

Homeless Mothers and HIV Risk - Qualitative Interview Guide

QID# _____

Intv Date _____

Intv Site _____

Start Time _____

Intvr Inits _____

Introduce self and project

Consent form – review procedures, confidentiality, voluntary, can skip or stop

Describe payment after interview

Appreciation for participation

Introduction

There are three main parts to this interview. The first is about where you've lived and your experiences in different living situations. The second part is about relationships with current or recent partners – including the good and bad things, sexual relationships, specific situations that can happen in relationships and how you've dealt with them. At the end, I'll ask you some questions about your background and health.

PART I: Housing and Homelessness

A. Shelter entry

1. (Circumstances, timing) *Can you tell me about coming into the shelter system – when did that happen, what was going on in your life, how did you know where to go?*

B. Household, children, and partners

1. (Household – Family shelters only) *Can you tell me who is currently living with you at the shelter? Have there been any changes in your household since you first came to the shelter?* (For all household members: first name, relationship, child DOB).

2. (Children elsewhere) *Do you have any children who are living elsewhere?* (First name, DOB, current residence where/with whom; probe circumstances, living situation, contact for each minor child).

3. (Partner) *Have you had a main partner in the last year who's living somewhere else?* (Record first name, where residing, ever lived together, circumstances if separated).

C. Childhood experiences

1. (When and Where) *When were you born and where? Where did you grow up? Who were the main people who took care of you when you were growing up?* (DOB, place of birth, all places lived and with whom while growing up).

2. (Disruptions) *When you were growing up, did you ever live away from your family because you ran away? Were you ever in foster care? Did you ever live in a group home or a facility for children? Did you ever live with relatives?* (Record type of separation, duration, circumstances).

3. (Relatives) *Are you currently in touch with relatives or others you grew up with?* (Relationships, contact with parents, stepparents, foster parents, siblings, others).

4. (Homeless) *When you were growing up did you ever live in a shelter or other homeless situation?* (Type of homeless situation, duration, circumstances).

5. (Alcohol, drugs, violence) *When you were growing up, did you ever suspect a member of the household had an alcohol or drug problem?* (Probe who, circumstances). *Did you ever witness violence between parent or other adults?* (Probe who, circumstances).

6. (Sexual Abuse) *When you were growing up, did someone ever molest you or touch you inappropriately or try to have sex with you or rape you?* (If yes, someone known or unknown, when and how long, if received/desires counseling; follow referral protocol).

D. Residence History

1. (Residences) *Now let's talk about where you've lived since you had children, starting 3 months before your oldest child was born (or since age 18 if no children). Where were you living then? After that?* (Continue up to present, recording each residence on grid).

2. (Details) *Tell me about each of these places – how long you lived there, where it was, what kind of place it was, who was the primary tenant or owner, who else lived there, sources of support, circumstances that led you to move.* (Record information on residence history grid, using probes as needed).

3. (Institutional living experiences) *Have you ever spent time in institutional facilities, including a hospital, jail or prison?* (when, for how long, what were the circumstances)

4. (Homeless history) *Since you were 18, have you ever had to double, up, that is move into someone else's home, apartment or room because you didn't have anywhere else to live? Was there ever a period of time when you stayed in other people's home? Have you ever stayed in any type of shelter? Have you ever stayed overnight in a place that was not intended for sleeping, such as a train station, park, or abandoned building?*

A. PLACE/DATES	B. LOCATION Where were you living then? (City/State; Neighborhood)	C. TYPE OF RES What kind of place was it? (e.g., house, apt, SRO, res program, Institution *)	D. WHOSE Whose place was it? (Owner, primary tenant or agency)	E. WITH WHOM Who did you live with? (Probe for children, all co-residents. Ask how much of the time they lived there; reasons co-res moved in or out)	F. SUPPORT What were the main sources of support for the household? Were you working?
Place	_____	_____	_____	_____	_____
From/To	_____	_____	_____	_____	_____
____ (year)	_____	_____	_____	_____	_____
____ (year)	_____	_____	_____	_____	_____

G CHANGE How and why did the situation change? Whose decision was it to move? Who moved when you did and who stayed?

