

**DEPARTMENT OF HOUSING AND
URBAN DEVELOPMENT**

**Office of Policy Development and
Research**

[Docket No. FR-3917-N-18]

**Notice of Submission of Proposed
Information Collection to OMB**

AGENCY: Office of Policy Development and Research, HUD.

ACTION: Notice.

SUMMARY: The proposed information collection requirement described below has been submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act. The Department is soliciting public comments on the subject proposal.

DATES: Comment due date: September 12, 1995.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments must be received within 14 working days from the date of this notice. Comments should refer to the proposal by name and should be sent to: Joseph F. Lackey, Jr., OMB Desk Officer, Office of Management and Budget, New Executive Office Building, Washington, DC 20503.

FOR FURTHER INFORMATION CONTACT: Kay F. Weaver, Reports Management Officer, Department of Housing and Urban Development, 451 7th Street, SW., Washington, DC 20410, telephone no. (202) 708-0050. This is not a toll free number.

SUPPLEMENTARY INFORMATION: This notice informs the public that the Department of Housing and Urban Development has submitted to OMB for processing an information collection package related to the National Survey of Homeless Assistance Providers and Clients (hereinafter "survey"). HUD is requesting a review of this information collection on or before September 30, 1995.

The survey will provide estimates of the number and characteristics of service providers and an assessment of the types of programs and services available to people who are homeless. It will also provide detailed characteristics of persons using services. Under the auspices of the Interagency Council on the Homeless, the survey is being co-sponsored by 11 Federal agencies: Department of Housing and Urban Development
Department of Health and Human Services
Department of Veterans Affairs

Department of Agriculture
Department of Commerce
Department of Education
Department of Energy
Department of Justice
Department of Transportation
Social Security Administration
Federal Emergency Management Agency

The survey includes two phases: Phase 1 is the collection of information on service providers and Phase 2 is the collection of information on service users (clients). In Phase 1, the Census Bureau will:

- (1) Select a sample of geographic areas;
- (2) Develop a comprehensive list of service providers in the survey sample areas;
- (3) Collect basic information from all service providers within the sample areas on programs offered, via a computer-assisted telephone interview; and
- (4) Select a subsample of providers and collect detailed information on programs and services by mail, with telephone followup.

Phase 1 of the national survey is planned to be conducted starting in October 1995 and conclude by January 1996.

In Phase 2, the Census Bureau will:

- (1) Select a sample of service users (clients) within the sample areas;
- (2) Select a sample of providers in designated programs; and
- (3) Select clients and conduct personal visit interviews at selected service provider facilities.

Phase 2 of the survey is planned to be conducted starting in February 1996 and conclude by March 1996.

This request is for clearance to conduct Phase 2 of the survey, the collection of information on service users using two instruments:

- NSHAPC—200 Service Users Survey; and
- NSHAPC—300 Roster for Provider Facility.

The information to be requested under the Service Users Survey is specified, but the survey form will undergo a final forms design before it is administered.

A pre-test of the NSHAPC was conducted in April 1995 in three areas: Atlanta, GA; Pittsburgh, PA (including Allegheny, Fayette, Washington, and Westmoreland Counties); and the Armstrong County Community Action Agency Catchment area (a rural Community Action Agency service area outside Pittsburgh). The survey instruments have been revised to reflect the experience gained in the pre-test. The Census Bureau sought and obtained substantial expert input over a two-year

period to develop the survey instruments.

The Department has submitted the proposal for the collection of information, as described below to OMB for review, as required by the Paperwork Reduction Act (44 U.S.C. chapter 35):

- (1) the title of the information collection proposal;
- (2) the office of the agency to collect the information;
- (3) the description of the need for the information and its proposed use;
- (4) the agency form number, if applicable;
- (5) what members of the public will be affected by the proposal;
- (6) how frequently information submission will be required;
- (7) an estimate of the total number of hours needed to prepare the information submission including numbers of respondents, frequency of response, and hours of response;
- (8) whether the proposal is new or an extension, reinstatement, or revision of an information collection requirement; and
- (9) the names and telephone numbers of an agency official familiar with the proposal and of the OMB Desk Officer for the Department.

Authority: Section 3507 of the Paperwork Reduction Act, 44 U.S.C. 3507; Section 7(d) of the Department of Housing and Urban Development Act, 42 U.S.C. 3535(d).

Dated: August 17, 1995.

Michael A. Stegman,

Assistant Secretary, Office of Policy Development and Research.

**Notice of Submission of Proposed
Information Collection to OMB**

Proposal: National Survey of Homeless Assistance Providers and Clients (NSHAPC).

Office: Policy Development and Research.

Description of the Need for the Information and Its Proposed Use: This national survey would provide up-to-date information about the providers of homeless assistance and the characteristics of homeless persons who use services. The survey will be conducted in 76 areas including metropolitan and nonmetropolitan settings. The data will:

- (1) be compared with the findings of a 1987 Urban Institute survey of homeless characteristics to understand reported changes in the nature of homelessness, especially those related to families with children;
- (2) provide a basis for assessing local efforts to construct "continuums of care" for homeless people;

(3) be used to develop measures to assess the impact and performance of current homeless programs;

(4) will assist local governments and nonprofit organizations in designing more effective more effective local programs; and

(5) provide a baseline for examining the effects on the homeless population of proposed changes to the McKinney homeless assistance programs, and America's "safety net" programs for the poor (e.g., Section 8, AFDC, JTPA, and Medicaid programs).

Form Number: None.

Respondents: Homeless service providers and homeless persons.

Frequency of Submission: One-time.

Reporting Burden: See attachment.

Total Estimated Burden Hours: Phase 2, Client Surveys 2,850.

Status: New survey.

Contact: James E. Hoben, HUD, (202) 708-0574 X132; George A. Ferguson, HUD, (202) 708-1480; Joseph F. Lackey, Jr., OMB, (202) 395-7316.

Dated: August 15, 1995.

Supporting Statement

A. Justification

1. Necessity of Information Collection

The National Survey of Homeless Assistance Providers and Clients (NSHAPC) includes two phases: the collection of information on service providers and the collection of information on service users (clients).

Phase 1: In Phase 1, the Census Bureau will:

(1) Select a sample of geographic areas.

(2) Develop a comprehensible list of service providers in the survey sample areas.

(3) Collect basic information from all service providers within the sample areas on programs offered, via a computer-assisted telephone interview.

(4) Select a subsample of providers and collect detailed information on programs and services by mail, with telephone follow-up.

Note: Steps 1 and 2 must be completed if Phase 2 is conducted.

Phase 2: In Phase 2, the Census Bureau will:

(1) Select a sample of service users (clients) within the sample areas in two other stages.

(2) Select a sample of providers in designated programs.

(3) Select clients and conduct personal visit interviews at selected service provider facilities.

This request is for clearance to conduct Phase 2 of the survey. An earlier OMB package was submitted

requesting clearance to conduct Phase 1. This request is for the following forms listed by title and code number.

- NSHAPC-200A, Service User Questionnaire.

- NSHAPC-XXXX, Roster for Provider Facility.

The national survey will provide estimates of the number and characteristics of service providers, and an assessment of the types of programs and services available to people who are homeless. The survey will also provide (in Phase 2) detailed characteristics of persons using services. Phase 2 of the national survey is being sponsored by the following Federal agencies:

- Department of Health and Human Services (HHS).

- Department of Housing and Urban Development (HUD).

- Department of Veterans Affairs (VA).

- Department of Agriculture (USDA).

- Department of Commerce (DOC).

- Department of Education (ED).

- Department of Energy (DOE).

- Department of Justice (DOJ).

- Department of Transportation (DOT).

- Social Security Administration (SSA).

- Federal Emergency Management Agency (FEMA).

Data will be collected under HUD's data collections authority.

As part of the 1990 Census, the Census Bureau enumerated persons residing in homeless shelters and pre-identified street locations. However, this operation was not designed to provide the full range of information needed for guiding policy decisions related to homelessness. With this understanding, in September of 1993, the Bureau of the Census convened a conference of researchers, representatives of public interest groups, and government representatives to discuss ways of improving data collection on the homeless population. The consensus among this group was that the decennial census is not the appropriate vehicle for gathering information on the homeless population. They suggested that a new national survey using a updated methodologies to obtain an accurate and useful picture of those homeless people who use services in the United States is needed.

2. Needs and Uses

The information the new survey would provide is critical for developing the kinds of effective public policy responses needed to break the cycle of homelessness, both through targeted programs and the leveraging of mainstream resources. This survey

would provide up-to-date information about the characteristics of today's homeless population who use services and would tell us how this population has changed since 1987 in urban areas. Included in the survey would be the first national examination of the characteristics of homelessness in rural America, fulfilling a Congressional mandate for a report on this subject.

The national NSHAPC survey would:

1. Provide national information on the types of services available to homeless persons in both urban and rural communities.

2. Provide information not addressed by the last national study in 1987 such as: What are the triggering events that precipitate homelessness? Where were homeless people living before they became homeless? How prevalent is AIDS among homeless persons? What impact does rural homelessness have on urban homelessness? What differences are there among homeless persons found in cities, suburbs, and rural areas?

3. Tell us what characteristics of the homeless population have changed since the 1987 study.

4. Collect additional information related to drug use, mental illness, AIDS, tuberculosis, and previous episodes of homelessness.

5. Include smaller cities, nonmetropolitan and rural areas in order to more accurately and fully reflect homelessness in the United States. The survey would interview a sufficient number of people using services in 76 geographic areas to ensure reliability of the national estimates. Of these 76 geographic areas, 28 would be large metropolitan areas, 24 would be medium and small metropolitan areas, and 24 would be nonmetropolitan areas (small cities and rural areas).

Discussion of Phase 1 Activities

Phase 1 will be on-going from October 1, 1995 through January 1996. Three steps occur in Phase 1.

Step 1: Completing the CATI Interview

1. Beginning on October 1, 1995, Census Bureau staff will use a computer-assisted telephone interview (CATI) to contact all service providers in the 76 sample communities. Service providers interviewed would include those with programs specifically targeted at the homeless (e.g. homeless shelters, soup kitchens, homeless outreach programs) as well as other community service providers with programs from which homeless individuals are eligible. The purpose of the survey of service providers would be to assess the types of programs and service available to homeless persons in

these metropolitan, suburban, and rural areas. All service providers in the areas will be asked about the types of programs offered and basic information about each program offered, such as source of funding, days of operation, and population group primarily served (e.g., veterans, people with mental illness). Prior to the CATI calls, an advance letter, NSHAPC—L(1)L will be mailed to each provider.

To develop the profile of programs offered nationwide, all service providers will be asked to complete the NSHAPC Form 100A, Service Provider Core Data Questionnaire. This questionnaire collects the following information about the service provider and programs offered at that address:

- Name.
- Contact for the facility.
- Address.
- Telephone Number.
- Type of Facility.
- Programs Provided.

The following information will be collected for each program offered:

- Average Number of Adults and Children Participating in Programs On A Daily Basis, and Percent Homeless.
- Average Number of Adults and Children the Facility Serves On A Daily Basis.
- Familial Status of Persons the Facility Serves On A Daily Basis.
- Public or private affiliation.
- Source of funding.
- If the program is targeted to a specific subpopulation group.
- Number of Facilities Under Contract To, or Accepting Vouchers.
- Expected Days of Operation for each program in February, 1996.
- Contact person for each program.

Step 2: Reviewing the List of Service Providers

Once the CATI interview is completed, service providers will be mailed a comprehensive list of service providers in the sample areas. Service providers are asked to review the list for completeness and accuracy. We are asking providers to correct any incorrect entries and to identify service providers that are omitted from the list. The updated lists will be mailed back to the Census Bureau for update. After receipt of the reviewed list, Census Bureau personnel will remove duplicate entries from the list and prepare a master list of service providers. New service providers added to the list will then be contacted and Census Bureau staff will administer the CATI interview.

The Census Bureau plans to generate listings of service providers for each of the sample areas in the survey and mail, NSHAPC Form 100-M, List of Providers

Offering Homeless Programs and the NSHAPC—L(2) letter to all service providers shown on the comprehensive list and all knowledgeable local persons. The knowledgeable local persons and service providers will be asked to review the listing of all service providers in their area for completeness, and to add any missed service providers to the list. NOTE: A sample of providers will be asked to provide additional information about the services they offer. This is discussed below under Phase 1, Step 3.

The Census Bureau is obtaining copies of national files of service providers from national organizations, Federal agencies, and from Community Action Program (CAP) coordinators. The Census Bureau has obtained a copy of lists of service providers from the following Federal agencies: FEMA, Health and Human Services, Veterans Affairs, Housing and Urban Development, and Labor. National organizations, such as the National Coalition for the Homeless, National Alliance to End Homelessness, National Law Center on Homelessness and Poverty, National Network of Runaway and Youth Services, Catholic Charities, Better Homes Foundation, and Volunteers of America, Inc. have provided lists to the Census Bureau. The Census Bureau plans to unduplicate and merge these files into one comprehensive listing of service providers. This comprehensive list will be used as the initial sampling frame for identifying and interviewing service providers in the sample areas.

The local update may also provide the Census Bureau with additional names of service providers and local persons or organizations knowledgeable about homeless services. (Federal, State, and Local Agencies may not have the name of a service provider if the provider does not receive any federal, state, or local funding.

Census Bureau personnel also will contact the state homeless coordinator designated under the McKinney Homeless Assistance Act. The Census Bureau will tell them about the survey, indicate which counties in their state are included in the survey, and provide them with a list of service providers in each of the sample areas. The state coordinators will be asked to review the list of service providers and note any additions or changes.

Note: Census Bureau personnel have already completed some initial contacts with federal and state government offices, agencies, organizations, and knowledgeable local persons to begin compiling a national list of service providers.

Shelters for abused women and runaway youths will not be on the listings to be reviewed by service providers but are included in the sampling frame. This is to preserve the confidential locations of shelters for abused women and runaway youth.

The Census Bureau will use the master list of service providers as the frame to select the sample of service providers who will receive the detailed-program questionnaires and to select the sample of provider facilities where client interviewing will be conducted.

Step 3: Completing the Detailed Information on Programs and Services

Once the CATI interviews are completed, a subsample of service providers will be asked to provide more detailed information about the specific programs and services offered at their facility. Separate questionnaires for each program have been developed. Program managers will be asked to complete a questionnaire by mail for each program they administer. For each program offered, program managers will receive a copy of the appropriate program questionnaire and the NSHAPC L(3)L letter. Census Bureau staff will follow-up by telephone for all nonresponding providers.

Discussion of Phase 2 Activities

The second phase of the survey would consist of interviewing a sample of persons using services at homeless shelters, soup kitchens, and other service locations where homeless people are found. Respondents will be asked to complete NSHAPC Form 200A, Service User Questionnaire (See Attachment A). To facilitate the sampling, we are asking providers to complete Form NSHAPC 300, Roster for Providers (See Attachment B). Providers will be asked to list all clients using the housing program on the day of the interview. Interviews will take place continuously over a four-week period in order to obtain a representative sample. In addition to providing data on characteristics of the portion of the homeless population who use services, this phase of the survey would identify homeless subgroups and help determine their use of various types of assistance programs. It would also collect limited comparative data on housed persons with very low incomes who also rely on soup kitchens and other emergency assistance.

The survey will estimate characteristics at the national level only. The sample size is not large enough to produce estimates of client characteristics at the regional or local levels.

In 1987, the Urban Institute completed a survey of homeless persons. Data from the 1987 Urban Institute study represent the only national level data specific to homeless persons. Since the 1987 study, no significant national studies have been conducted to provide national information about the characteristics of homeless persons using services for homeless people.

NSHAPC data will be used to plan future programs and services funded via the McKinney Homeless Assistance Act and other homeless programs to prevent homelessness as well as ameliorate it. Understanding the causes of homelessness can help guide the development of preventive strategies. Data from the NSHAPC will be used by the participating agencies to prepare reports in accordance with the requirements of the McKinney Homeless Assistance Act and other homeless assistance programs.

The following targeted programs will benefit from the data collected in the NSHAPC.

Emergency/Temporary Shelter Assistance

Emergency Food and Shelter Program (FEMA)—Assistance directed toward temporary shelter
Emergency Shelter Grants Program (HUD)
Shelter for the Homeless [Department of Defense (DOD)]
Homeless Support Initiatives—Surplus Blankets (DOD)

Food and Nutrition Assistance

Commodities for Soup Kitchens (USDA)
Emergency Food and Shelter Program—Food Assistance (FEMA)
Commissary/Food Bank Initiatives (DOD) and [Department of Transportation (DOT)]
Federal Grain Inspection Service—Donation of Surplus Samples (USDA)

General Health Assistance

Health Care for the Homeless Grant Program (HHS)
Domiciliary Care for Homeless Veterans Program (VA)

Assistance to Homeless Persons With Disabilities

Projects for Assistance in Transition from Homelessness (PATH) (HHS)
Access to Community Care and Effective Services and Supports (ACCESS) (HHS)
Community Support Program—homeless-specific portion (HHS)
National Institute of Health (NIH) Research on Homeless (HHS)
Homeless Chronically Mentally Ill Veterans Program (VA)

Safe Havens (HUD)
National Institute of Alcohol Abuse and Alcoholism (NIAAA) Research Demonstration on Homelessness (HHS)
Drug Abuse Prevention for Runaway and Homeless Youth (HHS)

Education, Training, and Employment Assistance

Educ. Homeless Children & Youth State Grants Prog. (ED)
Exemplary Projects Program—Homeless Children (ED)
Adult Education for the Homeless (ED)
Job Training for the Homeless Demonstration Program (DOL)
Homeless Veterans Reintegration Project (DOL)

Housing Assistance

Transitional Housing Demonstration Program (HHS)
Supportive Housing Demonstration (HUD)
Section 87 Assistance for SROs (HUD)
Single Family Property Disposition Initiatives (HUD)
Transitional Living Program for Homeless Youth (HHS)
Farmer's Home Administration (FMHA) Homes for the Homeless (USDA)
Shelter for Homeless Vets—Acquired Property Sales (VA)
Base Closure Properties (DOD, HUD)

Homeless Prevention

Emergency Food and Shelter Program (FEMA)—Prevention Assistance
Emergency Community Services Homeless Grant Program (HHS)

General/Misc. Aid to Homeless Providers

Emergency Community Services Homeless Grant Program (HHS)
Excess and Surplus Federal Real Property [General Services Administration (GSA)/(HUD)/(HHS)]
Runaway and Homeless Youth Program (HHS)

Programs for Homeless Children/Youth/Families

Family Support Centers (HHS)
Transitional Housing Demonstration Program (HHS)
Supportive Housing Demonstration (HUD)
Educ. for Homeless Children and Youth State Grants Program (ED)
Exemplary Projects Program—Homeless Children (ED)
Runaway and Homeless Youth Program (HHS)
Transitional Living Program for Homeless Youth (HHS)
Drug Abuse Prevention for Runaway and Homeless Youth (HHS)

Programs for Homeless Veterans

Domiciliary Care for Homeless Veterans Program (VA)
Homeless Chronically Mentally Ill Veterans Program (VA)
Shelter for Homeless Vets—Acquired Property Sales (VA)
Homeless Veterans Reintegration Project (DOL)

Each agency was asked to identify their data needs and to rank the importance of those data requirements. From this ranking, we developed the Service User Questionnaire, NSHAPC—Form 200A. Listed below is a discussion of the survey questions on the Respondent Questionnaire and how the data will be used by HUD, HHS, VA, USDA and the other Federal agencies. Section numbers correspond to the section numbers on the questionnaire.

Service User Questionnaire Cover Page—Items N and O—on the cover page asks the respondent's name and age. Collection of the name (along with the other variables described in Section 4) will be used to eliminate duplicate interviews. Because the sampling and data collection design calls for multiple visits to each provider site, and because one homeless person could be found in more than one sampling frame (e.g., in both soup kitchens and shelters), unduplicating is central to the process of estimating the size of the population.

Question 64a asks for the respondent's social security number. Question 64b asks for the first five digits of the respondent's social security number if the respondent refuses to give their entire social security number. These questions, along with the name and the other variables described above, are being collected for purposes of unduplicating respondents.

Section 1: Current Living Condition

Questions 1a–7

These questions determine whether or not the respondent is homeless, and are considered essential by all participating agencies. With minor modifications, they are the same screening questions used in Rossi's (1986) Chicago studies, in the National Institute on Drug Abuse (NIDA, 1992) Washington, D.C. Metropolitan Area Drug Study (DC*MADS), and in the Urban Institute's national study (Burt and Cohen, 1988, 1989) which the NSHAPC methodology is designed to parallel and extend. For purposes of continuity and comparison, it is important that they remain essentially the same as they were in earlier studies.

*Section 2: Without Permanent Housing**Section 3: Currently With Permanent Housing*

Section 2, Questions 8a–10, 24–27

Section 3, Questions 33a–40

The answers to these questions are necessary to make estimates of the size of the homeless population. Sampling and estimation experts from the Urban Institute and the Census Bureau developed the questions. Questions 8 and 9 parallel similar questions asked in the 1987 Urban Institute study.

The Census Bureau requires Question 33B to determine if asking respondents to report names of shelters can be used to assess the completeness of the survey's list of shelters.

Section 2, Questions 11–23, 28–32

Section 3, Questions 41–55

These questions are needed to understand the circumstances affecting the respondent in the period immediately before becoming homeless. They have been compiled from similar questions asked in the 1987 Urban Institute study, the DC*MADS study, and other studies. These previously used questions were augmented by questions or item content which pretests revealed to be necessary to give a reasonable understanding of the respondent's experiences. They will reveal the proximate causes of each individual's current homeless episode (or their last homeless episode if they are not now homeless but have been homeless in the past).

