2020 Greater Los Angeles Homeless Count Demographic Survey

As part of the annual Greater Los Angeles Homeless Count, LAHSA uses demographic survey data to better understand who is experiencing unsheltered homelessness. This survey data helps LAHSA estimate various characteristics of the unsheltered individuals, youth, and families who are counted as part of the Homeless Count. This year, a team of researchers and service provider surveyors led by USC (University of Southern California) conducted the full demographic survey with over 4,000 respondents during the three months from December 1, 2019 to March 1, 2020. More details on the methodology is available at https://www.lahsa.org/homeless-count/

How was it developed and what does it include?
The survey is comprised of over 60 questions that ask respondents about their race, age, history of homelessness, past employment and education, as well as their health conditions and the health of other persons in their household. In addition to collecting demographic information about individuals and families, it also helps LAHSA estimate the average number of persons who stay in cars, tents, RVs and campers, vans, and makeshift shelters that are counted. These estimations together with the number of persons counted on the street make up the total number of unsheltered persons.

This survey has been routinely updated over the years to continuously improve both the accuracy of data being collected and ensure appropriateness and sensitivity of the information respondents are asked to report. This past year (2019) improvements were made to the questions about health conditions and new questions were included that pertain to health insurance and system involvement for youth.

Who is surveyed?
LAHSA collaborates with people with lived experience, service providers, and researchers at USC to identify hotspots that provide a sampling frame and stratification basis for determining where the demographic survey will be conducted. Hotspots are located across the Los Angeles Continuum of Care which is all of LA County excluding the cities of Pasadena, Glendale, and Long Beach. Hotspots are considered areas where there is reported concentration of people experiencing unsheltered homelessness, where individuals may be staying on the street or in vehicles, tents, makeshift shelters, etc. A sample of census tracts is selected from both hotspot and non-hotspot locations along with target survey volumes for areas to ensure adequate geographic coverage to meet statistical confidence thresholds. In addition, sampled census tracts, surveys were also conducted deliberately at Family Solution Centers (FSC) and youth at drop-in centers, to target and augment data collection from otherwise underrepresented families and youth. In doing so survey teams were able to collect more than twice as many surveys from families this year, increasing from 83 to 180 surveys.

What is the actual survey process?
As described, surveyors canvass designated sample areas, both hotspots and non-hotspots, approaching people presumed to be experiencing unsheltered homelessness who were living in vehicles, tents, etc., to ask if they would be willing to participate in the homeless count survey. After introducing the survey with a brief explanation of why it is done and how the information would be used, individuals are asked if they understand and consent; if so, surveyors then ask two questions to determine eligibility, namely where the respondent stayed for the majority of the last 30 days, and where they stayed the previous night. If an individual reports an unsheltered locating as the answer to either question, they are considered an eligible unsheltered respondent and the surveyor proceeded with the full survey. This year, surveyors collected 6,284 surveys of which 4,304 were eligible.
Pre-Survey – FOR STAFF ONLY

DATE: ___ / ___ / ___ ___ ___

INTERVIEWER INITIALS: __________

SERVICE PLANNING AREA (SPA)
where you are conducting survey:

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

LOCATION / INTERSECTION
where you are conducting survey:

1st Street:

2nd Street:

Other: (e.g. park or landmark)

CENSUS TRACT: AND  SPLIT: (LETTER/S)

DROP-IN CENTER Survey? ○ Yes  ○ No

This section is based on YOUR PERCEPTION(s) of the potential respondent.

Perceived GENDER:

- Male
- Female
- Gender Non-conforming

Perceived AGE:

- Under 18
- 18-24
- 25-54
- 55-61
- 62+

Perceived RACE:

- American Indian / Alaskan Native
- Asian
- Black / African American
- Native Hawaiian / Other Pacific Islander
- White
- Multi-racial / Other

Perceived ETHNICITY:

- Hispanic or Latinx
- Not Hispanic or Latinx

Do you observe signs of ANY of the following:

- Physical health condition
- Mental illness
- Alcohol or substance use
- No Observations

RESPONDENT APPROACHED?