H HELP/SUPPORT Did anyone help you with [circumstances that prompted move]? Would you have liked help? What would have made the situation better?

A. PLACE/DATES	B. LOCATION	C. TYPE OF RES	D. WHOSE	E. WITH WHOM	F. SUPPORT
_____	_____	_____	_____	_____	_____
From/To	_____	_____	_____	_____	_____
____ (year)	_____	_____	_____	_____	_____
____ (year)	_____	_____	_____	_____	_____

G CHANGE How and why did the situation change? Whose decision was it to move? Who moved when you did and who stayed?

H HELP/SUPPORT Did anyone help you with [circumstances that prompted move]? Would you have liked help? What would have made the situation better?

(Use additional pages of housing grid as needed *Specify type of institution – e.g. state psychiatric center, shelter, jail, prison, nursing home.

E. Prior Residential Instability/Homelessness

1. (Identify recent period of doubling up, other homelessness or instability). *Let's talk in more detail about when you were living at [doubled up, homeless, or unstable residence]. Was anyone else living there? [Confirm household composition].*
2. (Living Arrangements) *Tell me about the living arrangements – the number of rooms, who slept where, whether you had enough privacy, how comfortable things were.*
3. (Typical Day) *What was a typical day like while you were living there? What was your routine like, where did you have meals, who took care of your children, were you working then, what did you do during the day, in the evenings, on the weekends?*
4. (Income) *You told me you had income from _____. Did you do anything else to make ends meet? Who else contributed, paid rent or food? What were their sources of income?*
5. (Partners) *Did you have a main partner at that time? Where did your partner live? What was your relationship like during this time? Did you have any other partners while you were there?*
6. (Parenting) *Who was mainly taking care of your children? Who else was involved? What did you do? What about the children's father(s), other adults? Who cared for [children elsewhere]? How often did you see or talk to them? What was your role?*
7. (Support and Strain) *Was there anyone who helped you out in practical ways – with money, babysitting, buying things for the children? (Probe for friends, relatives, agencies, programs) Was there anyone you felt close to, could confide in, ask for advice or complain to when things were hard? Did your living situation put any strains on your relationships – with children, partners, relatives, others?*
8. (Drugs, Alcohol) *Were you or anyone else in the household using drugs during that time? What drugs were you using? (Probe how obtained and used; where; with whom). What about alcohol? Were you or anyone else drinking a lot?*

F. For current shelter stay

1. (Household Composition) *Let's talk in more detail about your current living situation. [Confirm household composition from C2].*
2. (Living Arrangements) *Tell me about the living arrangements – the number of rooms, who sleeps where, whether you have enough privacy, how comfortable things are.*
3. (Typical Day) *What is a typical day like? What is your routine like, where do you have meals, who takes care of your children, are you working, what do you do during the day, in the evenings, on the weekends?*
4. (Income) *You told me before you had income from _____. Do you do anything else to make ends meet? Who else contributes to the household? From what sources?*
5. (Partners) *You mentioned _____ as a main partner. What is your relationship like now? What about other partners you've had since coming to the shelter?*

6. (Parenting) *Who takes care of your children? Who else is involved? What do you do? What about the children's father(s), other adults? Who takes care of [children living elsewhere]? How often do you see or talk to them? Tell me about the last time.*

7. (Support and Strain) *Is there anyone who currently helps you out in practical ways – with money, babysitting, buying things for the children? (Probe friends, relatives, agencies or programs) Do you have anyone you feel close to or confide in, ask for advice or complain to when things are hard? Does your living situation put any strains on your relationships – with children, partners, relatives, others?*

8. (Drug, Alcohol Use) *In the last year, have you used any drugs on a regular basis? (Probe for drugs of choice; where, when, with whom, and how used; sharing of drugs, needles, etc.). What about alcohol?*

9. (Drugs in Shelter) *Has living at the shelter affected drug use or drinking for you or anyone in your household? Has it made it harder or helped you to get or stay clean? (Probe availability of drugs, testing, shelter policies, etc).*

PART II: Relationships

A. Main partner

1. (Relationship) *You've mentioned _____ as a main partner in the last year. Can you describe your relationship – for example how and when did you meet, how long have you had a relationship, when and where do you see each other? What are the good and bad things in the relationship? Things you help your partner with or vice versa? What things do you agree and disagree about?*