HHS considers these questions to be essential and the VA considers them highly desirable. Other agencies whose mission includes efforts to prevent homelessness as well as ameliorate it may also consider them desirable. An understanding of proximate causes can help guide the development of preventive strategies.

Section 2, Questions 11–15

Section 3, Questions 41–44

These questions are either identical to or minor modifications of questions asked in the 1987 Urban Institute study. We modified the wording of some questions to make sure that the respondent and the researcher mean the same thing by their answers (e.g., on Question 13, some women living with their children will say they live alone, because they do not live with a spouse or boyfriend. We want to be sure that "alone" means "alone.")

Section 2, Questions 16 a and b

Section 3, Questions 45 a and b

These questions are modified versions of a question asked in the 1987 Urban Institute study. We changed the format from obtaining only a single response to probing for all relevant responses and then asking the respondent to identify the primary reason. This eliminates the difficulty in interpreting single responses such as Respondent 1 saying "couldn't pay the rent," Respondent 2 saying "lost my job," and Respondent 3 saying "Was doing drugs," when all three could not pay the rent because they lost their jobs because they were doing drugs.

Section 2, Questions 17–19

Section 3, Questions 46–47c

These questions were not in the 1987 Urban Institute study.

Subsequent research by NIDA (1992) indicates that many homeless people spend a considerable amount of time in institutions or in temporary arrangements with friends or family between the interview date and the time when they last had a permanent place to stay (Question 11). In other words, they are not literally homeless during the whole period since they last had a permanent place to stay. The answers to these questions will let us determine how much of the time they were literally homeless.

Section 2, Question 20

We want this question included to learn whether respondents have any experience in the housing market on their own. Never having been a primary tenant has been shown (Weitzman, 1989) to differentiate homeless from never-homeless families.

Section 2, Questions 21–23

Section 3, Questions 48–50

HHS requested these questions. Local studies (Piliavin, Sosin, and Westerfelt, 1986; Sosin, Colson and Grossman, 1988) have shown seriously elevated rates of childhood experiences in foster care among the adult homeless. The answers to these questions will help identify the prevalence of childhood out-of-home placement and runaway behavior among the adult homeless population for the first time on a national sample. High prevalence could indicate a preventive role in programs within HHS responsibility.

Section 2, Questions 28–32

Section 3, Questions 51–55

These questions are of interest to Department of Agriculture—Farmers

Home Administration (FmHA), FEMA, and HHS' Health Care for the Homeless program—the federal agencies supporting emergency services. Answers to these questions will provide some explanation of the movement of homeless people from one type of community to another, such as the push of no services or no jobs in the community left behind and the pull of expected services and economic opportunities in the community where respondents are interviewed. They will also help identify the conditions that generate homelessness, which may not be the same conditions as those in the community where homeless people are interviewed.

Section 4: Demographics

Questions 56–64a

All the sponsoring agencies consider basic demographic questions which describe the population to be essential. In addition, Question 60 may help explain a lack of participation in the labor force at the time of the interview, and Questions 61a, 61b, 62a and 62b provide data about possible educational difficulties and deficits in addition to the simple fact of "last grade completed." They may help define possible prevention strategies.

Questions 58, 64, and 64a

Questions 58 asks for the respondent's date of birth. The date of birth serves a very important purpose of eliminating duplicate interviews. A unique identifier is created using the respondent's date of birth, gender, and one or two other variables. The data set is then searched for duplicates. Because the sampling and data collection design calls for multiple visits to each provider site, and because one homeless person could be found in more than one sample frame (e.g., in both soup kitchens and shelters), unduplicating is central to the process of estimating the size of the population.

Question 64a asks for the respondent's social security number. Question 64b asks for the first five digits of the respondent's social security number if they refuse to give their entire Social Security Number in response to question 64a. These are being collected as one of the other unduplicating variables. The Bureau of the Census, HHS, and the other sponsoring agencies will hold this information in the strictest of confidence and will ensure it is available only to researchers at HHS, the other sponsoring agencies and Bureau of the Census staff.

Section 5: Children and Education

Questions 65–71h

ED and HHS consider these questions to be essential. Answers to this set of questions will show the degree to which homelessness has split families, and which children have been separated from their parent(s). This information is important for planning reunification, housing, and other needs of homeless families.

The information is of primary interest to ED, and the questions about school attendance and barriers are directly relevant to ED's agency mission under the McKinney Act and Congressional directives to gather this information and report it to Congress.

Questions 71b and 71d

We added the pre-school content of these questions for children ages 3–5 at the specific request of HHS. ED requested the other content of these questions.

Questions 71g, 71h

We added the questions about day care at the specific request of HHS.

Question 72

All participating agencies consider this question, on the composition of homeless households to be essential.

Question 73

HHS specifically requested that this question be included on the questionnaire. A pregnancy experienced by a precariously housed woman has been shown to make her more vulnerable to literal homelessness (Weitzman, 1989).

Section 6: Employment

Questions 74–79

HHS considers these questions to be essential, and the VA considers them desirable. Where the Bureau of Labor Statistics (BLS) routinely asks questions with appropriate content in its national surveys, we adopted the BLS working for this survey so answers for the homeless can be compared with nationally representative data.

Section 7: Sources of Income and Service Use

Questions 80–84

HHS considers all questions in this section to be essential. VA also considers Question 80 essential. These questions describe receipt of benefits, other income sources, and total income for the month before the interview. They also describe respondent experiences with a variety of HHS, USDA, and local

government benefits, including any change of benefits that might have played a role in the respondent becoming homeless.

Section 8: Veteran Status

Questions 85–89

The VA submitted these questions and considers them essential. In particular, they have no other national source of data in war zone or combat exposure (Questions 87 and 88), which may play a critical role in the need for services as an antecedent of homelessness.

Section 9: Food Intake

Questions 90–93

These questions are considered essential by HHS and USDA.

Questions 94a–95b

The Census Bureau needs these questions to estimate the proportion of persons receiving food that are poor but housed and those who are homeless.

The Census Bureau requires Question 95b to determine if asking respondents to report names of soup kitchens can be used to assess the completeness of the survey's list of soup kitchens.

Section 10: Current Physical Health

Question 96

HHS and VA consider this item essential.

Questions 97–117

HHS considers questions 97–107 to be essential. For many questions, the set of items to be asked about were specified by agency personnel (e.g., specific health conditions for Question 96, specific service sites for Question 99; all of Questions 101 and 103).

The VA needs information about the use of VA facilities. The VA considers the VA-relevant information in Question 99 essential, as it will assist them in determining whether veterans are using other medical facilities to the exclusion of, or in addition to, VA facilities.

Section 11: Victimization and Imprisonment

Questions 118a–120c

HHS, ED and VA requested that these questions be included on the questionnaire. Several divisions of HHS specifically requested all of the components of Question 120, and question 118c (juvenile detention). A great deal of evidence suggests that parental neglect and abuse (asked about in Questions 120a–c) is implicated in runaway behavior and youth homelessness (Robertson, 1991). It is

also obviously a precursor of childhood out-of-home placement, which in turn is associated with both youth and adult homelessness. (Piliavin, Sosin and Westerfelt, 1986; Sosin, Colson and Grossman, 1988). The answers to these questions will reveal the degree to which the present homeless population has these experiences in their background as potential contributing factors to their homelessness.

Section 12: Mental Health

Questions 121a–126c

HHS considers these questions essential. The remaining agencies completing the ratings considered them highly desirable. Given the evidence for serious mental illness among sizable proportions of the homeless population, these questions will provide data to understand how mental illness relates to the many other factors included in the interview protocol, including use of services and benefit receipt.

Questions 121a–124

Questions 121a–124 are taken directly from the Psychiatric section of the Addiction Severity Index (ASI), an instrument developed by NIAAA to assess addictions and related conditions. These questions form a scale; answers are summed to form a score, which can be compared to national norms for this segment of the ASI. The ability to compare homeless people's responses to a national norm will let us determine where homeless people fit on the continuum of mental health problems. All items in Questions 121a–124 must be present to construct the scale score.

Questions 125–126c

Questions 125–126c are also taken from the ASI, with minor modifications as accepted by NIMH's Program for the Homeless Mentally Ill. They give evidence of treatment patterns (or lack thereof), and will supply NIMH with an estimate of unmet service need, as well as the usual sources of care sought by the homeless mentally ill.

Section 13: Chemical Dependency

Questions 127a–150

HHS considers these questions essential. The remaining agencies completing the ratings consider them highly desirable. Given the evidence for substance abuse among sizable proportions of the homeless population, these questions will provide data to understand how alcoholism and drug abuse relate to the many other factors included in the interview protocol—especially antecedents of homelessness.

Questions 127a-132, 142-144

Questions 127a-132 and 142-144 are taken directly from the Addiction Severity Index (ASI, McLellan et al., 1991, see above). These questions form several scales; answers are summed to form scores, which can be compared to national norms and norms for treatment populations for this segment of the ASI. The ability to compare homeless people's responses to national norms and norms for treatment populations will let us determine where homeless people fit on the continuum of chemical dependency problems. All items in Questions 127a-132 and 142-144 must be present to construct the scale score, and NIAAA has strongly expressed an interest in seeing the scales included in their entirety on this interview protocol.

Questions 135-139, 147-150

Questions 135-139 (for alcohol treatment) and 147-150 (for drug treatment) are also taken from the ASI, with minor modifications as accepted by NIAAA/NIDA. They give evidence of treatment patterns (or lack thereof), and will supply NIMH with an estimate of unmet service need, as well as the usual sources of care sought by homeless substance abusers.

Questions 133, 144

The items in these questions are taken from the Short Michigan Alcoholism Screening Test (Question 122—Selzer, Vinokur, and van Rooijen, 1975) and the Drug Abuse Screening Test (Question 132—Skinner, 1982). Both of the original instruments are too long to include in this study in their entirety (24 and 28 items, respectively). However, the inclusion of some measure of symptomatology related to substance abuse was felt to be important, to detect the level of functional impairment related to substance abuse among those who never sought treatment as well as among those who have. In each case the eight items selected are those with the highest correlations with the total scale score for the original scale ($r=.7$ or higher). Scores based on these selected items should function in virtually the same way as scores we would obtain if we used all of each instrument.

Questions 134, 145

These questions assess the respondent's age when heavy alcohol or drug use began. We are including these questions to assure that we will know the duration of the respondents' substance abuse problems. Answers to these questions augment the information on the earliest and most recent treatment, and will provide a more complete picture of the

respondents' involvement with alcohol and drugs.

Question 151

This question is asked so that respondents can provide their general impressions on the availability and quality of services in their community.

3. Efforts to Minimize Burden

Not applicable. Respondents are individuals at service sites who cannot respond with computer tapes or disks. We are also minimizing the burden of the FEMA Local Board Contact Persons, government contacts, service providers and knowledgeable local persons by giving them the combined listing of service providers to review as opposed to asking them to list all service providers in their area.

4. Efforts to Identify Duplication, and Use of Available Information

HUD consulted with other government agencies and outside experts and determined that the proposed national NSHAPC will be the only current, national data source with detailed information on the types and availability of programs and services offered and on the characteristics of literally homeless persons who use services. The most recent national data is the 1987 Urban Institute Study.

In March 1987, the Urban Institute conducted a survey of homeless persons who used services in cities of 100,000 or more. The NSHAPC is intended to parallel and extend the methodology used by the Urban Institute in the 1987 survey to capture a higher proportion of the literally homeless population who use services.

a. The NSHAPC will include additional geographical coverage. Cities with populations of 100,000 or less and areas outside of cities will be included in the survey sample. (The 1987 Urban Institute survey only included cities with populations over 100,000.)

b. The NSHAPC will include additional topic coverage. The client questionnaire covers more topics and in greater depth than was covered in the 1987 Urban Institute Survey. There are also some questions similar to those in the 1987 survey so that a comparison may be made between the results of the two surveys. (The 1987 Urban Institute survey only asked about drug treatment. The NSHAPC asks about drug treatment, as well as, types and frequencies of drugs used, and information about mental health.)

c. The interview period for client interviews for the national survey will be one month. The interview period for

the Urban Institute's 1987 survey was one week.

While the results from the Urban Institute's 1987 survey provide characteristics of homeless persons who used services, it does not include the NSHAPC's additional emphasis on geographical and topic coverage as described in A.4. The 1987 study did not provide any information on the types of programs and services offered. The Urban Institute survey is also almost 10 years old. More recent information is needed. Thus, there is no similar information available that could be used or modified for use for the purposes described.

5. Minimizing Burden on Small Businesses

The Census Bureau plans on using the combined files from Federal agencies and national organizations and advocacy groups to generate listings of service providers for each sample area in the survey and mail the listings to all service providers contacted by telephone and all knowledgeable local persons. The knowledgeable local persons and service providers will be asked to review the listing for completeness of all service providers in their area and to add any missed service providers to the list. The state homeless coordinator will only be asked to review the listing of service provider (Form NSHAPC 100M). The Census Bureau believes the file will provide an initial comprehensive listing of service providers currently offering services to the homeless thus reducing the burden of the service providers, government contacts, and knowledgeable local persons. No small businesses will be contacted.

6. Consequences of Less Frequent Collection

Not applicable. This is a one-time survey. Phase 1 will be conducted from October 2, 1995 to January 15, 1996, and Phase 2 from January 21 to March 30, 1996.

7. Consistency With 5 CFR 1320.6

The Census Bureau will collect these data in a manner consistent with the guideline in 5 CFR 1320.6.

8. Consultations Outside the Agency

Consultations have been made with the following people:

Dr. Martha, Burt, The Urban Institute, 2100 M Street, NW., Washington, DC 20037, Tel: (202) 857-8551

Ms. Lorraine Reilly (formerly of), The Urban Institute, 2100 M Street, NW., Washington, DC 20037, Tel: (202) 857-8551

Dr. Michael Dennis, Research Triangle Institute, Center for Social Research and

- Policy Analysis, P.O. Box 12194, Research Triangle Park, NC 27709-2194, Tel: (919) 541-6429
- Dr. Greg Owen, Wilder Foundation, Wilder Research Center, 1295 Bandana Blvd., North—Suite 210, St. Paul, MN 55108-5197, Tel: (612) 647-4612
- Ms. Joanne Wiggins, U.S. Dept. of Education, 600 Independence Avenue, SW—Room 4143, Washington, DC 20202, Tel: (202) 401-1958
- Mr. Tom Fagen, U.S. Dept. of Education, 400 Maryland Avenue, SW—Room 2043, Washington, DC 20202, Tel: (202) 401-1682
- Mr. John Pentecost, USDA—FmHA, Room 5345—South, MFHD—PD, Washington, DC 20250, Tel: (202) 720-8983
- Mr. Tom Sanders, USDA—FmHA, Room 5343—South, MFHD—PD, Washington, DC 20250, Tel: (202) 720-1626
- Ms. Amy Donoghue, USDA—FmHA—PAS, 3101 Park Center Drive—Room 1130, Alexandria, VA 22302, Tel: (703) 305-2920
- Ms. Jean Whaley, Dept. of Housing and Urban Development, 451 Seventh Street, SW—Room 7267, Washington, DC 20410, Tel: (202) 708-1234
- Ms. Jane Karadbil, Dept. of Housing and Urban Development, 451 Seventh Avenue, SW—Room 8112, Washington, DC 20410, Tel: (202) 708-1537
- Mr. Lafayette Grisby (formerly of), Dept. of Labor, Room N-5637, 200 Constitution Avenue, NW., Washington, DC 20210, Tel: (202) 535-0677
- Mr. John Heinberg, Dept. of Labor, Room N-5637, 200 Constitution Avenue, NW., Washington, DC 20210, Tel: (202) 535-0682
- Mr. David Lah, Dept. of Labor, Room N-5637, 200 Constitution Avenue, NW., Washington, DC 20210, Tel: (202) 535-0682
- Mr. Pete Dougherty, Homeless Programs Specialist, Dept. of Veterans Affairs, 801 Vermont Avenue, NW., Washington, DC 20420, Tel: (202) 273-5716
- Mr. Eric Lindblom (IIIC) (formerly of), Office of Mental Health, Dept. of Veterans Affairs, 801 Vermont Avenue, NW., Washington, DC 20420, Tel: (202) 535-7311
- Dr. Robert Rosenheck, MD, VA Medical Center, NEPEC—182, 950 Campbell Avenue, West Haven, CT 06516, Tel: (203) 937-3850
- Ms. Cynthia Taeuber, Office of the Deputy Director, Bureau of the Census, Washington, DC 20233, Tel: (301) 457-4358
- Ms. Annetta Clark, Special Places/Group Quarters Team, Office of the Assistant Division Chief, Population Division, Bureau of the Census, Washington, DC 20233, Tel: (301) 457-2378
- Ms. Denise Smith, Special Places/Group Quarters Team, Office of the Assistant Division Chief, Population Division, Bureau of the Census, Washington, DC 20233, Tel: (301) 457-2378
- Dr. Charles H. Alexander, Demographic Statistical Methods Division, Bureau of the Census, Washington, DC 20233, Tel: (301) 457-4290
- Mr. David Hubble, Victimization and Expenditure Branch, Demographic Statistical Methods Division, Bureau of the Census, Washington, DC 20233, Tel: (301) 457-4239
- Ms. Marjorie Dauphin, Victimization and Expenditure Branch, Demographic Statistical Methods Division, Bureau of the Census, Washington, DC 20233, Tel: (301) 457-4190
- Ms. Miriam Rosenthal (formerly of), Victimization and Expenditure Branch, Demographic Statistical Methods Division, Bureau of the Census, Washington, DC 20233, Tel: (301) 457-4270
- Mr. David Hornick, Victimization and Expenditure Branch, Demographic Statistical Methods Division, Bureau of the Census, Washington, DC 20233, Tel: (301) 457-4190
- Mr. John Bushery, Quality Assurance and Evaluation Branch, Demographic Statistical Methods Division, Bureau of the Census, Washington, DC 20233, Tel: (301) 457-1915
- Ms. Andrea Meier, Quality Assurance and Evaluation Branch, Demographic Statistical Methods Division, Bureau of the Census, Washington, DC 20233, Tel: (301) 457-1983
- Mr. Michael McMahon, Field Division, Bureau of the Census, Washington, DC 20233, Tel: (301) 457-4901
- Mr. Chester Bowie, Demographic Surveys Division, Bureau of the Census, Washington, DC 20233, Tel: (301) 457-3773
- Mr. Steven Tourkin, Methods, Procedures and Quality Control Branch, Demographic Surveys Division, Bureau of the Census, Washington, DC 20233, Tel: (301) 457-3791
- Ms. Jacquie Lawing, Deputy Assistant Secretary for Economic Development, Department of Housing and Urban Development, 451 Seventh Street, SW, Suite 7204, Washington, DC 20410, Tel: (202) 708-2070
- Mr. Mark Johnston, Senior Advisor on Homelessness, Department of Housing and Urban Development, 451 Seventh Street, SW, Suite 7274, Washington, DC 20410, Tel: (202) 708-5528
- Mr. Mike Roanhouse, Office of Special Needs Assistance, Department of Housing and Urban Development, 451 Seventh Street, SW, Suite 7258, Washington, DC 20410, Tel: (202) 708-1234
- Mr. James Hoben, Office of Policy Development and Research, Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, DC 20410, Tel: (202) 708-0574
- Mr. Keith Lively, Acting Deputy Assistant Secretary for Program Systems, Department of Health and Human Services, 200 Independence Avenue, SW., Room 447D, Washington, DC 20201, Tel: (202) 690-8774
- Mr. Gerald Britten (formerly of), Deputy Assistant Secretary for Program Systems, Department of Health and Human Services, 200 Independence Avenue, SW., Room 447D, Washington, DC 20201, Tel: (202) 690-8774
- Ms. Mary Ellen O'Connell, Office of the Assistant Secretary for Planning and Evaluation, 200 Independence Avenue SW., Room 447D, Washington, DC 20201, Tel: (202) 260-0391
- Mr. Fred Osher (formerly of), Office of Programs for the Homeless Mentally Ill, National Institute of Mental Health, Dept. of Health and Human Services, Parklawn Bldg., Room 3C06, 5600 Fishers Lane, Rockville, MD 20857, Tel: (301) 443-3706
- Mr. Walter Leginski, Homeless Programs Branch, Center for Mental Health Services, Parklawn Building, room 11c-05, Rockville, MD 20857
- Dr. Robert Huebner, Ph.D., Health Services Research Branch, National Institute of Alcohol Abuse and Alcoholism, Dept. of Health and Human Services, Willow Building, Suite 505, 600 Executive Boulevard, Rockville, MD. 20892-7003, Tel: (301) 443-0786
- Mr. Steve Bartolomei-Hill, Human Service Policy, Office of the Assistant Secretary for Planning and Evaluation, Dept. of Health and Human Services, Hubert H. Humphrey Bldg., Room 410E, 200 Independence Avenue, SW., Washington, DC 20201, Tel: (202) 690-7148
- Ms. Rhoda Davis, Office of Supplemental Security Income, Dept. of Health and Human Services, Altmeyer Building, 6401 Security Blvd., Baltimore, MD 21235, Tel: (410) 965-6210
- Ms. Terry Lewis, Administration on Children, Youth, and Families, Administration for Children and Families, Dept. of Health and Human Services, Mary E. Switzer Bldg., Room 2426, 330 C Street, SW., Washington, DC 20201, Tel: (202) 205-8051
- Dr. Joan Turek Brezina, Ph.D., Program Systems, Office of the Assistant Secretary for Planning and Evaluation, Dept. of Health and Human Services, Hubert H. Humphrey Bldg., Room 444F, 200 Independence Avenue, SW., Washington, DC 20201, Tel: (202) 690-6141
- Mr. Mike Jewell (formerly of), Office of the Assistant Secretary for Planning and Evaluation, Dept. of Health and Human Services, Hubert H. Humphrey Bldg.—Room 447D, 200 Independence Avenue, SW., Washington, DC 20201, Tel: (202) 690-7316
- Ms. Peg Washnitzer, Office of Community Services, Administration for Children and Families, Dept. of Health and Human Services, Aerospace Bldg., 7th Floor, 370 L'Enfant Promenade, SW., Washington, DC 20447, Tel: (202) 401-2333
- Mr. Richard Chambers, Division of Intergovernmental Affairs, Health Care Financing Administration, Dept. of Health and Human Services, Hubert H. Humphrey Bldg., Room 410B, 200 Independence Avenue, SW., Washington, DC 20201, Tel: (202) 690-6257
- Ms. Joan Holloway, Health Resources and Services Administration, Public Health Services, Dept. of Health and Human Services, Parklawn Bldg., Room 9-12, 5600 Fishers Lane, Rockville, MD 20857, Tel: (301) 443-8134
- Ms. Marsha A. Martin (formerly of), Executive Director, Interagency Council on the Homeless, 457 Seventh Street, NW., Washington, DC, Tel: (202) 708-1480

Mr. George Ferguson, Interagency Council on the Homeless, 457 Seventh Street, NW., Washington, DC, Tel: (202) 708-1480

Ms. Della Hughes, National Network of Runaway and Youth Services, 1319 F Street, N.W., Suite 401, Washington, DC 20004, Tel: (202) 783-7949

Ms. Vera Johnson, SASHA Bruce Center Runaway Shelter, 1022 Maryland Avenue, NE., Washington, DC 20002, Tel: (202) 675-9340

As a result of these consultations, all issues were resolved.

