

Location code:
Location name:
Location type:

WILDER USE ONLY:

INTERVIEW #

County:

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

MINNESOTA HOMELESS STUDY INTERVIEW QUESTIONS 2023

Interviewer
name: _____

Date: _____

Interview
start time: _____

a.m.

p.m.

Hello. My name is _____. I am helping Wilder Research do a survey of people who do not have a regular or permanent place to stay.

SHELTER INTERVIEWERS: START HERE IF YOU ARE INTERVIEWING AT AN EMERGENCY SHELTER, DOMESTIC VIOLENCE SHELTER, OR TRANSITIONAL HOUSING PROGRAM, ASK:

Are you currently staying here?

Yes ➔ **GO TO INTRODUCTION BELOW**

No



NON-SHELTER LOCATION INTERVIEWERS: START HERE IF YOU ARE INTERVIEWING AT A VOUCHER PROGRAM OR NON-SHELTER LOCATION OR IF NO ABOVE, ASK:

Are you currently staying in a shelter, transitional housing program, or a hotel or motel that you received a voucher for?

Yes ➔ **GO TO INTRODUCTION BELOW**

No ➔ Are you currently staying in a place that is **not a regular or permanent place to stay**, such as outdoors, in a car or vacant building, or encampment?

Yes ➔ **GO TO INTRODUCTION BELOW**

No ➔ Are you currently doubled up with a friend or family on a temporary basis because you have nowhere else to go?

Yes ➔ **GO TO INTRODUCTION BELOW**

No ➔ Are you about to be evicted with nowhere else to go (need to leave within 14 days)?

Yes ➔ **GO TO INTRODUCTION BELOW**

No ➔ Thank you for your time. **TERMINATE INTERVIEW**

INTRODUCTION: Wilder Research is doing these interviews to learn more about homelessness in Minnesota and to help find solutions for ending homelessness. If you complete an interview, we will give you \$10 cash to thank you for your time. The interview takes about 30 minutes and is **voluntary**. You do not have to participate if you don't want to. If you decide not to, it will not affect any of the services you are receiving. If there are questions you don't wish to answer, we will skip them. **This interview is confidential.** We do not ask for your name, and you will not be identified in any way.

Are you willing to do the survey with me now?

Yes ➔ **GO TO Q.1 ON NEXT PAGE**

No ➔ Thank you for your time. **TERMINATE INTERVIEW**

1. Last night, did you stay with anyone else in your family or household, or were you on your own?

<input type="radio"/> With other(s) ➡	Did the others include...	Yes	No	Refused	Don't know
<input type="radio"/> On own	1a. A spouse, partner, or significant other?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Refused	1b. Children age 17 or younger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Don't know	1c. Other family members 18 or older?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1d. What county did you stay in?

WILDER USE ONLY

2. Think back on the past month. In the last 30 days, including this one, how many nights have you spent...

Nights

2a. Outside, in a car or vacant building, or some other place not intended for housing?

+

Nights

2b. Doubled up, in someone else's house, apartment, or room?

+

Nights

2c. In a shelter or transitional housing program?

+

Nights

2d. In regular housing, not doubled up?

+

Nights

2e. In some other type of place? (SPECIFY)

=

TOTAL NIGHTS

MAKE SURE THE BOXES ABOVE ADD UP TO 30

Refused

Don't know

WILDER USE ONLY

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

Yes

No

Refused

Don't know

And now, some background information about you.

4. How old are you?

YEARS OLD

Refused

5. What is your gender...

- Man
- Woman
- Non-binary
- Another identity? **(SPECIFY)**
- Refused

6. Are you currently... **(CHECK ONE)**

- Married
- Separated
- Divorced
- Widowed
- Never married?
- Refused

7. Do you identify as Hispanic or Latino/Latina/Latinx?

- Yes
- No
- Refused
- Don't know

8. Which racial groups do you identify with... **(READ LIST; CHECK ALL THAT APPLY)**

- Black or African American
- African born
- Asian or Pacific Islander
- White

WILDER USE ONLY

- American Indian or Native American ➡ ➡

- Another group that I didn't mention?
Which group is that?

- Refused
- Don't know

8a. What tribe are you mainly affiliated with? **(CHECK ONE)**

- | | |
|--------------------------------------------------|------------------------------------------------|
| <input type="radio"/> Bois Forte | <input type="radio"/> Prairie Island |
| <input type="radio"/> Fond du Lac | <input type="radio"/> Mdewakanton |
| <input type="radio"/> Leech Lake | <input type="radio"/> Lower Sioux |
| <input type="radio"/> Grand Portage | <input type="radio"/> Upper Sioux |
| <input type="radio"/> Mille Lacs | <input type="radio"/> Other reservation |
| <input type="radio"/> Red Lake | <input type="radio"/> None ➡ GO TO Q.8c |
| <input type="radio"/> White Earth | <input type="radio"/> Refused |
| <input type="radio"/> Shakopee Mdewakanton Sioux | <input type="radio"/> Don't know |

8b. Are you living on your tribe's reservation now?