2. (Sexual Relationship) *Tell me about your sexual relationship. (Probe for agreements and disagreements re when, where, how often, kind of sex, likes and dislikes, use or non-use of condoms, risks for STI/HIV e.g., prison, alcohol or drug use, IV drug use, other female, male partners).*

3. (Disagreement) *Let's talk about when you disagree about sex: what happens? (Probes: do you keep quiet, talk, argue, pressure, fight?). Describe a recent time you disagreed about sex.*

B. Other Partners

1. (Relationship) *Can you describe any other sexual partners you've had in the last year? Tell me about your relationships with them. (Probe history, duration, when and where seen, good and bad aspects of relationship, support given or received, agreement and disagreement).*

2. (Sexual Relationship) *Tell me about your sexual relationship with (other partner). (Probes: agreements and disagreements re when, where, how often, kind of sex, likes and dislikes, use/non-use of condoms, risks for STI/HIV).*

3. (Disagreement) *When you disagree about sex with any of your other partners, what happens? (Probe responses, e.g., keep quiet, talk, argue, pressure, fight.) Can you describe a recent time that happened?*

C. Sexual Situations-Now we are going to discuss a range of situations women find themselves in during sex and explore whether or not you have encountered these situations.

1. (Sex for Drugs or Money) *Have you ever traded sex for drugs, money, a place to stay, or other things you needed? (Probe partners, circumstances).*
2. (Condoms) *Let's talk about condoms. Can you describe a situation when you and your main partner used a male condom? (Probe circumstances, how came about, who suggested or provided, did you talk about it and when, who said what, describe first time, describe most recent time).*
 - a. *What about with other partners? (Probes as above).*
3. (No Condom) *Tell me about the circumstances when you've have sex with your main partner without a condom – what happened, did you or partner think/talk/argue about it, what happened?*
 - a. *What about with other partners? (Probes as above).*
4. (Tried Condom) *Describe circumstances when you wanted to, suggested, or tried to use a condom with your main partner but ended up not using it.*
 - a. *What about with other partners? (Probes as above).*
5. (Female Condom) *What about using a female condom: do you ever do that with (main partner; other partners)? (Circumstances, how came about, partner's response).*
6. (Tried Female Condom) *Can you describe a situation when you thought about, decided to or tried to use a female condom but ended up not using it? (Probe partner, circumstances, what happened, why did not use).*
7. (Drugs, Alcohol) *Can you describe situation when you had sex while you or your partner were under the influence of drugs or alcohol? (Probe partner, what happened, how affected by drugs or alcohol).*
8. (Dissociation) *Some people say that when they are having sex, they feel like they are outside their body, looking down on themselves as if they were another person. How often does that happen to you? (If yes, probe, circumstances, what was that like?).*
9. (Refusing sex without a condom) *Can you describe a situation when you refused to have sex without a condom? (Probe which partner, describe circumstances, what happened?).*
 - a. *(If no) What would happen if you did that? (probe re main, other partners.)*

D. STIs, HIV Testing and Disclosure

1. (GSQ) *Many people get sexually transmitted infections even if they're careful. Has a doctor or health care worker ever diagnosed you with any of these conditions? [If yes, ask if in last three months and if received treatment. If not, follow referral protocol. If respondent is unclear on the definition of STIs, refer to the New York City DHMH descriptions].*

Syphilis
Gonorrhea (clap)
Chancroid (genital ulcers)
Chlamydia
Trichomoniasis (trich)
Pubic lice (crabs)
Pelvic Inflammatory Disease (PID – infection in your tubes or ovaries)
Abnormal pap smear
Venereal warts
Genital Herpes
Hepatitis B
Any other condition from having sex (exclude yeast infections)

2. *Have you ever been tested for HIV? When was the last time? Are you willing to tell me the results? If yes, what were the results?*
3. *Did you tell your main partner or other partners either before or after you were tested? What was that like? How did (partners) react?*
4. *Can you describe a situation where you or your partner told the other about having an STI or HIV? What happened in that situation?*
5. *Can you describe a situation where you thought about telling a partner about having an STI or HIV but decided not to? Why? What do you think would have happened?*

