

## APPENDIX 1. Sampling Methods and Construction of Weights

# Sampling Methods and Construction of Weights for the 2003 Alameda County-wide Shelter and Services Survey<sup>1</sup>

## 1. OVERVIEW

### 1.1 Background of the Study

The 2003 Alameda County-wide Shelter and Services Survey was designed to provide an estimate of the number of homeless persons in Alameda County and to study the characteristics of such persons. This information was desired for purposes of planning and for reporting to funding agencies.

The survey was organized and directed by the Alameda County-wide Homeless Continuum of Care Council. The fieldwork was carried out by community volunteers, homeless and formerly homeless individuals, and employees of the county and of various cities within the county. The Public Health Institute, located in Berkeley, was retained to develop the survey questionnaire, clean and analyze the data, and report on the number and characteristics of the homeless population of Alameda County.

The Survey Research Center (SRC) of the University of California, Berkeley, was asked to provide assistance in sampling and weighting for the project. SRC drew a sample of facilities that provided services to the homeless and gave to the field staff a target sampling fraction for each selected site. SRC also created site-level weights, to compensate for differences in selection probabilities and for differential non-response within sites. The final individual level weights were created by the Public Health Institute.

### 1.2 Definition of the Target Population

The target population for the survey was all adults and unaccompanied youth who were served by facilities in Alameda County providing services to the homeless, during the last week of February and the first three weeks of March 2003.

### 1.3 General Design of the Sample

The sample was a stratified two-stage cluster sample. The first stage of the sample was a selection of facilities serving the homeless (and others). Prior to selection, facilities were ordered by type of site: shelter, food service, and outreach. Within type of site, facilities were further ordered by language of clients and by region of the county. Facilities were then selected from the ordered list by systematic selection with probability proportional to the number of client contacts in a week.

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<sup>1</sup> Adapted from Piazza, T. and Cheng, Y. Sampling Methods and Field Results of the 2003 Alameda County Homeless Survey. Technical Report #46. Berkeley: Survey Research Center, University of California, 2003.

Facilities selected at the first stage were assigned a selection interval for the second stage of selection. One or more days of the week were selected for each facility, and field workers were sent to the facility to interview a set proportion of the clients served that day.

## **2. SAMPLING PROCEDURES**

### **2.1 Constructing the Sampling Frame**

The Alameda County-wide Homeless Continuum of Care Council assembled lists of all facilities in the county that provided services to the homeless. The facilities were categorized by service type (shelter, housing, food service, drop-in, or outreach program), location in the county, and predominant language of the clients served. This information was used to order the list of facilities prior to selection, so that an implicitly stratified selection could be made.

For each facility, information was also gathered about the days and hours of operation and about the number of client contacts per week. This latter number was then used as a measure of size for the first stage of selection, which was carried out with probability proportional to size. The total number of estimated client contacts per week at all sites in the frame was 50,463.

### **2.2 Selection of Facilities**

A few facilities were included with certainty in the sample. These were either very large sites or were located in certain parts of the county that were important to cover.

The remainder of the facilities were selected in the following manner: The list of facilities was first ordered as described, in order to provide implicit stratification by type of service and by language and location. We then proceeded to select 80 facilities from the sorted list with probability proportionate to size (PPS), where the measure of size was the estimated number of client contacts per week. For shelters, the number of client contacts per week was the number of beds times the number of days per week the shelter was in operation. For food service facilities, the number of client contacts was the number of meals served in an average week. For outreach programs, the number of client contacts per week was determined from lists of clients served in the past.

After the 80 facilities had been selected, 10 were subselected at random and put into a reserve sample. Another 10 facilities were subselected at random and put into a second reserve sample, to be used as needed. Field work began with the remaining 60 facilities. Eventually the first reserve sample was used, and therefore a total of 70 sites was included in the final sample, plus four sites included with certainty. A few facilities were included with certainty in the sample. These were either very large sites or were located in certain parts of the county that were important to cover.

In the PPS selection of sites, a minimum measure of size of 33 contacts per week was required. Smaller sites were linked after selection with larger ones, following the procedure described in Kish, *Survey Sampling*, pp. 244-245.<sup>2</sup> The linked sites were treated as a single site, for purposes of calculating probabilities of selection and weights. On the other hand, some large sites were selected twice, or even three times. Accordingly their second-stage sampling fractions were doubled, or even tripled.

### 2.3 Selection of Individual Clients

#### Certainty sites

Field workers were sent to each selected facility, with instructions to interview a set proportion of the clients. The proportion for the certainty sites was set at 1/25 or 4%.

#### Sites selected with PPS

For the sites selected with PPS, the proportion was set differently for each site, such that the overall probability of selection would be the same for each site selected with PPS.

The overall probability of selection for individuals at each selected site is:

$$P = a M_i / T * b / M_i \quad (1)$$

where  $a$  is the number of sites selected (initially 80),  $b$  is the target number of individuals to select at each site (set to 32.0875),  $M_i$  is the measure of size (estimated client contacts per week) for each site, and  $T$  is the total number of client contacts per week (39,630) (see above) for all of the sites in the PPS selection.

The first term after the equal sign (the first-stage sampling fraction) is the probability of selecting facility  $i$ . The second term after the equal sign (the second-stage sampling fraction) is the probability of selecting an individual in each selected facility. Note that the only term that varies by site is  $M_i$  which cancels out. The overall probability of selection is therefore the same for all individuals at every site, provided that they are selected with the fraction  $b/M_i$  within each selected site.

For each selected facility a selection interval was calculated as the inverse of  $b/M_i$  or  $M_i / 32.0875$ . This interval was rounded to a whole number, to give to the field staff. (This rounding was compensated for in the weights, as will be seen below.)

#### Partition of the second-stage interval

The second-stage sampling fraction for selecting individuals at each site applied to all individuals served in the target week. In most cases, however, the selected facility operated on multiple days and times in a week, and it was not possible to go to every

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<sup>2</sup> Leslie Kish, *Survey Sampling*. New York: John Wiley, 1965.

facility all week long. Therefore, the second-stage interval was usually partitioned into two parts: one part for the selection of a specific day (or meal) within the week, and the other part for the selection of individuals served at the selected day (or meal).

For example, a selected site that served 7 meals a week could have been assigned a second-stage interval of 14, meaning that  $1/14$  of the clients should be selected. The interval of 14, in that case, would usually be partitioned into 7 and 2. First, one of the 7 weekly meals would be selected at random. And then  $1/2$  of the clients at that selected meal would be approached for an interview. Note that the product of 7 and 2 is 14, the size of the assigned interval.

Since SRC did not do the fieldwork for this project, the task of partitioning the second-stage interval in an appropriate manner was the responsibility of the County Fieldwork Director (the Continuum of Care Council Coordinator). The Fieldwork Director could partition the second-stage interval in any convenient fashion and carry out the selection of the day or meal, using a table of random numbers (supplied by SRC). If it was convenient to modify the second-stage interval, the Fieldwork Director could do so, provided that the interval actually used was reported back to SRC, for eventual incorporation into the weights. For example, an interval of 15 could be changed to 14, in order to facilitate a partition into 7 and 2.

After selecting a particular day or meal at random, the Fieldwork Director instructed the field staff to go to the facility at the designated time and to select the appropriate fraction of clients being served at that time. Selection of individuals was carried out by systematic random selection, applying a fixed interval to the queue of persons being served, after a random start.

### 3. CALCULATION OF WEIGHTS

A weight was calculated for each case in the data file. This weight compensated for differences in probability of selection and for various levels of non-response. Each of the weighting factors will now be described.

#### 3.1 Selection Probability

There are two factors accounting for differences in selection probability – the probability of selecting the particular facility, and the probability of selecting individuals served by that facility. The basic sampling weight is the inverse of the probability of selection, as summarized above in Equation 1.

Since the second-stage interval, represented by the inverse of the second term in Equation 1, was frequently rounded or modified by the Fieldwork Director, an adjustment factor was included in the weight. This factor was the ratio of the interval actually used, divided by the interval calculated from Equation 1. For example, if an interval of 14 was used at a particular site, but the computed target interval was 12, the appropriate

adjustment factor is 14/12. In other words, the second-stage selection fraction (1/14) was smaller than was called for by the design (1/12). To compensate, those cases would be weighted up by the factor 14/12.

### **3.2 Response Rate Adjustments**

There were two levels of non-response that required weighting adjustments – non-response of entire sites, and non-response of individuals within selected sites.

Site-level non-response was due to the refusal of some facilities to allow the project interviewers to have access to their clients. This was not a problem for overnight shelters or for the drop-in facilities. However, only 70 percent of the selected temporary housing facilities and 68.8 percent of the selected food service facilities allowed the project to interview their clients. As a result, the respondents within those categories of service were weighted up, to compensate for the non-responding facilities. The weighting factor for each category was the inverse of the proportion of sites in that category that cooperated with the project. For example a response rate of 70 percent produced a weighting factor of  $1 / .70 = 1.4286$ . This site-level weighting factor was applied to the weight of every respondent who was interviewed in that type of facility.

The second level of non-response was that of individuals within selected sites. The field staff at each site selected a pre-defined proportion of the clients being served on that day, at that facility. In spite of the fact that a modest incentive was offered to the selected clients, some refused to be interviewed. Others left the facility before the interviewers could carry out the interview. To compensate for non-responders, the respondents at each site were weighted up. Once again, the weighting factor was the inverse of the proportion responding. This individual-level weighting factor was applied to the weight of every respondent who was interviewed at that site on that day.

### **3.3 Service Usage Factor**

An additional weighing factor was the compensation for multiple opportunities of selection. Some clients of these services use them more frequently than other clients and consequently had more opportunities to be selected for an interview. For example, a person who eats two meals every day at one or another of the food service facilities included in the sampling frame has a much greater chance to be selected into the sample than a person who eats only one meal a week at such a facility.

As part of the interview, each respondent provided information on the number of times per week he or she could have been selected for an interview during the project's interviewing week. This information included the number of meals eaten in the past week at a facility in the County that serves the homeless population. It also included the number of nights in the past week spent in a shelter. And it included additional information on the use of drop-in centers, outreach programs, and transitional housing. The extension of time to four weeks was made with the assumption that there is no real difference between one week and another; hence the extra visits were treated as though

they were made in the same week. That is, an extra visit in another week is treated as if it were made in the original week. The weights reflect the additional visits to a site.

The responses to all of those questions were combined, by the Public Health Institute, in order to calculate an overall estimate of the number of times each respondent could have been selected into the sample. All respondents had a value of at least one (since they obviously were selected at least once). Some respondents who use those facilities frequently had many opportunities to be selected into the sample and consequently received a higher value for this estimate.

The inverse of the final estimate of the number of times each respondent could have been selected into the sample was used as the final weighting adjustment. This adjustment was applied to the weight of every respondent.

### **3.4 Treatment of Duplicate Selections**

Some respondents with multiple opportunities to be selected into the sample were in fact selected more than once. The original plan had called for a method to identify respondents, keep track of the number of times each person was selected, and use that number of times selected as an additional weighting factor. In practice it was not possible to keep track of respondents so closely, and duplicate selections were handled in two different ways.

In some instances, a person selected for an interview volunteered that he or she had already been interviewed. Such persons were not interviewed again. The field staff at that site kept track of the number of such duplicate selections and reported them to the Fieldwork Director. An adjustment was made to increase the weight of respondents interviewed at each site, to compensate for those extra selections. This adjustment was incorporated into the site-level non-response adjustment. For example, if 20 persons were selected at a site, 2 were duplicates, 3 refused, and 15 were interviewed, the individual-level response rate factor would be  $20/15$ . In other words, the 2 duplicates (and the 3 refusals) would be treated as if they had given the same responses to questions in the interview as the average respondent interviewed at that site. There were 99 duplicates of this type, a majority of whom were encountered at meal service facilities.

In a few other instances, a person selected for an interview had actually completed an interview previously but did not inform the field staff of that fact and went on to complete a second interview. Respondents were given a small incentive, and this apparently provided some respondents with sufficient motivation to complete another interview. The duplication was only discovered during data processing, by matching the codes used to identify respondents. The original plan had been to use only one interview from a respondent, but to weight those responses by the number of times each respondent had been selected. (This would be equivalent to including two identical data records in the data file.) An examination of the responses provided by such duplicate respondents, however, revealed some differences in the responses that made it difficult to select one of the interviews for inclusion and one to discard. In the end, both interviews for such respondents were included in the data file, but the respondent did not receive additional

weight for being selected multiple times. It should be noted that this was not a common occurrence, and fewer than 10 respondents had multiple interviews.

### **3.5 Creation of the Final Weight**

The final weight for each case was the product of the weighting factors described above. The process can be summarized as follows.

- Start with a weight of 1.0
- Multiply by the inverse of the probability of selection
- Multiply by the second-stage adjustment factor
- Divide by the site-level response rate (expressed as a proportion)
- Divide by the response rate within the site (expressed as a proportion)
- Divide by the service usage estimate

The result for each case is a number that corresponds to the estimated number of cases in the population represented by that case. For example, a final weight of 10 would mean that there are 10 persons in the population with the characteristics of that particular case. The sum of the weights is an estimate of the size of the population from which the sample was drawn.

## APPENDIX 2. Maximum Usage of Services

**MAXIMUM USAGE of SERVICES**

Guides to meal, drop-in, outreach cleaning  
 last revised: 6/24/03, Continuum of Care Council staff

**Max days per week services available by location**

	Oakland	Berkeley	Other North	Mid-County	S&E
<b>SHELTERED</b>					
Food pantries (FP)	3	4	5	5	5
Drop-In svcs open (Dr)	5	7	0	0	0
Breakfast (B)	---	---	---	---	---
Lunch (L)	7	5	0	5	5
Dinner (D)	---	---	---	---	---
Mobile outreach-nites (M)	3	5	0	0	1
Shelter nights (S)	7	7	0	7	7
<b>Max utilization-sheltrd (DrLMS &amp; P?)</b>	<b>25</b>	<b>28</b>	<b>5</b>	<b>17</b>	<b>18</b>
<b>STREETS</b>					
Food pantries (FP)	3	4	5	5	5
Drop-In svcs open (Dr)	5	7	0	0	0
Breakfast (B)	0	5	0	2	3 Fremont = 4
Lunch (L)	7	5	0	5	5
Dinner (D)	6	5	0	1	7
Mobile outreach-nites (M)	3	5	0	0	1
Shelter nights (S) - very little	---	---	---	---	---
<b>Max utilization-streets (BLDDrM &amp; P?)</b>	<b>24</b>	<b>31</b>	<b>5</b>	<b>13</b>	<b>21</b>
<b>HOUSED</b>					
Food pantries (FP)	5	4	5	5	5
Drop-In svcs open (Dr)	5	7	0	0	0
Breakfast (B)	0	5	0	2	3 Fremont = 4
Lunch (L)	7	5	0	5	5
Dinner (D)	6	5	0	1	7
Mobile outreach-nites (M)	3	5	0	0	1
Shelter nights (S) - hardly any	---	---	---	---	---
<b>Max utilization-housed (BLDDrM &amp; P?)</b>	<b>26</b>	<b>31</b>	<b>5</b>	<b>13</b>	<b>21</b>

## APPENDIX 3. Question Sources

<b>ACSSS Q #</b>	<b>Source, question #</b>	<b>Modified?</b>	<b>Abbreviated question text</b>
B1	V-AIDS	Yes	Which [gender] best describes you?
B2			When born?
B3	ACCCHS	Yes	So that would make you how old?
B4	ACCCHS, Can code to HUD categories	Yes	[Racial classification]
B5	CHIS AH36	Yes	Language most comfortable
C1			Place sleep regularly?
C2			In what City is that?
X1			How many days food from which source?
X2			How many days overnight where?
X3			How many days outreach worker....?
X4			How many days drop-in center?
D1	NSHAPC 2.17/8	Yes	Ever in foster care, etc.?
D2	V-AIDS 8	Yes	Ever in jail in US?
D3			When last released?
E1	NSHAPC, V-AIDS 11	Yes NSHAPC	Who live with?
E2	CAUS H7	Yes	Children < 22
E3			How many with you?
E4	CAUS	Yes	Ages children <22
E5			Nights separated by shelter rules?
E6	V-AIDS, GAIN-I, code to NSHAPC	Yes V-AIDS	Kind of place live in now?
E7	NSHAPC	Yes	How long stay there?
E8	ACCCHS HL2, V-AIDS, GAIN-I	Yes both	Ever homeless?

<b>ACSSS Q #</b>	<b>Source, question #</b>	<b>Modified?</b>	<b>Abbreviated question text</b>
E9	NSHAPC 2.?	Yes	When last had place of own...?
E10	ACCHS HL2, NSHAPC 2.25, V-AIDS 20a	Yes ACHHS & NSHAPC	How much last 3 yrs. homeless?
E11	V-AIDS 20b	Yes	Reasons for homelessness
E12			Sleep in bedroom?
G1	CAUS	Yes	Highest grade completed?
G2			HS Grad, GED?
G3	NSHAPC 4.5a		School or training now?
G4	NSHAPC		Military?
G5	NSHAPC		Kind of discharge
G6	NSHAPC 7.1		Paid work last 30 days?
G7	NSHAPC 7.2	Yes	Kind of work
G8	NSHAPC 7.3, CAUS G3a	Yes both	Hours per week
H1			How many people supported?
H2	NSHAPC 8.1, V-AIDS	Yes both	Receive income from...?
H3			How much per month?
J1	CAUS C1, V-AIDS 18	Yes CAUS	Health coverage types
J2			Any other kind health coverage?
J3	CAUS C1b		No health ins at all?
K1	V-AIDS 6	Yes	Disabilities
K2	Census 2000	Yes	Difficulties w/ activities?
K3			Poverty/homelessness are disabilities

<b>ACSSS Q #</b>	<b>Source, question #</b>	<b>Modified?</b>	<b>Abbreviated question text</b>
K4 CAUS B1		Yes	Dr. indicated disease...
K5			About HIV...
K6 ACCHS J28aa			If HIV+, R U getting...?
K7 ACHHS	Yes		Phys violence outside fam
K8 ACHHS	Yes		DV
L1 SF-8, CHIS	Yes CHIS		Rate your health
L2 SF-8, CHIS	Yes CHIS		lmtd phys. activities?
L3 SF-8, CHIS	Yes CHIS		difficulties daily activities
L4 SF-8, CHIS	Yes CHIS		bodily pain
L5 SF-8, CHIS	Yes CHIS		how much energy?
L6 SF-8, CHIS	Yes CHIS		lmtd social activities
L7 SF-8, CHIS	Yes CHIS		bothered by emotional problems
L8 SF-8, CHIS	Yes both		emot. probs. impact daily activities
M1 CAUS E4	Yes		last medical care: where?
M2 CAUS E6			ER visits?
M3 CAUS E8			times hospitalized one night or more
M4 CAUS E10+	Yes		delayed/didn't get medical care needed
M5 CAUS E11	Yes		reasons delayed/didn't get
N1 V-AIDS			move to get better support services?
N2 V-AIDS	Yes		help from MH programs? which?
N3			need help didn't get, for MH
N4			reasons didn't get MH help needed

<b>ACSSS Q #</b>	<b>Source, question #</b>	<b>Modified?</b>	<b>Abbreviated question text</b>
N5	V-AIDS	Yes	help from AOD programs? which?
N6			need help didn't get, for AOD
N7			reasons didn't get AOD help needed
O1	NAS G1a-G5a	Yes	guilty about drinking?...etc.
O2			Alcohol a problem for you now?
O3	CIDI-SF1, DSM-IV	Yes both	behaviors because of drug use
O4			Drug use a problem for you now?
P1	<u>not CHIS R6 (1yr)</u>		hungry, didn't eat; couldn't afford
P2			how many days did that happen?
P3			children hadn't enough to eat...?
Q1			did you have a telephone?
Q2	CHIS AM12	Yes	how much was phone disconnected?
R1	V-AIDS, GAIN-I P13a	Yes both	want help with the following things?
R2			what else should we know about you?
V1			interview status
V2			reason interrupted or incomplete
V3			client-interviewer interaction

## APPENDIX 4. SURVEY INSTRUMENT

## Alameda County-wide Shelter and Services Survey

February 22-28, 2003

### Alameda County-wide Homeless Continuum of Care Council

**SITE COORDINATOR COMPLETE:**

Selection ticket #:	Minor: Adult ..... 1
Date:	Accompanied ..... 2
Service site name:	Living at home ..... 3
	On own, interview ... 4
Service site type:	Language (recruit/consent):
Food site.....1	English ..... 1
Shelter site.....2	Spanish ..... 2
Outreach site.....3	Vietnamese ..... 3
Drop-in site.....4	Cantonese ..... 4
Client sex: Male.....1	Other/unknown ..... 5
Female.....0	Questionnaire language:
Unknown.....2	English ..... 1
Client race: White .....1	Spanish ..... 2
Black .....2	Vietnamese ..... 3
Asian .....3	Cantonese ..... 4
Other/mixed ...4	
Interview status:	Reason interview not completed:
Completed.....1	Respondent refused ..... 1
Begun, not completed.....2	R agreed, but no show .... 2
Not conducted.....3	Language barrier ..... 3
	Minor, accompanied ..... 4
	Minor, living at home .... 5
	Not eligible <b>(Go to V2)</b> ... 6
	Other <b>(Go to V2)</b> ..... 7

## Alameda County-wide Shelter and Services Survey

### Interviewer's guide to formatting:

Standard upper and lower case Times New Roman type – Read aloud to respondent.

Underlined words – Add voice emphasis for clarity.

COURIER TYPE – Do not read to respondent.

**BOLD FACE CAPS** – Instructions for interviewers (do not read aloud).

INTERVIEWER ID: \_\_\_\_

SELECTION TICKET #: \_\_\_\_\_

**COPY FROM COVER SHEET**

**START TIME** \_\_\_\_ : \_\_\_\_ **AM / PM**

Hello, my name is \_\_\_\_\_. I am a volunteer interviewer for an Alameda County-wide housing and services survey. We would like your help. We are trying to find out what services people are using and whether they are getting what they need. Service programs throughout the county will use the results to improve services. Your answers will be confidential and anonymous, and will not affect the services you receive, here or anywhere else. When we finish the interview, I can give you a gift to thank you for your time. Are you willing to spend about 30 minutes and take part in the survey? Thank you.

**IF RESPONDENT GIVES REASON NOT TO DO INTERVIEW:** We want to talk to you anyway.

I don't need to know your name, but we need to mark each person's survey differently. So, please tell me the first two letters of your last name. Now, tell me the last four numbers of your social security number. Thank you.

RESPONDENT ID: \_\_\_\_ -- \_\_\_\_ **IF NO SSN, USE BIRTH MONTH & YEAR.**

I'm going to start by asking you some really obvious things.

B1. Which of these best describes you?

**PROMPT:** Remember, all your answers are confidential and anonymous.

I am male .....1

I am female .....0

I am transgender.....2

Other .....3

How do you describe yourself? \_\_\_\_\_

REFUSED .....-7

B2. When were you born?

**IF NEEDED, PROMPT:** It's OK to tell me just the month and year.

\_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 1 9 \_\_\_ \_\_\_  
MONTH DAY YEAR

DON' T KNOW.....-8

REFUSED.....-7

B3. So, that would make you how many years old?

**PROMPT:** All your answers are confidential and anonymous.

**IF NEEDED, PROMPT WITH CATEGORIES:**

___ YEARS	<b>OR</b>	0 – 17 years.....200
DON' T KNOW ...-8		18 – 21 years.....201
REFUSED.....-7		22 – 24 years.....202
		25 – 34 years.....203
		35 – 44 years.....204
		45 – 54 years.....205
		55 – 64 years.....206
		65 years or over .....207

B4. For classification purposes, we'd like to know your racial background. Please tell me if you describe yourself as . . . .

**MARK ALL THAT APPLY**

- Native Hawaiian.....1
- Other Pacific Islander .....2
- American Indian or Alaskan Native .....3
- Asian .....4
- Hispanic/ Latino/ Mexican.....5
- White.....6
- Black or African American.....7
- Other .....8
- What else? \_\_\_\_\_
- DON' T KNOW.....-8
- REFUSED .....-7

B5. What language are you most comfortable speaking?

**MULTIPLE MARKS OK**

- A. ENGLISH..... 1
- B. SPANISH..... 2
- C. CANTONESE ..... 3
- D. VIETNAMESE..... 4
- E. TAGALOG (PHILLIPINES) ..... 5
- F. MANDARIN..... 6
- G. KOREAN ..... 7
- H. ASIAN-INDIAN (HINDI, SANSKRIT,  
BENGALI, KASHMIRI, GUJARATI,  
MARATHI, PUNJABI, URDU, TAMIL,  
TELUGA, KANNADA, MALAYALAM) ..... 8
- I. RUSSIAN..... 9
- J. OTHER..... 10
- What language is that? \_\_\_\_\_
- REFUSED.....-7

C1. Do you have a place in Alameda County, inside or outside, where you sleep regularly?

YES..... 1  
NO ..... 0  
DON' T KNOW.....-8  
REFUSED .....-7

C2. In what city in Alameda County is that?

**MARK ALL MENTIONED BY RESPONDENT**

ALAMEDA ..... 1  
ALBANY .....2  
BERKELEY ..... 3  
DUBLIN..... 4  
FREMONT ..... 5  
HAYWARD ..... 6  
LIVERMORE ..... 7  
OAKLAND ..... 8  
PIEDMONT ..... 9  
PLEASANTON ..... 10  
SAN LEANDRO ..... 11  
UNION CITY ..... 12  
OTHER ..... 13  
Where else? \_\_\_\_\_  
RICHMOND ..... 14  
DON' T KNOW.....-8  
REFUSED .....-7

X1. Over the last seven days, since last [SAY NAME OF DAY TODAY ], how many days did you get food from the following sources?

**IF NEEDED, PROMPT:** If it's easier to remember, tell me the places you go in a usual week.

<b>READ ALL, MARK ALL</b>		<b>OPTIONAL WORKSHEET</b>						
FOOD SITES	NUMBER OF DAYS 0 - 7	MON	TUE	WED	THU	FRI	SAT	SUN
A. Breakfast at a soup kitchen, or public dining room								
B. Lunch at a soup kitchen, or public dining room								
C. Dinner at a soup kitchen, or public dining room								
D. A food pantry, where you get a box or bag of food to cook yourself								
E. Mobile program, like a van that goes to parks								
DON' T KNOW								
REFUSED								

**CHECK IF WORKSHEET USED**

X2. I am going to read several places you might have stayed overnight in the past week. In the last seven nights, since last [SAY NAME OF DAY TODAY ], how many nights did you sleep or rest in the following places?

**IF NEEDED, PROMPT:** If it's easier to remember, tell me where you go in a usual week.

**ACCOUNT FOR SEVEN (7) NIGHTS, A WHOLE WEEK.**

**READ & MARK ALL A – D, USE E - G IF NEEDED.**

		<b>OPTIONAL WORKSHEET</b>						
SHELTER SITES	NUMBER OF NIGHTS 0 - 7	MON	TUE	WED	THU	FRI	SAT	SUN
A. A shelter								
B. A transitional shelter or transitional housing <b>PROMPT:</b> A place you can stay 6 months to 2 years, and get other services								
C. A room paid for by a voucher								
D. A place that provides permanent supportive housing for homeless persons, and services								
E. Outside / on the street / abandoned building / place of business, etc.								
F. House, apartment, hotel, or rented room								
G. Other, Where? _____								
<b>ADD UP THE NIGHTS</b>								
<b>TOTAL NUMBER OF NIGHTS</b>								
DON' T KNOW								
REFUSED								

**CHECK IF WORKSHEET USED**

X3. Over the last seven days, since last [SAY NAME OF DAY TODAY ], how many days did an outreach worker offer to help you? Outreach workers are people who come to you at outdoor locations to hand out blankets or food, see if you are okay, or offer help.

**IF NEEDED, PROMPT:** If it's easier to remember, tell me which days of the week that happens in a usual week.

**OPTIONAL WORKSHEET**

	NUMBER OF DAYS 0 - 7	MON	TUE	WED	THU	FRI	SAT	SUN
A. Outreach worker visited								
DON' T KNOW								
REFUSED								

**CHECK IF WORKSHEET USED**

X4. Over the last seven days, since last [SAY NAME OF DAY TODAY ], how many days did you visit a drop-in center or a multi-service center? That is a place where you can talk to someone, get a cup of coffee, pick up messages, use a phone, but not stay overnight.

**IF NEEDED, PROMPT:** If it's easier to remember, tell me which days of the week you go there in a usual week.

**OPTIONAL WORKSHEET**

	NUMBER OF DAYS 0 - 7	MON	TUE	WED	THU	FRI	SAT	SUN
A. Went to a drop-in center								
DON' T KNOW								
REFUSED								

**CHECK IF WORKSHEET USED**

**DROP-IN CENTERS:**

A Friendly Place University Lutheran Chapel Drop In Center Multi Service Center (MSC) Multi-Agency Service Center (MASC) Berkeley Drop-In Center Homeless Youth Collab/Chaplaincy for the Homeless	Jubilee Youth Drop In Center Oakland Independent Support Center (OISC) Henry Robinson Multi-Service Center SMAAC/Youth Center St. Vincent de Paul Visitation Center Women's Daytime Drop In Center
--	---

D1. When you were a child, before the age of 18, were you ever placed in a foster home, a group home or any other kind of institution?

**MARK ALL THAT APPLY**

- No, never .....0
- A foster home.....1
- A group home .....2
- Another kind of institution.....3
- DON ' T KNOW.....-8
- REFUSED .....-7

D2. Have you ever been in jail or prison, in the United States (USA)?

**PROMPT:** This includes jail, prison, California Rehab Center, juvenile hall, California Youth Authority, and military lock-ups, but not a group home or mental hospital.

**PROMPT:** Remember, all your answers are confidential and anonymous.

- YES..... 1
- NO .....0 **GO TO E1**
- DON ' T KNOW.....-8 **GO TO E1**
- REFUSED .....-7 **GO TO E1**

D3. When was the last time you were released?

- In the last 30 days .....1
- More than 30 days ago, but in the past year .....2
- More than a year ago.....3
- DON ' T KNOW.....-8
- REFUSED .....-7

E1. Who do you live with now, or who lives with you now?

**MARK ALL THAT APPLY NOW.**

- No one, I live alone.....1
- I live with my husband, wife or partner.....2
- I live with my child or children.....3
- I live with my mother, father or other family members.....4
- I live in a group home, shelter, or hospital .....5
- I live with one or more friends.....6
- I have some other arrangement.....7
- What is that? \_\_\_\_\_
- \_\_\_\_\_
- DON' T KNOW .....-8
- REFUSED .....-7

E2. How many children do you have that are under 22 years old, 21 or younger (include step-children and foster children)?

\_\_\_\_ NUMBER OF CHILDREN (UNDER 22)  
HAS NO CHILDREN UNDER 22.....0 **GO TO E5**  
REFUSED.....-7 **GO TO E5**  
DON' T KNOW .....-8 **GO TO E5**

E3. How many of your children under 22 live with you now, part of the time or all the time?

\_\_\_\_ NUMBER OF CHILDREN WITH RESPONDENT  
REFUSED.....-7

**IF NO CHILDREN LIVE WITH RESPONDENT (E3 = 0), GO TO E5**

E4. What are the ages of the children under 22 who live with you now?

1. \_\_\_\_ YEARS **OR** \_\_\_\_ MONTHS
2. \_\_\_\_ YEARS **OR** \_\_\_\_ MONTHS
3. \_\_\_\_ YEARS **OR** \_\_\_\_ MONTHS
4. \_\_\_\_ YEARS **OR** \_\_\_\_ MONTHS
5. \_\_\_\_ YEARS **OR** \_\_\_\_ MONTHS
6. \_\_\_\_ YEARS **OR** \_\_\_\_ MONTHS

E5. How many of the past 30 nights were you separated from other family members because of the rules of a shelter or housing program?

**IF NEEDED, PROMPT WITH CATEGORIES:**

____ # OF NIGHTS	<b>OR</b> Not at all.....	40
NOT APPLICABLE ..-6	1 to 7 nights.....	41
REFUSED.....-7	Between a week and 2 weeks.....	42
DON' T KNOW .....-8	More than two weeks.....	43

E6. What kind of place do you live in now?

**MARK ONE RESPONSE. IF IN A SHELTER, BEGIN READING AT RESPONSE 7.**

- Transitional housing for homeless people,  
where I can live for six months to two years .....1
- Permanent housing for homeless people where I get  
services for my health or other needs .....2
- A hotel/motel that I rent by the night, week or month.....3
- A house, apartment, condo or mobile home  
that I, or my spouse or partner, own or rent .....4
- A room that I rent, long-term.....5
- With friends or family.....6
- A shelter or emergency shelter..... 7**
- The streets, in parks, or in a car .....8
- Abandoned building, shed, campsite .....9
- In jail or prison or correctional half-way house ..... 10
- Other kind of place.....11  
What kind of place? \_\_\_\_\_
- DON' T KNOW.....-8
- REFUSED.....-7

E7. How long can you stay there, before you get asked to leave or move?

**MARK ONE RESPONSE**

- As long as I want or need .....1
- Program rules allow from 6 months to 2 years .....2
- Between a month and 6 months .....3
- Less than 30 days, or just 28 days.....4
- I stay several places, move around to keep things friendly .....5
- Until I get caught .....6
- Other arrangement .....7  
What is that? \_\_\_\_\_
- DON' T KNOW.....-8
- REFUSED.....-7

E8. Were you ever homeless, or ever had to stay with someone else to avoid being homeless?

YES..... 1  
NO ..... 0 **GO TO E12**  
DON' T KNOW.....-8 **GO TO E12**  
REFUSED.....-7 **GO TO E12**

E9. For this question, a place of your own includes a house, apartment or rented room, but not shelters, a room paid with a voucher, or transitional housing programs that provide permanent housing for homeless persons. If you are currently homeless, when was the last time that you had a place of your own for 30 days or more in the same place?

\_\_\_\_\_ DAYS AGO  
\_\_\_\_\_ WEEKS AGO  
\_\_\_\_\_ MONTHS AGO  
\_\_\_\_\_ YEARS AGO  
NOT CURRENTLY HOMELESS..... -1  
NEVER HAD A PLACE OF MY OWN... -6  
DON' T KNOW..... -8  
REFUSED..... -7

E10. How much of the past 3 years were you homeless, or without a regular place to stay, in total, counting time in shelters, but not counting any time in jail or prison?

\_\_\_\_\_ DAYS  
\_\_\_\_\_ WEEKS  
\_\_\_\_\_ MONTHS  
\_\_\_\_\_ YEARS  
DON' T KNOW.....-8  
REFUSED.....-7

E11. Now I will read some reasons that people might become homeless. Please tell me, the last time you became homeless, if these statements were true for you. "I became homeless because . . . . "

**PROMPT:** Was that true for you?

**MARK ALL THAT APPLY**

- My benefit check(s) were stopped or reduced .....1
- My income from work dropped or stopped .....2
- My total income is not enough to afford housing .....3
- I had no income.....4
- My family, partner or roommate made me move .....5
- I broke up with a spouse or partner, or another family change.....6
- The building was closed by the government as unsafe.....7
- I was evicted from my place .....8
- I moved to a new area and had no money, friends or family .....9
- I was released from jail, prison or a hospital .....10
- Because I was using alcohol .....11
- Because I was using drugs .....12
- Some other reason.....13
- What was that? \_\_\_\_\_
- DON' T KNOW.....-8
- REFUSED.....-7

E12. I have one more housing question. In the place you are living now, do you sleep in a bedroom? The answer choices are . . .

- Yes, a bedroom of my own, or shared with my spouse/partner or baby.....1
- A bedroom shared with someone else, other people.....2
- A dormitory-type room .....3
- Some other kind of room, not designed to be a bedroom .....4
- Not a room .....5
- DON' T KNOW.....-8
- REFUSED.....-7

G1. What is the highest grade in school that you completed?

**MARK ONE RESPONSE, WITHOUT READING**

NEVER ATTENDED .....	0	
KINDERGARTEN OR FIRST GRADE.....	1	
SECOND OR THIRD GRADE .....	3	
FOURTH OR FIFTH GRADE .....	5	
SIXTH GRADE .....	6	
SEVENTH, EIGHTH, OR NINTH GRADE .....	9	
TENTH OR ELEVENTH GRADE.....	11	
TWELFTH GRADE .....	12	
SOME COLLEGE.....	13	
AA DEGREE .....	14	<b>GO TO G3</b>
GRADUATED COLLEGE.....	15	<b>GO TO G3</b>
SOME GRADUATE WORK .....	16	<b>GO TO G3</b>
ANY ADVANCED DEGREE .....	17	<b>GO TO G3</b>
DON' T KNOW.....	-8	
REFUSED .....	-7	

G2. Did you graduate from High School, or complete a GED certificate program in place of a High School diploma?

No, neither.....	0
Graduated from high school.....	1
GED (General Equivalency Diploma).....	2
DON' T KNOW.....	-8
REFUSED .....	-7

G3. Are you in any kind of school or training now, for a diploma, degree, vocational course, or training program?

YES.....	1
NO .....	0
DON' T KNOW.....	-8
REFUSED .....	-7

G4. Did you ever serve in the military?

YES .....	1	
NO .....	0	<b>GO TO G6</b>
DON' T KNOW.....	-8	<b>GO TO G6</b>
REFUSED .....	-7	<b>GO TO G6</b>

G5. What kind of discharge did you receive?

Honorable.....	1	
General .....	2	
Bad Conduct.....	3	
Medical .....	4	
Dishonorable.....	5	
DON' T KNOW.....	-8	
REFUSED .....	-7	

G6. Did you do any paid work at all during the last 30 days?

**PROMPT:** Anything that brings in money.

YES..... 1  
NO ..... 0 **GO TO H1**  
DON' T KNOW.....-8 **GO TO H1**  
REFUSED.....-7 **GO TO H1**

G7. Was this work . . . ?

**MARK ALL THAT APPLY**

A job for 3 months or more with the same employer .....1  
A job for less than 3 months that you expect to last at least 3 months .....2  
A temporary job you expect to last less than 3 months .....3  
A temporary farmwork job .....4  
A day job or pick-up labor, that lasts a few hours or days.....5  
Selling things on the streets or recycling for money.....6  
Other .....7  
What is that? \_\_\_\_\_  
REFUSED.....-7

G8. During the last 30 days, how many hours did you usually work per week at all jobs or businesses?

**IF NEEDED, PROMPT WITH CATEGORIES:**

\_\_\_\_\_ HOURS PER WEEK **OR** Not working now .....200  
**GO TO H1** Less than 15 hours per week.....201  
Between 16 and 30 hours per week ...202  
Between 31 and 39 hours per week ...203  
40 or more hours per week.....204  
DON' T KNOW.....-8  
REFUSED .....-7

These next questions are about public assistance programs and other sources of income, because we need to know how people are surviving. Remember, your answers are confidential and anonymous.

H1. For the next set of questions, we will call the people who live with you now, and share their income, your family unit. **LOOK AT E1, PAGE 11**

If you live alone, your family unit is just yourself, one person.

How many people are supported by the total income of your family unit, including yourself?

\_\_\_\_\_ NUMBER OF PEOPLE (1 OR MORE)  
 NO ONE ELSE, ALONE..... 1  
 REFUSED.....-7  
 DON' T KNOW.....-8

<p>H2.            Did anyone in your family unit, including you, receive income or benefits from any of these sources <u>in the last month</u>? Did you get . . . ?   <b>IF “YES,” ASK H3, “HOW MUCH . . . ”</b></p>	<p><b>ENTER 1 CODE IN EACH ROW:</b>             YES . . . . . 1            NO . . . . . 0            DON' T KNOW. -8            REFUSED. . . -7</p>	<p>H3.            How much is that per month, (for everyone in your family unit)?   <b>ROUND TO WHOLE \$</b>             DON' T KNOW. -8            REFUSED . . . -7</p>
A. Food Stamps		
B. General assistance (GA)		
C. “Welfare” / CalWORKs Temporary Assistance to Needy Families (TANF) / AFDC		
D. Supplemental Security Income (SSI)		
E. Social Security Disability Income (SSDI)		
F. Social Security retirement check (SSA)		
G. Some other retirement payment		
H. Veteran’s benefits		

<p style="text-align: center;">H2.</p> <p>Did anyone in your family unit, including you, receive income or benefits from any of these sources <u>in the last month</u>? Did you get . . . ?</p> <p><b>IF “YES,” ASK H3, “HOW MUCH . . . ”</b></p>	<p style="text-align: center;"><b>ENTER 1 CODE IN EACH ROW:</b></p> <p>YES . . . . . 1  NO . . . . . 0  DON’ T KNOW. -8  REFUSED. . . . -7</p>	<p style="text-align: center;">H3.</p> <p>How much is that per month, (for everyone in your family unit)?</p> <p><b>ROUND TO WHOLE \$</b></p> <p>DON’ T KNOW. -8  REFUSED . . . . -7</p>
I. Unemployment benefits		
J. Some other benefit What kind? _____		
K. Regular payments for child support or alimony		
L. Help from family or friends		
M. Pay for working, any kind of work		
N. Any other ways of getting money, like recycling, panhandling, giving blood for money, or hustling		

J1. What types of health coverage do you have that pays for doctor visits or other types of care?

**MARK ALL THAT APPLY**

Medi-Cal .....	1	
Healthy Families .....	2	
Medicare .....	3	
Veteran's medical care, at the VA.....	4	
Indian Health Service, Tribal Health Program or Urban Indian Clinic.....	5	
Alameda County health card.....	6	
INDIGENT CARE, COUNTY PLAN.....	7	
FREE CLINICS, COMMUNITY CLINICS.....	8	
COUNTY HOSPITAL.....	9	
NO INSURANCE.....	0	<b>Go to K1</b>
DON' T KNOW.....	-8	
REFUSED.....	-7	

J2. Do you have any other kind of health coverage?

**MARK ALL THAT APPLY**

No other coverage or insurance .....	-1	<b>Go to J3</b>
Some other government or military health coverage.....	10	
Insurance from my employer, union or school.....	11	
Private health insurance, purchased by or for me.....	12	
Private disability insurance.....	13	
Other insurance.....	14	
What is that? _____		
DON' T KNOW.....	-8	
REFUSED.....	-7	

J3. During the last 12 months, was there any time when you had no health insurance at all?

- YES.....1
- NO .....0
- I HAD COVERAGE, BUT ONLY AT SOME PLACES .....2
- DON' T KNOW / NOT SURE..... -8
- REFUSED ..... -7

K1. The next questions are about your health and any disabilities you may have. Which of these statements are true for you?

**PROMPT:** Is that true for you?

**MARK ALL THAT APPLY**

- I am physically disabled.....1
- I am disabled by HIV/AIDS .....2
- I am developmentally disabled .....3
- I have learning disabilities .....4
- I am blind .....5
- I am deaf .....6
- I am disabled by mental illness.....7
- I am disabled by alcohol abuse .....8
- I am disabled by drug abuse.....9
- I am disabled by something else .....10
- What is that? \_\_\_\_\_
- DON' T KNOW.....-8
- REFUSED .....-7

K2. Because of a physical, mental, or emotional condition, <u>lasting 6 months or more</u> , do you have difficulty doing any of the following activities?	YES 1	NO 0	DON' T KNOW -8	REFUSED -7
A. Working at a job or business				
B. Learning, remembering, or concentrating				
C. Going around town alone for daily activities like getting food or medical care				
D. Basic physical activities like walking, climbing stairs, reaching, lifting or carrying				
E. Dressing, bathing, or other personal care				

K3. Some people say that poverty and homelessness are disabilities themselves, making it hard to think or concentrate. Is that true for you?

YES .....1  
 NO.....0  
 DON' T KNOW.....-8  
 REFUSED.....-7

K4. Has a doctor or other health professional ever told you that you have . . . ?	YES 1	NO 0	DON' T KNOW -8	REFUSED -7
A. Asthma				
B. Diabetes				
C. Tuberculosis (TB)				
D. Hepatitis, a liver disease				
E. Other condition What is that? _____				

K5. About HIV, the virus that causes AIDS, which of these is true for you?

**PROMPT:** Remember, your answers are confidential and anonymous.

- I am infected with the HIV virus (HIV-positive)
  - with symptoms .....1
  - I am HIV-positive with no symptoms.....2
  - My doctor has told me I have AIDS .....3
  - I don't have HIV infection, I'm HIV-negative .....0 **Go to K7**
  - REFUSED.....-7
  - DON' T KNOW.....-8

K6 If you are HIV-positive, are you currently receiving the help you need with . . . ?	YES	NO	DON' T KNOW	REFUSED
	1	0	-8	-7
A. Medical treatment				
B. Medicines				
C. HIV/AIDS housing				
D. Rent assistance (HOPWA)				
E. Mental health support or counseling				
F. Other program What is that? _____				

K7. Now about injuries, during the past 12 months, did you have any injuries from physical violence or sexual assault, by someone outside your family?

YES..... 1  
NO ..... 0  
DON' T KNOW.....-8  
REFUSED .....-7

K8. In the last twelve months, were you ever physically hurt or threatened by a spouse or partner or someone in your family? That includes hurt or threatened by being kicked, hit, shoved, beat up, hurt or threatened with a knife or gun, or forced to have sex.

**PROMPT:** By someone in your family, inside the family.

YES..... 1  
NO ..... 0  
DON' T KNOW.....-8  
REFUSED .....-7

L1. Overall, how would you rate your health in the past 4 weeks?

Excellent .....1  
Very good.....2  
Good.....3  
Fair .....4  
Poor.....5  
Very poor .....6  
DON' T KNOW.....-8  
REFUSED .....-7

L2. During the past 4 weeks, how much were you limited in your usual physical activities, such as walking or climbing stairs, by physical health problems?

- Not at all.....1
- Very little .....2
- Somewhat limited by physical health .....3
- Quite a lot.....4
- Could not do physical activities .....5
- DON' T KNOW.....-8
- REFUSED .....-7

L3. During the past 4 weeks, how much difficulty did you have doing all your daily activities, like work or chores, because of your physical health?

- No difficulty at all.....1
- A little bit .....2
- Some difficulty.....3
- Quite a lot.....4
- Could not do daily work .....5
- DON' T KNOW.....-8
- REFUSED .....-7

L4. How much bodily pain did you have in the past 4 weeks?]

- None.....1
- Very mild .....2
- Mild.....3
- Moderate .....4
- Severe.....5
- Very severe .....6
- DON' T KNOW.....-8
- REFUSED .....-7

L5. During the past 4 weeks, how much energy did you have?

- Very much.....1
- Quite a lot.....2
- Some .....3
- A little .....4
- None.....5
- DON' T KNOW.....-8
- REFUSED .....-7

L6. During the past 4 weeks, how much did your physical health or emotional problems limit your usual social activities, with family or friends?

- Not limited at all by physical/emotional health .....1
- Very little .....2
- Somewhat limited by physical/emotional health .....3
- Quite a lot.....4
- Could not do social activities because of  
physical/emotional health .....5
- DON' T KNOW.....-8
- REFUSED .....-7

L7. During the past 4 weeks, how much were you bothered by emotional problems (such as feeling anxious, depressed or irritable)?

- Not bothered at all by emotional problems.....1
- Slightly bothered.....2
- Moderately bothered by emotional problems .....3
- Bothered quite a lot.....4
- Extremely bothered.....5
- DON' T KNOW.....-8
- REFUSED .....-7

L8. During the past 4 weeks, how much did personal or emotional problems keep you from doing your usual daily activities, work, or school?

- Not at all.....1
- Very little .....2
- Somewhat.....3
- Quite a lot.....4
- Could not do daily activities .....5
- DON' T KNOW.....-8
- REFUSED.....-7

M1. The last time you received medical care of any kind, where was that?

Emergency room (in a hospital).....	1
An urgent care clinic.....	2
Free clinic.....	3
Community clinic or health center **.....	4
Mobile Homeless Services van .....	5
Doctor's office .....	6
Nurse practitioner or physician's assistant .....	7
Some other kind of health professional .....	8
Some other place .....	9
Where was that? _____	
DON' T KNOW .....	-8
REFUSED .....	-7

**\*\* COMMUNITY CLINICS:**

<b>CITY OF ALAMEDA</b> Alameda Health Center	<b>BERKELEY</b> Berkeley Primary Care Access Clinic Life Long Dental Care Over 60 Health Center West Berkeley Family Practice William Byron Rumford Medical Clinic
<b>OAKLAND</b> Adult Medical Services at Hotel Oakland A.J. Thomas Medical Clinic Asian Health Services Central Health Center Clinica Alta Vista Eastmont Wellness Center East Oakland Health Center Highland Outpatient Clinics La Clinica De La Raza La Clinica Pedicatricks Life Long Medical Care Native American Health Center San Antonio Neighborhood Health Center West Oakland Health Council	<b>EAST COUNTY</b> Valley Community Health Center - Pleasanton Valley Community Health Center - Livermore
	<b>SOUTH COUNTY</b> Fairmont Outpatient Clinics Eden Health Center Logan Health Center Miranda Health Center Newark Health Center Tiburcio Vasquez Health Center Tri-City Health Center

M2. During the past 12 months, how many times did you visit an urgent care clinic or a hospital emergency room?

**PROMPT:** If it's easier to remember, tell me about how many times each month or week.

\_\_\_\_\_ TIMES IN PAST YEAR  
\_\_\_\_\_ TIMES PER MONTH  
\_\_\_\_\_ TIMES PER WEEK  
DON' T KNOW.....-8  
REFUSED.....-7

M3. During the past 12 months, how many separate times were you hospitalized for at least one night?]

**FOR WOMEN ADD:** Don't count a few days for normal childbirth, but do count a longer stay because of complications.

\_\_\_\_\_ NUMBER OF TIMES  
DON' T KNOW.....-8  
REFUSED.....-7

M4. During the past 12 months, was there a time when you delayed or did not get any medical care you felt you needed? That includes seeing a doctor, dentist, specialist, or other health professional, or getting tests, treatments, or medicines

YES..... 1  
NO ..... 0   **GO TO N1**  
DON' T KNOW.....-8   **GO TO N1**  
REFUSED.....-7   **GO TO N1**

M5. What were the reasons you delayed or did not get the care you needed?]

**PROMPT:** Is that true for you?

**MARK ALL THAT APPLY**

- Cost too much, couldn't afford it.....1
- No insurance or they wouldn't take my insurance.....2
- There were no openings.....3
- There was a waiting list, too long a wait .....4
- They told me I was not eligible, or not sick enough.....5
- They told me I had to be sober first.....6
- Too far away, transportation problems.....7
- Hours not convenient.....8
- Language problems.....9
- No child care for children.....10
- I thought they would not treat me with respect.....11
- I didn't know where to go .....12
- Just didn't go, didn't show up, put it off,  
forgot or lost referral.....13
- Problems with physical accessibility .....14
- Other .....15
- What else? \_\_\_\_\_
- DON'T KNOW.....-8
- REFUSED.....-7

N1. DELETED

N2. In the past 12 months, did you have help from any of these kinds of mental health staff or programs?	YES 1	NO 0	DON' T KNOW -8	REFUSED -7
A. Mental health counselor or therapist				
B. Psychiatrist for medication for mental illness				
C. Group home for people with mental illness				
D. Psychiatric hospital				
E. HIV/AIDS support group				
F. Another kind of support group				
G. Other program What is that? _____				

N3. Did you need help that you didn't get for mental health problems in the past 12 months?

- Yes, I needed help and didn't get it ..... 1
- No, I got the help I needed.....0 **GO TO N5**
- No, I didn't feel I needed help.....2 **GO TO N5**
- No, I never had mental health problems ..... -6 **GO TO N5**
- DON' T KNOW.....-8 **GO TO N5**
- REFUSED .....-7 **GO TO N5**

N4. Why didn't you get the help you needed? Please tell me which of these is true for you.

**PROMPT:** Is that true for you?

**MARK ALL THAT APPLY**

- Cost too much, couldn't afford it.....1
- No insurance or they wouldn't take my insurance.....2
- There were no openings .....3
- There was a waiting list, too long a wait .....4
- They told me I was not eligible, or not sick enough.....5
- They told me I had to be sober first .....6
- Too far away, transportation problems .....7
- Hours not convenient .....8
- Language problems .....9
- No child care for children .....10
- I thought they would not treat me with respect.....11
- I didn't know where to go .....12
- Just didn't go, didn't show up, put it off,  
forgot or lost referral.....13
- Problems with physical accessibility .....14
- Other .....15
- What else? \_\_\_\_\_
- DON' T KNOW.....-8
- REFUSED .....-7

N5. In the past 12 months, did you have help from any of these kinds of alcohol or drug programs?	YES 1	NO 0	DON' T KNOW -8	REFUSED -7
A. A self-help program, like ____ Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or Cocaine Anonymous (CA)				
B. Methadone maintenance program				
C. Drug and alcohol counseling program, no methadone				
D. Detoxification (Detox), outpatient or inpatient				
E. Residential treatment or recovery program				
F. Other program What is that? _____				

N6. Did you need help that you didn't get for alcohol or drug problems in the past 12 months?

- Yes, I needed help and didn't get it .....1
- No, I got the help I needed.....0 **GO TO O1**
- No, I didn't feel I needed help.....2 **GO TO O1**
- No, I never had alcohol or drug problems ..... -6 **GO TO O1**
- DON' T KNOW.....-8 **GO TO O1**
- REFUSED .....-7 **GO TO O1**

N7. Why didn't you get the help you needed? Please tell which of these is true for you.

**PROMPT:** Is that true for you?

**MARK ALL THAT APPLY**

- Cost too much, couldn't afford it.....1
- No insurance or they wouldn't take my insurance.....2
- There were no openings .....3
- There was a waiting list, too long a wait .....4
- They told me I was not eligible, or not sick enough.....5
- They told me I had to be sober first .....6
- Too far away, transportation problems .....7
- Hours not convenient .....8
- Language problems .....9
- No child care for children .....10
- I thought they would not treat me with respect.....11
- I didn't know where to go .....12
- Just didn't go, didn't show up, put it off,  
forgot or lost referral .....13
- Problems with physical accessibility .....14
- Other .....15
- What else? \_\_\_\_\_
- DON ' T KNOW.....-8
- REFUSED .....-7

Next, I'm going to ask you a few questions about alcohol and drug use, and after that I'll ask you about services that you may want, but may have trouble getting. Remember, your answers are confidential and anonymous.

**PROMPT:** I have to ask, let's just get through these quickly.

**IF RESPONDENT SAYS "I DON'T DRINK", SAY:** I will mark in the next question that you don't drink.

O1. During the last 12 months,	YES 1	NO 0	D.K. -8	REF. -7
A. During the last 12 months, did you ever feel bad or guilty about your drinking				
B. During the last 12 months, did you ever have a drink first thing in the morning to steady your nerves or get rid of a hangover				
C. During the last 12 months, did a friend or family member ever tell you about things you said or did while you were drinking that you could not remember				
D. During the last 12 months, did you fail to do what was normally expected of you because of drinking				

O2. Is alcohol use a problem for you now?

YES..... 1  
 NO ..... 0  
 DON' T USE ALCOHOL ..... 2  
 DON' T KNOW .....-8  
 REFUSED .....-7

**IF VOLUNTEERED:** CLEAN AND SOBER, HOW LONG \_\_\_\_\_

These next questions are about drug use and substance abuse services. Remember, your answers are confidential and anonymous.

**PROMPT:** I have to ask, let's just get through these quickly.

**IF RESPONDENT SAYS "I DON'T USE DRUGS", SAY:** I will mark in the next question that you don't use drugs.

O3. In the last 12 months,	YES 1	NO 0	D.K. -8	REF. -7
A. In the last 12 months, did you ever fail to do what was normally expected of you because of your use of drugs				
B. In the last 12 months, were you ever under the influence of drugs in a situation where you could get hurt, like driving, using knives or machinery, or anything else				
C. In the past 12 months, <u>because of drug use</u> , did you have any emotional or psychological problems, like feeling depressed, suspicious of people, paranoid, or having strange ideas				
D. In the past 12 months, was there a month or more when you spent a lot of time using drugs or getting over the effects				
E. In the past 12 months, were there <u>several times</u> when you used a lot more drugs than you intended or used drugs for a longer time than you meant to				
F. In the past 12 months, did you ever have to use more drugs than you used to, to get the same effect				
G. In the past 12 months, did you ever use drugs to keep from feeling sick when you stopped				

O4. Is drug use a problem for you now?

- YES..... 1
- NO ..... 0
- DON' T USE DRUGS ..... 2
- DON' T KNOW .....-8
- REFUSED .....-7

**IF VOLUNTEERED:** CLEAN AND SOBER, HOW LONG \_\_\_\_\_

These next questions are about food, and whether you can afford enough to eat.

P1. In the past 30 days, were you ever hungry but didn't eat, because you couldn't afford to get food?

**PROMPT:** We mean because you couldn't afford food, or couldn't afford to get there.

YES..... 1  
NO .....0 **GO TO INSTRUCTION ABOVE P3**  
DON' T KNOW.....-8 **GO TO INSTRUCTION ABOVE P3**  
REFUSED.....-7 **GO TO INSTRUCTION ABOVE P3**

P2. How many days did that happen, in the past 30 days?

**IF NEEDED, PROMPT WITH CATEGORIES:**

\_\_\_ NUMBER OF DAYS **OR** Only a day or two.....41  
**UP TO 31** About a week .....42  
More than a week.....43  
DON' T KNOW.....-8  
REFUSED.....-7

**IF NO CHILDREN LIVE WITH RESPONDENT (E3 = 0), GO TO Q1**

P3. In the past 30 days, was there a time that your children did not have enough to eat because you just couldn't afford enough food?

YES..... 1  
NO ..... 0  
NOT APPLICABLE, NO CHILDREN.....-1  
CHILDREN NOT WITH RESPONDENT.....-6  
DON' T KNOW.....-8  
REFUSED.....-7

Q1. Sometimes surveys like this are done over the telephone, by calling people at home.  
Not counting cell phones, did you have a home telephone at any time last year?

**PROMPT:** Where you pick up the phone when it rings

NO .....	0	<b>Go to R1</b>
YES.....	1	
ONLY HAD A CELL PHONE.....	2	<b>Go to R1</b>
DON' T KNOW .....	-8	<b>Go to R1</b>
REFUSED .....	-7	<b>Go to R1</b>

Q2. How much of the past 12 months was your home phone disconnected?

\_\_\_\_\_ NUMBER OF DAYS  
\_\_\_\_\_ NUMBER OF WEEKS  
\_\_\_\_\_ NUMBER OF MONTHS

NEVER DISCONNECTED .....	0
NEVER HAD A PHONE.....	-6
DON' T KNOW .....	-8
REFUSED.....	-7

R1 Do you <u>currently</u> want <u>more</u> help with the following things?	YES 1	NO 0	DON' T KNOW -8	REFUSED -7
A. Lists of apartments or houses that you might be able to afford				
B. An educational workshop on how to apply for housing				
C. More affordable places to live				
D. Shelters that accept couples and/or whole families				
E. Shelters for people getting away from family violence or abuse				
F. Places to camp without being hassled				
G. Warm places to hang out when it's cold				
H. Help finding a job or other employment services				
I. Job training or education				
J. Child care				
K. Services for my children. other than child care				
L. Help getting on, or back on, benefits like SSI, GA, or Food Stamps				
M. Help with Veteran's Benefits or services				
N. Help with a disability, such as independent living resources				
O. Mental health counseling or treatment				
P. Mental health case management				
Q. Alcohol or drug detoxification services				
R. Residential treatment for alcohol or drugs				
S. Outpatient alcohol or drug treatment (not residential)				
T. Treatment for alcohol or drugs and mental health, dual diagnosis treatment				
U. Money management skills				
V. More affordable, or easier-to-use, transportation				
W. Other services What kind? _____				

R2. What else do you want us to know about you now?

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NOTHING MORE, NO MORE, ETC. ....NONE  
REFUSED..... REF

Thank you for your time, and for telling me about your situation. The survey answers will be used to make services better. I have a gift for you to show our appreciation for your help. Thank you, again.

<b>END TIME</b> ____    ____    :    ____    ____ <b>AM / PM</b>
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**GO TO BACK OF THIS SHEET & COMPLETE V1 – V3.**

**AFTER INTERVIEW:**

V1. INTERVIEW STATUS:

**MARK ONE**

- COMPLETED .....1 **Go to V3**
- INTERRUPTED, THEN RESUMED .....2
- STOPPED BY RESPONDENT .....3
- STOPPED BY INTERVIEWER/SITE COORDINATOR ..4

V2. REASONS INTERVIEW WAS NOT COMPLETED OR WAS INTERRUPTED:

**MULTIPLE MARKS OK**

- MENTALLY/PHYSICALLY UNABLE .....8
- ANGRY, UNWILLING TO CONTINUE .....9
- RESPONDENT HAD TO LEAVE TO GO ELSEWHERE .10
- LANGUAGE BARRIER .....11
- ALCOHOL- OR DRUG- INTOXICATED .....12
- BREAK FOR BATHROOM, CIGARETTE, ETC. ....13
- DIFFICULT DUE TO NOISE .....14
- OTHER CONDITIONS AT INTERVIEW SITE .....15

SPECIFY: \_\_\_\_\_

- OTHER .....16

SPECIFY: \_\_\_\_\_

V3. CLIENT-INTERVIEWER INTERACTION & ASSISTANCE:

- CLIENT READ ALONG WITH INTERVIEWER .....1
- CLIENT JUST LISTENED TO QUESTIONS .....2
- SOMEONE ASSISTED CLIENT WITH SURVEY .....3
- OTHER .....4

SPECIFY: \_\_\_\_\_