- Yes
- No
- Refused
- Don't know

8c. Are you...**(CHECK ONE)**

- Officially enrolled with a tribe
- A descendent of a tribal member but not enrolled
- Something else?
- Refused
- Don't know

9. What is the highest grade in school you have completed?

8th grade or less ➡ ➡

Some high school but did not finish 12th grade ➡

12th grade (high school graduate)

Some college but no degree

Completed any college degree (2-year Associate or higher)

Refused

Don't know

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

Yes

No

Refused

Don't know

10. While you were in school, did you ever have an IEP or Individual Education Plan, or receive Special Education services?

Yes

No

Refused

Don't know

11. Are you currently enrolled in. . .(CHECK ALL THAT APPLY)

A GED program

Adult Basic Education

2-year college or technical school

4-year college or advanced degree

Any other education or job training program

None of the above?

Refused

Don't know

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

Less than 1 year ➡

1 to 2 years ➡

3 to 5 years

6 to 10 years

11 to 19 years

20 years or more

Refused

Don't know

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

12b. Did you ever live in Minnesota before?

Yes

No

13. Where did you live most of the time between the time you were born and age 16? (CHECK ONE)

St. Paul

Minneapolis

In the 7-county metro area, but not St. Paul or Minneapolis (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott or Washington counties)

Somewhere else in Minnesota (not in the Twin Cities or the 7-county metro area)

Another state

Another country other than the U.S.

Refused

Don't know

WILDER USE ONLY

14. Have you ever lived in a foster home?

<input type="radio"/> Yes ➔	14a. As a child? (17 or younger)	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> No	14b. Have you ever run away from a foster care placement?	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Refused	14c. Did you ever have to leave a foster home because you were too old to stay there?	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Don't know			

15. Have you ever lived in a group home?

<input type="radio"/> Yes ➔	15a. As a child? (17 or younger)	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> No	15b. Have you ever run away from a group home placement?	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Refused	15c. Did you ever have to leave a group home because you were too old to stay there?	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Don't know			

16. Have you ever stayed in a mental health treatment program? (Includes hospital, regional treatment center, or other residential program)?

<input type="radio"/> Yes ➔	16a. As a child? (17 or younger)	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> No			
<input type="radio"/> Refused			
<input type="radio"/> Don't know			

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

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

18. Have you ever lived in a nursing home or a facility for people with physical disabilities?

- Yes
- No
- Refused
- Don't know

19. Did you leave any of these places (**QUESTIONS 14-18**) in the last 12 months?

Not applicable – respondent has never been in any of these places.

<input type="radio"/> Yes ➔	19a. Which place did you leave <u>last</u> ? (CHECK ONE)		
<input type="radio"/> No	<input type="radio"/> Foster home		
<input type="radio"/> Refused	<input type="radio"/> Group home		
<input type="radio"/> Don't know	<input type="radio"/> Mental health treatment program		
	<input type="radio"/> Drug or alcohol treatment facility		
	<input type="radio"/> Nursing home or facility for people with physical disabilities		
	<input type="radio"/> Don't know ➔ GO TO Q.20		
	19b. Were you homeless at the time you went <u>into</u> that place?	<input type="radio"/> Yes	<input type="radio"/> No
	19c. Did you have a stable place to live when you <u>left</u> that place?	<input type="radio"/> Yes	<input type="radio"/> No

20. Have you ever served time in a juvenile detention center, county jail or workhouse, or state or federal prison?

- Yes ➡ 20a. Which did you serve time in? (**CHECK ALL THAT APPLY**)
- Juvenile detention center
 - County jail, workhouse, or state or federal prison
 - Refused
 - Don't know

- No ➡ **GO TO Q.22**
- Refused
- Don't know

21. Did you leave any of these corrections facilities (**QUESTION 20**) in the last 12 months?

- Yes ➡ 21a. Which one of these facilities did you leave last? (**CHECK ONE**)
- Juvenile detention County jail/workhouse State or federal prison
- | | | | | |
|----------------------------------|------------------------------------------------------------------------|---------------------------|--------------------------|----------------------------------|
| <input type="radio"/> No | 21b. Were you homeless at the time you went <u>into</u> that facility? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| <input type="radio"/> Refused | | | | |
| <input type="radio"/> Don't know | 21c. Did you have a stable place to live when you left that facility? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |

22. Have you ever been convicted of a felony?

- Yes ➡ 22a. How long ago was your last felony conviction?
- Less than 2 years ago
 - 2 to 4 years ago
 - 5 to 9 years ago
 - 10 to 14 years ago
 - 15 or more years ago
 - Refused
 - Don't know
- 22b. Are you currently on probation or parole?
- Yes
 - No
 - Refused
 - Don't know

Now I have some questions about your history with homelessness.