- No, unapproached
- Yes, but refused
- Yes, but language barrier
- Yes, proceed with survey ↓

INTRODUCTION & CONSENT

Before we begin, I want to remind you that this interview is completely voluntary and should you refuse, it will NOT result in any denial of services. Your answers will be kept confidential and if we should come to any questions you don’t want to answer, just let me know and we’ll go to the next question. We’re interested in the opinions & living conditions of individuals throughout L.A. County, so I’ll be asking questions about your experience with housing, services, & some things about yourself. I hope you’ll find the questions interesting & want to give them careful thought.

If you qualify for the full survey, which takes around 30-40 minutes, you will receive a $10 food card for your time. After we’ve determined that you qualify, your responses to any of the following survey questions will NOT affect whether you receive the food card.

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

Please re-read intro & verify refusal ← - - - ○ No  ○ Yes - - - → Continue with demographic survey
**ELIGIBILITY**

1. **What is your date of birth?**
   
   { MM / DD / YEAR } ___ / ___ / ___

2. **The next 2 questions determine if you will be eligible to take the full survey. Where have you spent MOST of your nights in the last 30 days?**

   **Wait for response, then select choice closest to their answer.**

   If asked to clarify, ask: “Have you spent more than 2 weeks of the past month in the same place? If so, where was that?”

   - Your own apartment or home
   - Emergency shelter
   - Apartment or home of a relative or friend
   - Apartment or home of a stranger
   - Foster care, group home, SILP, STRTP
   - Hospital, substance abuse or psychiatric facility
   - Hotel or motel
   - Jail or prison
   - Safe Haven
   - Transitional housing
   - Youth shelter
   - Assisted living or Board & Care facility

   - Street, sidewalk, or alley
   - Campground or woods
   - Park, beach, or riverbed
   - Under bridge or overpass
   - Parking lot (surface)
   - Abandoned building
   - Unconverted garage, attic, basement
   - Makeshift Shelter
   - Tent
   - Other outdoor location
   - Other place not meant for human habitation

   - Car or truck
   - Van or SUV
   - RV or camper
   - Parking structure
   - On a bus or train
   - Bus or Train stop/station
   - Airport
   - Workplace
   - Declined
   - Don’t know

3. **You told me where you had spent the most nights in the past 30 days. Where did you spend last night?**

   **Wait for response, then select choice closest to their answer.**

   - Your own apartment or home
   - Emergency shelter
   - Apartment or home of a relative or friend
   - Apartment or home of a stranger
   - Foster care, group home, SILP, STRTP
   - Hospital, substance abuse or psychiatric facility
   - Hotel or motel
   - Jail or prison
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   - Unconverted garage, attic, basement
   - Makeshift Shelter
   - Tent
   - Other outdoor location
   - Other place not meant for human habitation

4. **We’re interested in understanding how much you travel throughout the day and night. We know you are here now. But what city, neighborhood, or community were you sleeping in last night?**

   **IF respondent names a community, select “Knows…” & write it in.**

   **IF they say the community of the current survey, select “Here”.**

   **IF respondent is still having difficulty, have them point on the L.A. County map & enter the corresponding SPA.→**

   - Knows community or city, specify: _________________________________________

   - Here (location of survey)
     - SPA 1
     - SPA 3
     - SPA 5
     - SPA 7
     - SPA 2
     - SPA 4
     - SPA 6
     - SPA 8
     - Don’t know
     - Declined

**IF EITHER QUESTION #2 OR #3 = UNSHELTERED (2ND & 3RD COLUMNS), THEY ARE ELIGIBLE – CONTINUE**

**IF BOTH QUESTION #2 AND QUESTION #3 = SHELTERED (1ST COLUMN), RESPONDENT IS INELIGIBLE – READ PROMPT:**

I’m sorry, you do not qualify for the full survey. Thank you for your time. **MOVE ON TO NEXT RESPONDENT**
You are eligible for the full survey. We’ll start with some questions about you & your experiences.