PART III. Background questions (SECT.A) *Now I have some general background questions.*

A. Demographics (From prevalence instrument A01-A19)

1. *How old are you? _____ (age in years)*
2. *What is your current marital status?*
 - Single
 - Married
 - Separated
 - Widowed
 - Divorced
 - Common law
3. *Which group best describes your racial/ethnic background?*
 - African American or Black (Non-Hispanic)
 - Black Caribbean
 - Hispanic or Latina
 - White (Non-Hispanic)
 - Asian or Pacific Islander
 - Native American
 - Alaskan/Inuit
 - Multi-racial (specify: _____)
 - Other (specify: _____)

4. *What if any religion do you identify with? _____ religion [If none, skip to IIIA5]*
- 4a. [If yes] *How important is religion in your life?*
- 4b. *How often do you attend religious services (probe for involvement in other related religious activities or programs)*
5. *Do you have a high school diploma or GED (General Equivalency Diploma)?*
6. *In the past six months, have you been employed, either on or off the books, for any amount of time?*
- a. [If yes] *Are you currently employed?*
- aa. [If yes] *Are you paid for more than 35 hours of work per week?*
- ab. [If yes] *Is this on the books, off the books, or both?*
- b. [If yes] *In the past six months have you lost a job or been laid off or fired?*
7. *Are you currently looking for a job or more work to make enough money to get by?*
8. *In the past 6 months, did you receive money from any of these sources?*
- _____ *A job*
- _____ *A spouse, intimate partner, other family member, friends or associates*
- _____ *SSI/Disability*
- _____ *TANF (welfare for people with children [AFDC] or home relief or other welfare*
- _____ *Unemployment/Workers compensation*
- _____ *Panhandling, asking for money, recycling cans, or bottle deposits*
- _____ *Social service organization or religious organization*
- _____ *Selling drugs, boosting, stealing, fencing, or other illegal activities*
- _____ *Exchanging sex for money or drugs*
- _____ *Other (Specify _____)*
9. *From all these sources we just talked about, what is your total monthly income? ____*
10. *Do you currently have health insurance?*
- a. [If yes] *What kind of health insurance?*
- i. *Medicaid or Medicaid Managed Care*
- ii. *Medicare or Medicare Managed Care*
- iii. *Private Health Insurance*
11. *In the past six months, has your health insurance been cut (reduced or terminated)?*

B. Health conditions (SECT.I 1-11)

Now I have some questions about different health conditions. Please think about conditions that have been formally diagnosed by someone in the medical field (like a doctor or psychiatrist).

- B01. *Asthma* 1=Yes 0=No
- B02. *Diabetes* 1=Yes 0=No

- [If yes: ___Type 1___Type 2 ___Other
- B03. *High blood pressure or hypertension* 1=Yes 0=No
- B04. *Tuberculosis/TB* 1=Yes 0=No
- B05. *HIV/AIDS* 1=Yes 0=No
- B06. *Hepatitis C* 1=Yes 0=No
- B07. *A physical disability* 1=Yes 0=No
- [If yes] *What was the diagnosis?* _____
- B08. *A learning disability* 1=Yes 0=No
- B09. *A psychiatric condition* 1=Yes 0=No
- [If yes] *What was the diagnosis?* _____
- B10. *Another health condition* 1=Yes 0=No
- [If yes] *What was the diagnosis?* _____
- B11. *Are you currently pregnant?*
- B12. *How many times have you been pregnant in your life (including currently)?*
- a. *How old were you when you first became pregnant?*

C. Depression, Anxiety, Stress (BPHQ)

C01. Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several Days	More than half the days	Nearly every day
a. <i>Little interest or pleasure in doing things</i>				
b. <i>Feeling down, depressed, or hopeless</i>				
c. <i>Trouble falling or staying asleep, or sleeping too much</i>				
d. <i>Feeling tired or having little energy</i>				
e. <i>Poor appetite or overeating</i>				
f. <i>Feeling bad about yourself – or that you are a failure or have let yourself or your family down</i>				
g. <i>Trouble concentrating on things such as reading the newspaper or watching television</i>				
h. <i>Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual</i>				
i. <i>Thoughts that you would be better off dead or of hurting yourself in some way</i>				