23. How long have you been without a regular or permanent place to live? This includes where you are currently staying. (**CHECK ONE**)

- One week or less
- More than 1 week but less than 1 month
- 1 month but less than 12 months
- 1 year but less than 5 years
- 5 years or longer
- Refused
- Don't know

24. What was the first type of place you stayed when you lost your last regular or permanent housing? Did you ... **(CHECK ONE)**
- Stay with friends or family in regular housing that they had
 - Stay in an emergency shelter
 - Sleep in a car, a bus or train station, lobby, or another inside public space not intended for housing
 - Sleep outside or some other open place including camping, or
 - Stay somewhere else?
 - Refused
 - Don't know
25. In the last 60 days, how many times have you moved from one place to another? **(CHECK ONE)**
- 0
 - 1
 - 2 to 9
 - 10 or more
 - Refused
 - Don't know
26. During the last 3 years, how many different times including now have you been homeless? **(CHECK ONE)**
- 1
 - 2 to 3
 - 4 or more
 - Refused
 - Don't know
27. During your entire life, how many different times including now have you been homeless? **(CHECK ONE)**
(CLARIFY RESPONSE OPTIONS IF RESPONDENT'S ANSWER IS LESS THAN THEIR ANSWER TO Q.26)
- 1
 - 2 to 3
 - 4 to 7
 - 8 or more
 - Refused
 - Don't know

28. What was the last city or town where you had regular or permanent housing?

(CHECK ONE)

- St. Paul
- Minneapolis

WILDER USE ONLY

WILDER USE ONLY

Somewhere else in Minnesota ➔

SPECIFY CITY

AND

SPECIFY COUNTY

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

28a. Was that on a reservation?

Yes ➔

- No
- Don't know

28b. Which one? **(CHECK ONE)**

- Bois Forte
- Fond du Lac
- Leech Lake
- Grand Portage
- Mille Lacs
- Red Lake
- White Earth
- Shakopee Mdewakanton Sioux
- Prairie Island Mdewakanton
- Lower Sioux
- Upper Sioux
- Other reservation
- Refused
- Don't know

29. Think about the last regular or permanent place you lived. Did any of the following situations happen to you?

	Yes	No	Refused	Don't know
a. You were evicted or had a foreclosure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Your lease expired and your landlord would not renew it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. I am going to read a list of other possible reasons why someone may leave their housing. For each one, please tell me if it was a reason why you left your last regular or permanent housing. **(CHECK A RESPONSE FOR EACH ITEM)**

	Yes	No	Refused	Don't know
a. Your rent or house payment increased and you could no longer afford it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You lost your job or had your hours cut?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You felt unsafe in the neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Abuse by someone you lived with?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. You had a dispute with your landlord?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Unfair or discriminatory rules or policies by your landlord or housing facility?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. A breakup with your spouse or partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Problems or conflict with other people you lived with?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Including today, have you ever lived in...

31. ...An emergency shelter?

<input type="radio"/> Yes ➔	31a. As a child? (17 or younger)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
-----------------------------	----------------------------------	---------------------------	--------------------------	----------------------------------

- No
- Refused
- Don't know

32. ...A domestic violence shelter?

<input type="radio"/> Yes ➔	32a. As a child? (17 or younger)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
-----------------------------	----------------------------------	---------------------------	--------------------------	----------------------------------

- No
- Refused
- Don't know

33. ...A supportive housing program, usually an apartment that has staff that provide support services to you?

<input type="radio"/> Yes ➔	33a. As a child? (17 or younger)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
-----------------------------	----------------------------------	---------------------------	--------------------------	----------------------------------

- No
- Refused
- Don't know

34. How old were you the very first time you were homeless, either as a child or as an adult? (THIS CAN INCLUDE HOMELESSNESS WITH THEIR PARENTS OR ON THEIR OWN)

<input type="text"/>	YEARS OLD
----------------------	-----------

- Refused
- Don't know

<input type="text"/>

WILDER USE ONLY

35. In the last 3 months, were you ever turned away from a shelter because there was no space available?

<input type="radio"/> Yes ➔	35a. The last time that happened, where did you end up sleeping? (CHECK ONE)
<input type="radio"/> No	<input type="radio"/> At another shelter
<input type="radio"/> Refused	<input type="radio"/> At a church, synagogue, mosque, or other religious building
<input type="radio"/> Don't know	<input type="radio"/> At a motel or some other place you had a voucher for
	<input type="radio"/> In a friend or family member's house or apartment
	<input type="radio"/> In a car, vacant building, bus or train, or other enclosed place not meant for housing
	<input type="radio"/> Outdoors or encampment
	<input type="radio"/> Some other kind of place? (SPECIFY) <input type="text"/>