### Individual Demographics

5. **What are the initials of your FIRST and LAST name?**
   
   { First Last }

6. **What gender do you identify with?**
   
   - Male
   - Female
   - Gender Non-conforming
   - Declined
   - Don’t know

7. **Do you identify as transgender?**
   
   - Yes
   - No
   - Declined
   - Don’t know

8. **Which best represents your sexual orientation?**
   
   - Gay
   - Straight
   - Bisexual
   - Lesbian
   - Unsure / Questioning
   - Declined
   - Don’t know

9. **What race OR races do you identify with?**
   
   - American Indian or Alaska Native, specify tribe:
   - White
   - Black or African-American
   - Asian Indian
   - Chinese
   - Japanese
   - Korean
   - Vietnamese
   - Filipino
   - Native Hawaiian
   - Guamanian or Chamorro
   - Samoan
   - Hispanic / Latinx
   - Other Asian, specify:
   - Other Pacific Islander, specify:
   - Some other race, specify:
   - Declined
   - Don’t know

10. **Do you identify as Hispanic or Latinx?**
    
    - Yes
    - No, not of Hispanic / Latinx origin
    - Declined
    - Don’t know

   **IF HISPANIC / LATINX, ASK:**
   
   Could you describe your Hispanic / Latinx background?
   
   - Central American
   - South American
   - Spanish (from Spain)
   - Mexican, Mexican American, Chicano
   - Other Hispanic/Latinx origin:
   - Puerto Rican
   - Cuban
   - Declined
   - Don’t know

### Veteran Status

11. **Have you served ACTIVE DUTY in the U.S. Armed forces?**
   
   - Army, Air Force, Navy, the Marine Corps, or Coast Guard
   - Yes
   - No
   - Declined
   - Don’t know

12. **Were you called into ACTIVE DUTY as a member of the National Guard or as a reservist?**
    
    - Yes
    - No
    - Declined
    - Don’t know

### IF ACTIVE DUTY in EITHER ARMED FORCES or NATIONAL GUARD = NO; DECLINED; DON’T KNOW

13. **What is your discharge status?**
    
    If response is not listed, select "Unverified"
    
    - Honorable
    - General under honorable conditions
    - Dishonorable
    - Under other than honorable conditions (OTH)
    - Uncharacterized
    - Declined
    - Don’t know

14. **Which years, or in which theater(s) of war, did you serve?**
    
    Wait for response and choose ALL that apply.
    
    - World War II (1940-47)
    - Between WWII & Korean War (1947-50)
    - Korean War (1950-55)
    - Between Korean War & Vietnam (1955-64)
    - Vietnam (1964-75)
    - Post-Vietnam (1975-91)
    - Persian Gulf (1991-2001)
    - Afghanistan (2001-Present)
    - Declined
    - Don’t know
15. Is this the FIRST time you have experienced homelessness?  
☐ Yes  → QUESTION #17  ☐ Declined  ☐ No  ☐ Don't know

16. How old were you the FIRST TIME you experienced homelessness?  
Enter approximate age in blank → ________ (years)

17. How long have you been experiencing homelessness THIS TIME?  
Enter best approximation of their response → ________ (days) ________ (weeks) ________ (months) ________ (years)

IF LENGTH OF HOMELESSNESS = 1+ YEAR (12+ MONTHS) → QUESTION #19  
OTHERWISE – CONTINUE TO QUESTION #18 - #19

18. In the PAST YEAR, including this time, how many separate times have you experienced homelessness, on the street, in a vehicle or in shelters?  
EXAMPLE: respondent was housed once for a short time in the past year & homeless before and after = 2 separate episodes of homelessness.

☐ 1 time  ☐ 2 to 3 times  ☐ 4 or more times  ☐ Declined  ☐ Don't know

19. In the PAST 3 YEARS, including this time, how many separate times have you experienced homelessness, on the street, in a vehicle or in shelters?  

☐ 1 time  ☐ 2 to 3 times  ☐ 4 or more times → QUESTION #21

20. In the PAST 3 YEARS, have you stayed in shelters or on the streets for more than 12 MONTHS total?  

☐ Yes  ☐ No  ☐ Declined  ☐ Don’t know

21. In the past 6 MONTHS, have you lived in any of these situations:  
List each category to the right, if they say “yes” check the box.  
For EACH checked box, ask the following question:

☐ Car - - - - - - - - - - with (#) ______ people  
☐ Van - - - - - - - - - - with (#) ______ people  
☐ RV/Camper - - - - with (#) ______ people  
☐ Tent - - - - - - - - - - with (#) ______ people  
☐ Makeshift shelter with (#) ______ people  
☐ None of the above  ☐ Declined  ☐ Don’t know

22. At any given time, how many other people lived with you in the [Car, Van, Tent, etc.]?  
IF the respondent lived alone, please enter 0 (zero).