9. Assurance of Confidentiality

The provisions of the Privacy Act of 1974 (5 USC 552a) assure the confidentiality of the data from this survey.

During Phase 2 of the national survey, the field representatives will inform all service providers and respondents verbally of the confidentiality of their responses and the voluntary nature of the NSHAPC along with other information required by the Privacy Act of 1974 at the time of initial contact. As can be seen on the NSHAPC questionnaire cover sheets (Attachment A), a statement of confidentiality assurance is printed at the top of the form. Careful procedures are followed by the Bureau of the Census to assure privacy during the interview, and to protect the confidentiality of materials generated during the course of the interview. Every Bureau of the Census employee takes an oath and is subject to a jail sentence and a fine for improperly disclosing any information that would identify an individual or household. All field representatives are trained to interview respondents in private. All questionnaires associated with the NSHAPC national survey will be kept under secured conditions by the Bureau of the Census.

10. Justification for Sensitive Questions

The NSHAPC 200(A) questionnaire has the following sensitive questions:

Section 9—Question 94

Question 94 asks respondents how they get their food and where they eat. The field representatives will read the response categories to the respondent. One of the possible answers is "trash cans". When planning services to feed the homeless population, it is critical to understand where they get their food. We need to know the number of persons who eat from trash cans.

Section 10—Question 96

Question 96 asks respondents about their medical condition. The field representatives will read the response categories to the respondent. Possible responses include "test positive for

"HIV", "have AIDS", and "use drugs intravenously". There is increasing concern about the number of homeless persons with these conditions. Information about these, and other conditions, is essential when planning health care services for the homeless.

Section 11—Questions 119 c and d and 120 a-c

These questions ask about parental neglect and abuse. A great deal of evidence suggest that parental neglect and abuse asked about in questions 120a-c is implicated in runaway behavior and youth homelessness. The answers to these questions will reveal the degree to which the present homeless population has these experiences in their background as potential contributing factors to their homelessness.

11. Cost

The total estimated cost for Phase 1 of the national survey is \$1,950,000. Cost for Phase 1, Steps 1 and 2 is \$1,500,000. Cost to collect detailed program and service level data (Step 3) is \$450,000. We compiled this estimate using individual estimates developed within each Census Bureau division involved in this survey. Estimates are based on the size of the sample and the length of the questionnaires. Administrative overheads, design, printing, and mailing costs are included.

The total estimated cost for Phase 2 is \$2,200,000. The only cost to the service providers and the service users (clients) is the time it takes to complete the questionnaire.

12. Estimate of Respondent Burden

We estimate the average time to complete the NSHAPC-200A, Service User Questionnaire to be 45 minutes. These estimates are based on in-house testing and out-house testing of the questionnaire by the Census Bureau. This is a total of 2,850 hours.

13. Reason for Change in Burden

Not Applicable. This is a new survey. There are, therefore, 0 hours in the current OMB inventory.

14. Project Schedule

Beginning on October 1, 1995, the Census Bureau plans on telephoning all service providers within sample areas to collect basic information about programs offered. After the phone calls are completed, the Census Bureau will mail the listings of service providers by sample area and the NSHAPC—L(2)L letter to providers contacted by telephone. A subsample of providers will also be asked to provide more

detailed information about the services they offer. After conducting the CATI interviews, the Census Bureau will mail the appropriate questionnaires, NSHAPC Form 100B to 100L, to the providers in sample.

Census Bureau personnel also will contact individuals from federal and state governments, agencies, organizations and knowledgeable local persons and ask them to review the lists of service providers. The Census Bureau will conduct these operations during October 1995 to January 1996.

B. Collection of Information Employing Statistical Methods

1. Universe and Respondent Selection

The Census Bureau will conduct the national survey in 76 primary sampling areas. The Census Bureau will interview all service providers in the sample areas to collect basic information about the programs offered. This is a total of 25,000 interviews. The Census Bureau will select a subsample of providers within those areas and conduct detailed mail interviews for the programs and services offered by the provider. This is a total of 5,000 providers.

Phase 1 of the survey will provide information on the types of programs and services available to homeless people. Phase 2 of the survey will provide estimates and detailed characteristics about homeless service users, including the literally homeless. Most research to date has been conducted in urban and suburban areas. For such areas, there is a growing consensus among researchers that a service-based survey design with sampling over time (vs one-time sampling) will give a good representation of the homeless population. For nonmetropolitan areas, the consensus is that an expansion of the types of service providers is needed to cover the homeless adequately. The Department of Agriculture asked us to increase the number of sample areas and the Census Bureau identified ways to design the survey to produce reasonably precise estimates of rural homelessness. However, it should be noted that the procedures for measuring rural homelessness will be less sophisticated than our procedures in urban areas. There is much to learn about rural areas and the NSHAPC is an excellent opportunity to collect information about rural homelessness. In the nonmetropolitan areas the sampling frame is the set of Community Assistance Program (CAP) "Catchment Areas", wherever they exist. CAP catchment areas are counties or local areas grouped together to receive

funding and provide services to the needy and are served by a CAP agency. Our preliminary research indicates that CAP agencies are a good source for lists of services in the nonmetropolitan areas they cover. In a few nonmetropolitan areas where CAPs do not exist, the sampling frame is the set of counties or groups of counties.

2. Procedures for Collecting Information Sampled Service Providers

The Census Bureau will conduct the survey in 76 sample areas; this is the first stage of sampling. Within each sample area, a comprehensive list of service providers will be developed. All providers will furnish basic, core information on programs offered. Phase 1 also includes a second stage of sampling where a subset of service providers will be selected within each sample area to be asked more detailed information about their programs and services.

Sample of Clients (Service Users)

In Phase 2, a sample of clients will be selected for interviewing. To facilitate the sampling, we are asking providers to complete Form NSHAPC **, Roster for Provider Facility. This form will help ensure all clients at the housing programs are listed. This is a three-stage sample, where the first-stage sample corresponds to the same 76 geographic areas discussed above for the provider-interview sample. In the second stage, a sample of providers will be selected in each sample area but only in designated programs. In the third stage, a sample of the clients at each of the sample provider facilities will be selected.

Estimation

In Phase 1, the estimates needed for proportions of providers falling in different categories.

The estimates needed from Phase 2 consist of proportions of clients falling in different categories. The base for these proportions can be derived in two ways:

- a. Weighted estimates of the average number of persons using services on any given day in February;
- b. Weighted estimates of the total number of persons using services at any time during February.

Other estimates can be derived from these. For example, the weights applied to obtain estimates (a) or (b) could be used for estimates only of those service-using persons who are homeless according to different definitions of homelessness. For the national survey, it is likely that we will give a range of estimates, corresponding to different

assumptions about coverage and multiplicity biases.

The weights for (a) will be standard survey weights based on the selection probability, with adjustments for nonresponse. There will be a "multiplicity" adjustment to reduce the relative weight of people who have more than one chance of selection because they use more than one type of program, for example, both shelters and soup kitchens, as determined from the questionnaire.

For (b) we are considering three estimation methods. One purpose of the pretest was to get information to evaluate these methods.

Method 1: *The weight will be proportional to the number of consecutive days prior to the interview (up to 28 days) that the person did not use a shelter (for the shelter sample) or soup kitchen (for the soup kitchen sample), and likewise for other types of programs.* For example, a person who says this is their first night in any shelter in the last 28 days will be given a weight 28 times the typical weight of a person who was in a shelter the night before. (Intuitively, the method assumes that for every person we find who is just entering homelessness, there are 27 others whom we miss because we did not happen to interview them on their first day.) There is a precise mathematical justification for the method as giving an unbiased estimate of the total number of service users during 28-day periods centered around February, making some assumptions that overall patterns of service use are fairly constant throughout the month.

This is intended to be our primary method. The potential drawback of this method would be if the pretest finds too many people who are just starting to use services after a long absence, resulting in too many large weights. Limited research from 1990 census evaluation projects suggests that this should not be a problem. However, if this turns out to be a problem we would either use the Method 2 or use Method 1 with a 7-day "window" instead of a 28-day "window".

Method 2: *The weight will be inversely proportional to the number of days in the last week the client used a shelter (for the shelter sample) or soup kitchen (for the soup kitchen sample), and likewise for other types of programs.* This is the procedure used in the 1987 Urban Institute study. We will ask this question for comparability with that survey. This approach has two disadvantages. First, even if the questions are answered accurately, the method has a mathematical bias unless each person has the same pattern of

service use each week. Second, it is not reasonable to ask a person for his/her average shelter use for an entire month, so the method cannot give direct estimates for the total number using services during a period longer than a week.

Method 3: *Capture-recapture.* We are not using capture-recapture estimation. It would require selecting the sample independently each day, so that there would be a chance that a person or small shelter might come into sample numerous times.

The Urban Institute and the Census Bureau developed the survey design. As part of Joint Statistical Agreements between the Urban Institute and the Census Bureau, the following operational papers were developed. Each are available from the Census Bureau of request.

Joint Statistical Agreement 91-30

- Developing a Provider List—November 27, 1991
- Methodological Issues and Options—November 27, 1991
- Options for Evaluating Coverage in Urban Areas—December 10, 1991
- Ranking of Data Items by Federal Agencies—December 10, 1991

Joint Statistical Agreement 92-01

- Draft Questionnaire and Agency Data Needs—March 26, 1992
- Developing Provider Lists for a National Homeless Survey—March 26, 1992
- Proposed Methodology for a National Homeless Survey—March 26, 1992
- Questions for Unduplicating and for Estimating a Month-Long Point Prevalence and Annual Prevalence—March 26, 1992
- Developing Estimates of the Number of Service Providers in Different Strata—April 10, 1992
- Options for Evaluating Survey Coverage in Urban Areas, and Preliminary
- Information on Rural Areas—April 10, 1992

Joint Statistical Agreement 92-04

- Mechanics of List Development and Additional Field and Survey Procedures—August 14, 1992
- Estimates of Service Providers and Users in Non-MSA Areas, and Options for
- Evaluating Survey Coverage in These Areas—August 4, 1992

3. Method to Maximize Response

a. Survey Frame for Client Interviews

New research indicates the greatest improvement in coverage of the homeless population is through

sampling this population over time. (e.g., soup kitchens and shelters) and outreach programs during a four-week period. The NSHAPC survey design uses a service-based methodology. A "service user" is anyone who uses generic services or shelters, soup kitchens, or other services for the homeless. The survey frame will include shelters, soup kitchens, outreach programs, and possibly other programs. A "non-service user" is anyone who does not use any of these services.

According to the 1987 Urban Institute study, the shelter frame covers homeless people who use shelters, which may be 35 to 40 percent of the homeless on any given night, and about 50 percent over the course of a week. If conducted on a one-night basis, the shelters' sampling frame taken by itself will miss many homeless who use shelters infrequently, homeless service users who do not use shelters but do use soup kitchens and other services, and homeless people who do not use any services. If data collection involves repeated samples from the same shelters over the course of a week or a month, a considerably higher proportion of the homeless (perhaps as high as 70 percent) is likely to be captured through a methodology based on shelters.

The soup kitchen sampling frame, taken by itself over the course of a week, will capture a proportion of very poor people residing in conventional dwellings who may turn out to be at imminent risk of homelessness. According to the 1987 Urban Institute study, 43 percent of soup kitchen users are not literally homeless. When shelter and soup kitchen frames are combined during the course of a week, the shelter and soup kitchen frames will probably cover about 70 percent of the literally homeless and a small but unknown proportion of the service-using at-risk population. When data collection covers a month (as planned for the national survey), the coverage will be even greater—perhaps as high as 85–90 percent of the literally homeless.

In many cities, the array of services for the homeless include one or more outreach programs. These programs may be operated by a shelter, soup kitchen, drop-in center, health care center, neighborhood center, or other service facility. Their target population is homeless people who do not routinely use shelters or soup kitchens. The outreach programs typically distribute food, and sometimes blankets or warm clothing. Outreach teams typically follow a route that covers the known locations frequented by homeless street people, or where homeless street people assemble at the time they know the

"food wagon" will come by. Including outreach programs in a design as a sampling frame allows one to maintain the control and efficiency associated with sampling service programs and their users, while still reaching the "reachable" proportion of the street homeless population. Outreach programs are probably the best single source of information about the hidden street population and the most cost effective opportunity to make contact with the street population. Additional enumeration of street locations and encampments yields little overall coverage improvement when shelters, soup kitchens, and outreach programs are interviewed over time.

The NSHAPC is designed to cover as much of the literally homeless population as possible and still meet the cost considerations of the sponsors. From previous research, it appears that up to 90 percent coverage of the literally homeless population is achievable with the shelter/soup kitchen/outreach programs methodology conducted during a winter month. This service-based methodology will be considerably cheaper and easier than implementing a street enumeration to attempt to get the last 10 percent. In addition, even if the resources were committed to achieve full coverage, there is no guarantee we would get the last 10 percent.

b. Incentives to Participate in the Survey

Private university researchers, usually with funding from federal grants, have conducted past homeless surveys. In the past, researchers have paid respondents to participate in a survey, usually about \$20. The NSHAPC survey will impose an extra burden on the service providers who are asked to participate in the survey since they will: participate in pre-contact meeting(s) with Census Bureau regional office staff; provide space at their facility for the Census Bureau's field representatives to interview sample persons on scheduled days and at scheduled times; and administer cash payments to the survey respondents. The NSHAPC survey also will impose an extra burden on the selected sample of homeless persons because they will be asked to remain at the service provider's facility for an interview that may take 45 minutes and respond to personal questions. Given these circumstances, we feel it is appropriate to offer a monetary incentive of \$200 to each service provider and \$10 to each respondent to guarantee their cooperation in the survey.

While there is no research specifically on the effects of paying the homeless, there is a strong research basis for the

use of monetary incentives to increase the cooperation of economically disadvantaged populations. Two studies using random assignment have carefully examined the impact of incentives on survey cooperation.

The first study, by Stuart H. Kerachsky and Charles D. Mallor (1981), examined the use of incentives in surveys of Job Corps participants and a comparison group. Five thousand eight hundred people participated in the study. The survey population consisted of economically disadvantaged youths aged 16–21 at the beginning of the study. (The survey respondents were interviewed 3 times over 18 months). Survey respondents were offered either no incentive or a \$5 payment for their participation in the 30 minute survey. (The 1991 equivalent value of the incentive payment is approximately \$15.)

The impact of the monetary incentives was determined by comparing the survey response rates and other outcomes for the experimental group (the \$5 incentive group) to those for the control group (the \$0 incentive group). The most notable findings from this survey on the effect of respondent payments are:

- Response rates increased by offering a monetary incentive. [More people were located (10 percent) and completed the survey (5 percent) when an incentive was offered.]
- Item nonresponse rates decreased. (Fewer "Don't Know" responses.)
- The cost per completed interview was smaller for the group that was offered an incentive.

The second study, by the Educational Testing Service (1991), examined the use of monetary incentives in the pilot test of the National Adult Literacy Survey. The sample population of 2,000 included a nationally representative sample of adults aged 16 and older living in households. The sample persons completed a 15 minute background questionnaire and a timed 45 minute test of literacy skills. The respondents received a monetary incentive of \$0, \$20, or \$35 for participating in the survey. The impact of the monetary incentives was determined by comparing the survey response rates and other outcomes for the experimental groups (the \$20 and \$35 incentive groups) to those for the control group (the \$0 incentive group). The most notable findings from this survey on the effect of respondent payments are:

- Response rates for economically disadvantaged, minority, and high school dropout populations are

significantly improved by offering monetary incentives.

- The use of monetary incentives reduced item nonresponse and data collection costs.
- Many other studies have been done and articles written documenting the effect of monetary incentives on response rates.
- A study by Miller, Kennedy, and Bryant (1972) of the 1971 Health and Nutrition Examination Survey showed that offering a monetary incentive increased the response rate from 70 percent to 82 percent.
- A study by Chromy and Horvitz (1978) suggests that response rates were found to be unacceptably low when no monetary incentive was used. However, the participation rate increased from 70 to 85 percent with the use of monetary incentives.
- A study by Berk, Mathiowetz, Ward, and White (1988) discusses how monetary incentives improved the response rates of adults.

During 1991 and 1992, the University of Michigan Survey Research Center, examined the effects of monetary incentives on the willingness of youth to participate in the Youth Risk Behavior Surveillance System (YRBS) interview and on their motivation to answer YRBS questions as accurately and truthfully as possible. The study involved focus groups with about 6 to 8 teenagers (ages 12–19) in each group. The focus groups included teenagers from a range of ages, racial, and ethnic backgrounds and both sexes. In order to assess the impact of monetary incentives on respondent participation and the motivation group, interviews with both the youth and their parents occurred. A split sample experiment was conducted during the pretest interviews in order to more formally assess the effect of monetary incentives on respondent participation. The most notable findings from the YRBS on the effect of respondent payments are:

- Youth who are aware that they will be paid for completing an interview are more likely to agree to participate (the cooperation rate increased from 79 percent to 90 percent because of the respondent being paid for participating in the survey).

Note: The youth group participants stated that monetary compensation (the youth received \$20 for participating in the study) was important to their keeping their appointments to participate in the study.

- Youth feel that monetary compensation increases the seriousness with which they approach the task of answering questions and increases the accuracy and truthfulness of their

responses. This point is particularly relevant, given the personal nature of the NSHAPC questionnaire (i.e., drug and alcohol use and mental health status) and the fact that the NSHAPC questionnaire will be administered at the service provider facilities.

The first two studies show that the response rates for economically disadvantaged populations, which include homeless persons who use services, are significantly improved by offering monetary incentives. While the University of Michigan survey only dealt with the effects of monetary incentives on youth, the results not only show that youth respondents are more willing to cooperate when they receive payment but that the parents of the youth also feel that payment is beneficial in obtaining the respondents' participation. The results from this survey are noteworthy since the respondents for the NSHAPC will include both youth and adults.

No surveys have been conducted with homeless persons to actually compare the response rates of homeless persons who receive a monetary incentive for participation to those homeless persons who do not receive a monetary incentive for participation. However, there have been numerous studies conducted dealing with the homeless population, in which respondents were paid.

In a paper presented at the Fannie Mae Annual Housing conference in Washington, DC on May 14, 1991, Dr. Michael Dennis of the Research Triangle Institute presented a chronological summary of ten relevant studies on homelessness completed since 1983. (See Attachment D for a list of these studies.) In all ten studies, the respondents received payment for participating in the study. In February 1991, the Research Triangle Institute conducted the Washington, DC Metropolitan Area Drug Study (DC*MADS) and paid participants \$10 along with offering them coffee, juices, Pop Tarts, and/or toothbrushes for taking the time to participate in the survey. The Research Triangle Institute also gave a \$35 food donation to the service providers each morning they sampled at the provider's facility. In October 1991, the Wilder Foundation completed a statewide enumeration of homeless persons in Minnesota. Respondents received a \$5 cash payment for the half-hour interview.

These past practices of paying respondents has direct implications on the NSHAPC survey design and on response rates of the NSHAPC. The success of the survey is dependent upon

the cooperation of the service providers and respondents.

