

Next are some questions about housing, which is often a major issue for persons living with HIV/AIDS. We ask detailed questions about current and previous housing arrangements in order to get a better understanding of these issues. This information is used to support efforts to expand assistance and subsidy programs.

- 5. Which of the following best describes your current living situation - where you have been staying during the past seven days. (Interviewer: Read through all choices and then SELECT ONLY ONE CODE. If R selects more than one category, ask: "Where did you sleep last night?").

HAND R SHOW CARD

1. A house (includes mobile homes)	Ask 5.1
2. An apartment (with it's own bathroom and kitchen)	
3. A room	
4. In drug treatment, detox, or drug program housing	Skip to 5.4
5. In jail, prison, or corrections halfway house	
6. In housing for persons with mental health problems	
7. In a hospital, nursing home, or hospice	
8. In a shelter or drop in center for homeless people	Skip to Q 10 p. 14
9. On the street, public place (e.g. subway), or place not meant for sleeping	
10. Some other place (specify) _____	Ask 5.1

If Q5 = 1,2,3,10

- 5.1 Does the (house/apartment/room) belong to you or are you temporarily doubled up in somebody else's place?

- 01 Your place you own or rent
- 02 Somebody else's place - a friend or relative, boyfriend/ girlfriend
- 03 Agency or service provider's place (specify) _____

If Q5 =3 Lives in Room:

- 5.2 Is your room in an SRO or welfare hotel or some other type of facility?

- 01 Hotel (place with separate rooms that you pay for yourself)
- 02 Group housing facility, not a hotel where you are renting a room
- 03 Rented room in someone's house or apartment
- 04 Other (specify) _____

If Q5 = 1,2,3,10. Confirm if already answered

- 5.3 Is this house, apartment or room part of a temporary or transitional housing program?

- 01 Yes
- 00 No

If Q5 = 1,2,3,4,5, 6, 7,8,10 - Ask all except those in, street or public place.

→5.4 Does your housing facility, apartment complex, or housing program have a name? IF YES: What's the name of the facility or program?

00 No

01 Yes (specify): _____

→5.5 Is there a social worker or case worker who is supposed to help you who lives there or has an office there? Or a case worker who visits you regularly as part of a housing program?

01 Yes, case worker on site

02 Yes, case worker visits regularly as part of housing program

03 No social worker, case manager, or case worker associated with housing

04 Don't know

→5.6 Is this housing specifically available only to people who have HIV/AIDS and their families?

01 Yes

00 No

→5.7 Is there a time limit on how long you can stay in the housing?

00 No time limit

01 28-30 days

02 60 days

03 90 days/ 3 months

04 6 months

05 12 months/ 1 year

06 24 months/ 2 years

07 Other (specify)_____

IF DOUBLED UP (Q5.1=2)

→5.8 Can you sleep there for the next month (30 days) without being asked to leave?

01 Yes, I am SURE that I can sleep there for the next 30 days. . Skip to Q. 7

02 No, I am sure I CANNOT sleep there for the next 30 days. Skip to Q. 7

03 I don't know how long I can continue to sleep there. Skip to Q. 7

IF DRUG TREATMENT, HOSPITAL/HOSPICE, MENTAL HEALTH, JAIL /PRISON HOUSING (Q5= 4,5,6,7)

→5.9 Would you have a place to live if you were not staying in _____ (current living situation)

01 Yes, I have a permanent home to go to. Skip to Q. 7

02 Yes, I have a place I could stay temporarilySkip to Q. 7

03 No, I have no other place to live Skip to Q. 7

If Q5 = 1,2,3,10

→ 6. Which agency or paid provider helped you get your current housing, if any? _____

Field code all that apply

- 01 DASIS/HASA
- 02 Scatter Site Agency (specify agency) _____ |__|__|__|__|
- 03 Public housing authority (NYCHA)
- 04 Case manager, social worker (specify agency) _____ |__|__|__|__|
- 05 Other (specify) _____ |__|__|__|__|
- 06 No one

If Q5 = 1,2,3, 4, 5, 6, 7, 10 - Ask all except those in shelter, street or public place.

→ 7. In whose name is the house/ apartment/ room rented or owned? Whose name is on the lease?

Use categories as probes, if necessary

- 01 Your name alone
- 02 Your name and other people
- 03 Someone else living in the household
- 04 Someone not living in household
- 05 Not you, but you don't know who has the lease
- 06 Agency maintains the lease
- 99 Not applicable . . . Ask 7A

If Q7=99, or for group housing or institution

7A. Who is the person(s) authorized to be in the room/apartment?

- 01 You alone
- 02 You and other people
- 03 Someone else, not you

If Q5= 1,2,3, 4,6,7,10:

→ 8. Do you currently get any rental assistance or help with paying for housing from a government program or an agency?

Field code all that apply

- 00 None
- 01 Voucher, pass, ticket, or coupon used for a single night or a weeks stay
- 02 Section 8 voucher or certificate to cover part of the rent on an apartment
- 03 HOPWA, HASA/DASIS, or AIDS housing assistance such as a voucher or certificate to cover part of the rent on an apartment
- 04 Another kind of voucher or certificate for long term rental assistance
- 05 Lives in group housing, special needs housing, or halfway house
- 06 Lives in public housing operated by New York City housing authority
- 07 Other (specify) _____

If Q5= 1,2,3,4,5,6,7, 10 - Ask all except those in shelter, street or public place.

