

Location code:
Location name:
Location type:

WILDER USE ONLY:

INTERVIEW #

County:

WILDER USE ONLY

(IF THE BOX ABOVE IS BLANK) fill in the county where the interview is being conducted.

MINNESOTA STATEWIDE SURVEY OF PERSONS WITHOUT PERMANENT SHELTER INTERVIEW SCHEDULE 2018

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 →



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 \$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



GO TO
Q. 1

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, 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

= TOTAL NIGHTS

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

- Refused
- Don't know

WILDER USE ONLY

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

WILDER USE ONLY

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,

WILDER USE ONLY

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

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

- 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?

WILDER USE ONLY

- 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

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)
- Somewhere else in Minnesota (not in the Twin Cities or the 7-county metro area)
- Another state
- Another country other than the U.S.
- Refused
- Don't know

WILDER USE ONLY

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

WILDER USE ONLY

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. Have you ever run away from a foster care placement?	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Refused	15c. Did you ever have to leave a foster home because you were too old to stay there?	<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. Have you ever run away from a group home placement?	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Refused	16c. Did you ever have to leave a group home because you were too old to stay there?	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Don't know			

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)?

<input type="radio"/> Yes ➔	17a. As a child? (17 or younger)	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> No			
<input type="radio"/> Refused			
<input type="radio"/> Don't know			

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

<input type="radio"/> Yes ➔	18a. As a child? (17 or younger)	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> No			
<input type="radio"/> Refused			
<input type="radio"/> Don't know			

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 <u>into</u> that place?	<input type="radio"/> Yes	<input type="radio"/> No
21c. Did you have a stable place to live when you <u>left</u> that place?	<input type="radio"/> Yes	<input type="radio"/> No
21d. Did you receive any help finding a stable place to live when you left that place?	<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?

- 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? (**CHECK ONE**)

Juvenile detention County jail State or federal prison

No

25b. Were you homeless at the time you went into that facility?

Yes

No

Don't know

Refused

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. (**CHECK ONE**)

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 ... (**CHECK ONE**)

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? (**CHECK ONE NUMBER**)

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

WILDER USE ONLY

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

- St. Paul
- Minneapolis

WILDER USE ONLY

Somewhere else in Minnesota ➔

SPECIFY CITY

AND

SPECIFY COUNTY

- Another state (not MN)
- Another country (not the U.S.)
- Refused
- Don't know

32a. Was that on a reservation?

- Yes ➔
- No
- Don't know

32b. 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
- 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)**

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 home you owned or were renting went into foreclosure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You could not afford rent or house payments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. You lost your job or had your hours cut?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Violence in the neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Substandard or unsafe housing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Abuse by someone you lived with?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. You entered treatment, jail, prison, or other residential program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. A breakup with your spouse or partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Problems getting along with other people you lived with?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Medical expenses or health care-related debt?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Including today, have you ever lived in...

34. ...An emergency shelter?

<input type="radio"/> Yes ➡	34a. As a child? (17 or younger)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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No
 Refused
 Don't know

35. ...A domestic violence shelter?

<input type="radio"/> Yes ➡	35a. As a child? (17 or younger)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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No
 Refused
 Don't know

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

<input type="radio"/> Yes ➡	36a. As a child? (17 or younger)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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No
 Refused
 Don't know

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

YEARS OLD

- Refused
 Don't know

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 ➔

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

MONTHS

- Don't know

- No ➔

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

- Refused
- Don't know

- 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

WILDER USE ONLY

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)**

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

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)

	Yes	No	Refused	Don't know
a. Steady or temporary employment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. MFIP, the Minnesota Family Investment Program, or another family welfare program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. General Assistance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Emergency assistance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Social Security – old age or survivor benefits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Another Social Security program like Disability Insurance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Child support payments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Family or significant other?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Asking for money on the streets?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Any other sources? (SPECIFY) <input style="width: 200px; height: 20px;" type="text"/>	<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. 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

WILDER USE ONLY

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)