(1) Cooperation of Service Providers

Most service providers require (or prefer) respondents to be compensated for their participation in the survey. Paying the service providers is also critical to guarantee their cooperation. The cooperation of the service providers is essential for the following reasons:

- Providers determine if the voluntary survey will be conducted at the facility. They also determine logistical arrangements for conducting the interview.
- Providers must agree to allow respondents to remain at the facility (e.g., after eating) to be interviewed. Normally, persons are required to immediately leave the site once services are provided.
- Providers often have significant influence with homeless persons seeking their services.

(2) Respondent Cooperation

The survey design of the NSHAPC requires sampling persons at the facility. Paying respondents is critical to ensure that designated sample persons remain at the facility to be interviewed once they have used the services offered. Without payment, there is little incentive for respondents to remain on site for an interview that may take 45 minutes and asks personal questions, such as drug and alcohol use, mental health status, living conditions, victimizations, and imprisonment.

In our consultations with outside experts in this field, all persons indicated that paying respondents to participate in the survey was critical to achieving acceptable response rates. All experts agree that we should expect high nonresponse rates if respondents are not compensated for their participation.

To ensure the cooperation of the service providers and the respondents, we recommend that a Memorandum of Understanding (see Attachment E) be entered into by the U.S. Bureau of the Census and the service facility. Under this agreement, the Census Bureau will compensate the service providers for their help. For example, the Census Bureau will ask the service provider to:

- Participate in pre-contact meeting(s) with Census Bureau regional office staff to make logistical arrangements to conduct the survey.
- Make space available at the facility to interview sample persons.
- Agree to allow the field representatives to conduct interviews on scheduled days and at scheduled times

according to the statistical sampling schemes designed for the NSHAPC.

- Administer cash payments of \$10 to survey respondents. Administering cash payments this way alleviates safety concerns about placing the field representatives and survey respondents at risk of crime.

We believe that the studies summarized here make a strong case for the use of monetary incentives to guarantee the cooperation of the service providers and the respondents.

4. Contacts for Statistical Aspects and Data Collection

The following individuals are being consulted on statistical aspects of the survey design:

Dr. Martha Burt, The Urban Institute, 2100 M Street, NW., Washington, DC 20037, Tel: (202) 857-8551

Dr. Michael Dennis, Research Triangle Institute, Center for Social Research and Policy Analysis, PO Box 12194, Research Triangle Park, NC 27709-2194, Tel: (919) 541-6429

Dr. Charles H. Alexander, Demographic Statistical Methods Division, Bureau of the Census, Washington, DC 20233, (301) 457-4290

The Census Bureau will collect the data for this survey. Mr. Steven Tourkin is responsible for the collection of all data and is the Census Bureau contact person for the survey.

Mr. Steven C. Tourkin, Demographic Surveys Division, Bureau of the Census, Washington, DC 20233, (301) 457-3791

BILLING CODE 4210-62-M

Client No. (8)	RESERVED Hit Number from SHAPC-? (9)	Name of Client (10)	Remarks (11)
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Form NSHAPC - 300

ROSTER FOR PROVIDER FACILITY													
(1) Provider Facility Name and Address (2) Program for Which Client Interviews Will Be Conducted: (3) Designated Date of Interview:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 2px;">RESERVED FOR INTERVIEWER</th> </tr> <tr> <td style="width: 50%; padding: 2px;">(a) Arrival time: _____</td> <td style="width: 50%; padding: 2px;">(b) Departure time: _____</td> </tr> <tr> <td style="padding: 2px;">(c) RO: _____</td> <td style="padding: 2px;">(d) State/County _____</td> </tr> <tr> <td colspan="2" style="padding: 2px;">(e) Facility code: _____</td> </tr> <tr> <td colspan="2" style="padding: 2px;">(f) At end of visit Actual number of clients: _____</td> </tr> </table>		RESERVED FOR INTERVIEWER		(a) Arrival time: _____	(b) Departure time: _____	(c) RO: _____	(d) State/County _____	(e) Facility code: _____		(f) At end of visit Actual number of clients: _____	
RESERVED FOR INTERVIEWER													
(a) Arrival time: _____	(b) Departure time: _____												
(c) RO: _____	(d) State/County _____												
(e) Facility code: _____													
(f) At end of visit Actual number of clients: _____													
(4) Intake Hours for Program: from: ___/___ to: ___/___		(5) Do you normally keep a roster or log of your clients? <input type="checkbox"/> Yes <input type="checkbox"/> No											
(6) How many clients do you expect will show up for the program, date and times given in (2), (3) and (4)? _____		(7) Will all people listed on this roster be present during the hours indicated? <input type="checkbox"/> Yes <input type="checkbox"/> No (Indicate in Remarks)											
Client No. (8)	RESERVED Hit Number from SHAPC-? (9)	Name of Client (10)	Remarks (11)										
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Sheet ___ of ___ sheets

NSHAPC-201

Attachment E

AGREEMENT BETWEEN _____ AND THE
(Provider Facility Name)

UNITED STATES BUREAU OF THE CENSUS

TEST SURVEY OF HOMELESS PERSONS WHO USE SERVICES

Background

The United States Bureau of the Census (Census Bureau), pursuant to a reimbursable agreement with the Department of Housing and Urban Development (HUD), plans to conduct a survey of homeless persons who use the services of the (_____), hereinafter (Provider Facility Name)

called the Provider during February 1996, and will interview users at the Provider's location(s).

The Provider will furnish the Census Bureau with interviewing space and assist in the distribution of payments to interviewees.

Terms

The Provider and the CENSUS BUREAU AGREE that:

1. The Provider will meet with Census Bureau Regional staff at least (7) days prior to initiation of the survey to discuss and agree upon arrangements for conducting interviews. The arrangements will include items such as, the number of days that the Census Bureau survey staff will visit the Provider's facilities, and the schedule of interview times.
2. The Provider will have its facility(ies) open and available to the Census Bureau survey staff during the scheduled interview times and have a Provider staff member present during those times.
3. The Provider will furnish the specified accommodations for conducting interviews. These accommodations shall include a separate room, (6) chairs, (3) tables, and sufficient lighting suitable for reading. The accommodations may be revised if other suitable arrangements can be provided.
4. Pursuant to HUD legal authority, interviewees will receive a one-time \$10.00 payment. Funds for this purpose in the amount of \$50.00 will be distributed in advance to the Provider. The Provider agrees to pay the interviewees upon completion of the interviews, and upon presentation of payment slips as provided to the interviewee by the interviewer. The Provider further agrees to collect and return all payment slips to the designated Census Regional office.

- 5. If the Provider operates any outreach program(s) and the Census Bureau decides to conduct interviews at those locations, the Provider will furnish at least one staff member to accompany the Census Bureau survey staff, and pay each interviewee at, or near, the completion of the interview.
- 6. Any Provider staff members assisting with this survey, or otherwise involved with this project, shall be sworn to maintain census confidentiality.
- 7. After completion of all interviews at the Provider's facility(ies) and outreach locations operated by the Provider, and after all payment slips are returned and/or accounted for, the Census Bureau shall provide an amount not to exceed \$200.00 for the use of their facility(ies), plus \$10.00 for each returned payment slip, such payments to be made pursuant to HUD legal authority. The final payment to the Provider will be determined as follows:

Payment for use of facility -- \$200.00
 Plus \$10.00 for each completed interview
 Minus initial payment of \$50.00.

 (PROVIDER NAME)

by: _____
 (Signature, Mgr., or
 Person in Charge)

 (Print Name)

 Title)

Date: _____

UNITED STATES CENSUS BUREAU

by: _____
 (Signature, RO Supv.)

 (Print Name)

Date: _____

ATTACHMENT F

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Section 1 - CURRENT LIVING CONDITION

This section asks you about your current living situation.

1a. As of today, do you have some place that you consider to be a permanent place where you live?

- 1 Yes - GO to 1b
- 2 No - GO to Section 2, Page _____
- 3 Don't know
- 4 Refused

b. Where is that located?
(If city or town is not known, get a street address and make a determination of the city or town based on this information)

Address: _____
Number and Street

City/town/borough/township/state/zip code

2. Do you pay to stay in the place where you live (even if someone else owns the place)?

- 1 Yes, pay for my room, pay rent, mortgage, or already own it
- 2 No
- 3 Don't know
- 4 Refused

3a. Where do you live? Is it an apartment, a room, a shelter, or some other kind of place?

- 1 A house
- 2 An apartment } GO to 3b
- 3 A room (other than hotel)
- 4 Hotel or motel (place with separate rooms that you pay for yourself)
- 5 Dormitory hotel (place without separate rooms that you pay for yourself) } GO to 6
- 6 A migrant workers' camp
- 7 Transitional housing
- 8 A shelter (includes transitional shelters)
- 9 A welfare or voucher hotel
- 10 A car or other vehicle
- 11 An abandoned building
- 12 A spot in a place of business (e.g., subway movie, bar, all-night restaurant, bus station, etc.) } GO to Section 2
- 13 Any place outside (street, park, culverts, campgrounds, etc.)
- 14 Some other place - Specify _____
- 15 Don't know
- 16 Refused

b. What is the address of that place?

4. Who did that place belong to? That is, who paid the rent or mortgage? (Read all categories and mark (X) all that apply.)

- 1 Own place - GO to Section 3
- 2 Someone else's place
- 3 Don't know
- 4 Refused

5. Whose place is it?

- 1 Parent's
- 2 Other relative's
- 3 Friend's (include girlfriends and boyfriends)
- 4 Someone else's place - Specify _____
- 5 Don't know
- 6 Refused

Section 1 - CURRENT LIVING CONDITION (Continued)

6. How often do you use that place for sleeping? Would you say . . .? (Read categories.)

- 1 Every day
 - 2 Almost every day
 - 3 Once or twice a week
 - 4 Less than once a week
 - 5 Don't know
 - 6 Refused
- } GO to Section 2

7. Do you have an arrangement with your (parents/relatives/friends/someone else) to sleep in their place on a regular basis - that is, for 5 or more days a week?

- 1 Yes - GO to Section 3
 - 2 No
 - 3 Don't know
 - 4 Refused
- } GO to Section 2

Notes

Section 2 - WITHOUT PERMANENT HOUSING

8a. During the last 24 hours, where did you sleep or rest? (Read response categories and mark (X) all that apply.)

- 1 Emergency shelter _____ name
- 2 Transitional housing _____ name
- 3 Someone else's home or apartment
- 4 In a program that offers permanent housing for homeless persons
- 5 Vouchered hotel/motel
- 6 Migrant housing used to house homeless persons in the off season
- 7 Migrant workers' camp
- 8 In an institution (jail, hospital, detoxification centers)
- 9 Transportation (bus station, airport, subway station)
- 10 Commercial Place of business (all-night movie, bar, laundromat, restaurant, farm building, etc)
- 11 A car, bus, truck, or van (including abandoned vehicles)
- 12 An abandoned building
- 13 Anywhere outside (street, park, cardboard box, campground, etc.)
- 14 Somewhere else - Specify _____
- 15 Did not sleep or rest during last 24 hours
- 16 Don't know
- 17 Refused

8b. Of the places mentioned, in which did you spend the most time?

_____ fill in the number from categories above

c. In what city or town is that located? (If city or town is not known, get a street address and make a determination of the city or town based on this information.)

Address: _____

Number and Street _____

City/town/borough/township/state/zip code _____

9a.

See attached page for revised question.

(Ask if shelter marked in 8a or 8b)

b. Can you tell me the names of the shelters you have used in the last 7 days?

CHECK ITEM 1

Check Item 1 is deleted.

CHECK ITEMS 2

Is 8a marked "1" or "3" or 9a marked "3" or "4"?

- 1 Yes - GO to 10b
- 2 No

Section 2 - WITHOUT PERMANENT HOUSING (Continued)

9a. Over the last seven days since (day of interview), on which nights did you sleep or rest in the following places? (Read all categories. Each day column should have at least one "X". If not, correct answers.)

	Su	M	T	W	Th	F	Sa
<input type="checkbox"/> In my own house, apartment, or room (includes foster and group homes)							
<input type="checkbox"/> In someone else's home, apartment, or room							
<input type="checkbox"/> In an emergency shelter							
<input type="checkbox"/> In a voucherred hotel/motel							
<input type="checkbox"/> In a transitional housing facility							
<input type="checkbox"/> In a program that offers permanent housing							
<input type="checkbox"/> In migrant housing used to house homeless people in the off season							
<input type="checkbox"/> In an institution (jail, hospital, detoxification centers)							
<input type="checkbox"/> In a place of business (bus, bus station, all-night movie, airport, subway, bar, laundromat, restaurant, farm building, etc.)							
<input type="checkbox"/> In a car, van, truck, or other vehicle (including abandoned vehicles)							
<input type="checkbox"/> Anywhere outside (on the streets, in a park, under a culvert, in a cardboard box, on a bench, campground, etc.)							
<input type="checkbox"/> Did not sleep over the last seven days							
<input type="checkbox"/> Elsewhere, specify							
<input type="checkbox"/> Don't know Go to							
<input type="checkbox"/> Refused							

SECTION 2 - WITHOUT PERMANENT HOUSING (CONTINUED)

10. See attached page for revised question.

11. Other than shelters, when was the last time you had a house, apartment, room or other regular place to stay? (Regular is defined as 5 or more days.)

_____ days ago
 _____ weeks ago
 _____ months ago
 _____ years and _____ months ago
 Don't know
 Refused

12. Was it a....? (Read choices and mark (X) one answer.)

House (includes trailer and mobile home)
 Apartment
 Room
 Some other kind of place - Specify _____
 Don't know
 Refused

13. Did anyone else live with you, including children, or other adults, or did you live there all by yourself?

Lived by myself (no spouse, no children, no one else) - Go to 15
 Lived with other people
 Don't know
 Refused

14. If you lived with other people, who did you share that place with? (Read categories and mark (X) all that apply.)

Spouse
 Children (natural-born, adopted or stepchildren under 18 years old)
 Parents (mother and/or father, mother- and/or father-in-law)
 Foster family
 Sisters and/or brothers, in-laws
 Your adult children (18 years and over)
 Grandparents
 Other relatives
 Partner/boyfriend/girlfriend
 Friends
 Other residents
 Other persons - Specify _____
 Don't know
 Refused

Section 2 - WITHOUT PERMANENT HOUSING (Continued)

10a Have you ever slept in a shelter?

- ___ Yes
 ___ No -----
 ___ Don't' know] Go to 10c
 ___ Refused -----

10b When was the last time you slept in a shelter?

- ___ Last night
 ___ days ago
 ___ weeks ago
 ___ months ago
 ___ 13 - 24 months ago
 ___ 3 or more years
 ___ Never
 ___ Don't Know
 ___ Refused

10c Have you ever slept in a room paid for by a voucher, for example, a ticket or coupon or receipt used for a room or place to stay.

- ___ Yes
 ___ No -----
 ___ Don't' know] Go to 10e
 ___ Refused -----

10d When was the last time you slept in a room paid for by a voucher?

- ___ Last night
 ___ days ago
 ___ weeks ago
 ___ months ago
 ___ 13 - 24 months ago
 ___ 3 or more years
 ___ Never
 ___ Don't Know
 ___ Refused

10e Have you ever slept in a transitional housing facility?

- ___ Yes
 ___ No -----
 ___ Don't' know] Go to 10g
 ___ Refused -----

Section 2 - WITHOUT PERMANENT HOUSING (Continued)

10f When was the last time you slept in a transitional housing facility?

- ___ Last night
 ___ days ago
 ___ weeks ago
 ___ months ago
 ___ 13 - 24 months ago
 ___ 3 or more years
 ___ Never
 ___ Don't Know
 ___ Refused

10g Have you ever participated in a program that offers permanent housing for the homeless?

- ___ Yes
 ___ No
 ___ Don't know] Go to 10j
 ___ Refused -----

10h When did you participate in the program? _____
date

10i When was the last time you slept in a place offering permanent housing for the homeless?

- ___ Last night
 ___ days ago
 ___ weeks ago
 ___ months ago
 ___ 13 - 24 months ago
 ___ 3 or more years
 ___ Never
 ___ Don't Know
 ___ Refused

10j Have you ever slept in a migrant workers facility that houses homeless people in the offseason?

- ___ Yes
 ___ No
 ___ Don't know] Go to 11
 ___ Refused -----

10k When was the last time you slept in a migrant workers facility that houses homeless people in the offseason?

- ___ Last night
 ___ days ago
 ___ weeks ago
 ___ months ago
 ___ 13 - 24 months ago
 ___ 3 or more years
 ___ Never
 ___ Don't Know
 ___ Refused

Section 2 - WITHOUT PERMANENT HOUSING (Continued)

<p>16. Who paid the rent or mortgage or owned it? (Read categories and mark (X) all that apply.)</p>	<p> <input type="checkbox"/> 1 Self <input type="checkbox"/> 2 Spouse <input type="checkbox"/> 3 Parents (mother and/or father, mother- and/or father-in-law) <input type="checkbox"/> 4 Foster family <input type="checkbox"/> 5 Sisters and/or brothers, in-laws <input type="checkbox"/> 6 Your adult children (18 years and over) <input type="checkbox"/> 7 Grandparents <input type="checkbox"/> 8 Other relatives <input type="checkbox"/> 9 Partner/boyfriend/girlfriend <input type="checkbox"/> 10 Friends <input type="checkbox"/> 11 Non-profit/government program or institution <input type="checkbox"/> 12 Other persons - <i>Specify</i> <hr/> <input type="checkbox"/> 13 Don't know <input type="checkbox"/> 14 Refused </p>
<p>16a. Why did you leave that place? Was it because...? (Read choices and mark(X) all that apply.)</p>	<p> <input type="checkbox"/> 1 Couldn't pay the rent <input type="checkbox"/> 2 Someone who paid the rent/mortgage stopped paying it <input type="checkbox"/> 3 Lost your job <input type="checkbox"/> 4 Lost welfare or other cash assistance benefit <input type="checkbox"/> 5 Was drinking <input type="checkbox"/> 6 Was doing drugs <input type="checkbox"/> 7 Went into hospital or treatment program <input type="checkbox"/> 8 ARC/AIDS/HIV-related <input type="checkbox"/> 9 Was pregnant/just had baby <input type="checkbox"/> 10 Became sick or disabled (other than ARC/AIDS related) <input type="checkbox"/> 11 Went into military <input type="checkbox"/> 12 Went to jail or prison <input type="checkbox"/> 13 Left town <input type="checkbox"/> 14 Didn't get along with people there <input type="checkbox"/> 15 People you were staying with asked you to leave <input type="checkbox"/> 16 Pushed out, kicked out <input type="checkbox"/> 17 Landlord made you leave <input type="checkbox"/> 18 Building condemned, destroyed or urban renewal <input type="checkbox"/> 19 Fire <input type="checkbox"/> 20 You, or children, abused, beaten, violence in household <input type="checkbox"/> 21 Released, dismissed, discharged <input type="checkbox"/> 22 Other - <i>Specify</i> <hr/> <input type="checkbox"/> 23 Don't know <input type="checkbox"/> 24 Refused </p>
<p>b. (Repeat answers marked in 16a, and ask), OF those, what was the main reason that you left?</p>	<p> <input type="checkbox"/> <input type="checkbox"/> Reason number </p>
<p><i>(Ask only if "Yes" marked in Check Item 2 or 10a)</i> (SHOW FLASHCARD) 17. Between the time you left that place and now, how much time have you spent in shelters?</p>	<p> <input type="checkbox"/> 1 All of the time <input type="checkbox"/> 2 Most of the time <input type="checkbox"/> 3 About three-quarters of the time <input type="checkbox"/> 4 About half of the time <input type="checkbox"/> 5 About one-quarter of the time <input type="checkbox"/> 6 Almost none of the time <input type="checkbox"/> 7 None of the time <input type="checkbox"/> 8 Don't know <input type="checkbox"/> 9 Refused </p>

SECTION 2 - WITHOUT PERMANENT HOUSING (CONTINUED)

18a. Since you left your last permanent place, have you spent time in ... ?
(Read choices and mark (X) all that apply)

If all "No" in 18a, go to 20.

18b. If "Yes" in 18a, ask: How much time did you spend in ... ?

	1 week	1 month	1-6 months	7-12 months	13-24 months	More than 2 years
<input type="checkbox"/> Temporary place of your own (paid for by you)						
<input type="checkbox"/> Homes of relatives						
<input type="checkbox"/> Homes of friends						
<input type="checkbox"/> Foster home						
<input type="checkbox"/> Mental hospital or psychiatric ward						
<input type="checkbox"/> Veterans Affairs hospital						
<input type="checkbox"/> Other hospital						
<input type="checkbox"/> Nursing home, board and care home, group home						
<input type="checkbox"/> Migrant workers camp						
<input type="checkbox"/> Military						
<input type="checkbox"/> Jail or prison						
<input type="checkbox"/> Halfway house for probation and parole						
<input type="checkbox"/> Residential recovery program such as substance abuse halfway house, 3/4 house						
<input type="checkbox"/> Other - Specify _____						
<input type="checkbox"/> Don't know						
<input type="checkbox"/> Refused						

CHECK

ITEM 3 If all responses in 18a marked "No", Go to 20

19. (SHOW FLASHCARD)
When you were without a permanent home for the last time, how much about how much time did you spend in these places? (Do not include time spend at shelters.)

- All of the time
- Most of the time
- About three-quarters of the time
- About half of the time
- About one-quarter of the time
- Almost none of the time
- None of the time
- Don't know
- Refused

20a. Have you EVER had a place where you paid the rent, your name was on the lease, or you owned it?

- Yes
- No - Go to 21
- Don't Know
- Refused

b. Did you have that place by...? (Read categories and Mark (X) all that apply.)