36. Are you currently on a waiting list for public housing, Section 8 housing, or some other type of rental assistance?

<input type="radio"/> Yes ➔	36a. How long have you been on the waiting list?
	<input type="text"/> MONTHS
	<input type="radio"/> Don't know

<input type="radio"/> No ➔	36b. Have you been unable to get on a waiting list because it was closed?
<input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know
<input type="radio"/> Don't know	

37. During the past 2 years have you received a Section 8 or other rental assistance or housing voucher that you could not use because you could not find a place that would accept it?
- Yes
 No
 Refused
 Don't know

38. Have you ever had difficulty renting an apartment or getting housing because of the following reasons?

(CHECK A RESPONSE FOR EACH ITEM)

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

39. This month, have you or will you receive income or financial support from...

(CHECK A RESPONSE FOR EACH ITEM)

	Yes	No	Refused	Don't know
A. Steady employment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Temporary employment or odd jobs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Asking for money on the streets?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. MFIP, the Minnesota Family Investment Program, or another family welfare program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. General Assistance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Emergency assistance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Tribal per capita payments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Social Security program—including senior, survivor, or disability benefits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Child support payments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Family or significant other?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



IF ALL "NO" → GO TO Q.41

IF "YES" TO ANY ASK...

40. Which of the ones you mentioned was your main source of income in October?

(RECORD LETTER FROM ABOVE LIST [A - J])

- Refused Don't know

41. What is your total income in October from all sources not including food stamps (SNAP)?
(ROUND TO THE NEAREST DOLLAR)

\$

- Refused
 Don't know

WILDER USE ONLY

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

How about...	Yes	No	Refused	Don't know
A. Public medical benefits like Medicare, MinnesotaCare, or Medical Assistance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Child care assistance or subsidy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Unemployment benefits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Earned Income Tax Credit (EITC)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Food Stamps or SNAP?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. SSI, for <u>either yourself or a child</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Help paying for rent or housing? (such as Section 8 or supportive housing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- Yes →
 No
 Refused
 Don't know

43a. What benefits did you lose or become unable to afford? **(RECORD LETTER FOR UP TO 3 BENEFITS FROM ABOVE LIST [A - G] OR WRITE IN OTHER BENEFITS THAT RESPONDENT MENTIONS)**

Other

44. In the last 12 months, have you received MFIP or family welfare benefits from another state?
 [MFIP is Minnesota's cash benefit program for families with children.]

- Yes →
 No
 Refused
 Don't know

44a. Have you been sanctioned during the last 12 months?

- Yes No Refused Don't know

44b. Have you exited MFIP or another state's family welfare program in the last 12 months?

- Yes No Refused Don't know

44c. Have you used or received MFIP employment services in October?

- Yes No Refused Don't know

45. Do you currently owe more than \$100 in debt for any of the following?
(CHECK A RESPONSE FOR EACH ITEM)

	Yes	No	Refused	Don't know
a. To a landlord or on a mortgage for previous housing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Credit cards or car loans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Student loans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Medical expenses?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. Do you currently own a cell phone with a data plan that can access the internet?
- Yes
 No
 Refused
 Don't know
47. Do you currently have a valid Minnesota driver's license, Minnesota state-issued photo ID, or Tribal ID?
- Yes
 No
 Refused
 Don't know
48. I'm going to read a list of services and supports. For each one, please tell me if you received that service or support in the last month. **(CHECK A RESPONSE FOR EACH ITEM)**

Did you get...	Yes	No	Refused	Don't know
A. Food Stamps or SNAP?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. WIC (Women, Infant & Children Food Program)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Mental health services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Medical or dental services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Services for alcoholism or substance use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Free clothes at a clothing shelf?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Free hot meals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Food from a food shelf?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Free cell phone services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Transportation assistance, including a transit pass?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Now I'd like to ask about any <u>assistance</u> you may have received in the last month. Have you received...				
K. Help with coordinated entry or finding housing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. Help searching or applying for a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. Help getting signed up for benefits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. Help getting a state-issued ID or Tribal ID?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O. Help from drop-in centers or opportunity centers where several services are all located in one place?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P. Outreach services, like a street worker providing you with help or checking to see if you are OK?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



IF ALL "NO" ➡ GO TO Q.50

IF "YES" TO ANY ASK...

49. Of all the services you have used this month, which services have helped you the most? **(READ "YES" RESPONSES FROM ABOVE LIST [A - P] AND RECORD LETTER FOR UP TO 3 SERVICES)**

- None of them were helpful Refused Don't know

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

Yes ➔

No ➔

Refused ➔

**GO
TO
Q.51**

50a. Which branch of the military?

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

National Guard ➔

Reserves ➔

Refused

Don't know

50b. Did you serve on active duty?

Yes No

50c. Did you serve...