C02. Questions about anxiety				
a. <i>In the last 4 weeks, have you had an anxiety attack – suddenly feeling fear or panic? [If no, go to C03.]</i>	No		Yes	
b. <i>Has this ever happened before?</i>				
c. <i>Do some of these attacks come suddenly out of the blue – that is, in situations where you don’t expect to be nervous or uncomfortable?</i>				
d. <i>Do these attacks bother you a lot or are you worried about having another attack?</i>				
e. <i>During your last bad attack, did you have symptoms like shortness of breath, sweating, your heart racing or pounding, dizziness or faintness, tingling or numbness, or nausea or upset stomach?</i>				
C03. If any problems in C01 or C02 were identified, ask: How difficult have these problems made it for you to do your usual work, family or household activities, or to get along with other people?	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
C04. In the last 4 weeks, how much time have you been bothered by any of the following problems?		Not bothered	Bothered a little	Bothered a lot
a. <i>Worrying about your health</i>				
b. <i>Your weight or how you look</i>				
c. <i>Little or no sexual desire or pleasure during sex</i>				
d. <i>Difficulties with husband/wife, partner/lover, or boyfriend/girlfriend</i>				
e. <i>The stress of taking care of children, parents, or other family members</i>				
f. <i>Stress at work outside of the home or at school</i>				
g. <i>Financial problems or worries</i>				
h. <i>Having no one to turn to when you have a problem</i>				
i. <i>Something bad that happened recently</i>				
j. <i>Thinking or dreaming about something terrible that happened to you in the past – like your house being destroyed, a severe accident, being hit or assaulted or being forced to commit a sexual act</i>				
C05. In the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone, or has anyone forced you to have an unwanted sexual act?	No		Yes	
C06. What is the most stressful thing in your life right now?				
C07. Are you taking medicine for anxiety, depression, or stress?	No		Yes	

D. Substance use (SECT.E 1-12)

Now I'm going to ask you some standard questions about your alcohol and drug use. Please remember that your answers to these questions are confidential and will not be shared with anyone outside the research team.

	<i>In your lifetime, have you ever...</i>	<i>In the past three months how often have you...</i>	
	1=Yes 0=No	6=more than once a day 5=once a day 4=2-6 times a week 3=once a week	2=2-3 times a month 1=once a month or less 0=Never
D01. <i>Drank 4 or more drinks of alcohol (beer, wine, or liquor) in one sitting</i>	1=Yes → 0=No		
D02. <i>Used heroin</i>	1=Yes → 0=No		
D03. <i>Used crack or cocaine</i>	1=Yes → 0=No		
D04. <i>Used ecstasy or other party drugs</i>	1=Yes → 0=No		
D05. <i>Smoked marijuana (pot)</i>	1=Yes → 0=No		
D06. <i>Injected speedball (heroin and cocaine)</i>	1=Yes → 0=No		
D07. <i>Injected other drugs</i>	1=Yes → 0=No		
D08. <i>Shared any of the following with someone else: needles, a syringe, a cooker, cottons or rinse water</i>	1=Yes → 0=No		
D09. <i>Used sedatives or tranquilizers (benzodiazepines = valium, ativan, serax, ranxene, xanax, miltown)</i>	1=Yes → 0=No		
D10. <i>Used speed, amphetamines or other stimulants (not by prescription)</i>	1=Yes → 0=No		
D11. <i>Used Percodan, Demerol or other narcotics (not by prescription)</i>	1=Yes → 0=No		
D12. <i>Used any other types of drugs (specify _____)</i>	1=Yes → 0=No		

E. Homeless history. *Now I have some questions about homelessness and housing.*

E1. *When did you come in to the shelter system for your current shelter stay? _____(Date)*

E2. *The next questions are about other times you may have stayed in shelters of different kinds since you were 18.*

E2a. *Before this shelter stay, did you ever stay in a drop-center, reception center or a church shelter?* [] No → Go to E2b [] Yes

a1. *Did that happen in the last 4 years?* [] No → Go to E2b [] Yes

a2. *In the last 4 years, how many months in total did you stay in church shelters, drop-in or reception centers?* _____ months (00-48)

a3. *In the last 3 years, have you stayed in a drop-in center, reception centers or church shelter for at least 30 days?* [] No → Go to E2b [] Yes

a4. *How many times did that happen in the last 3 years?* _____ times

a5. *In the last 2 years, how many months in total did you stay in a drop-in center, reception center or church shelter?* _____ months (00-24)

E2b. *Before this shelter stay, did you ever stay in a shelter for people who had been battered or abused?* [] No → Go to E2c [] Yes

b1. *Did that happen in the last 4 years?* [] No → Go to E2c [] Yes

b2. *In the last 4 years, how many months in total did you stay in a shelter for people who had been battered or abused?* _____ months (00-48)

b3. *In the last 3 years, have you stayed in a shelter for people who had been battered or abused for at least 30 days?* [] No → Go to E2c [] Yes

b4. *How many times did that happen in the last 3 years?* _____ times

b5. *In the last 2 years, how many months in total did you stay in a shelter for people who had been battered or abused?* _____ months (00-24)

E2c. *Before this shelter stay, did you ever stay in a shelter for single or individual homeless women?* [] No → Go to E2d [] Yes

c1. *Did that happen in the last 4 years?* [] No → Go to E2d [] Yes

c2. *In the last 4 years, how many months in total did you stay in a shelter for single or individual homeless women? If you are currently staying in such a shelter, do not count this shelter stay.* _____ months (00-48)

c3. *In the last 3 years, have you stayed in a shelter for people for single or individual homeless women for at least 30 days? If you are currently staying in such a shelter, do not count this shelter stay.* [] No → Go to E2d [] Yes

c4. *How many times did that happen in the last 3 years, not counting this time if you are currently staying in such a shelter?* _____ times

c5. *In the last 2 years, how many months in total did you stay in a shelter for single or individual homeless women, not counting this shelter stay?* _____ months (00-24)

E2d. *Before this shelter stay, did you ever stay in a shelter for homeless families with children or for adult families?* [] No → Go to E2e [] Yes

d1. *Did that happen in the last 4 years?* [] No → Go to E2e [] Yes

d2. *In the last 4 years, how many months in total did you stay in a shelter homeless families with children or for adult families? If you are currently staying in such a shelter, do not count this shelter stay.* _____ months (00-48)

d3. *In the last 3 years, have you stayed in a shelter for homeless families with children or for adult families for at least 30 days? If you are currently staying in such a shelter, do not count this shelter stay.* No → Go to E2e Yes

d4. *How many times did that happen in the last 3 years, not counting this time if you are currently staying in such a shelter?* _____ times

d5. *In the last 2 years, how many months in total did you stay in a shelter for homeless families with children or for adult families, not counting this shelter stay?* _____ months (00-24)

E2e. *Before this shelter stay, did you ever stay in any other kind of shelter?*

No → Go to E2f Yes

e1. *Did that happen in the last 4 years?* No → Go to E2f Yes

e2. *In the last 4 years, how many months in total did you stay in another kind of shelter?* _____ months (00-48)

e3. *In the last 3 years, have you stayed in another kind of shelter for at least 30 days?* No → Go to E2f Yes

e4. *How many times did that happen in the last 3 years?* _____ times

e5. *In the last 2 years, how many months in total did you stay in another kind of shelter?* _____ months (00-24)

E2f. *Before this shelter stay, did you ever stay in other emergency or temporary housing*

No → Go to E3 Yes

f1. *Did that happen in the last 4 years?* No → Go to E3 Yes

f2. *In the last 4 years, how many months in total did you stay in other emergency or temporary housing?* _____ months (00-48)

f3. *In the last 3 years, have you stayed in other emergency or temporary housing for at least 30 days?* No → Go to E3 Yes

f4. *How many times did that happen in the last 3 years?* _____ times

f5. *In the last 2 years, how many months in total did you stay in other emergency or temporary housing?* _____ months (00-24)