- Yourself
- With a spouse
- With someone else - Specify, _____
- Refused

21. As a child or teenager, did you ever live in any of the following places? (Read choices and mark (X) one answer in each column.)

a. A foster home	b. A group home	c. Any other kind of institution
1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No
3 <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Don't know
4 <input type="checkbox"/> Refused	4 <input type="checkbox"/> Refused	4 <input type="checkbox"/> Refused

Section 2 - WITHOUT PERMANENT HOUSING (Continued)

<p>22.</p>	<p>See attached page for revised question.</p>
<p>23. Altogether, how much time did you spend away from home before you were 18 years old?</p>	<p> <input type="checkbox"/> 1 Less than one week <input type="checkbox"/> 2 1-4 weeks <input type="checkbox"/> 3 1-6 months <input type="checkbox"/> 4 7-12 months <input type="checkbox"/> 5 13-24 months <input type="checkbox"/> 6 More than 2 years <input type="checkbox"/> 7 Don't know <input type="checkbox"/> 8 Refused </p>
<p>24. (INCLUDING THIS TIME, how many times in your life have you been homeless/without permanent housing)? That is, not living in your own house, apartment, or room on a regular basis?</p>	<p> 1 Just this time - GO to 28 2 _____ Times before this time </p>
<p>25. How long were you (homeless/without permanent housing) during the period (of homelessness) just before this one?</p>	<p> <input type="checkbox"/> 1 _____ days of days <input type="checkbox"/> 2 _____ weeks of weeks <input type="checkbox"/> 3 _____ months <input type="checkbox"/> 4 _____ years and _____ months <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 6 Refused </p>
<p>26. How long ago did your LAST period (of homelessness/without permanent housing) end? (Refers to the previous time)</p>	<p> <input type="checkbox"/> 1 _____ days ago <input type="checkbox"/> 2 _____ weeks ago <input type="checkbox"/> 3 _____ months ago <input type="checkbox"/> 4 _____ years and _____ months <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 6 Refused </p>
<p>27. How old were you when you FIRST found yourself without permanent housing or a regular place to stay?</p>	<p>1 _____ Age</p>
<p>28. Where were you living when you became homeless/without permanent housing) THIS time?</p>	<p> <input type="checkbox"/> 1 _____ Town/City _____ State <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 3 Refused </p>
<p>CHECK ITEM 4 Is (Town/City) same location as interview city?</p>	<p> <input type="checkbox"/> 1 Yes - GO to 58 <input type="checkbox"/> 2 No </p>

Section 2 - WITHOUT PERMANENT HOUSING (Continued)

22a. As a child or teenager, did you ever run away from home for more than 24 hours?

- Yes
- No
- Don't know
- Refused

22b. As a child or teenager, were you ever forced to leave your home or pushed out for more than 24 hours? (Includes time spent in a foster or group home or other institution.)

- Yes
- No
- Don't know
- Refused

Section 2 - WITHOUT PERMANENT HOUSING (Continued)

29. Why did you leave (City in 28)? (Mark (X) all that apply.)

- 1 No jobs available
- 2 No help available from family
- 3 Used available services until exceeded time limit
- 4 Entered institution in another city (e.g., jail, mental hospital)
- 5 No services in that place
- 6 Made to leave (given bus fare to leave town, driven to county line, etc.)
- 7 Close of agricultural season
- 8 Other - Specify _____

9 Refused

30. Why did you come to (Interview city)? (Mark (X) all that apply.)

- 1 To look for work, heard jobs were here
- 2 Cheap housing
- 3 Had friends and/or relatives here
- 4 Availability of shelters/missions
- 5 Good services/programs
- 6 Climate
- 7 Following crops
- 8 On the way to where I am going, just passing through
- 9 No particular reason
- 10 Other - Specify _____

11 Refused

31. When did you come to (Interview City)?

_____ / _____
month year

Here all my live

32. Since you became homeless/left your last permanent place, how many towns/cities have you stayed 2 or more days in?

- 1 1 place -----
 - 2 2 places
 - 3 3 places
 - 4 4 places
 - 5 5 to 10 places
 - 6 11 or more places -----
- Go to 56

(Ask only if homeless)

Are any adults, who are homeless, with you or are you by yourself?

- ___ Respondent is by her/himself
- ___ Spouse
- ___ Other relative, specify _____
- ___ Nonfamily, specify _____
- ___ Don't know
- ___ Refused

Section 3 - CURRENTLY WITH PERMANENT HOUSING

<p>33a.</p> <p>See attached page for revised question.</p>	
<p>b.</p> <p><i>(Ask if shelter marked in 33a)</i> Can you tell me the names of the shelters you have used in the last 7 days?</p>	
<p>CHECK ITEMS</p> <p>Is there at least one "X" in each day column in 33a?</p>	<p>1 <input type="checkbox"/> Yes - Continue with 34 2 <input type="checkbox"/> No - Go back and correct answers until each day column has at least one "X"</p>
<p>34. Have you ever been (homeless/without permanent housing), that is, not living in your own house, apartment, or room on a regular basis?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to 56 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused</p>
<p>35. How many times in your life have you been (homeless/without permanent housing)?</p>	<p>_____ Number of times</p>
<p>36. How old were you the first time you were (homeless/without permanent housing)?</p>	<p>_____ Age</p>
<p>37. How long were you (homeless/without permanent housing)? If more than once, use the most recent one.</p>	<p>1 <input type="checkbox"/> _____ days ago (if less than one week, enter the number of days) 2 <input type="checkbox"/> _____ weeks ago (if less than one month, enter the number of weeks) 3 <input type="checkbox"/> _____ months ago (if less than one year, enter the number of months) 4 <input type="checkbox"/> _____ years and _____ months 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> Refused</p>
<p>38. How long ago did your last period (of homelessness/without permanent housing) end?</p>	<p>1 <input type="checkbox"/> _____ days ago (if within the past week, enter the number of days) 2 <input type="checkbox"/> _____ weeks ago (if 1-4 weeks ago, enter the number of weeks) 3 <input type="checkbox"/> _____ months ago (if 1-12 months ago, enter the number of months) 4 <input type="checkbox"/> _____ years and _____ months 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> Refused</p>

Section 3 - CURRENTLY WITH PERMANENT HOUSING

33a. Over the last seven days since (day of interview), on which nights did you sleep or rest in the following places? (Read all categories. Each day column should have at least one "X". If not, correct answers.)

	Su	M	T	W	Th	F	Sa
<input type="checkbox"/> In my own house, apartment, or room (includes foster and group homes)							
<input type="checkbox"/> In someone else's home, apartment, or room							
<input type="checkbox"/> In an emergency shelter							
<input type="checkbox"/> In a vouchered hotel/motel							
<input type="checkbox"/> In a transitional housing facility							
<input type="checkbox"/> In a program that offers permanent housing							
<input type="checkbox"/> In migrant housing used to house homeless people in the off season							
<input type="checkbox"/> In an institution (jail, hospital, detoxification centers)							
<input type="checkbox"/> In a place of business (bus, bus station, all-night movie, airport, subway, bar, laundromat, restaurant, farm building, etc.)							
<input type="checkbox"/> In a car, van, truck, or other vehicle (including abandoned vehicles)							
<input type="checkbox"/> Anywhere outside (on the streets, in a park, under a culvert, in a cardboard box, on a bench, campground, etc.)							
<input type="checkbox"/> Did not sleep over the last seven days							
<input type="checkbox"/> Elsewhere, specify							
<input type="checkbox"/> Don't know Go to							
<input type="checkbox"/> Refused							

Section 3 - CURRENTLY WITH PERMANENT HOUSING (Continued)**39.**

See attached page for revised question.

40.

Question 40 was deleted.

41.

Please think about the LAST time you did not have a home or regular place to stay. What type of place were you living in just before you were (homeless/without permanent housing) the LAST time? Was it a ...? (Read categories.)

- 1 House
 2 Apartment
 3 Room
 4 Some other kind of place - Specify _____
 5 Don't know
 6 Refused

42.

Did anyone else live with you, including children, or other adults, or did you live there by yourself?

- 1 Lived by myself (no spouse, no children, no one else) - GO to 44
 2 Lived with other people
 3 Don't know
 4 Refused

43.

If you lived with other people, did you share that place with ...? (Read categories and mark (X) all that apply.)

- 1 Spouse
 2 Children
 3 Parents (mother and/or father, mother- and/or father-in-law)
 4 Foster family
 5 Sisters and/or brothers, in-laws
 6 Your adult children
 7 Grandparents
 8 Other relatives
 9 Partner/boyfriend/girlfriend
 10 Friends
 11 Other residents
 12 Other persons - Specify _____
 13 Don't know
 14 Refused

44.

Who paid the rent or mortgage or owned it? (Mark (X) all that apply.)

- 1 Self
 2 Spouse
 3 Parents (mother and/or father, mother-and/or father-in-law)
 4 Foster family
 5 Sisters and/or brothers, in-laws
 6 Your adult children (18 years and over)
 7 Grandparents
 8 Other relatives
 9 Partner/boyfriend/girlfriend
 10 Friends
 11 Non-profit/government program or institution
 12 Other Persons - Specify _____
 13 Don't know
 14 Refused

Section 3 - CURRENTLY WITH PERMANENT HOUSING (Continued)

39a Have you ever slept in a shelter?

- ___ Yes
 ___ No
 ___ Don't know] Go to 39c
 ___ Refused]

39b When was the last time you slept in a shelter?

- ___ Last night
 ___ days ago
 ___ weeks ago
 ___ months ago
 ___ 13 - 24 months ago
 ___ 3 or more years
 ___ Never
 ___ Don't Know
 ___ Refused

39c Have you ever slept in a room paid for by a voucher, for example a ticket or coupon or receipt used for a room or place to stay.

- ___ Yes
 ___ No
 ___ Don't know] Go to 39e
 ___ Refused]

39d When was the last time you slept in a room paid for by a voucher?

- ___ Last night
 ___ days ago
 ___ weeks ago
 ___ months ago
 ___ 13 - 24 months ago
 ___ 3 or more years
 ___ Never
 ___ Don't Know
 ___ Refused

39e Have you ever slept in a transitional housing facility?

- ___ Yes
 ___ No
 ___ Don't know] Go to 39g
 ___ Refused]

Section 3 - CURRENTLY WITH PERMANENT HOUSING (Continued)

39f When was the last time you slept in a transitional housing facility?

- ___ Last night
 ___ days ago
 ___ weeks ago
 ___ months ago
 ___ 13 - 24 months ago
 ___ 3 or more years
 ___ Never
 ___ Don't Know
 ___ Refused

39g Have you ever participated in a program that offers permanent housing for the homeless?

- ___ Yes
 ___ No -----
 ___ Don't' know] Go to 39j
 ___ Refused -----

39h When did you participate in the program? _____
date

39i When was the last time you slept in a place offering permanent housing for the homeless?

- ___ Last night
 ___ days ago
 ___ weeks ago
 ___ months ago
 ___ 13 - 24 months ago
 ___ 3 or more years
 ___ Never
 ___ Don't Know
 ___ Refused

39j Have you ever slept in a migrant workers facility that houses homeless people in the offseason?

- ___ Yes
 ___ No -----
 ___ Don't' know] Go to 41
 ___ Refused -----

39k When was the last time you slept in a migrant workers facility that houses homeless people in the offseason?

- ___ Last night
 ___ days ago
 ___ weeks ago
 ___ months ago
 ___ 13 - 24 months ago
 ___ 3 or more years
 ___ Never
 ___ Don't Know
 ___ Refused

SECTION 3 - CURRENTLY WITH PERMANENT HOUSING (CONTINUED)

45a. Why did you leave that place? Was is because....?

- Couldn't pay the rent
- Someone who paid the rent/mortgage stopped paying it
- Lost your job
- Lost job - seasonal farm work ended
- Lost welfare or other cash assistance benefit
- Was drinking
- Was doing drugs
- Went into hospital or treatment program
- ARC/AIDS/HIV-related
- Was pregnant/Just had baby
- Became sick or disabled (other than ARC/AIDS related)
- Went into military
- Went to jail or prison
- Left town
- Didn't get along with people there
- People you were staying with asked you to leave
- Pushed out, kicked out
- Landlord made you leave
- Building condemned, destroyed or urban renewal
- Fire
- You, or children, abused, beaten, violence in household
- Released, dismissed, discharged
- Other - Specify _____
- Don't know
- Refused

b. (Repeat answer marked in 45a and ask) Of those, what was the main reason that you left?

_____ Reason

(ASK ONLY IF Q.39 marked yes)
(SHOW FLASHCARD)

46. During the time that you were homeless/did not have a permanent place to stay), about how much time did you spend in shelters?

- All of the time
- Most of the time
- About three-quarters of the time
- About half of the time
- About one-quarter of the time
- Almost none of the time
- None of the time
- Don't know
- Refused

SECTION 3 - CURRENTLY WITH PERMANENT HOUSING (CONTINUED)

47a. Since you left your last permanent place, have you spent time in ... ?
(Read choices and mark (X) all that apply)

If all "No" in 47a, go to 48.
47b. If "Yes" in 47a, ask: How much time did you spend in ... ?

	1 week	1 month	1-6 months	7-12 months	13-24 months	More than 2 years
<input type="checkbox"/> Temporary place of your own (paid for by you)						
<input type="checkbox"/> Homes of relatives						
<input type="checkbox"/> Homes of friends						
<input type="checkbox"/> Foster home						
<input type="checkbox"/> Mental hospital or psychiatric ward						
<input type="checkbox"/> Veterans Affairs hospital						
<input type="checkbox"/> Other hospital						
<input type="checkbox"/> Nursing home, board and care home, group home						
<input type="checkbox"/> Migrant workers camp						
<input type="checkbox"/> Military						
<input type="checkbox"/> Jail or prison						
<input type="checkbox"/> Halfway house for probation and parole						
<input type="checkbox"/> Residential recovery program such as substance abuse halfway house, 3/4 house						
<input type="checkbox"/> Other - Specify _____						
<input type="checkbox"/> Don't know						
<input type="checkbox"/> Refused						

CHECK ITEM 6 Are responses in Q.47a all marked "No?"

Yes - Go to 48
 No

47c. (SHOW FLASHCARD) When you were without a home the last time, about how much time did you spend in these places? (Do not include time spend at shelters.)

All of the time
 Most of the time
 About three-quarters of the time
 About half of the time
 About one-quarter of the time
 Almost none of the time
 None of the time
 Don't know
 Refused

48. As a child or teenager, did you ever live in any of the following places? (Read choices and mark (X) one answer in each column.)

	A. A foster home	B. A group home	C. Any other kind of institution
1	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
2	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
3	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know
4	<input type="checkbox"/> Refused	<input type="checkbox"/> Refused	<input type="checkbox"/> Refused

49. See attached page for revised question.

SECTION 3 - CURRENTLY WITH PERMANENT HOUSING (CONTINUED)

49a. As a child or teenager, did you ever runaway from home for more than 24 hours?

- Yes
 No
 Don't know
 Refused

49b. As a child or teenager, were you ever forced to leave your home or pushed out for more than 24 hours? (Includes time spent in a foster home or other institution.)

- Yes
 No
 Don't know
 Refused

Section 3 - CURRENTLY WITH PERMANENT HOUSING (Continued)	
50. Altogether, how much time did you spend away from home before you turned 18?	1 <input type="checkbox"/> Less than one week 2 <input type="checkbox"/> 1-4 weeks 3 <input type="checkbox"/> 1-6 months 4 <input type="checkbox"/> 7-12 months 5 <input type="checkbox"/> 13-24 months 6 <input type="checkbox"/> More than 2 years 7 <input type="checkbox"/> Refused
51. When you were (homeless/without permanent housing) the last time, where were you living?	1 <input type="checkbox"/> Town/City _____ State _____ 2 <input type="checkbox"/> Don't know 3 <input type="checkbox"/> Refused
CHECK ITEM 7 Is (Town/City) SAME as interview city?	1 <input type="checkbox"/> Yes - GO to Q.54 2 <input type="checkbox"/> No
52. Why did you leave (City in Q.51)? (Mark (X) all that apply.)	1 <input type="checkbox"/> No jobs available 2 <input type="checkbox"/> No help available from family 3 <input type="checkbox"/> Used available services until exceeded time limit 4 <input type="checkbox"/> Entered institution in another city (e.g., jail, mental hospital) 5 <input type="checkbox"/> No services in that place 6 <input type="checkbox"/> Made to leave (given bus fare to leave town, driven to county line, etc.) 7 <input type="checkbox"/> Close of agricultural season 8 <input type="checkbox"/> Other - Specify <u> </u> _____ 9 <input type="checkbox"/> Refused
53. Why did you come here to (interview city)? (Mark (X) all that apply.)	1 <input type="checkbox"/> To look for work, heard jobs were here 2 <input type="checkbox"/> Cheap housing 3 <input type="checkbox"/> Had friends and/or relatives here 4 <input type="checkbox"/> Availability of shelters/missions 5 <input type="checkbox"/> Good services/programs 6 <input type="checkbox"/> Climate 7 <input type="checkbox"/> Following crops 8 <input type="checkbox"/> On the way to where I am going, just passing through 9 <input type="checkbox"/> No particular reason 10 <input type="checkbox"/> Other - Specify <u> </u> _____ 11 <input type="checkbox"/> Refused
54. How long have you been in (interview city)?	1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 4 to 6 months 3 <input type="checkbox"/> 7 to 12 months 4 <input type="checkbox"/> 13 to 23 months 5 <input type="checkbox"/> 2 to 5 years 6 <input type="checkbox"/> 6 to 10 years 7 <input type="checkbox"/> More than 10 years but less than all my life 8 <input type="checkbox"/> All my life
55. When you were (homeless/without permanent housing), in how many towns/cities did you stay 2 or more days?	1 <input type="checkbox"/> 1 place 2 <input type="checkbox"/> 2 places 3 <input type="checkbox"/> 3 places 4 <input type="checkbox"/> 4 places 5 <input type="checkbox"/> 5 to 10 places 6 <input type="checkbox"/> 11 or more places

Section 4 - DEMOGRAPHICS

The next questions ask for some basic background information about you.

56. Gender: (FILL BY OBSERVATION)

- 1 Male
2 Female

(SHOW FLASHCARD)

57a. What is your race?
(Mark (X) one box for race that the person considers himself/herself to be.)

- 1 Black
2 White
3 American Indian/Native American
4 Asian/Pacific Islander
5 Other - Specify _____
6 Don't know
7 Refused

(SHOW FLASHCARD)

b. Are you of Spanish/Hispanic origin? For example: Mexican, Mexican/American, Cuban, Puerto Rican.

- 1 Yes
2 No (not Spanish/Hispanic) - GO to 58

c. Which Spanish/Hispanic group are you?

- 1 Mexican
2 Puerto Rican
3 Cuban
4 Other Spanish/Hispanic

58. What is your date of birth?

Month

Day

Year

- Don't know
 Refused

59. How much school have you completed? (Read categories if person is unsure. Mark (X) for the highest level completed or degree received. If currently enrolled, mark the level of previous grade attended or highest degree received.)

- 1 No school completed
2 Pre-school
3 Kindergarten
4 1st, 2nd, 3rd, 4th grade
5 5th, 6th, 7th, 8th grade
6 9th grade
7 10th grade
8 11th grade
9 12th grade, NO DIPLOMA
10 HIGH SCHOOL GRADUATE - high school DIPLOMA
11 GED
12 Vocational training certificate
13 Some college but no degree
14 Associate degree in college - Occupational program
15 Associate degree in college - Academic program
16 Bachelor's degree (e.g., BA, AB, BS)
17 Master's degree (e.g., MA, MEng, MEd, MSW, MBA)
18 Professional school degree (e.g., MD, DDS, DVM, LLB, JD)
19 Doctorate degree (e.g., PhD, EdD)

60.

See attached page for revised question.

Section 4 - DEMOGRAPHICS (Continued)

60a. Are you working on any diploma, degree, course, or training program now?

yes

no - Go to 60c

60b. What type of diploma, degree, courses or training program are you working on?

Yes, on G.E.D

Yes, on high school diploma

Yes, on college courses or degree

Yes, on vocational or other training program or apprenticeship

Other - Specify _____

Don't Know

Refused

60c. (ASK ONLY IF RESPONDENT IS UNDER 18 YEARS OLD)

Why are you not working on any diploma, degree, course, or training program now?