- Less than 3 months (less than 90 days)
- 3 to 6 months (90 to 180 days)
- 6 months to 2 years (181 days to 2 years)
- More than 2 years?
- Refused
- Don't know

50d. Did you begin your military service...

- Prior to August 1964
- August 1964 through May 1975
- June 1975 through September 1980
- October 1980 through March 2003
- April 2003 or later?
- Refused
- Don't know

50e. Did you serve in a combat zone?

- Yes ➔
- No
- Refused
- Don't know

50f. Was that during... **(CHECK ALL THAT APPLY)**

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

50g. What type of discharge did you receive? Was it...

- Honorable
- Administrative
- General
- Medical
- Bad Conduct
- Other than honorable
- Dishonorable?
- Refused
- Don't know



CONTINUE VETERANS QUESTIONS ON NEXT PAGE

QUESTIONS ON THIS PAGE FOR VETERANS ONLY



WILDER USE ONLY



WILDER USE ONLY



WILDER USE ONLY

50h. Do you feel that you have any service-related health problems?

- Yes ➡
- No
- Refused
- Don't know

50i. What kinds of problems? **(SPECIFY)**

50j. Have you been diagnosed with a service-related head injury or traumatic brain injury?

- Yes
- No
- Refused
- Don't know

50k. Have you had contact with a County or Tribal Veterans Services Officer during the last 12 months?

- Yes
- No
- Refused
- Don't know

50l. Are you now receiving... **(READ EACH AND CHECK ALL THAT APPLY)**

- Service-connected compensation
- Non-Service Connected (NSC) Veteran's pension
- VA Medical Center services
- VA disability pay
- State Veterans Home benefits
- Other state Veterans' benefits
- Other federal Veterans' benefits

- No Veterans' benefits ➡
- Refused ➡
- Don't know ➡

50m. Have you used or received any Veterans' benefits in the last 12 months?

- Yes
- No
- Refused
- Don't know

50n. Have you joined the Minnesota Homeless Veteran Registry?

- Yes
- No
- Refused
- Don't know

51. Are you currently employed? This includes temp work and self-employment.

Yes ➔ 51a. How many hours, on average, do you work per week? (In a 7-day period)

HOURS

51b. What is your current hourly rate for your main job? **(CHECK ONE)**

- Less than \$8.63 an hour
- \$8.63 to \$10.59
- \$10.60 to \$11.99
- \$12.00 to \$14.99
- \$15.00 an hour or more
- Paid by the job/commission
- Refused
- Don't know

No ➔ 51d. In the last 6 months, have you been laid off, terminated, or had your job eliminated?

Refused Yes No Refused

↓
**GO TO
Q.52**

51e. Have you received unemployment benefits in the last 6 months?

Yes No Refused

51f. How long has it been since you last held a job?

- Less than 1 month
- 1 month but less than 12 months
- 1 year but less than 5 years
- 5 years or longer
- Never employed
- Don't know
- Refused

51g. Are you currently looking for work?

- Yes
- No
- Refused

51h. What do you feel are the biggest barriers or problems to your getting a job now?

(CHECK UP TO 3 REASONS)

- Physical health issues or a disability
- Mental health issues or a disability
- Substance use issues or chemical dependency
- Transportation issues
- Housing (lack of, shelter rules prevent some types of work, lack of stability)
- Lack of resources needed to work or look for work (ID, clean clothes, phone, etc.)
- Legal issues or criminal background
- Lack of child care
- Unable to find appropriate work opportunities (jobs don't fit prior experience, too little work experience, pay too low, etc.)
- Some other reason

51c. Do you get benefits like paid time off or paid sick time for your main job?

- Yes
- No
- Don't know
- Refused

52. During October, did you have any kind of medical coverage or health insurance?

- Yes
- No
- Refused
- Don't know

I'm going to ask you some questions about health care services and needs you might have right now. Remember you can skip any question you do not want to answer.

53. During the past 12 months, was there any time when you needed any of the following health services, but you were unable to get them?

Were you unable to ...	Yes	No	Refused	Don't know
a. See a doctor or nurse about a physical health problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Get mental health treatment or counseling for yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Get treatment or counseling for alcohol or drug issues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. See a dentist?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- Yes ➔
- No
- Refused
- Don't know

54a. Is that ...**(CHECK ONE)**

- A free clinic or medical center
- A clinic or medical center that requires insurance or fees
- The emergency room
- VA Medical Center
- Indian Health Service
- Somewhere else? **(SPECIFY)**
- Don't know

54b. Have you had a telehealth (phone or video) visit?

- Yes ➔
- No
- Refused
- Don't know

54c. How much do you agree with the following statement...

I had an easier time keeping my appointment for a phone or video visit than I did keeping appointments for in-person visits in the past.