→9. **Just to double check, your current housing is _____** (confirm with respondent. If none of these descriptions fit, describe housing situation in detail as 'other')

- 00 An SRO or welfare hotel with no services onsite
- 01 A temporary or transitional housing facility (a group living situation where there is a time limit on how long you can stay there)
- 02 A congregate, permanent housing facility (a group living situation where there is no time limit on how long you can stay there)
- 03 A scatter site apartment (you have a private apartment in the community and a case worker from the agency who helped you get the apartment stays in touch with you)
- 04 A regular house or apartment, in the community not associated with an agency or program.
- 05 Other (specify) _____

** ASK EVERYONE **

→ 10. **How long have you been in your current living situation?** |__|__|__| wks/ mos/ yrs
INTERVIEWER: Refer to living situation described in Q 5.

→11. **In the last 6 months, since _____ (reference date) have you ever spent the night in any of these places or situations . . .**

(Read all responses. Circle all that apply.)

- 01 Temporarily "doubled-up" with a friend or relative
- 02 In a temporary or transitional housing program (Specify) _____
- 03 In an SRO with services onsite
- 04 In an SRO or welfare hotel with no services
- 05 In specialized AIDS housing (Specify) _____
- 06 In a shelter or drop in center for homeless persons
- 07 On the street or other public place
- 08 In drug treatment housing with no other place to live
- 09 In jail, prison, or corrections housing

Do not ask but code if appropriate:

10 R is not currently and has not spent even one night in any of the above places

Ask if in Jail past 6 months (Q11=9):

12. **When was the most recent time you were in any correctional facility?** _____ / _____
(month/year)

A. What facility/institution were you in? Where is it located?

Name: _____
Location: _____

B. Did you receive HIV medical care while you were in this correctional facility?

- 01 Yes
- 00 No

C. All together, how many days did you spend in any correctional facility _____ days during the past six months?

**** ASK EVERYONE ****

→13. How many times have you changed addresses in the last 6 months, that is, since _____ (ref date) ?

|__|__| # Times changed addresses

IF R HAS CHANGED ADDRESS DURING THE PAST 6 MONTHS

13A. What were some of the reasons you had to move? _____

These next questions ask about housing experiences over the years.

→ 14A. Since age 18, how much time have you spent in group homes, or in temporary or transitional housing programs (not counting homeless shelters), or temporarily doubled up with others in somebody else's home?

- 00 Never
- 01 Less than 3 months
- 02 3 to 5 months
- 03 6 to 11 months
- 04 12 – 24 months
- 05 More than 2 years

→14B. Since age 18, how much time have you spent in a shelter for homeless people, in an abandoned building, a public place like a bus station, a store or another place not intended for sleeping, on the street or anywhere outside such as a park, under a bridge, or a campground?

- 00 Never
- 01 Less than 3 months
- 02 3 to 5 months
- 03 6 to 11 months
- 04 12 to 24 months
- 05 More than 2 years

→14C. Did you ever have your own apartment, house, or other place to live? That is, you were the person who had the lease or were responsible for paying the rent or mortgage and taking care of the place?

- 01 Yes
- 00 No *Skip to Q 14E.*

→14D. How many times in your life have you been without regular housing? That is, not living in your own house, apartment, room or other housing for 30 days or more in the same place, including this time. (Probe: For this question, living in a room, apartment, or other house that is part of an emergency shelter or a transitional housing, half-way house, residential treatment, or other type of program does not count as having your "own" housing, even if you stayed in that place for more that 30 days.)

|__|__| # episodes of homelessness

→15. Thinking about your current living situation, who lives in the household with you?
 Confirm the name of spouse/partner, if known, and list in chart. Obtain all names first, then go back and get additional information about each household member. (→ Ask A & B only)

→A. 00 Lives alone.....Skip to top of next page

01 Respondent is single occupant of room or unit in group housing, housing program, or institution...
 Name of housing facility: _____ |__|__|__|__|
Skip to top of next page

02 If lives with others	→C. Relationship	D. Gender		E. Age	F. Unaware of your HIV status
→B. First name		M	F	Years	
1.	_____ __ __	01	02	__ __	__
2.	_____ __ __	01	02	__ __	__
3.	_____ __ __	01	02	__ __	__
4.	_____ __ __	01	02	__ __	__
5.	_____ __ __	01	02	__ __	__
6.	_____ __ __	01	02	__ __	__
7.	_____ __ __	01	02	__ __	__
8.	_____ __ __	01	02	__ __	__
9.	_____ __ __	01	02	__ __	__

→15F. Are any of the people you live with unaware of your HIV status?
 01 Yes
 00 No

If YES, Which of these people?
 INTERVIEWER: Put a check mark in the table above for each person in the household who does not know that R is HIV positive. Include persons described as "unsure" about R's status.