Not interested

Problems with transportation, no transportation

Can't register, no documents

Don't stay in one place long enough

Lack of clothing, shoes, can't keep clean

Don't like school

Has to watch their children

Has to babysit younger brothers/sisters

Sick, doesn't feel well

Too tired, can't get up in the morning

Working

Other, specify _____

Has to watch their children

SECTION 4 - DEMOGRAPHICS	
61a. Did you ever repeat one or more grades in school?	<input type="checkbox"/> No <input type="checkbox"/> Repeated one grade <input type="checkbox"/> Repeated more than one grade <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
b. Were you ever enrolled in special education?	<input type="checkbox"/> Yes <input type="checkbox"/> No
62a. Did you ever drop out of school?	<input type="checkbox"/> No, never dropped out <input type="checkbox"/> Dropped out of elementary school (1-4) <input type="checkbox"/> Dropped out of junior high/middle school (5-8) <input type="checkbox"/> Dropped out of senior high (9-12) <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
b. Were you ever suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Were you ever expelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
63. What is your marital status? Are you....? (Read categories and mark (X) all that apply.)	<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never Married <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
(ASK ONLY OF FEMALES) Are you pregnant now?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
64a. What is your social security number?	_____ - _____ - _____
b. (If social security number is refused, ask) What are the first five digits of your social security number?	_____ - _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Refused

Section 5 - CHILDREN AND EDUCATION			
The next questions ask you about any children you may have.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused		
65. Do you have any children?	} GO to 74		
66. How many children do you have who are -	_____ under 18 years old		
a. Under 18?			
b. 18 and over?	_____ 18 years and older - Go to 74		
Complete questions 67a through 71h for ONE child at a time.	CHILD 1	CHILD 2	CHILD 3
	Name _____	Name _____	Name _____
67a. What is the name and age of each child under 18? <i>(Enter number of months if under one year of age)</i>	_____ Year(s) OR _____ Month(s) 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused	_____ Year(s) OR _____ Month(s) 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused	_____ Year(s) OR _____ Month(s) 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused
b. What is (Child's name)'s sex?	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
68. Does (Child's name) live with you?	1 <input type="checkbox"/> Yes - Go to 71a 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes - GO to Check Item 6 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes - GO to Check Item 6 2 <input type="checkbox"/> No
69. With whom does (child's name) live now?	1 <input type="checkbox"/> Child lives with his/her other parents 2 <input type="checkbox"/> Child lives with my parent(s) or in-laws 3 <input type="checkbox"/> Child lives with other relatives 4 <input type="checkbox"/> Child is in foster care, group home 5 <input type="checkbox"/> Jail or other institution 6 <input type="checkbox"/> Other - Specify _____ 7 <input type="checkbox"/> Don't know where child lives 8 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Child lives with his/her other parents 2 <input type="checkbox"/> Child lives with my parent(s) or in-laws 3 <input type="checkbox"/> Child lives with other relatives 4 <input type="checkbox"/> Child is in foster care, group home 5 <input type="checkbox"/> Jail or other institution 6 <input type="checkbox"/> Other - Specify _____ 7 <input type="checkbox"/> Don't know where child lives 8 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Child lives with his/her other parents 2 <input type="checkbox"/> Child lives with my parent(s) or in-laws 3 <input type="checkbox"/> Child lives with other relatives 4 <input type="checkbox"/> Child is in foster care, group home 5 <input type="checkbox"/> Jail or other institution 6 <input type="checkbox"/> Other - Specify _____ 7 <input type="checkbox"/> Don't know where child lives 8 <input type="checkbox"/> Refused
70. How long has it been since (Child's name) has lived with you?	1 <input type="checkbox"/> 0 to 6 months 2 <input type="checkbox"/> 7 to 12 months 3 <input type="checkbox"/> 1 to 2 years 4 <input type="checkbox"/> 3 to 4 years 5 <input type="checkbox"/> More than 4 years 6 <input type="checkbox"/> Child never lived with me - GO to 72 7 <input type="checkbox"/> Refused	1 <input type="checkbox"/> 0 to 6 months 2 <input type="checkbox"/> 7 to 12 months 3 <input type="checkbox"/> 1 to 2 years 4 <input type="checkbox"/> 3 to 4 years 5 <input type="checkbox"/> More than 4 years 6 <input type="checkbox"/> Child never lived with me - GO to 72 7 <input type="checkbox"/> Refused	1 <input type="checkbox"/> 0 to 6 months 2 <input type="checkbox"/> 7 to 12 months 3 <input type="checkbox"/> 1 to 2 years 4 <input type="checkbox"/> 3 to 4 years 5 <input type="checkbox"/> More than 4 years 6 <input type="checkbox"/> Child never lived with me - GO to 72 7 <input type="checkbox"/> Refused
CHECK ITEM: If 68 is marked "Yes" and child's age is -	<input type="checkbox"/> 6 years or older - Ask 71a <input type="checkbox"/> 3, 4 or 5 years old - GO to 71b <input type="checkbox"/> Less than 3 years - GO to 71g	<input type="checkbox"/> 6 years or older - Ask 71a <input type="checkbox"/> 3, 4 or 5 years old - GO to 71b <input type="checkbox"/> Less than 3 years - GO to 71g	<input type="checkbox"/> 6 years or older - Ask 71a <input type="checkbox"/> 3, 4 or 5 years old - GO to 71b <input type="checkbox"/> Less than 3 years - GO to 71g
71a. Does (Child's name) attend school?	1 <input type="checkbox"/> Yes, regularly attends school - GO to 71e 2 <input type="checkbox"/> Attends school but not regularly, misses a lot - GO to 71c 3 <input type="checkbox"/> No, not attending school - GO to 71c 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes, regularly attends school - GO to 71e 2 <input type="checkbox"/> Attends school but not regularly, misses a lot - GO to 71c 3 <input type="checkbox"/> No, not attending school - GO to 71c 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes, regularly attends school - GO to 71e 2 <input type="checkbox"/> Attends school but not regularly, misses a lot - GO to 71c 3 <input type="checkbox"/> No, not attending school - GO to 71c 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Refused

Section 5 - CHILDREN AND EDUCATION (Continued)

Section 5 - CHILDREN AND EDUCATION (Continued)			
CHILD 4	CHILD 5	CHILD 6	CHILD 7
Name	Name	Name	Name
_____ Year(s) OR _____ Month(s) 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused	_____ Year(s) OR _____ Month(s) 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused	_____ Year(s) OR _____ Month(s) 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused	_____ Year(s) OR _____ Month(s) 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused
1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female			
1 <input type="checkbox"/> Yes - GO to Check Item 9 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes - GO to Check Item 9 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes - GO to Check Item 9 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes - GO to Check Item 9 2 <input type="checkbox"/> No
1 <input type="checkbox"/> Child lives with his/her other parent 2 <input type="checkbox"/> Child lives with my parent(s) or in-laws 3 <input type="checkbox"/> Child lives with other relatives 4 <input type="checkbox"/> Child is in foster care, group home, jail or other institution 5 <input type="checkbox"/> Other - Specify <u> </u> 6 <input type="checkbox"/> Don't know where child lives 7 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Child lives with his/her other parent 2 <input type="checkbox"/> Child lives with my parent(s) or in-laws 3 <input type="checkbox"/> Child lives with other relatives 4 <input type="checkbox"/> Child is in foster care, group home, jail or other institution 5 <input type="checkbox"/> Other - Specify <u> </u> 6 <input type="checkbox"/> Don't know where child lives 7 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Child lives with his/her other parent 2 <input type="checkbox"/> Child lives with my parent(s) or in-laws 3 <input type="checkbox"/> Child lives with other relatives 4 <input type="checkbox"/> Child is in foster care, group home, jail or other institution 5 <input type="checkbox"/> Other - Specify <u> </u> 6 <input type="checkbox"/> Don't know where child lives 7 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Child lives with his/her other parent 2 <input type="checkbox"/> Child lives with my parent(s) or in-laws 3 <input type="checkbox"/> Child lives with other relatives 4 <input type="checkbox"/> Child is in foster care, group home, jail or other institution 5 <input type="checkbox"/> Other - Specify <u> </u> 6 <input type="checkbox"/> Don't know where child lives 7 <input type="checkbox"/> Refused
1 <input type="checkbox"/> 0 to 6 months 2 <input type="checkbox"/> 7 to 12 months 3 <input type="checkbox"/> 1 to 2 years 4 <input type="checkbox"/> 3 to 4 years 5 <input type="checkbox"/> More than 4 years 6 <input type="checkbox"/> Child never lived with me - GO to 72 7 <input type="checkbox"/> Refused	1 <input type="checkbox"/> 0 to 6 months 2 <input type="checkbox"/> 7 to 12 months 3 <input type="checkbox"/> 1 to 2 years 4 <input type="checkbox"/> 3 to 4 years 5 <input type="checkbox"/> More than 4 years 6 <input type="checkbox"/> Child never lived with me - GO to 72 7 <input type="checkbox"/> Refused	1 <input type="checkbox"/> 0 to 6 months 2 <input type="checkbox"/> 7 to 12 months 3 <input type="checkbox"/> 1 to 2 years 4 <input type="checkbox"/> 3 to 4 years 5 <input type="checkbox"/> More than 4 years 6 <input type="checkbox"/> Child never lived with me - GO to 72 7 <input type="checkbox"/> Refused	1 <input type="checkbox"/> 0 to 6 months 2 <input type="checkbox"/> 7 to 12 months 3 <input type="checkbox"/> 1 to 2 years 4 <input type="checkbox"/> 3 to 4 years 5 <input type="checkbox"/> More than 4 years 6 <input type="checkbox"/> Child never lived with me - GO to 72 7 <input type="checkbox"/> Refused
<input type="checkbox"/> 6 years or older - Ask 71a <input type="checkbox"/> 3, 4 or 5 years old - GO to 71b <input type="checkbox"/> Less than 3 years - GO to 71g	<input type="checkbox"/> 6 years or older - Ask 71a <input type="checkbox"/> 3, 4 or 5 years old - GO to 71b <input type="checkbox"/> Less than 3 years - GO to 71g	<input type="checkbox"/> 6 years or older - Ask 71a <input type="checkbox"/> 3, 4 or 5 years old - GO to 71b <input type="checkbox"/> Less than 3 years - GO to 71g	<input type="checkbox"/> 6 years or older - Ask 71a <input type="checkbox"/> 3, 4 or 5 years old - GO to 71b <input type="checkbox"/> Less than 3 years - GO to 71g
1 <input type="checkbox"/> Yes, regularly attends school - GO to 71e 2 <input type="checkbox"/> Attends school but not regularly, misses a lot - GO to 71c 3 <input type="checkbox"/> No, not attending school - GO to 71c 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes, regularly attends school - GO to 71e 2 <input type="checkbox"/> Attends school but not regularly, misses a lot - GO to 71c 3 <input type="checkbox"/> No, not attending school - GO to 71c 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes, regularly attends school - GO to 71e 2 <input type="checkbox"/> Attends school but not regularly, misses a lot - GO to 71c 3 <input type="checkbox"/> No, not attending school - GO to 71c 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes, regularly attends school - GO to 71e 2 <input type="checkbox"/> Attends school but not regularly, misses a lot - GO to 71c 3 <input type="checkbox"/> No, not attending school - GO to 71c 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Refused

Section 5 - CHILDREN AND EDUCATION (Continued)

Please list children's names in the same order as on pages 5-1 and 5-2.	CHILD 1	CHILD 2	CHILD 3
	Name	Name	Name
71b. Does (Child's name) attend kindergarten, Head Start or other pre-school program?	<input type="checkbox"/> 1 Yes, regularly attends <input type="checkbox"/> a Kindergarten } GO <input type="checkbox"/> b Head Start } to <input type="checkbox"/> c Other pre-school } 71e (nursery school, pre-kindergarten, Even Start) <input type="checkbox"/> 2 Enrolled, but does not attend regularly <input type="checkbox"/> 3 Not enrolled <input type="checkbox"/> 4 Refused	<input type="checkbox"/> 1 Yes, regularly attends <input type="checkbox"/> a Kindergarten } GO <input type="checkbox"/> b Head Start } to <input type="checkbox"/> c Other pre-school } 71e (nursery school, pre-kindergarten, Even Start) <input type="checkbox"/> 2 Enrolled, but does not attend regularly <input type="checkbox"/> 3 Not enrolled <input type="checkbox"/> 4 Refused	<input type="checkbox"/> 1 Yes, regularly attends <input type="checkbox"/> a Kindergarten } GO <input type="checkbox"/> b Head Start } to <input type="checkbox"/> c Other pre-school } 71e (nursery school, pre-kindergarten, Even Start) <input type="checkbox"/> 2 Enrolled, but does not attend regularly <input type="checkbox"/> 3 Not enrolled <input type="checkbox"/> 4 Refused
c. If not attending regularly, how long has it been since (Child's name) regularly attended school?	<input type="checkbox"/> 1 Less than 1 month <input type="checkbox"/> 2 1 to 3 months <input type="checkbox"/> 3 4 to 6 months <input type="checkbox"/> 4 7 months or more <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 6 Never attended <input type="checkbox"/> 7 Refused	<input type="checkbox"/> 1 Less than 1 month <input type="checkbox"/> 2 1 to 3 months <input type="checkbox"/> 3 4 to 6 months <input type="checkbox"/> 4 7 months or more <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 6 Never attended <input type="checkbox"/> 7 Refused	<input type="checkbox"/> 1 Less than 1 month <input type="checkbox"/> 2 1 to 3 months <input type="checkbox"/> 3 4 to 6 months <input type="checkbox"/> 4 7 months or more <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 6 Never attended <input type="checkbox"/> 7 Refused
d. Why doesn't (Child's name) attend school or pre-school regularly? Mark (X) all that apply.	<input type="checkbox"/> 1 Problems with transportation, no transportation <input type="checkbox"/> 2 Can't register, no documents <input type="checkbox"/> 3 Don't stay in one place long enough <input type="checkbox"/> 4 Lack of clothing, shoes, can't keep clean <input type="checkbox"/> 5 Child doesn't like school <input type="checkbox"/> 6 Has to babysit younger brothers/ sisters <input type="checkbox"/> 7 Has been sick, doesn't feel well <input type="checkbox"/> 8 Too tired, can't get him/her up in the morning <input type="checkbox"/> 9 Other - Specify <i>Z</i> <input type="checkbox"/> 10 Don't know <input type="checkbox"/> 11 Refused	<input type="checkbox"/> 1 Problems with transportation, no transportation <input type="checkbox"/> 2 Can't register, no documents <input type="checkbox"/> 3 Don't stay in one place long enough <input type="checkbox"/> 4 Lack of clothing, shoes, can't keep clean <input type="checkbox"/> 5 Child doesn't like school <input type="checkbox"/> 6 Has to babysit younger brothers/ sisters <input type="checkbox"/> 7 Has been sick, doesn't feel well <input type="checkbox"/> 8 Too tired, can't get him/her up in the morning <input type="checkbox"/> 9 Other - Specify <i>Z</i> <input type="checkbox"/> 10 Don't know <input type="checkbox"/> 11 Refused	<input type="checkbox"/> 1 Problems with transportation, no transportation <input type="checkbox"/> 2 Can't register, no documents <input type="checkbox"/> 3 Don't stay in one place long enough <input type="checkbox"/> 4 Lack of clothing, shoes, can't keep clean <input type="checkbox"/> 5 Child doesn't like school <input type="checkbox"/> 6 Has to babysit younger brothers/ sisters <input type="checkbox"/> 7 Has been sick, doesn't feel well <input type="checkbox"/> 8 Too tired, can't get him/her up in the morning <input type="checkbox"/> 9 Other - Specify <i>Z</i> <input type="checkbox"/> 10 Don't know <input type="checkbox"/> 11 Refused
e. Has (Child's name) ever been assigned to a special education class?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Don't know <input type="checkbox"/> 4 Refused	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Don't know <input type="checkbox"/> 4 Refused	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Don't know <input type="checkbox"/> 4 Refused
f. Has (Child's name) repeated any grade?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Don't know <input type="checkbox"/> 4 Refused	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Don't know <input type="checkbox"/> 4 Refused	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Don't know <input type="checkbox"/> 4 Refused
g. Other than school or pre-school, does (Child's name) receive day care?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No } GO <input type="checkbox"/> 3 Don't know } to <input type="checkbox"/> 4 Refused } 72	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No } GO <input type="checkbox"/> 3 Don't know } to <input type="checkbox"/> 4 Refused } 72	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No } GO <input type="checkbox"/> 3 Don't know } to <input type="checkbox"/> 4 Refused } 72
h. Where does (Child's name) go for day care?	<input type="checkbox"/> 1 To the shelter <input type="checkbox"/> 2 To a day care center <input type="checkbox"/> 3 To friends/relatives <input type="checkbox"/> 4 Don't know <input type="checkbox"/> 5 Refused	<input type="checkbox"/> 1 To the shelter <input type="checkbox"/> 2 To a day care center <input type="checkbox"/> 3 To friends/relatives <input type="checkbox"/> 4 Don't know <input type="checkbox"/> 5 Refused	<input type="checkbox"/> 1 To the shelter <input type="checkbox"/> 2 To a day care center <input type="checkbox"/> 3 To friends/relatives <input type="checkbox"/> 4 Don't know <input type="checkbox"/> 5 Refused

Section 5 - CHILDREN AND EDUCATION (Continued)			
CHILD 4	CHILD 5	CHILD 6	CHILD 7
Name	Name	Name	Name
1 <input type="checkbox"/> Yes, regularly attends \mathcal{Z} a <input type="checkbox"/> Kindergarten b <input type="checkbox"/> Head Start c <input type="checkbox"/> Other pre-school (nursery school, pre-kindergarten) } GO to 71e 2 <input type="checkbox"/> Enrolled, but does not attend regularly 3 <input type="checkbox"/> Not enrolled 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes, regularly attends \mathcal{Z} a <input type="checkbox"/> Kindergarten b <input type="checkbox"/> Head Start c <input type="checkbox"/> Other pre-school (nursery school, pre-kindergarten) } GO to 71e 2 <input type="checkbox"/> Enrolled, but does not attend regularly 3 <input type="checkbox"/> Not enrolled 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes, regularly attends \mathcal{Z} a <input type="checkbox"/> Kindergarten b <input type="checkbox"/> Head Start c <input type="checkbox"/> Other pre-school (nursery school, pre-kindergarten) } GO to 71e 2 <input type="checkbox"/> Enrolled, but does not attend regularly 3 <input type="checkbox"/> Not enrolled 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes, regularly attends \mathcal{Z} a <input type="checkbox"/> Kindergarten b <input type="checkbox"/> Head Start c <input type="checkbox"/> Other pre-school (nursery school, pre-kindergarten) } GO to 71e 2 <input type="checkbox"/> Enrolled, but does not attend regularly 3 <input type="checkbox"/> Not enrolled 4 <input type="checkbox"/> Refused
1 <input type="checkbox"/> Less than 1 month 2 <input type="checkbox"/> 1 to 3 months 3 <input type="checkbox"/> 4 to 6 months 4 <input type="checkbox"/> 7 months or more 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> Never attended 7 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Less than 1 month 2 <input type="checkbox"/> 1 to 3 months 3 <input type="checkbox"/> 4 to 6 months 4 <input type="checkbox"/> 7 months or more 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> Never attended 7 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Less than 1 month 2 <input type="checkbox"/> 1 to 3 months 3 <input type="checkbox"/> 4 to 6 months 4 <input type="checkbox"/> 7 months or more 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> Never attended 7 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Less than 1 month 2 <input type="checkbox"/> 1 to 3 months 3 <input type="checkbox"/> 4 to 6 months 4 <input type="checkbox"/> 7 months or more 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> Never attended 7 <input type="checkbox"/> Refused
1 <input type="checkbox"/> Problems with transportation, no transportation 2 <input type="checkbox"/> Can't register, no documents 3 <input type="checkbox"/> Don't stay in one place long enough 4 <input type="checkbox"/> Lack of clothing, shoes, can't keep clean 5 <input type="checkbox"/> Child doesn't like school 6 <input type="checkbox"/> Has to babysit younger brothers/ sisters 7 <input type="checkbox"/> Has been sick, doesn't feel well 8 <input type="checkbox"/> Too tired, can't get him/her up in the morning 9 <input type="checkbox"/> Other - Specify \mathcal{Z}	1 <input type="checkbox"/> Problems with transportation, no transportation 2 <input type="checkbox"/> Can't register, no documents 3 <input type="checkbox"/> Don't stay in one place long enough 4 <input type="checkbox"/> Lack of clothing, shoes, can't keep clean 5 <input type="checkbox"/> Child doesn't like school 6 <input type="checkbox"/> Has to babysit younger brothers/ sisters 7 <input type="checkbox"/> Has been sick, doesn't feel well 8 <input type="checkbox"/> Too tired, can't get him/her up in the morning 9 <input type="checkbox"/> Other - Specify \mathcal{Z}	1 <input type="checkbox"/> Problems with transportation, no transportation 2 <input type="checkbox"/> Can't register, no documents 3 <input type="checkbox"/> Don't stay in one place long enough 4 <input type="checkbox"/> Lack of clothing, shoes, can't keep clean 5 <input type="checkbox"/> Child doesn't like school 6 <input type="checkbox"/> Has to babysit younger brothers/ sisters 7 <input type="checkbox"/> Has been sick, doesn't feel well 8 <input type="checkbox"/> Too tired, can't get him/her up in the morning 9 <input type="checkbox"/> Other - Specify \mathcal{Z}	1 <input type="checkbox"/> Problems with transportation, no transportation 2 <input type="checkbox"/> Can't register, no documents 3 <input type="checkbox"/> Don't stay in one place long enough 4 <input type="checkbox"/> Lack of clothing, shoes, can't keep clean 5 <input type="checkbox"/> Child doesn't like school 6 <input type="checkbox"/> Has to babysit younger brothers/ sisters 7 <input type="checkbox"/> Has been sick, doesn't feel well 8 <input type="checkbox"/> Too tired, can't get him/her up in the morning 9 <input type="checkbox"/> Other - Specify \mathcal{Z}
10 <input type="checkbox"/> Don't know 11 <input type="checkbox"/> Refused	10 <input type="checkbox"/> Don't know 11 <input type="checkbox"/> Refused	10 <input type="checkbox"/> Don't know 11 <input type="checkbox"/> Refused	10 <input type="checkbox"/> Don't know 11 <input type="checkbox"/> Refused
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } GO to 72 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } GO to 72 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } GO to 72 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } GO to 72 4 <input type="checkbox"/> Refused
1 <input type="checkbox"/> To the shelter 2 <input type="checkbox"/> To a day care center 3 <input type="checkbox"/> To friends/relatives 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Refused	1 <input type="checkbox"/> To the shelter 2 <input type="checkbox"/> To a day care center 3 <input type="checkbox"/> To friends/relatives 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Refused	1 <input type="checkbox"/> To the shelter 2 <input type="checkbox"/> To a day care center 3 <input type="checkbox"/> To friends/relatives 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Refused	1 <input type="checkbox"/> To the shelter 2 <input type="checkbox"/> To a day care center 3 <input type="checkbox"/> To friends/relatives 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Refused

<p>ASK ONLY IF HOMELESS. 72. Are any adults homeless with you, or are you by yourself?</p> <p>Moved to Section 2</p>	<p>1 <input type="checkbox"/> Respondent is by her/himself 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Other relative - Specify <u> </u> 4 <input type="checkbox"/> Nonfamily - Specify <u> </u> 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> Refused</p>
<p>ASK OF FEMALES ONLY. 73. Are you pregnant now?</p> <p>Moved to Section 4</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused</p>
<p>Notes</p>	

Section 6 - EMPLOYMENT

The next questions ask about work.

74. Did you do any PAID work at all during the last 30 days (ANYTHING THAT BRINGS IN MONEY)?

- 1 Yes
 2 No
 3 Don't know } GO to 77a
 4 Refused

75. Is this work . . . ? (Read categories and mark (X) only one response.)

- 1 A job you have had for three months or more with the same employer
 2 A job you have had for less than 3 months, but you expect to continue for 3 or more months
 3 A temporary job (one you expect to last less than 3 months)
 4 A day job, pick-up (one that lasts only a few hours, or one or two days)
 5 Peddling (selling books, clothes, other items on the street) or collecting cans and bottles to exchange for money } GO to 77a
 6 Other - Specify _____
 7 Don't know
 8 Refused

76. During the last 30 days, how many hours did you usually work per week in paid employment in all full- or part-time jobs, including day labor?

- 1 Usual number of hours per week } GO to 78
 2 Don't know
 3 Refused

77a. When did you last work for pay at a full-time job or business lasting 2 consecutive weeks or more?

- 1 Within past week
 2 Within past 6 months
 3 Within past 7 months to a year ago } GO to 77b
 4 1 to 2 years ago
 5 2 to 3 years ago
 6 3 to 4 years ago
 7 4 to 5 years ago
 8 5 or more years ago } GO to 77c
 9 Never worked

b. Why did you leave that job?

- 1 Personal, family (including pregnancy) or school
 2 Health
 3 Retirement or old age
 4 Seasonal job completed
 5 Slack work or business conditions, laid off
 6 Temporary - nonseasonal job completed
 7 Unsatisfactory work arrangements (hours, pay, etc.)
 8 Other - Specify _____

c. Do you want a regular job now, either full- or part-time?

- 1 Yes
 2 Maybe - it depends
 3 No
 4 Don't know

78a. Are you looking for work now?

- 1 Yes - GO to 79
 2 No

Section 6 - EMPLOYMENT (Continued)

78b. What are the reasons you are not looking for work? (Mark (X) all that apply.)

- 1 Already have a job
 2 Believes no work available in line of work or area
 3 Couldn't find any work
 4 Lacks necessary schooling, training, skills or experience
 5 Ill health, physical disability
 6 Can't arrange child care
 7 Family responsibilities
 8 In school or other training
 9 Other - Specify

10 Don't know

If "Never" marked in 77a, GO to 80.

79. Since you were 16 years old, how much of your life have you had a job or done some work for pay?

- 1 All or almost all of the time
 2 Most of the time
 3 Half of the time
 4 Some of the time
 5 Almost none of the time

Notes

Section 7 - SOURCES OF INCOME AND SERVICE USE

The next few questions ask about your income, and about your use of certain government programs and services.

80.

See attached for question rewording.

81. Over the last 30 days, what was your total income from ALL sources? (Mark category only if respondent cannot report total income.)

\$

- 1 Less than \$100
- 2 \$100 to 299
- 3 \$300 to 499
- 4 \$500 to 699
- 5 \$700 to 799
- 6 \$800 to 999
- 7 \$1,000 to 1,199
- 8 \$1,200 to 1,499
- 9 \$1,500 to 1,999
- 10 \$2,000 to 2,499
- 11 \$2,500 to 2,999
- 12 \$3,000 or more
- 13 Don't know
- 14 Refused

82a. Do you receive food stamps now?

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused

82b. If "Yes" in 82a, ask - How much do you get each month in food stamps?

\$

SECTION 7 - SOURCES OF INCOME AND SERVICE USE

The next few questions ask about your income, and about your use of certain government programs and services.

80. Have you received any money from any of these sources in the last month?
(Read categories and mark "X" all that apply.)

	Yes	No	DK	Ref
Steady employment				
Day labor				
Aid to Families with Dependent Children (AFDC)				
General assistance (CA, PA, HR, GR)				
Social Security (old age, survivors, and retirement)				
Social Security Disability Insurance (SSDI)				
Supplemental Security Income (SSI)				
Veteran's disability payments				
Veteran's pension (not disability related)				
Other pensions				
Other survivor benefits				
Private disability insurance				
Unemployment compensation				
Child support				
Other spousal benefits				
Spouse				
Parents				
Other relatives				
Friends (includes boyfriends or girlfriends)				
Sale of personal belongings				
Asking for money on the streets				
Blood or plasma center				
Illegal activities				
Other - Specify _____				
No money sources from above categories				
No income				

Section 7 - SOURCES OF INCOME AND SERVICE USE (Continued)**FR INSTRUCTION: Mark 83a and b "Yes" for each corresponding benefit program.**

83a. I'm going to read you a list of government benefit programs. Have you ever applied for . . . ?	83b. If all "No" in 83a., GO to 84. If "Yes" in 83a. ask - Did you ever receive benefits?	83c. If 34 marked "No," GO to 84. If "Yes" in 83b. ask - Were you receiving assistance or benefits from (Program) when you had to leave the last permanent place you stayed?	83d. If "Yes" in 83c., ask - Did you stop receiving this benefit from (Program) within the year before you had to leave the last permanent place you stayed.	83e. If "Yes" in 83d., ask - Why did you stop receiving this benefit from (Program)?	
(1) Aid to Families with Dependent Children	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Program ended 2 <input type="checkbox"/> No longer eligible 3 <input type="checkbox"/> No longer needed 4 <input type="checkbox"/> Other reason 5 <input type="checkbox"/> Don't know
(2) Food stamps	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Program ended 2 <input type="checkbox"/> No longer eligible 3 <input type="checkbox"/> No longer needed 4 <input type="checkbox"/> Other reason 5 <input type="checkbox"/> Don't know
(3) General assistance	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Program ended 2 <input type="checkbox"/> No longer eligible 3 <input type="checkbox"/> No longer needed 4 <input type="checkbox"/> Other reason 5 <input type="checkbox"/> Don't know
(4) Supplemental Security Income	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Program ended 2 <input type="checkbox"/> No longer eligible 3 <input type="checkbox"/> No longer needed 4 <input type="checkbox"/> Other reason 5 <input type="checkbox"/> Don't know
(5) Social Security Disability Income	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Program ended 2 <input type="checkbox"/> No longer eligible 3 <input type="checkbox"/> No longer needed 4 <input type="checkbox"/> Other reason 5 <input type="checkbox"/> Don't know
(6) Medicare	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Program ended 2 <input type="checkbox"/> No longer eligible 3 <input type="checkbox"/> No longer needed 4 <input type="checkbox"/> Other reason 5 <input type="checkbox"/> Don't know
(7) Medicaid	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Program ended 2 <input type="checkbox"/> No longer eligible 3 <input type="checkbox"/> No longer needed 4 <input type="checkbox"/> Other reason 5 <input type="checkbox"/> Don't know
(8) Veterans (VA) benefits	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Program ended 2 <input type="checkbox"/> No longer eligible 3 <input type="checkbox"/> No longer needed 4 <input type="checkbox"/> Other reason 5 <input type="checkbox"/> Don't know

Section 7 - SOURCES OF INCOME AND SERVICE USE (Continued)

84a. Now I am going to ask you about another list of services. Which of the following services have you used in the last seven days? (Read all categories. Each day column should have at least one "X". If not, correct answers.)

	Su	M	T	W	Th	F	Sa
<input type="checkbox"/> Free or almost free clothing							
<input type="checkbox"/> Drop-in centers							
<input type="checkbox"/> Free public transportation (e.g., bus, subway, or cab tokens)							
<input type="checkbox"/> Day care							
<input type="checkbox"/> Counseling (for employment, parenting, self-esteem - not for mental health)							
<input type="checkbox"/> Emergency shelters							
<input type="checkbox"/> Transitional housing							
<input type="checkbox"/> Soup kitchen or meal program							
<input type="checkbox"/> Mobile food program							
<input type="checkbox"/> Health care							
<input type="checkbox"/> Mental health services							
<input type="checkbox"/> Substance abuse services							
<input type="checkbox"/> Migrant housing used in the off season to provide temporary shelter							
<input type="checkbox"/> Free or reduced price school breakfasts and/or lunches							
<input type="checkbox"/> WIC (Women, Infants, and Children nutrition program)							
<input type="checkbox"/> Other - Specify							
<input type="checkbox"/> None of the above							
<input type="checkbox"/> Refused							

84b. (Read categories not marked in 84a. and ask) Have you ever used ... ?

84c. When was the last time you used ... ?

	Less than one month ago	One month ago	More than a month ago	More than a year ago
<input type="checkbox"/> Free or almost free clothing				
<input type="checkbox"/> Drop-in centers				
<input type="checkbox"/> Free public transportation (e.g., bus, subway, or cab tokens)				
<input type="checkbox"/> Day care				
<input type="checkbox"/> Counseling (for employment, parenting, self-esteem - not for mental health)				
<input type="checkbox"/> Emergency shelters				
<input type="checkbox"/> Transitional housing				
<input type="checkbox"/> Soup kitchen or meal program				
<input type="checkbox"/> Mobile food program				
<input type="checkbox"/> Health care				
<input type="checkbox"/> Mental health services				
<input type="checkbox"/> Substance abuse services				
<input type="checkbox"/> Migrant housing used in the off season to provide temporary shelter				
<input type="checkbox"/> Free or reduced price school breakfasts and/or lunches				
<input type="checkbox"/> WIC (Women, Infants, and Children nutrition program)				
<input type="checkbox"/> Other - Specify				
<input type="checkbox"/> None of the above				
<input type="checkbox"/> Refused				

Are respondents younger than 18 years old?

- 1 Yes - GO to 20
- 2 No

Section 8 - VETERAN STATUS

The next questions ask about experiences in the armed services.

85. Have you ever been on active-duty military service in the Armed Forces of the United States? Do not include time served in the Reserves or National Guard.

1 Yes, active duty
 2 No
 3 Don't know } GO to 90
 4 Refused

86. In total, how many years of active-duty military service have you had?

1 _____ Years

87. Were you ever stationed in a war zone?

1 Yes
 2 No

88. During your military service, were you ever in or exposed to combat?

1 Yes
 2 No
 3 Don't know
 4 Refused

89. Have you ever used a medical facility that was operated by the VA for overnight hospital care, outpatient visits, or for nursing home, convalescent home, or admissions for long-term care?

1 Yes
 2 No
 3 Don't know
 4 Refused

a Do you currently receive veterans benefits (VA)?

_____ Yes Go to d _____ Don't Know
 _____ No _____ Refused

b Are you eligible to receive VA benefits?

_____ Yes Go to d _____ Don't Know
 _____ No _____ Refused

c Why are you not eligible to receive VA benefits?

d Other than programs at VA medical centers, have you participated in programs that serve veterans who are homeless?

_____ Yes _____ Don't Know
 _____ No Go to 90 _____ Refused

e In which of the following programs did you participated? (Read categories and mark (X) all that apply.)

___ Compensated work therapy program
 ___ Dom program (domiciliary care program)
 ___ Homeless shelters for veterans not run by the VA
 ___ Veterans Center drop-in center
 ___ Stand down
 ___ Other, specify _____

Section 9 - FOOD INTAKE

These questions ask about the food you eat and where you get your food.

90. Which of the following best describes your situation in terms of food you eat . . . ?
(Read categories and mark (X) one answer.)

- 1 Get enough of the kinds of foods you want to eat
- 2 Get enough, but not always what you want to eat
- 3 Sometimes not enough to eat
- 4 Often not enough to eat
- 5 Don't know
- 6 Refused

91. How many times do you usually eat in a day?

- 1 Less than once per day
- 2 Once per day
- 3 Twice per day
- 4 Three times per day
- 5 Four times per day
- 6 Five times per day
- 7 More than five times per day
- 8 Don't know
- 9 Refused

Were you ever hungry but didn't eat because you couldn't afford enough food?

- ___ Yes
- ___ No - Skip
- ___ Don't know

Did this happen in the last 30 days?

- ___ Yes
- ___ No
- ___ Don't know

In the last 30 days, about how many days were you hungry but didn't eat because your couldn't afford enough food?

- ___ Number of days
- ___ Don't know

92a. In the last seven days, since last (Day of interview), did you ever go a whole day without anything at all to eat?

- 1 Yes
 - 2 No
 - 3 Don't know
 - 4 Refused
- } GO to 93

92b. How many days last week did you go without anything to eat for the whole day?

- 1 ___ Number of days
- 2 Don't know
- 3 Refused

93. In the last 30 days, did you ever go a whole day without anything at all to eat?

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

Section 9 - FOOD INTAKE

94a Have you ever eaten in a soup kitchen?

- Yes
 No -----
 Don't Know ----- } Go to 94c
 Refused -----

94b When was the last time you ate at a soup kitchen?

- Today
 _____ days ago
 _____ weeks ago
 _____ months ago
 _____ More than a year ago
 Never
 _____ Don't know
 _____ Refused

94c Have you ever gotten food from a food pantry?

- Yes
 No -----
 Don't Know ----- } Go to 94e
 Refused -----

94d When was the last time you got food from a food pantry?

- Today
 _____ days ago
 _____ weeks ago
 _____ months ago
 _____ More than a year ago
 Never
 _____ Don't know
 _____ Refused

94e Have you ever gotten food from a mobile food van?

- Yes
 No -----
 Don't Know ----- } Go to 96
 Refused -----

94d When was the last time you got food from a mobile food van?

- Today
 _____ days ago
 _____ weeks ago
 _____ months ago
 _____ More than a year ago
 Never
 _____ Don't know
 _____ Refused

Section 9 - FOOD INTAKE (Continued)

95a. Over the last seven days since last (day of interview), on which days did you get food from the following places? (Read categories.)

	Su	M	T	W	Th	F	Sa
1 <input type="checkbox"/> In my own house, apartment, or room (includes foster and group homes)							
2 <input type="checkbox"/> Soup kitchens (including free bag lunches and dinner)							
3 <input type="checkbox"/> Shelter where you live (shelter provides)							
4 <input type="checkbox"/> Shelter where you live (you cook)							
5 <input type="checkbox"/> Food pantry							
6 <input type="checkbox"/> Food wagon (free food)							
7 <input type="checkbox"/> Food vouchers							
8 <input type="checkbox"/> Street vendor (you pay)							
9 <input type="checkbox"/> Friend's or relative's place							
10 <input type="checkbox"/> Grocery store							
11 <input type="checkbox"/> Restaurant where you pay							
12 <input type="checkbox"/> Restaurant (back door, handouts)							
13 <input type="checkbox"/> Handouts from people passing by							
14 <input type="checkbox"/> Trash cans							
15 <input type="checkbox"/> Other - Specify _____							
16 <input type="checkbox"/> None							
17 <input type="checkbox"/> Refused							

(Ask if "Yes" is marked in 94a or soup kitchen in marked in 95a)

b. Can you tell me the names of the soup kitchens you have used in the last 7 days?

Notes

SECTION 10 - CURRENT PHYSICAL HEALTH (CONTINUED)

The next questions ask about your health and medical care.

96. Do you have any of the following medical conditions?
(Read categories and mark "X" all that apply.)

	Yes	No	DK	Ref
Sugar in your blood (diabetes)				
Anemia (poor blood)				
High blood pressure				
Heart disease/stroke				
Problems with your liver				
Arthritis, rheumatism, joint problems				
Chest infections, cold, cough, bronchitis				
Pneumonia				
Tuberculosis				
Skin disease, skin infection, skin sores, skin ulcers				
Lice, scabies, other similar infestations				
Cancer				
Problem walking, lost limb, other handicap				
Gonorrhea, syphilis, herpes, chlamydia, other STDs (NOT AIDS)				
Test positive for HIV				
Have AIDS				
Use drugs intravenously (shoot up)				
Other - Specify _____				
None				
Don't know				
Refused				

SECTION 10 - CURRENT PHYSICAL HEALTH (CONTINUED)

<p>97. When was the last time you were treated or examined by a physician/doctor for health health problems, including routine checkups?</p>	<p> <input type="checkbox"/> Within the past 12 months <input type="checkbox"/> ___ Number of years ago <input type="checkbox"/> Never <input type="checkbox"/> Don't Know Go to 106 <input type="checkbox"/> Refused </p>																																																							
<p>98. Who paid for your visit?</p>	<p> <input type="checkbox"/> No one paid the bill <input type="checkbox"/> Health Care for the Homeless clinic <input type="checkbox"/> Migrant health care facility <input type="checkbox"/> Other free clinic <input type="checkbox"/> Veterans' Affairs (VA) <input type="checkbox"/> Medicaid/Welfare/Public Insurance <input type="checkbox"/> Private insurance <input type="checkbox"/> Other - Specify _____ <input type="checkbox"/> I paid myself <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused </p>																																																							
<p>99. In the last year, have you gotten medical care from any of the following places? (Read categories and mark (X) all that apply.)</p> <p>OUTPATIENT CARE</p> <p>a. A hospital emergency room</p> <p>b. A hospital clinic</p> <p>c. A VA hospital as an inpatient</p> <p>d. Any other hospital as an inpatient</p> <p>e. A VA clinic</p> <p>f. A community health clinic</p> <p>g. A migrant health care facility</p> <p>h. Health Care for the homeless clinic</p> <p>INPATIENT CARE</p> <p>i. A doctor or nurse in a shelter or soup kitchen</p> <p>j. A private doctor's office (not in a hospital or clinic)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 25%;">Yes</th> <th style="width: 25%;">No</th> <th style="width: 25%;">Don't know</th> <th style="width: 25%;">Refused</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> </tr> <tr> <td>b.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> </tr> <tr> <td>c.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> </tr> <tr> <td>d.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> </tr> <tr> <td>e.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> </tr> <tr> <td>f.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> </tr> <tr> <td>g.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> </tr> <tr> <td>h.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> </tr> <tr> <td>i.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> </tr> <tr> <td>j.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Don't know	Refused	a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	e.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	f.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	g.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	h.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	i.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	j.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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SECTION 10 - CURRENT PHYSICAL HEALTH (CONTINUED)	
100. All together, how many times have you received medical treatment in the past year, from all sources combined?	<input type="checkbox"/> Never <input type="checkbox"/> 4-10 times <input type="checkbox"/> Once <input type="checkbox"/> 11 or more times <input type="checkbox"/> 2-3 times <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
CHECK ITEM 12 Are all responses in 99 marked "No" and 100 marked 2-5?	<input type="checkbox"/> Yes - Reask 99 and 100 to resolve discrepancies <input type="checkbox"/> No
101a. Are you suppose to be taking any prescribed medication now?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know - Go to 102 <input type="checkbox"/> Refused
101b. Are you able to take the medication that has been prescribed for you as your doctor directed?	<input type="checkbox"/> Yes, always taken as directed <input type="checkbox"/> Sometimes run out and do not refill prescription when I should <input type="checkbox"/> Sometimes lose medicine <input type="checkbox"/> Sometimes forget to take medicine <input type="checkbox"/> Others, Specify _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
102. Have you needed to see a doctor in the last year but not been able to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
103. What do you do when you are sick and cannot see a doctor? (Read all categories and mark (X) all that apply.)	<input type="checkbox"/> Buy aspirin or other remedies at a drug store <input type="checkbox"/> Borrow medicine from a friend <input type="checkbox"/> Get medicine at a shelter <input type="checkbox"/> Other - Specify _____ <input type="checkbox"/> Nothing <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
104. When was the last time you were treated by a dentist?	<input type="checkbox"/> Within the past 12 months <input type="checkbox"/> ____ Number of years ago <input type="checkbox"/> Never ----- <input type="checkbox"/> Don't Know Go to 106 <input type="checkbox"/> Refused -----

SECTION 10 - CURRENT PHYSICAL HEALTH (CONTINUED)

<p>105. Who paid for your visit?</p>	<p><input type="checkbox"/> No one paid the bill <input type="checkbox"/> Health Care for the Homeless clinic <input type="checkbox"/> Migrant health care facility <input type="checkbox"/> Other free clinic <input type="checkbox"/> Veterans' Affairs (VA) <input type="checkbox"/> Medicaid/Welfare/Public Insurance <input type="checkbox"/> Private insurance <input type="checkbox"/> Other - Specify _____ <input type="checkbox"/> I paid myself <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>
<p>106. Have you needed to see a dentist in the last year but were not able to?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>
<p>107. Are you currently on medical assistance (e.g., Medicaid, Medical, Medically Needy, public assistance medical care)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Not yet, but applied <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>
<p>108. (Ask only if children living with or in custody of respondent) When was the last time your child(ren) was/were examined or treated by a physician/doctor for physical health problems, including routine checkups?</p>	<p><input type="checkbox"/> Within the past 12 months <input type="checkbox"/> 1 - 2 years ago <input type="checkbox"/> More than 2 years ago <input type="checkbox"/> Never ----- <input type="checkbox"/> Don't Know Go to 112 <input type="checkbox"/> Refused-----</p>
<p>109. Who paid for their visit?</p>	<p><input type="checkbox"/> No one paid the bill <input type="checkbox"/> Health Care for the Homeless clinic <input type="checkbox"/> Migrant health care facility <input type="checkbox"/> Other free clinic <input type="checkbox"/> Veterans' Affairs (VA) <input type="checkbox"/> Medicaid/Welfare/Public Insurance <input type="checkbox"/> Private insurance <input type="checkbox"/> Other - Specify _____ <input type="checkbox"/> I paid myself <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>

SECTION 10 - CURRENT PHYSICAL HEALTH (CURRENT)

110. In the last year, have they gotten medical care from any of the following places?
(Read categories and mark (X) all that apply.)

OUTPATIENT CARE

- a. A hospital emergency room
- b. A hospital clinic
- c. Any hospital as an inpatient
- d. A community health clinic
- e. A migrant health care facility
- f. Health Care for the homeless clinic

INPATIENT CARE

- i. A doctor or nurse in a shelter or soup kitchen
- j. A private doctor's office (not in a hospital or clinic)

Yes	No	Don't know	Refused
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

111a. Are they suppose to be taking any prescribed medication now?

- Yes
- No
- Don't Know - Go to 102
- Refused

111b. Are they able to take the medication that has been prescribed for you as your doctor directed?

- Yes, always taken as directed
- Sometimes run out and do not refill prescription when I should
- Sometimes lose medicine
- Sometimes forget to take medicine
- Others, Specify _____
- Don't know
- Refused

112. Have they needed to see a doctor in the last year but not been able to?

- Yes
- No
- Don't Know
- Refused

SECTION 10 - CURRENT PHYSICAL HEALTH (CONTINUED)	
113. What do you do when they are sick and cannot see a doctor? (Read all categories and mark (X) all that apply.)	<input type="checkbox"/> Buy aspirin or other remedies at a drug store <input type="checkbox"/> Borrow medicine from a friend <input type="checkbox"/> Get medicine at a shelter <input type="checkbox"/> Other - Specify _____ <input type="checkbox"/> Nothing <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
114. When was the last time your child(ren) were treated by a dentist?	<input type="checkbox"/> Within the past 12 months <input type="checkbox"/> ____ Number of years ago <input type="checkbox"/> Never ----- <input type="checkbox"/> Don't Know Go to 106 <input type="checkbox"/> Refused -----
115. Who paid for their visit?	<input type="checkbox"/> No one paid the bill <input type="checkbox"/> Health Care for the Homeless clinic <input type="checkbox"/> Migrant health care facility <input type="checkbox"/> Other free clinic <input type="checkbox"/> Veterans' Affairs (VA) <input type="checkbox"/> Medicaid/Welfare/Public Insurance <input type="checkbox"/> Private insurance <input type="checkbox"/> Other - Specify _____ <input type="checkbox"/> I paid myself <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
116. Have they needed to see a dentist in the last year but were not able to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
117. Are they currently on medical assistance (e.g., Medicaid, Medical, Medically Needy, public assistance medical care)?	<input type="checkbox"/> Yes <input type="checkbox"/> Not yet, but applied <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

Section 11 - VICTIMIZATION AND IMPRISONMENT

The next questions ask about things that have happened to you.

118. Have you ever in your lifetime -	Yes	No	Don't know	Refused
a. Spent more than five days in a city or county jail?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Spent more than 5 days in a military jail or lock-up.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Served time in State or Federal prison?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Spent time in juvenile detention before you were 18?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

CHECK ITEM 1

If 34 is marked "No" (respondent has never been homeless) or blank, go to 120.

119. At any time when you were (homeless/without permanent housing), did anyone ever do any of the following to you--	Yes	No	Don't know	Refused
a. Steal money or things directly from you, while you were there?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Steal money or things from your bags, locker, etc. (while you were gone)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Physically assault you, beat you up?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Sexually assault you, rape you?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

120. From the time you were a baby until you were 18, did anyone you live with (parent, step-parent, brother or sister, step-brother or -sister, parent's boy or girlfriend, etc.), ever -	Yes	No	Don't know	Refused
a. Leave you without adequate food or shelter?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Physically abuse you, to cause physical injury?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Force you or pressure you to do sexual acts that you did not want to do?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Notes

SECTION 12 - MENTAL HEALTH

The next few questions ask about mental health conditions that were not the direct result of drug or alcohol use.

121a. Have you ever had a significant period (that was not a direct result of drug/alcohol use), in your life in which you have... ?

121b. If all "No" in 121a., go to 125a.

If "Yes" in 121a, ask:
How recently did you experience (read items)...?

Use codes below to answer 121b.

- 1 - Within the past 30 days
- 2 - 1-6 months ago
- 3 - 7-12 months ago
- 4 - 13-24 months ago
- 5 - 25-48 months ago (3-4 years)
- 6 - More than 4 years
- 7 - Don't know
- 99 - Refused

	Yes	No	Code
(1) Experienced serious depression	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Experienced serious anxiety or anxiety or tension	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Experienced hallucinations, that is, heard voices or seen things that you could not control or that others could not hear or see	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Experienced trouble understanding, concentrating, or remembering	<input type="checkbox"/>	<input type="checkbox"/>	
(5) Experienced trouble controlling violent behavior	<input type="checkbox"/>	<input type="checkbox"/>	
(6) Experienced serious thoughts of suicide	<input type="checkbox"/>	<input type="checkbox"/>	
(7) Attempted suicide	<input type="checkbox"/>	<input type="checkbox"/>	
(8) Taken prescribed medication for any psychological/emotional problems	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 12- MENTAL HEALTH (CONTINUED)

<p>122. In the past 30 days, on how many days have you experienced these things?</p>	<p><input type="checkbox"/> ___ Number of days <input type="checkbox"/> None <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p>Go to 125</p>
<p>123. (SHOW Flashcard) During the past 30 days, how much have you been troubled or bothered by these experiences? (Mark (X) only one.)</p>	<p><input type="checkbox"/> Not at all <input type="checkbox"/> Slightly (a little) <input type="checkbox"/> Moderately <input type="checkbox"/> Considerably <input type="checkbox"/> Extremely <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p>
<p>124. (SHOW Flashcard) How important to you now is the treatment or counseling for these psychological problems (Mark (X) only one.)</p>	<p><input type="checkbox"/> Not at all <input type="checkbox"/> Slightly (a little) <input type="checkbox"/> Moderately <input type="checkbox"/> Considerably <input type="checkbox"/> Extremely <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p>
<p>125a. Have you ever received outpatient treatment or counseling for emotional or mental problems (from a clinic or a private doctor)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p>Go to 126</p>

SECTION 12 - MENTAL HEALTH - (CONTINUED)

- | | |
|---|--|
| <p>125b. In your lifetime, how many times did you receive this outpatient treatment or counseling for emotional or mental conditions?</p> | <p><input type="checkbox"/> 0-4 weeks
 <input type="checkbox"/> 1-6 months
 <input type="checkbox"/> 7-12 months
 <input type="checkbox"/> 13-24 months
 <input type="checkbox"/> More than 2 years ago
 <input type="checkbox"/> Don't know
 <input type="checkbox"/> Refused</p> |
| <p>125c. (If ever homeless), Did you receive treatment before or after you became homeless for the first time?</p> | <p><input type="checkbox"/> Before
 <input type="checkbox"/> After
 <input type="checkbox"/> Don't know
 <input type="checkbox"/> Refused</p> |
| <p>126a. Have you ever been HOSPITALIZED for emotional or mental problems?</p> | <p><input type="checkbox"/> Yes
 <input type="checkbox"/> No -----
 <input type="checkbox"/> Don't know Go to 127
 <input type="checkbox"/> Refused ----</p> |
| <p>(DO NOT ASK IF 34 MARKED "No")</p> | |
| <p>b. In your lifetime, how many times did you receive this inpatient treatment or counseling for emotional or mental conditions?</p> | <p><input type="checkbox"/> 0-4 weeks
 <input type="checkbox"/> 1-6 months
 <input type="checkbox"/> 7-12 months
 <input type="checkbox"/> 13-24 months
 <input type="checkbox"/> More than 2 years ago
 <input type="checkbox"/> Don't know
 <input type="checkbox"/> Refused</p> |
| <p>c. (If homeless), Did you receive treatment before or after you became homeless for the first time?</p> | <p><input type="checkbox"/> Before
 <input type="checkbox"/> After
 <input type="checkbox"/> Don't know
 <input type="checkbox"/> Refused</p> |

Section 13 - CHEMICAL DEPENDENCY

These questions ask about alcohol and drug use.

127a. During your lifetime, have there been times when you have used -

(1) Beer, wine, or liquor 3 or more times a week?

(2) Beer, wine, or liquor to get drunk 3 or more times a week?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Use codes below to answer 127b.

b. If "Yes" in 127a, ask - When was the most recent time you used -

(1) Beer, wine, or liquor 3 or more times a week?

(2) Beer, wine, or liquor to get drunk 3 or more times a week?

Code

- 1 - Within the past 30 days
- 2 - 1-6 months ago
- 3 - 7-12 months ago
- 4 - 13-24 months ago
- 5 - 25-48 months ago (3-4 years)
- 6 - More than 4 years
- 7 - Don't know
- 99 - Refused

CHECK ITEM 13

Check item is deleted.

128. See attached page for revised question.

129. How much money did you spend on alcohol in the past 30 days?

\$ _____

130. See attached page for revised question.

131. (SHOW FLASHCARD) In the past 30 days, how troubled or bothered were you by beer, wine, or liquor problems?

- 1 Not at all
- 2 Slightly (a little)
- 3 Moderately
- 4 Considerably
- 5 Extremely
- 6 Don't know
- 7 Refused

132. (SHOW FLASHCARD) How important to you is treatment for beer, wine, or liquor problems that you are not getting? (Need for alcohol-related treatment, not general therapy.)

- 1 Not at all
- 2 Slightly (a little)
- 3 Moderately
- 4 Considerably
- 5 Extremely
- 6 Don't know
- 7 Refused

Section 13 - CHEMICAL DEPENDENCY**These questions ask about alcohol and drug use.**

128a.

On how many different days did you have
one or more drinks of beer, wine, or
liquor in the past 30 days?

_____ Number of days

b.

On the days when you drank beer, wine,
or liquor in the past 30 days, about
how many drinks did you usually have
in a single day?

Section 13 - CHEMICAL DEPENDENCY (Continued)

130a. In the past 30 days, did you...

	Yes	No
Crave beer, wine, or liquor	<input type="checkbox"/>	<input type="checkbox"/>
Suffer adverse effects from beer, wine, or liquor	<input type="checkbox"/>	<input type="checkbox"/>
Have withdrawal symptoms from beer, wine, or liquor such as seizures, shaking, or seeing or hearing things that aren't really there	<input type="checkbox"/>	<input type="checkbox"/>
Desire to stop drinking but could not	<input type="checkbox"/>	<input type="checkbox"/>

130b. If all categories marked no, go to 131. (For categories marked yes) About how many days did you ... ?

	Number of days	Every day
Crave beer, wine, or liquor	_____	<input type="checkbox"/>
Suffer adverse effects from beer, wine, or liquor	_____	<input type="checkbox"/>
Have withdrawal symptoms from beer, wine, or liquor such as seizures, shaking, or seeing or hearing things that aren't really there	_____	<input type="checkbox"/>
Desire to stop drinking but could not	_____	<input type="checkbox"/>

Section 13 - CHEMICAL DEPENDENCY (Continued)

133. Because of drinking have you ever... ?
(Read categories and mark (X) one on each line.)

	Yes	No	Don't know	Refused
a. Lost consciousness, passed out	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Had blackouts where you don't remember things	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Experienced tremors or shaking	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Experienced seizures, convulsions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Attended a meeting of Alcoholics Anonymous	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Not been able to stop drinking when you wanted to	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Experienced problems between you and your wife, husband, parent, or other near relative	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Been arrested, even for a few hours, because of behavior due to drinking (e.g., drunk driving, getting in fights, being "drunk and disorderly")	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Found that your usual number of drinks had much less effect on you than it once did	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Taken a drink to get over any of the bad aftereffects of drinking	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. Continued to drink even though it was causing trouble with your family, friends, or work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

134. See attached page for revised question.

135. In your lifetime, how many times have you been treated for alcohol abuse?

1 Never - GO to 140
 2 _____ Number of times
 3 Too many to remember
 4 Don't know
 5 Refused

136a. Have you ever received INPATIENT treatment, (including detox) for problems with alcohol?

1 Yes
 2 No
 3 Don't know
 4 Refused } GO to 138

b. If "Yes" in 136a, Was it a...? (Read categories and mark (X) all that apply.)

1 Hospital based detox
 2 Other inpatient detox
 3 Hospital based inpatient other than detox
 4 Jail or prison program
 5 Therapeutic community
 6 Halfway house
 7 Juvenile treatment program
 8 Other short-term residential
 9 Other long-term residential
 10 Other - Specify

11 Does not recall type of treatment
 12 Don't know
 13 Refused

137. How long ago was the last of these inpatient treatments (including detox) for alcohol problems?

1 Within the past month
 2 At least 1 month but less than 6 months ago
 3 At least 6 months but less than 12 months ago
 4 At least 1 year but less than 2 years ago
 5 At least 2 years ago
 6 Don't know
 7 Refused

Section 13 - CHEMICAL DEPENDENCY (Continued)

134a.

About how old were you when you first started drinking, not counting small tastes or sips of beer, wine, or liquor?

- 1 Age
- 2 Never
- 3 Don't know
- 4 Refused

134b.

About how old were you when you first drank more than 5 drinks in one day on a regular basis (3 or more time in a week)?

- 1 Age
- 2 Never
- 3 Don't know
- 4 Refused

Section 13 - CHEMICAL DEPENDENCY (Continued)

138a. Have you ever received OUTPATIENT treatment for problems with alcohol?

- 1 Yes
 - 2 No
 - 3 Don't know
 - 4 Refused
- } GO to 140

b. If "Yes" in 138a, Was it a . . . ? (Read categories and mark (X) all that apply.)

- 1 Outpatient detoxification
- 2 Outpatient alcohol free
- 3 Employee assistance program
- 4 Individual counselor, psychologist, or psychiatrist
- 5 Alcoholics Anonymous
- 6 Other self-help group
- 7 Other - Specify

-
- 8 Does not recall type of treatment
 - 9 Don't know
 - 10 Refused

139. How long ago was the last of these outpatient treatments (including detox) for alcohol problems?

- 1 Within the past month
- 2 At least 1 month but less than 6 months ago
- 3 At least 6 months but less than 12 months ago
- 4 At least 1 year but less than 2 years ago
- 5 At least 2 years ago
- 6 Don't know
- 7 Refused

Notes

SECTION 13 - CHEMICAL DEPENDENCY (CONTINUED)

141. See attached page for revised question.

142. (SHOW FLASHCARD)
In the past 30 days, how troubled or bothered were you by drug problems?

- Not at all
- Slightly (a little)
- Moderately
- Considerably
- Extremely
- Don't know
- Refused

143. (SHOW FLASHCARD)
How important to you is the treatment for drug problems that you are not now getting? (Need for drug-related treatment, not general therapy.)

- Not at all
- Slightly (a little)
- Moderately
- Considerably
- Extremely
- Don't know
- Refused

144. In your lifetime --

	Yes	No	Don't know	Refused
a. Have you used more than one drug at a time?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Have you had "blackouts" or "flashbacks" as a result of drug use?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Do your friends or relatives know or suspect you used drugs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Have you ever lost friends because of your use of drugs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Have you ever neglected your family or missed work because of your use of drugs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Have you engaged in illegal activities in order to obtain drugs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Have you ever experienced withdrawal symptoms as a result of heavy drug intake?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

145. See attached page for revised question.

146. In your lifetime, how many times have you been treated for drug abuse? (If treated for both alcohol and drug problems during the same treatment, count it as twice.)

- Never, - Go to 151a
- ____ Number of times
- Too many to remember
- Don't know
- Refused

Section 13 - CHEMICAL DEPENDENCY (Continued)

141a. In the past 30 days, did you...

	Yes	No
Crave drugs	<input type="checkbox"/>	<input type="checkbox"/>
Suffer adverse effects from drugs	<input type="checkbox"/>	<input type="checkbox"/>
Have withdrawal symptoms from drugs	<input type="checkbox"/>	<input type="checkbox"/>
Desire to stop using drugs but could not	<input type="checkbox"/>	<input type="checkbox"/>

141b. If all categories marked no, go to 142. (For categories marked yes) About how many days did you ... ?

	Number of days	Every day
Crave drugs	_____	<input type="checkbox"/>
Suffer adverse effects from drugs	_____	<input type="checkbox"/>
Have withdrawal symptoms from drugs	_____	<input type="checkbox"/>
Desire to stop using drugs but could not	_____	<input type="checkbox"/>

Section 13 - CHEMICAL DEPENDENCY (Continued)

145a.

About how old were you when you first started using drugs?

- 1 Age
 - 2 Never
 - 3 Don't know
 - 4 Refused
-

b.

About how old were you when you first started using drugs regularly? (Regular use is a frequency of 3 or more times in one week)

- 1 Age
- 2 Never
- 3 Don't know
- 4 Refused

SECTION 13 - CHEMICAL DEPENDENCY

<p>147a. Have you ever received INPATIENT treatment or counseling for emotional or mental problems (from a clinic or a private doctor)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No ----- <input type="checkbox"/> Don't know Go to 149a <input type="checkbox"/> Refused -----</p>
<p>b. If "Yes" in 147a, Was it a...? (Read categories and mark (X) all that apply).</p>	<p><input type="checkbox"/> Hospital based detox <input type="checkbox"/> Other inpatient detox <input type="checkbox"/> Hospital based inpatient other than detox <input type="checkbox"/> Jail or prison program <input type="checkbox"/> Therapeutic community <input type="checkbox"/> Halfway House <input type="checkbox"/> Juvenile treatment program <input type="checkbox"/> Other short-term residential <input type="checkbox"/> Other long-term residential <input type="checkbox"/> Other - Specify _____ <input type="checkbox"/> Does not recall type of treatment <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p>
<p>148. How long ago was the last of these inpatient treatments (including detox) for drug problems?</p>	<p><input type="checkbox"/> Within the past month <input type="checkbox"/> At least 1 month but less than 6 months ago <input type="checkbox"/> At least 6 mths but less than 12 months ago <input type="checkbox"/> At least 1 year but less than 2 years ago <input type="checkbox"/> At least 2 years ago <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p>
<p>149a. Have you ever received OUTPATIENT treatment for problems with drugs?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No ----- <input type="checkbox"/> Don't Know Go to 151a <input type="checkbox"/> Refused -----</p>
<p>b. If "Yes" in 149a, Was it a...? (Read categories and mark (X) all that apply).</p>	<p><input type="checkbox"/> Outpatient detoxification <input type="checkbox"/> Methadone detoxification <input type="checkbox"/> Methadone maintenance <input type="checkbox"/> Other outpatient detoxification <input type="checkbox"/> Outpatient drug free program <input type="checkbox"/> Employee assistance program <input type="checkbox"/> Individual counselor, psychologist, or psychiatrist <input type="checkbox"/> Narcotics Anonymous <input type="checkbox"/> Other self-help group <input type="checkbox"/> Other - Specify _____ <input type="checkbox"/> Does not recall type of treatment <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p>
<p>150. How long ago was the last of these outpatient treatments (including detox) for drug problems?</p>	<p><input type="checkbox"/> Within the past month <input type="checkbox"/> At least 1 month but less than 6 months ago <input type="checkbox"/> At least 6 mths but less than 12 months ago <input type="checkbox"/> At least 1 year but less than 2 years ago <input type="checkbox"/> At least 2 years ago <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p>

Section 14 - RESPONDENT COMMENTS

151a. Can you tell us any general thoughts or comments on the availability and quality of services in your area?

b. Are there programs of services that you think need to be changed?

1 No

2 Yes - **Generally speaking, what changes do you think are needed?**

END OF INTERVIEW

Section 15 - INTERVIEWER OBSERVATIONS

152. Please assess the overall ability of the respondent to answer these questions.

153. Did respondent appear to be (Mark (X) all that apply.) -

- 1 Lucid and alert
- 2 Drunk
- 3 Under the influence of drugs
- 4 Physically ill
- 5 Confused
- 6 Incoherent
- 7 Other - Specify *z*

154. Where was interview conducted?

- 1 Shelter
- 2 Meal provider (no shelter), Soup kitchen
- 3 Sidewalk, street, or alley
- 4 Park
- 5 In public access building (e.g. bus or train station, lobby of apartment, bar, theatre, etc.)
- 6 Parking lot
- 7 Other - Specify *z*

155. Interviewer comments.

156. For incompletes or refusals, indicate why the respondent stopped the interview or refused to participate.

157. If age not reported on cover page, estimate respondent's approximate age.

- 1 Under 18 years
- 2 18 to 30 years
- 3 31 to 50 years
- 4 51 to 65 years
- 5 66 years and over
- 6 Don't know