- Agree
- It was about the same
- Disagree
- Refused
- Don't know

54d. Would you prefer phone or video visits in the future, whenever possible?

- Yes
- No
- Refused
- Don't know

55. Did you receive any care in an emergency room in the last six months? (since April)

- Yes ➡
- No
- Refused
- Don't know

55a. How many times have you been to the ER in the last 6 months?

OF TIMES

- Refused
- Don't know

55b. How many of those ER visits resulted in a hospital admission?

OF ADMISSIONS

- Refused
- Don't know

56. Do you have a physical or mental health condition or disability that limits the kind or amount of work you can do?

- Yes
- No
- Refused
- Don't know

57. Do you have any physical or mental health conditions that make it hard for you to bathe, eat, get dressed, get in or out of a bed or chair, or get around by yourself?

- Yes
- No
- Refused
- Don't know

58. Do you often feel confused or have trouble remembering things, or have problems making decisions, to the point that it interferes with your daily activities?

- Yes
- No
- Refused
- Don't know

59. Have you ever been hit in the head so hard that you saw stars or were knocked unconscious – for example, from a blow, or a fall, or a motor vehicle accident?

- Yes ➡
- No
- Refused
- Don't know

59a. After your head injury, did you start having problems with headaches, concentration or memory, understanding, excessive worry, sleeping, or getting along with people?

- Yes
- No
- Refused
- Don't know

59b. How old were you when you were injured?

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

YEARS OLD Don't know

60. During the last 12 months, did you have any of the following illnesses, conditions, or problems?
(CHECK A RESPONSE FOR EACH ITEM)

What about...	Yes	No	Refused	Don't know
a. Asthma?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Tuberculosis (TB), COPD, or another chronic lung or respiratory problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. High blood pressure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Other <u>chronic</u> heart or circulatory problems such as anemia or heart disease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Diabetes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Severe chronic pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Wounds that didn't heal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Hepatitis A, B, or C?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. HIV or AIDS?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

61. Have you received a vaccine for COVID-19?

- Yes
- No
- Refused
- Don't know

62. During the last two years, have you been told by a doctor, nurse, or mental health provider that you have any of the following conditions? **(CHECK A RESPONSE FOR EACH ITEM)**

	Yes	No	Refused	Don't know
a. Major depression or clinical depression?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Anxiety disorder or panic disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Obsessive compulsive disorder (OCD)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Post-Traumatic Stress Disorder (PTSD)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Personality disorder, such as borderline personality disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Schizophrenia or another paranoid or delusional disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Bipolar disorder, manic episodes, or manic depression?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Autism or Autism Spectrum Disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Substance Use disorder (such as alcohol use or opioid use disorders)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63. Have you ever received outpatient care from a counselor, psychologist, or mental health worker because of mental health concerns?

- | | |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="radio"/> Yes ➔
<input type="radio"/> No
<input type="radio"/> Refused
<input type="radio"/> Don't know | 63a. During the last two years?
<input type="radio"/> Yes
<input type="radio"/> No
<input type="radio"/> Refused
<input type="radio"/> Don't know |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

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

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

- Yes
- No
- Refused
- Don't know

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

- | | |
|----------------------------------|----------------------------------|
| <input type="radio"/> Yes ➔ | 66a. During the last two years? |
| <input type="radio"/> No | <input type="radio"/> Yes |
| <input type="radio"/> Refused | <input type="radio"/> No |
| <input type="radio"/> Don't know | <input type="radio"/> Refused |
| | <input type="radio"/> Don't know |

67. In the last 12 months, have you ever had a drug or medication overdose (OD) involving prescription pain medications or drugs like heroin or fentanyl?

- Yes
- No
- Refused

68. In the last 12 months, have you been admitted to a detox center?

- | | |
|----------------------------------|---------------------------------------------------------------------------------------------|
| <input type="radio"/> Yes ➔ | 68a. Approximately how many times? |
| <input type="radio"/> No | <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/> # OF TIMES |
| <input type="radio"/> Refused | <input type="radio"/> Refused |
| <input type="radio"/> Don't know | <input type="radio"/> Don't know |

The next few questions ask about sensitive topics. Remember you can skip any question you do not want to answer. Your participation will help plan services to help people get access to the supports they need.

69. Have you ever been attacked or assaulted while you have been homeless?
 Yes
 No
 Refused
 Don't know
70. During any time in the last 12 months have you been in a personal relationship with someone who hit you, slapped you, or pushed you around, or threatened to do so?
 Yes
 No
 Refused
 Don't know
71. Have you ever stayed in an abusive situation because you did not have other housing options?
 Yes
 No
 Refused
 Don't know
72. Have you ever traded sex or sexual activity to receive money, food, drugs, alcohol, a place to stay, or anything else?
 Yes
 No
 Refused
 Don't know
73. Has anyone ever pressured or forced you to make money by dancing, stripping, posing for nude photos, working for an escort service, or otherwise exchanging sex for money?