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 or subsidy?	<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. SSI, for <u>either yourself or a child</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Help paying for rent or housing? (such as Section 8 or supportive housing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Yes → 47a. What benefits did you lose or become unable to afford? **(RECORD LETTER FOR UP TO 3 BENEFITS FROM ABOVE LIST [A - G] OR WRITE IN OTHER BENEFITS THAT RESPONDENT MENTIONS)**
 No
 Refused
 Don't know

 Other

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 → 48a. Have you been sanctioned during the last 12 months?
 No Yes No Refused Don't know
 Refused
 Don't know

48b. Have you exited the family welfare program in the last 12 months?
 Yes No Refused Don't know

48c. Have you used or received MFIP employment services in October?
 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

WILDER USE ONLY

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)**

WILDER USE ONLY

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)**

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. Mental health services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Medical or dental services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Emergency room?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Transportation assistance, including free bus tokens or a bus card?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Help to find a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Help getting financial or other public benefits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Help getting an ID?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Free voicemail services or free cell phone services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Free or almost free clothing shelves, like Goodwill?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Drop-in centers or opportunity centers where several services are all located in one place?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Food shelves?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Free hot meals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. 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"/>



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)**

None of them were helpful

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

Yes ➔

No ➔

Refused ➔

**GO
TO
Q. 55**

54a. Which branch of the military?

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

National Guard ➔

Reserves ➔

Refused

Don't know

54b. Did you serve on active duty?

Yes No

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 ➔
- No
- Refused
- Don't know

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)**

54g. 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 ON NEXT PAGE

WILDER USE ONLY

QUESTIONS ON THIS PAGE FOR VETERANS ONLY

54h. Do you feel that you have any service-related health problems?

- Yes ➔
- No
- Refused
- Don't know

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

WILDER USE ONLY

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 ➔

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

HOURS ➔

55b. What is your current hourly rate for your main job?
(CHECK ONE)

- 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

GO TO Q.56

No ➔

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

- Yes
- No
- Refused

Refused



**GO TO
Q.56**

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)**

DAYS MONTHS YEARS

CHECK HERE IF NEVER EMPLOYED

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

WILDER USE ONLY

WILDER USE ONLY

WILDER USE ONLY

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...	Yes	No	Refused	Don't know
a. A doctor or nurse about any physical health problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. A health professional about any emotional or mental health problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. A health professional about any alcohol or drug problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. A dentist about tooth or gum problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

<input type="radio"/> Yes ➔ <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	58a. Is that ... (CHECK ONE) <input type="radio"/> A free clinic, <input type="radio"/> The emergency room, <input type="radio"/> A clinic that requires insurance or fees, <input type="radio"/> VA Medical Center, <input type="radio"/> Indian Health Service, or <input type="radio"/> Somewhere else? (SPECIFY) <input style="width: 150px;" type="text"/> <input type="radio"/> Don't know	<div style="border: 1px solid black; width: 60px; height: 25px; margin: 0 auto;"></div> WILDER USE ONLY
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59. Did you receive any care in an emergency room in the last six months?

<input type="radio"/> Yes ➔ <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	59a. How many times have you been to the ER in the last 6 months? <input style="width: 40px;" type="text"/> # OF TIMES <input type="radio"/> Refused <input type="radio"/> Don't know 59b. How many of those ER visits resulted in a hospital admission? <input style="width: 40px;" type="text"/> # OF ADMISSIONS <input type="radio"/> Refused <input type="radio"/> 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?

<input type="radio"/> Yes ➔	63a. After your head injury, did you start having problems with headaches, concentration or memory, understanding, excessive worry, sleeping, or getting along with people?
<input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know
<input type="radio"/> Refused	63b. How old were you when you were injured?
<input type="radio"/> Don't know	(IF MORE THAN ONE SUCH INJURY, GIVE AGE OF FIRST ONE)
	<input type="text"/> YEARS OLD <input type="radio"/> Don't know

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

What about...	Yes	No	Refused	Don't know
a. Asthma?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Tuberculosis (TB) or another chronic lung or respiratory problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. High blood pressure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Other <u>chronic</u> heart or circulatory problems such as anemia or heart disease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Diabetes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Severe chronic pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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)

	Yes	No	Refused	Don't know
a. Schizophrenia or another paranoid or delusional disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Bipolar disorder, manic episodes, or manic depression?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Major depression or clinical depression?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Obsessive-compulsive personality or any other severe social or personality disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Post-Traumatic Stress Disorder (PTSD)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Anxiety disorder or panic disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Autism or Autism Spectrum Disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Alcohol abuse disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Drug abuse disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

<input type="radio"/> Yes ➡	66a. During the last two 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

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

<input type="radio"/> Yes ➡	Is the medication you are not taking for...			
<input type="radio"/> No	(CHECK A RESPONSE FOR EACH ITEM)	Yes	No	Refused
<input type="radio"/> Refused	67a. A physical problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Don't know	67b. A mental health problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	67c. An alcohol or chemical abuse problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Yes	No	Refused
a. Cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. E-cigarettes or a vaporizer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Crack or any other kind of cocaine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Codeine, morphine, fentanyl, or another opioid?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Meth (methamphetamines)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Synthetic stimulants (bath salts, K2, synthetic marijuana)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Other (non-opioid) pharmaceutical drugs not prescribed to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?

<input type="radio"/> Yes ➡	70a. During the last two 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

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)**

	Yes	No	Refused	Don't know
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 or abused?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. As a child, were you ever sexually mistreated or abused?	<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"/>

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)**

<input type="radio"/> Less than 1 month	➔	79a. Could you stay with your family or relatives for an extended period of time if you wanted to?
<input type="radio"/> More than 1 month but less than 1 year	➔	
<input type="radio"/> 1 year or more	➔	
<input type="radio"/> Refused		
<input type="radio"/> Don't know		
<input type="radio"/> Not applicable, no family/relatives		

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

WILDER USE ONLY

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 ➔

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

No ➔

**GO TO
Q.93
(PAGE 24)**

Refused ➔

83b. 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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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

Yes

No

Refused

Don't know

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

Yes ➔

85a. Are any children not living with you here because of program restrictions in the shelter or facility?

No

Refused

Don't know

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)

Have you been unable to obtain ...	Yes	No	Refused	Don't know
a. Needed dental care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Needed physical health care (not including dental)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Needed mental health care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Regular child care when you needed it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 ➔

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

- No
- Refused
- Don't know

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

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

	Yes	No	Refused	Don't Know
92b. A lot of absences?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92c. Skipping school or truancy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92d. Suspension or expulsion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92e. Poor or failing grades?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92f. Displaying aggression, bullying, or anti-social behavior?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92g. Experience with bullying as a victim?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92h. Difficulty with peer relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92i. Held back or repeated a grade?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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)**

What about...	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. Neglect, or your parents were not attending to your basic needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. 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"/>
f. You were fighting frequently with your parents or guardians?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. 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"/>
h. 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"/>
i. 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"/>

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)

Refused
 Don't know
GO TO Q.100

Yes ➔

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

	Yes	No	Ref	DK
<input type="radio"/> No				
<input type="radio"/> Refused				
<input type="radio"/> Don't know				
99b. Truancy or skipping school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99c. Suspensions or expulsions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99d. Poor or failing grades?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99e. Trouble getting to school because of housing or transportation issues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99f. Not feeling safe at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

OF SCHOOLS

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

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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)

What about...	Yes	No	Refused	Don't know
a. A friend or partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Your parent or another relative?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. A social worker?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. A shelter staff person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Youth worker?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Teacher or other school staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Guardian ad Litem or other court staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. A foster or Host Home parent?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Yes ➔

No

Refused

Don't know

101a. Who is that?
(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.)

Other

Refused

Don't know

GO TO NEXT PAGE

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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 \$10.00 OR A CARD THEY CAN TURN IN TO THE SITE LEADER FOR \$10.00.

a.m.

Interview end time: _____ p.m.

INTERVIEWER COMMENTS:

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

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

Additional Comments:
