocaine?

f. Heroin?

g. Codeine, morphine, fentanyl, or another opioid?

h. Meth (methamphetamines)?

i. Synthetic stimulants (bath salts, K2, synthetic marijuana)?

j. Other (non-opioid) pharmaceutical drugs not prescribed to you?

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

- Yes
- No
- Refused
- Don’t know

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

- Yes
- No
- Refused
- Don’t know

70a. During the last two years?

- Yes
- No
- Refused
- Don’t know
71. In the last 12 months, have you been admitted to a detox center?
   - Yes
   - No
   - Refused
   - Don’t know
   71a. Approximately how many times?
   - # OF TIMES
   - Refused
   - Don’t know

72. 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

73. Have you ever been physically or sexually attacked or assaulted while you have been homeless?
   - Yes
   - No
   - Refused
   - Don’t know

74. 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

75. Have you ever stayed in an abusive situation because you did not have other housing options?
   - Yes
   - No
   - Refused
   - Don’t know

76. Have you ever had to be sexual with someone to get shelter, clothing, food or other things?
   - Yes
   - No
   - Refused
   - Don’t know

77. 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
   - No
   - Refused
   - Don’t know
   77a. At what age were you first approached to do this?
   - YEARS OLD
   - Refused
   - Don’t know
78. Next, I have a few questions about your childhood. **(CHECK A RESPONSE FOR EACH ITEM)**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Refused</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. As a child, did either of your parents ever go to prison?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>b. As a child, did you ever live with someone who was a problem drinker, alcoholic, or drug user?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>c. As a child, did you witness abuse of another family member?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>d. As a child, did a parent or guardian ever struggle with mental health issues?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>e. As a child, were you ever physically mistreated or abused?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>f. As a child, were you ever sexually mistreated or abused?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>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?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

79. 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

79a. Could you stay with your family or relatives for an extended period of time if you wanted to?

- ○ Yes
- ○ No
- ○ Refused
- ○ Don’t know

80. Do you generally identify your sexual orientation as … **(CHECK ONE)**

- ○ Heterosexual or straight,
- ○ Gay or lesbian,
- ○ Bisexual,
- ○ Are you unsure, or do you Self-identify? **(DESCRIBE)**
- ○ Refused

81. Do you identify yourself as transgender?

- ○ Yes
- ○ No
- ○ Refused
- ○ Don’t know

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

82. Are you or a partner of yours currently pregnant?

- ○ Yes
- ○ No
- ○ Refused
- ○ Don’t know
83. Do you have any children age 17 or younger?
- Yes ➔
- No ➔ GO TO Q.93 (PAGE 24)
- Refused ➔

83a. How many of your children are 17 or younger?

83b. What are their ages?

84. 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 ➔

84a. Have any of your children enrolled in these early childhood programs had difficulty attending because of your housing situation?
- No
- Refused
- Don’t know

85. Do you have any children age 17 or younger who are not living with you here?
- Yes ➔
- No
- Refused
- Don’t know

85a. Are any children not living with you here because of program restrictions in the shelter or facility?
- Yes
- No
- Refused
- Don’t know

86. How many of your children age 17 or younger are living with you here?
- 0 ➔ GO TO Q.93 (PAGE 24)
- 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.

87. What are the ages of the minor children – age 17 or younger – living with you here?

88. 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

89. 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

90. During the last 12 months, have you been unable to get any of the following types of care for your children who are living with you here? (CHECK A RESPONSE FOR EACH ITEM)

<table>
<thead>
<tr>
<th>Have you been unable to obtain …</th>
<th>Yes</th>
<th>No</th>
<th>Refused</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Needed dental care?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Needed physical health care (not including dental)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>c. Needed mental health care?</td>
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<td></td>
</tr>
<tr>
<td>d. Regular child care when you needed it?</td>
<td></td>
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</tr>
</tbody>
</table>

91. 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
92. Just to check, do you have children age 6 through 17 living with you?

- [ ] Yes
- [ ] No
- [ ] Refused
- [ ] Don’t know

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

92a. 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

92b. Have any of your children living with you experienced any of the following school-related issues?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Refused</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>92b. A lot of absences?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>92c. Skipping school or truancy?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>92d. Suspension or expulsion?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>92e. Poor or failing grades?</td>
<td></td>
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</tr>
<tr>
<td>92f. Displaying aggression, bullying, or antisocial behavior?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>92g. Experience with bullying as a victim?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>92h. Difficulty with peer relationships?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>92i. Held back or repeated a grade?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

92j. Did all of your school-age children living with you here attend school today?