<input type="radio"/> Yes → <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	73a. At what age were you first approached to do this? <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/> YEARS OLD <input type="radio"/> Refused <input type="radio"/> Don't know
------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

74. Next, I have a few questions about your childhood. **(CHECK A RESPONSE FOR EACH ITEM)**

	Yes	No	Refused	Don't know
a. As a child, did either of your parents ever go to prison?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. As a child, did you ever live with someone who was a problem drinker, alcoholic, or drug user?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. As a child, did you witness abuse of another family member?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. As a child, did a parent or guardian ever struggle with mental health issues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. As a child, were you ever physically mistreated or abused?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. As a child, were you ever sexually mistreated or abused?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Were you ever without food, shelter, or medical care, or left alone for long periods of time when you were too young to be on your own?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

75. How long has it been since you have had contact with any of your family or relatives other than those living with you here? **(CHECK ONE)**

- Less than 1 month
- More than 1 month but less than 1 year
- 1 year or more
- Refused
- Don't know
- Not applicable, no family/relatives



75a. Could you stay with your family or relatives for an extended period of time if you wanted to?

- Yes
- No
- Refused
- Don't know

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

- Heterosexual or straight
- Gay or lesbian
- Bisexual, pansexual, or queer
- Identify in a different way **(SPECIFY)**
- Or are you unsure?
- Refused

77. Do you identify as transgender or Two-Spirit?

- Yes
- No
- Refused
- Don't know

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

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

- Yes
- No
- Refused
- Don't know

79. Do you have any children age 17 or younger?

- Yes ➔

79a. How many of your children are 17 or younger?

- No ➔
- Refused ➔

**GO TO
Q.91
(PAGE 24)**

79b. What are their ages?

80. Are any of your children age 5 or younger enrolled in a Head Start program or a preschool program?

- Not applicable, no children age 5 or younger

- Yes ➔
- No
- Refused
- Don't know

80a. Have any of your children enrolled in these preschool programs had difficulty attending because of your housing situation?

- Yes
- No
- Refused
- Don't know

81. Do any of your children have a physical or mental health condition or disability that limits the kind or amount of work you can do?
- Yes
 - No
 - Refused
 - Don't know

82. Do you have any children age 17 or younger who are not living with you right now?

<input type="radio"/> Yes ➔	82a. Are any children not living with you right now because of program restrictions in the shelter or facility?
<input type="radio"/> No	<input type="radio"/> Yes
<input type="radio"/> Refused	<input type="radio"/> No
<input type="radio"/> Don't know	<input type="radio"/> Not applicable
	<input type="radio"/> Refused
	<input type="radio"/> Don't know

83. How many of your children age 17 or younger are living with you here?

<input type="radio"/> 0 ➔	GO TO Q.91
---------------------------	-------------------

<input type="radio"/> 1 ➔	CONTINUE WITH NEXT QUESTIONS
<input type="radio"/> 2 ➔	
<input type="radio"/> 3 ➔	
<input type="radio"/> 4 ➔	
<input type="radio"/> 5 ➔	
<input type="radio"/> 6 ➔	
<input type="radio"/> 7 ➔	
<input type="radio"/> 8 ➔	

THIS SECTION FOR RESPONDENTS WITH CHILDREN AGE 17 OR YOUNGER LIVING WITH THEM.

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

85. Do any of your children living with you here have a chronic or severe physical health problem that interferes with their daily activities?

- Yes
- No
- Refused
- Don't know

86. Do any of your children living with you here have an emotional or behavior problem that interferes with their daily activities?

- Yes
- No
- Refused
- Don't know

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

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



↓
IF ALL "NO" → GO TO Q.89

IF "YES" TO ANY ASK...

88. Was this because of the Covid-19 pandemic?

- Yes
- No
- Refused
- Don't know

89. In the last month, have any of your children living with you here had to skip meals because there wasn't enough money to buy food?

- Yes
- No
- Refused
- Don't know

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

Yes ➔

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

- No
- Refused
- Don't know

90a. Do any of your children living with you here have any learning problems that resulted in you or school staff requesting additional services such as tutoring, summer school, or a special education assessment?

- Yes
- No
- Refused
- Don't know

90b. Have any of your children living with you ever experienced any of the following school-related issues?

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

90c. Did all of your school-age children living with you here attend school today? (includes online school)

- Yes
- No
- Refused
- Don't know

90d. Have any of your children had to change schools due to your housing situation?