E3. *Since you were 18, did you ever stay overnight in any of these places that were not intended for sleeping because you did not have another place to stay – for example...*

a. *In a subway station or on a subway or bus?* No Yes

b. *In a bus or train station, airport or other public/ commercial building?* No Yes

c. *In a building lobby or roof?* No Yes

d. *In a car, van, truck, boat?* No Yes

e. *At your place of employment (that was not a live-in job)?* No Yes

f. *In an abandoned building?* No Yes

g. *In makeshift housing like a tent, box, cave or box car?* No Yes

h. *Out in the open, for example in a park or field, on a beach, under a bridge, in a tunnel, on the sidewalk or street?* No Yes

i. *In another place not intended for sleeping?* No Yes

E4. [If No to all items E3a through E3i, Go to E5. If Yes to any item in E3 ask:]

a. *Did you stay in any of these places that were not intended for sleeping in the last 4 years?*

No → Go to E5 Yes

b. *In the last 4 years, how many months in total did you stay in any of these places that were not intended for sleeping?* _____ months (00-48)

c. *In the last 3 years, have you stayed in any of these places that were not intended for sleeping for at least 30 days?* No → Go to E5 Yes

d. *How many times did that happen in the last 3 years?* _____ times

e. *In the last 2 years, how many months in total did you stay any of these places that were not intended for sleeping?* _____ months (00-24)

E5. Since you were 18, have you ever had to double up, that is move into someone else's home, apartment or room because you didn't have anywhere else to live? NO YES

E6. (Other than the times you doubled up,) since you were 18, has there ever been a period of time when you didn't actually move in with someone else but you stayed in other people's homes because you didn't have anywhere else to live? NO YES

E7. [If yes to E5 or E6 ask:]

a. *Did you have to live doubled up or stay in someone else's home, apartment, or room in the last 4 years?* No → Go to next section Yes

b. *In the last 4 years, how many months in total did you live doubled up or stay in someone else's home, apartment, or room because you didn't have anywhere else to live?*
_____ months (00-48)

c. *In the last 3 years, did you live doubled up or stay in someone else's home, apartment, or room for at least 30 days?* No → Go to next section Yes

d. *How many times did that happen in the last 3 years?* _____ times

e. *In the last 2 years, how many months in total did you live doubled up or stay in someone else's home, apartment, or room?* _____ months (00-24)

Note: Questions about duration and number of episodes for all types of shelter and unstable housing included in Homeless History section (along with indicators of disability) are necessary to assess "chronicity" of homelessness as measured by current DHS and HUD definitions.

F1. *Have you ever been arrested?* Yes No (Go to PART IV)

F2. *How many times?* _____

F3. [For most recent time] *What was the charge?*

F4. *What was the outcome?*

F5. *Are you currently the focus of any allegations of child abuse or neglect?* [Probe: Sometimes, but not always, this may take the form of a phone call or visit from a child welfare worker from Administration for Children's Services (ACS) or Child Protective Services (CPS)].

PART IV. Feasibility and final questions:

1. *If you were given a choice of whether to do this interview at the shelter or in our offices, which would you choose? Why? How do you think other women you know in the shelter would respond if they were given this choice?*

2. *If part of the interview involved being tested for STI and HIV (and if needed, referral to treatment), do you think women would be more or less likely to come to our offices?*
3. *Some health care providers use medical vans to provide vaccinations for kids or do health screenings. Does this kind of van come to the shelter where you are staying? Have you ever used it? What would you think about using that as a place to do an interview? For testing for STIs, HIV?*
4. *Do you have a person or place that you usually go to for medical care? When was the last time you went there?*
5. *There is a test for how stress affects your body. You put a cotton swab (Q-tip) in you mouth, let it fill with saliva, and put it in a tube. The tube has to be kept in a freezer until it can be picked up and taken to the lab. If we gave you the swab and the tube and asked you to do that tomorrow morning, would you be able or willing to do it? [If no, probe why not.] If we came and picked up the tube early in the day so it didn't have to be in a freezer, would that make a difference?*
6. *Where do you hope to be living one year from now? Is there one thing you hope for yourself in the next 6 months?*

Conclusion:

Any questions to ask interviewer?
Appreciation for participation
Offer info, access to counseling
Payment

Time ended: _____