- [ ] Yes
- [ ] No
- [ ] Refused
- [ ] Don’t know

92k. Have any of your children had to change schools due to your housing situation?

- [ ] Yes
- [ ] No
- [ ] Refused
- [ ] Don’t know

93. Please remind me, are you 21 or older?

- [ ] Yes ➔ GO TO END (BACK COVER)
- [ ] Refused ➔ GO TO END (BACK COVER)
- [ ] No (IF NO, COMPLETE YOUTH SECTION BELOW)

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

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

- [ ] # OF DAYS
- [ ] # OF WEEKS
- [ ] # OF MONTHS
- [ ] # OF YEARS

- [ ] Refused
- [ ] Don’t know
95. When you last left your living situation with your parent or guardian, would you say that…
   ○ You decided to leave,
   ○ You were told to leave or locked out by your parent or guardian, or
   ○ You were placed outside of your home? (for example, by a county worker)
   ○ Refused
   ○ Don’t know

96. I’m going to read some things that might cause young people to become 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. (CHECK A RESPONSE FOR EACH ITEM)

<table>
<thead>
<tr>
<th>What about…</th>
<th>Main cause</th>
<th>Part of the cause</th>
<th>Not a factor</th>
<th>Refused</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Your parents’ use of drugs or alcohol?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>b. Your own use of drugs or alcohol?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>c. You were not willing to live by your parents’ rules?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>d. Neglect, or your parents were not attending to your basic needs?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>e. Lack of tolerance for your sexual orientation or gender identity?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>f. You were fighting frequently with your parents or guardians?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>g. Your home was too small for everyone to live there?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>h. You didn’t feel safe because of violence in your house?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>i. You left foster care or a group home or other placement without a permanent place to go?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

97. Do you think that you will ever live with your family again?
   ○ Yes
   ○ No
   ○ Refused
   ○ Don’t know
   ○ Not applicable, has no family

98. Do you have a parent who is currently in a jail or prison?
   ○ Yes
   ○ No
   ○ Refused
   ○ Don’t know
99. 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.100

☐ No ➔ 99a. Did you attend school classes, GED classes at all during the last school year? (Fall 2017 to Spring 2018)

☐ Yes ➔

☐ No

☐ Refused

☐ Don’t know

GO TO Q.100

In the last year, did you have problems with…

(CHECK A RESPONSE FOR EACH ITEM)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Ref</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>99b. Truancy or skipping school?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99c. Suspensions or expulsions?</td>
<td></td>
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<tr>
<td>99d. Poor or failing grades?</td>
<td></td>
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<td></td>
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<tr>
<td>99e. Trouble getting to school because of housing or transportation issues?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>99f. Not feeling safe at school?</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

99g. How many different schools did you attend during the last school year?

☐ Refused

☐ Don’t know

99h Did you attend school today? (Thursday, October 25)

☐ Yes

☐ No ➔ 99i. Why not?

(DO NOT READ LIST - CHECK THE FIRST 3 REASONS MENTIONED)

☐ Not currently enrolled

☐ No school or no classes today

☐ They were sick (or had a sick child)

☐ Lack of motivation; didn’t want to

☐ No transportation; ride was late

☐ Other (DESCRIBE)

☐ Refused

☐ Don’t know
100. 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)

<table>
<thead>
<tr>
<th>What about…</th>
<th>Yes</th>
<th>No</th>
<th>Refused</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A friend or partner?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Your parent or another relative?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. A social worker?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. A shelter staff person?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. Youth worker?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f. Teacher or other school staff?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g. Guardian ad Litem or other court staff?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>h. A foster or Host Home parent?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

101. Is there currently any adult in your life who you trust and can talk with about your problems?

☐ Yes ➔ 101a. Who is that?

☐ No
☐ Refused
☐ Don’t know

(IF MORE THAN ONE, RECORD MOST IMPORTANT RELATIONSHIP)

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

☐ Refused
☐ Don’t know

GO TO NEXT PAGE
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 $10.00 OR A CARD THEY CAN TURN IN TO THE SITE LEADER FOR $10.00.

Interview end time: ____________ p.m.

INTERVIEWER COMMENTS:

102. Respondent’s answers appeared to be: (CHECK ONE)
    ○ Reliable
    ○ Unreliable
    ○ Other (DESCRIBE)

Additional Comments:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
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