This next question is about your current living situation and any family members living with you.  
Depending on who lives with you, I may have more questions. Please remember, all your answers are confidential. Your responses will never be used to report, locate or incriminate you or anyone else.

23. NOT including yourself, how many adults &/or children are currently living with you in your household?  
IF respondent lives alone, enter 0 (zero) for both blanks.

Children under 18 ________ Adults 18+ ________

IF 1+ CHILDREN UNDER 18 → CONTINUE WITH PROMPT + QUESTIONS #24-#36.

IF NO CHILDREN (0) → QUESTION #37 (pg.8)

24. I’ll refer to your family members by the initials or nickname(s) you give me. Could you list the other people in your household, from youngest to oldest, using initials or nicknames?

Person 1  Person 2  Person 3  Person 4  Person 5  Person 6

CONTINUE TO HOUSEHOLD QUESTIONS #25 THROUGH #36 → ENTER INITIALS AT THE TOP OF PAGES 5, 6, & 7
<table>
<thead>
<tr>
<th><strong>25. How are they related to you?</strong></th>
<th>☐ Spouse / partner</th>
<th>☐ Child</th>
<th>☐ Sibling</th>
<th>☐ Grandparent</th>
<th>☐ Grandchild</th>
<th>☐ Other Relative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PERSON 1:</strong>_____________</td>
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<tr>
<td><strong>PERSON 2:</strong>_____________</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>26. How old are they?</strong></th>
<th>□ American Indian / Alaska Native:</th>
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<tbody>
<tr>
<td>□ Black / African-American:</td>
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<tr>
<td>□ Hispanic or Latino/Latinx:</td>
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<tr>
<td>□ Guamanian/ Chamorro:</td>
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<tr>
<td>□ Native Hawaiian:</td>
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<tr>
<td>□ Samoan:</td>
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<tr>
<td>□ Filipino:</td>
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<tr>
<td>□ Asian Indian:</td>
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<tr>
<td>□ Other Asian:</td>
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<tr>
<td>□ Other Pacific Islander:</td>
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<tr>
<td>□ Some other race:</td>
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<tr>
<td><strong>(Years) (Months)</strong></td>
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</tbody>
</table>

**27. What race, OR races, do they identify with?**

**Wait for response & choose ALL that apply.**

For any **Bold and Red** options, specify on the line given.

| □ American Indian / Alaska Native: | | | | | | |
| □ Black / African-American: | | | | | | |
| □ Hispanic or Latino/Latinx: | | | | | | |
| □ Guamanian/ Chamorro: | | | | | | |
| □ Native Hawaiian: | | | | | | |
| □ Samoan: | | | | | | |
| □ Filipino: | | | | | | |
| □ Asian Indian: | | | | | | |
| □ Other Asian: | | | | | | |
| □ Other Pacific Islander: | | | | | | |
| □ Some other race: | | | | | | |

<table>
<thead>
<tr>
<th><strong>28. Do they identify as Hispanic or Latino/Latinx?</strong></th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>☐ Declined</th>
<th>☐ Don't know</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>29. What gender do they identify with?</strong></th>
<th>☐ Male</th>
<th>☐ Female</th>
<th>☐ Declined</th>
<th>☐ Don't know</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>30. Do they identify as transgender?</strong></th>
<th>Use response card</th>
<th>☐(1) Yes</th>
<th>☐(2) No</th>
<th>☐ Declined</th>
<th>☐ Don't know</th>
</tr>
</thead>
</table>

**IF AGE OF PERSON = UNDER 18 YEARS OLD**

<table>
<thead>
<tr>
<th><strong>31. Which best represents their sexual orientation?</strong></th>
<th>Use response card</th>
<th>☐(1) Straight</th>
<th>☐(2) Gay</th>
<th>☐(3) Lesbian</th>
<th>☐ Declined</th>
<th>☐(4) Bisexual</th>
<th>☐ Declined</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>32. Have they served any ACTIVE DUTY in the:</strong></th>
<th>☐ U.S. Armed Forces</th>
<th>☐ Reservist</th>
<th>☐ Declined</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ National Guard</td>
<td>☐ No Active Duty</td>
<td>☐ Declined</td>
<td></td>
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</tbody>
</table>

**IF NO ACTIVE DUTY, DECLINED, OR DON’T KNOW**

<table>
<thead>
<tr>
<th><strong>33. What is their discharge status?</strong></th>
<th>General, honorable conditions</th>
<th>☐ Declined</th>
<th>☐ Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Other than honorable conditions</td>
<td>☐ Dishonorable</td>
<td>☐ Declined</td>
<td>☐ Don’t know</td>
</tr>
<tr>
<td>☐ Uncharacterized</td>
<td>☐ Declined</td>
<td>☐ Don’t know</td>
<td></td>
</tr>
<tr>
<td>☐ Unverified</td>
<td>☐ Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ World War II (1940-47)</td>
<td>☐ Declined</td>
<td>☐ Don’t know</td>
<td></td>
</tr>
<tr>
<td>☐ WWII - Korean War (1947-50)</td>
<td>☐ Declined</td>
<td>☐ Don’t know</td>
<td></td>
</tr>
<tr>
<td>☐ Korean War (1950-55)</td>
<td>☐ Declined</td>
<td>☐ Don’t know</td>
<td></td>
</tr>
<tr>
<td>☐ Korean War - Vietnam (1955-64)</td>
<td>☐ Declined</td>
<td>☐ Don’t know</td>
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</tr>
<tr>
<td>☐ Vietnam (1964-75)</td>
<td>☐ Declined</td>
<td>☐ Don’t know</td>
<td></td>
</tr>
<tr>
<td>☐ Post-Vietnam (1975-91)</td>
<td>☐ Declined</td>
<td>☐ Don’t know</td>
<td></td>
</tr>
<tr>
<td>☐ Persian Gulf (1990-2001)</td>
<td>☐ Declined</td>
<td>☐ Don’t know</td>
<td></td>
</tr>
<tr>
<td>☐ Afghanistan (2001-Present)</td>
<td>☐ Declined</td>
<td>☐ Don’t know</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>34. In which years or theatre(s) of war did they serve?</strong></th>
<th>☐ Declined</th>
<th>☐ Don’t know</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>35. Do they have, or have they been diagnosed with, any of the following health conditions?</strong></th>
<th>☐ Declined</th>
<th>☐ Don’t know</th>
<th></th>
</tr>
</thead>
</table>

| **36. For each box checked, clarify with respondent:** | Check or mark the box for EACH condition selected, and ask | And is their condition permanent or long-term? | ☐ Declined | ☐ Don’t know | ☐ Don’t know | |
|-----------------------------|-----------------------------|---------------------------------|------------|-------------|-------------|
### HOUSEHOLD / FAMILY — B

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>25. How are they related to you?</td>
<td>🌱 Spouse / partner 🌴 Child 🍋 Parent 🍋 Sibling 🍋 Grandparent 🌴 Grandchild 🍋 Other Relative 🍋 Other Relative</td>
</tr>
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<td>26. How old are they?</td>
<td>(Years) (Months)</td>
</tr>
<tr>
<td>27. What race, OR races, do they identify with?</td>
<td>□ American Indian / Alaska Native: □ Black / African-American □ Hispanic or Latino/Latinx □ Guamanian / Chamorro □ Native Hawaiian □ Samoan □ Filipino □ Asian Indian □ Other Asian: □ Other Pacific Islander: □ Some other race:</td>
</tr>
<tr>
<td>28. Do they identify as Hispanic or Latino/Latinx?</td>
<td>☑ Yes ☑ No ☑ Declined ☑ Don’t know</td>
</tr>
<tr>
<td>29. What gender do they identify with?</td>
<td>☑ Male ☑ Female ☑ Gender Non-conforming ☑ Don’t know</td>
</tr>
<tr>
<td>30. Do they identify as transgender?</td>
<td>Use response card (1) Yes (2) No (3) Declined (4) Don’t know</td>
</tr>
<tr>
<td>32. Have they served any ACTIVE DUTY in the:</td>
<td>☑ U.S. Armed Forces ☑ National Guard ☑ Reservist ☑ No Active Duty ☑ Don’t know</td>
</tr>
<tr>
<td>33. What is their discharge status?</td>
<td>☑ General, honorable conditions ☑ Other than honorable conditions ☑ Other than honorable conditions ☑ Honorable ☑ Dishonorable ☑ Unverified ☑ Don’t know</td>
</tr>
<tr>
<td>35. Do they have, or have they been diagnosed with, any of the following health conditions?</td>
<td>Check or mark the box for EACH condition selected, and ask if any condition is permanent or long-term.</td>
</tr>
<tr>
<td>36. For each box checked, clarify with respondent:</td>
<td>And is their condition permanent or long-term?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
<th>Declined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulties w/ alcohol use?</td>
<td>(1)</td>
<td>☑ Yes</td>
<td>☑ No</td>
<td>☑ Don’t know</td>
</tr>
<tr>
<td>Difficulties w/ drug use?</td>
<td>(2)</td>
<td>☑ Yes</td>
<td>☑ No</td>
<td>☑ Don’t know</td>
</tr>
<tr>
<td>HIV / AIDS-related illness?</td>
<td>(3)</td>
<td>☑ Yes</td>
<td>☑ No</td>
<td>☑ Don’t know</td>
</tr>
<tr>
<td>Serious Mental Illness?</td>
<td>(4)</td>
<td>☑ Yes</td>
<td>☑ No</td>
<td>☑ Don’t know</td>
</tr>
<tr>
<td>Physical disability?</td>
<td>(5)</td>
<td>☑ Yes</td>
<td>☑ No</td>
<td>☑ Don’t know</td>
</tr>
<tr>
<td>Physical illness?</td>
<td>(6)</td>
<td>☑ Yes</td>
<td>☑ No</td>
<td>☑ Don’t know</td>
</tr>
<tr>
<td>Traumatic Brain Injury?</td>
<td>(7)</td>
<td>☑ Yes</td>
<td>☑ No</td>
<td>☑ Don’t know</td>
</tr>
<tr>
<td>Developmental Disability?</td>
<td>(8)</td>
<td>☑ Yes</td>
<td>☑ No</td>
<td>☑ Don’t know</td>
</tr>
<tr>
<td>Other; (check box here → &amp; write on blank below)</td>
<td>(9)</td>
<td>☑ Yes</td>
<td>☑ No</td>
<td>☑ Don’t know</td>
</tr>
</tbody>
</table>

☐ None of the above ☑ Don’t know ☑ Declined

For PERSON 3: ☑ ☑ ☑ ☑ ☑ PERSON 4: ☑ ☑ ☑ ☑ ☑
Thank you for taking the time to answer those questions about your household.
Next, I’m going to ask you some additional questions about your health and lived experiences. Due to the personal nature of some questions, we’ll use a response card. So you can just tell me the answer number. As a reminder, all your answers will be kept confidential and nothing you say will get you in trouble.

### Health & Safety

37. Do you have, or have you been diagnosed with any of the following health conditions?  
- [ ] Difficulties with alcohol use
- [ ] Difficulties with substance use
- [ ] HIV/AIDS-related illness
- [ ] Serious Mental Illness (e.g., Severe Depression, Bipolar Disorder, Post-traumatic Stress Disorder, Schizophrenia, etc.)
- [ ] Physical disability
- [ ] Physical illness
- [ ] Traumatic brain Injury (TBI)
- [ ] Developmental Disability
- [ ] Other, specify: ____________________________

38. For each health condition(s) checked, ask: Is this condition permanent or long-term?  
- [ ] Yes
- [ ] No
- [ ] Don’t know
- [ ] Declined

### Before Continuing – If you feel you are NOT currently in a safe space to ask about domestic/intimate partner violence and sex trafficking, select “SAFETY CONCERN” for questions #39, then continue to question #43.

39. The next 3 questions are personal & sensitive because they ask about experiences with violence. Do you currently feel comfortable answering those questions?  
- [ ] SAFETY CONCERN
- [ ] NO → QUESTION #43
- [ ] YES

### Systems Involvement

43. This next question is about involvement in different systems. If you don’t want to answer, let me know. Otherwise, say “yes” if you have ever been involved in any of these systems:

- [ ] Jail
- [ ] Adult Probation
- [ ] Foster Care
- [ ] Juvenile Detention/Probation Camp
- [ ] Prison
- [ ] Parole
- [ ] Juvenile Probation
- [ ] Mandated stay in inpatient or outpatient mental health facility
- [ ] None of the above
- [ ] Declined
- [ ] Don’t know
Now I’m going to ask you a few questions about where you lived before you lost stable housing.

47. Have you ever lived outside Los Angeles County?  
☐ Yes  ☐ No  ☐ Declined  ☐ Don’t know

48. How long has it been since you moved, or moved into L.A. County?  
If they are unsure, use example: “6 months ago I moved here from Idaho.” (weeks) (months) (years)

☐ Los Angeles County
☐ Other Southern California County  
(Imperial, San Diego, Riverside, Orange, San Bernardino, Kern, Ventura, Santa Barbara, or San Luis Obispo)
☐ Out of State
☐ Other County in California  
☐ Outside of the U.S.

49. Where were you living before the last time you lost housing?  
Read each response and choose one answer.

☐ Los Angeles County
☐ Out of State
☐ Declined
☐ Other Southern California County
☐ Other County in California  
☐ Outside of the U.S.

50. In which city or community in Los Angeles County did you live before you lost your housing, not including shelters, jails, or other institutions?  
If respondent names a community, select “Knows…” & write it in.
If they say “LA”, or aren’t sure, ask: “Do you remember the zip code where you last had housing?”
If they say the community of the current survey, select “Here”.
If respondent is still having difficulty, have them point on the L.A. County map & enter the corresponding SPA →

☐ Knows community or city, specify: ______________________
☐ Knows zip code, specify: ______________________
☐ Here (location of survey)
☐ SPA 1  ☐ SPA 3  ☐ SPA 5  ☐ SPA 7
☐ SPA 2  ☐ SPA 4  ☐ SPA 6  ☐ SPA 8
☐ Don’t know  ☐ Declined

51. What do you think are some of the main reasons or conditions that led to your loss of housing?  
Wait for response and choose ALL that apply.

☐ Eviction or foreclosure
☐ Unemployment or financial reasons  
☐ Timed out or left housing program
☐ Left or aged out of foster care
☐ Release from jail or prison
☐ Release from hospital, treatment facility, or other institution
☐ Medical, physical disability or illness
☐ Mental health issues
☐ Problematic alcohol or drug use
☐ Other, specify: ______________________

☐ Break-up, divorce, or separation
☐ Conflicts with household members  
☐ Kicked out due to sexual orientation or gender identity
☐ Child support issues
☐ Domestic or Dating violence, Stalking, Partner or Parent abuse
☐ Death or illness of child or relative
☐ No friends or family available
☐ Uninhabitable living conditions
☐ Physical safety concerns
☐ Human trafficking
☐ Recent immigration
☐ Natural disaster (fire, flood, etc.)
☐ None of the above  ☐ Declined
☐ Don’t know
52. Do you live with any pets, including service animals?  
☐ No  ☐ Yes, how many: _______  ☐ Declined  ☐ Don’t know

If “Yes”, ask how many →

53. How would you describe your current employment situation?  
☐ Unemployed, actively looking for work  ☐ Self-employed  ☐ Full-time (more than 35 hours)  ☐ None of the above  ☐ Declined  ☐ Don’t know
☐ Unemployed, not actively looking for work  ☐ Part-time (35 hours or less)  ☐ Declined  ☐ Don’t know
☐ Unemployed, student  ☐ Seasonal work (recurring temporary work)  ☐ None of the above  ☐ Declined  ☐ Don’t know
☐ Disabled or on disability  ☐ Temporary work (limited contract w/ termination date)  ☐ Declined  ☐ Don’t know
☐ Retired  

Wait for response and choose appropriate option. If “Unemployed”, ask for clarification.

PLEASE USE RESPONSE CARD.

54. Have you been forced to work, where you didn’t get paid or got paid less than expected?  
☐ (1) Yes  ☐ (2) No → QUESTION #56  ☐ Declined  ☐ Don’t know

55. What type of work did you have to do?  
☐ (1) Agricultural work  ☐ (4) Door-to-door sales (drugs, guns, etc.)  ☐ (6) Panhandling  ☐ Declined  ☐ Don’t know
☐ (2) Restaurant/catering work  ☐ (5) Illegal goods sales (drugs, guns, etc.)  ☐ (7) Sex work  ☐ Declined  ☐ Don’t know
☐ (3) Household/childcare work  ☐ (8) Other, specify:

PLEASE USE RESPONSE CARD.

56. Do you receive any of the following forms of government assistance?  
☐ Unemployment  ☐ CalWORKS / TANF  ☐ Veteran’s medical center / benefits  ☐ Declined  ☐ Don’t know
☐ Food Stamps / EBT Card / CalFresh  ☐ WIC - Women, Infants & Children  ☐ Veteran’s disability  ☐ Declined  ☐ Don’t know
☐ GR / GA - General Relief or Assistance  ☐ Child support or survivor benefits  ☐ Veteran’s pension  ☐ None at this time  ☐ Declined  ☐ Don’t know
☐ SSI / SSDI / Disability  ☐ State children’s health insurance (CHIP / Healthy Families)  ☐ CAPI - Cash Assistance Program for Immigrants  ☐ Declined  ☐ Don’t know
☐ Health Insurance - - -

Read each option, choose ALL that apply.

57. Do you have health insurance or any other health coverage?  
☐ Yes - - -  ☐ CalWORKS / TANF  ☐ Veteran’s medical center / benefits  ☐ Declined  ☐ Don’t know
☐ No  ☐ WIC - Women, Infants & Children  ☐ Veteran’s disability  ☐ Declined  ☐ Don’t know
☐ Declined  ☐ Child support or survivor benefits  ☐ Veteran’s pension  ☐ None at this time  ☐ Declined  ☐ Don’t know
☐ Don’t know  ☐ State children’s health insurance (CHIP / Healthy Families)  ☐ CAPI - Cash Assistance Program for Immigrants  ☐ Declined  ☐ Don’t know
☐ Other, specify: ____________________________  ☐ Declined  ☐ Don’t know

IF YES / HEALTH COVERAGE, ASK: What is the name of your healthcare plan?

58. About how much is your income, including cash benefits (e.g. SSI, GR), & any other sources of support?  
$ ____________________________ per  ☐ Hour  ☐ Week  ☐ 2 weeks  ☐ Month  ☐ Year

59. Are you currently enrolled in school or other education?  
☐ Yes, community college  ☐ Yes, Grade 12 or less  ☐ No, not currently enrolled in school  ☐ Declined
☐ Yes, vocational or technical training  ☐ Certificate program  ☐ Declined  ☐ Don’t know
☐ Yes, 4-year college or university  ☐ Yes, currently enrolled in other, specify:

IF YES, read each category that starts with “Yes”, and choose ALL that apply.

60. This next question is about involvement in different child welfare systems. If you don’t want to answer, just let me know. Otherwise, say “yes” if you’ve ever been involved in any of these programs:

Please read each option and choose ALL that apply.

☐ Foster Care with nonrelative family  ☐ Extended Foster Care (AB 12)  ☐ None of those  ☐ Declined  ☐ Don’t know
☐ Foster Care Residential, Group Home, STRTP placement  ☐ Independent Living Program (ILP)  ☐ Declined  ☐ Don’t know
☐ Foster Care with extended family (Relative / Kinship Care)  ☐ Supervised Independent Living Program (SILP)  ☐ Declined  ☐ Don’t know

Thank you so much for taking time to complete this survey. We appreciate your willingness to share information about yourself and your experiences; it helps us better understand and address homelessness.

END