- Yes
- No
- Refused
- Don't know

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

- Yes ➔ **GO TO Q.100 ON PAGE 27**
- Refused ➔ **GO TO Q.100 ON PAGE 27**
- No **(IF NO, COMPLETE YOUTH SECTION ON NEXT PAGE)**

YOUTH SECTION

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

- Less than 1 month
- 1 month but less than 7 months
- 7 months but less than 12 months
- 1 year but less than 5 years
- 5 years or longer
- Refused
- Don't know

93. Did you stop living with your parent or guardian because...

- You didn't feel safe,
- You were told to leave or were locked out,
- You were placed outside of your home (for example, in foster care or treatment), or
- Other reasons?
- Refused
- Don't know

94. I'm going to read some things that might cause young people to become homeless. For each, I'd like you to tell me if you think it was a main reason of your being homeless, part of the reason but not the main reason, or not really a reason in your being homeless today. **(CHECK A RESPONSE FOR EACH ITEM)**

What about...	Main reason	Part of the reason	Not a reason	Refused	Don't know
a. Your parent's or guardian's use of drugs or alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Your own use of drugs or alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You were not willing to live by your parents' rules?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Neglect, or your parents or guardians were not attending to your basic needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Lack of tolerance for your sexual orientation or gender identity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. You were fighting frequently with your parents or guardians?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Your home was too small for everyone to live there?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. You didn't feel safe with the people in your household?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. You left foster care or a group home or other placement without a permanent place to go?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

95. Do you have a parent who is currently in a jail or prison?

- Yes
- No
- Refused
- Don't know

YOUTH SECTION CONTINUED

96. Do you have a parent who is currently in treatment?

- Yes
- No
- Refused
- Don't know

97. I know I've asked you this already, but just remind me. Do you have a high school diploma or GED?

Yes ➡ **GO TO Q.98**

No ➡

97a. Did you attend school or GED classes at all during the last school year?
(Fall 2022 to Spring 2023)

- Refused
- Don't know
- GO TO Q.98**

Yes ➡

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

	Yes	No	Ref	DK
<input type="radio"/> No				
<input type="radio"/> Refused				
<input type="radio"/> Don't know				
97b. Truancy or skipping school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97c. Suspensions or expulsions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97d. Poor or failing grades?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97e. Trouble getting to school because of housing or transportation issues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97f. Not feeling safe at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

97g. How many different schools did you attend during the last school year?

OF SCHOOLS

- Refused
- Don't know

97h. Did you attend school today? (Thursday, October 26)

Yes

No ➡ 97i. Why not? **(DO NOT READ LIST - CHECK THE FIRST 3 REASONS MENTIONED)**

- Not currently enrolled
- No school or no classes today
- Illness or sickness
- Lack of motivation; didn't want to
- Looking for shelter
- Personal issues
- No transportation; ride was late
- Other **(SPECIFY)**

- Refused
- Don't know

98. In the last 12 months, have any of the following people helped you to find the services you need?
(CHECK A RESPONSE FOR EACH ITEM)

What about...	Yes	No	Refused	Don't know
A. Your parent or guardian?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. A friend, partner, or other people in your family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. A county social worker?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. A tribal worker?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Shelter staff or youth worker?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Teacher or other school staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Guardian ad Litem or other court staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. A foster or Host Home parent?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

<input type="radio"/> Yes ➔ <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	<p>99a. Who is that? (IF MORE THAN ONE, RECORD MOST IMPORTANT RELATIONSHIP)</p> <p>(RECORD LETTER FROM ABOVE LIST [A - H] OR WRITE IN RELATIONSHIP OF OTHER PERSON IF NOT ON LIST. CLARIFY RELATIONSHIP IF NEEDED.)</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 60px; height: 25px; margin-right: 10px;"></div> Other <div style="border: 1px solid black; width: 450px; height: 25px; margin-left: 10px;"></div> </div> <input type="radio"/> Refused <input type="radio"/> Don't know
------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

ASK ALL

The last question is about your strengths that have helped you in your life.

100. What do you think are your most important strengths that help you deal with challenges or obstacles in your life right now?

GO TO NEXT PAGE

Thank you very much for your help. That's all the questions I have for you. I really appreciate your taking the time to talk with me.

I need to show Wilder Research and the study funders that I paid you for your time. Because the information you just gave me is confidential, I don't want you to give me your name. Instead, could you just give me the name of your first pet?

(NOTE FOR INTERVIEWER: IF THEY DON'T HAVE A PET, HAVE THEM GIVE THE FIRST NAME OF THEIR CHILDHOOD BEST FRIEND)

(Name)

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

a.m.

Interview end time: _____ p.m.

INTERVIEWER COMMENTS:

Please answer the following questions based on your observations as an interviewer:

i. Did the respondent... **(CHECK ONE)**

- Understand the questions and respond accordingly
- Have some difficulty understanding the questions

ii. If respondent was a minor (14 to 17 years old), do you feel that they understood that the interview was voluntary and confidential?

- Yes
- No
- Not applicable (respondent was not a minor)

iii. Is there anything that occurred during the interview that may have impacted the responses?

Additional interviewer comments:
