

# Life After Transitional Housing: Tracking Homeless Families After They Leave HUD-Assisted Transitional Housing

## MOVEOUT FAMILY INTERVIEW

**Interviewer:** Please fill out this page before you begin the interview.

**Interviewer Name:** \_\_\_\_\_

CoC #	Program #	R ID Number	Interview/Cohort Type
1 – Cleveland 2 – Detroit 3 – Houston 4 – San Diego 5 – Seattle/KC	____ _	____ _	____ Moveout/prospective  <b>Do not use for “partial” moveout</b>

Date of Interview	Start Time	End Time	Total # of Breaks
___/___/___	___:___	___:___	_____

Date of Entry into TH Program	Date of Exit from TH Program
___/___/___	___/___/___

## INTRODUCTION

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**[READ ALOUD]** Hi, my name is \_\_\_\_\_, and I am here to talk to you about your experience in [SITE]. I'm talking to people like you who are in the process of leaving [SITE]. We are interested in learning about the housing and services people use and how helpful they are for families. This first interview should probably take about 45 minutes. Are you still interested?

## EXPLANATION

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Before we begin, I'd like to explain a few things to you. We're very interested in your **honest** answers so that we can make housing and services better for you and others who use transitional housing programs. Some of the questions I'm going to be asking are personal in nature, but please do not hesitate to speak openly about your experiences. There are no right or wrong answers. We want to learn as much from you as we can. However, you don't have to answer any question you don't want to. Nothing you tell me will affect your housing or any services you and your family receive. Your name will not appear anywhere. No one will ever know how you answered these questions. Finally, all of your responses are confidential, except that, if you tell me about child abuse or neglect, the laws of \_\_\_\_\_ require that I report that if I learn about it.

## 1. DEMOGRAPHICS

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First, we would like to know a little bit about you. I'm going to ask you some questions about your living situation and your marital status.

**1a. How old are you?** \_\_\_\_\_ **→ What is your birth date?** Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

**1b. Besides yourself, do other adults (18 and older) live with you now?**

Yes **→ How many adults? #** \_\_\_\_\_  
 No **→ [GO TO 1d.]**

*Don't know* **→ [GO TO 1d.]**  
 *Decline to answer* **→ [GO TO 1d.]**

**1c. What other adults live with you? [MARK ALL THAT APPLY.]**

- Boyfriend / Girlfriend / Partner (non-spouse)
- Mother
- Father
- Brothers and/or sisters 18 years or older **→ How many? #** \_\_\_\_\_
- Own children 18 years or older **→ How many? #** \_\_\_\_\_
- Spouse
- Other **→ How many? #** \_\_\_\_\_  
**→ Specify relationship to R:** \_\_\_\_\_

**1d. What is your marital status?**

- Now married
- Widowed
- Divorced
- Separated
- Never married

**1e. Did you grow up speaking English?**

- Yes
- No **→ What other language do you speak?** \_\_\_\_\_

**1f. Do you speak any language other than English at home?**

- Yes **→ What other language?** \_\_\_\_\_
- No

**1g. Which of the following categories best describes your racial background?**

[Check all that apply.]

- WHITE
- BLACK OR AFRICAN AMERICAN
- ASIAN OR PACIFIC ISLANDER
- AMERICAN INDIAN OR ALASKAN NATIVE
- SOMETHING ELSE \_\_\_\_\_

**1h. Are you of Hispanic origin?**

- Yes
- No

**1i. [DO NOT ASK. JUST MARK.] Gender:**

- Female
- Male

**1j. Were you ever on active duty military service in the Armed Forces of the United States?**

- Yes
- No

**1k. How many children do you have (including your own biological children and any children you may have adopted or for whom you have legal custody)?**

# \_\_\_\_\_

**1l. How many of these children [the ones you just mentioned] are...**

- a. Under 18? # \_\_\_\_\_
- b. Over 18? # \_\_\_\_\_

**Box 1**  
Mark Cheat Sheet for  
Number of Children Under 18 Years of Age.

## 2. EDUCATION

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Now, I'd like to ask you a few questions about your educational experiences.

### 2a. What is the highest level of education you have completed?

- 8  8th grade or less  
7  Did not complete GED or high school  
6  Completed GED  
5  High school diploma  
4  Some college or a 2-year Degree  
3  Finished 4-year Degree  
2  Masters Degree or equivalent  
1  Other \_\_\_\_\_
- 97  *Don't know*  
98  *Decline to answer*

### 2b. Have you completed a vocational, trade or business program?

- 1  Yes → Specify: \_\_\_\_\_  
0  No
- 97  *Don't know*  
98  *Decline to answer*

### 2c. Are you currently in school or taking any type of classes?

- 1  Yes → Specify: \_\_\_\_\_ → [GO TO 2d]  
0  No → [GO TO SECTION 3]
- 97  *Don't know*  
98  *Decline to answer*

### 2d. What are you studying? \_\_\_\_\_

**3. EMPLOYMENT**

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**3a. Have you ever had a paying job?**

- <sup>1</sup> Yes  
<sup>0</sup> No → [GO TO 3j]

- <sup>97</sup> *Don't know* → [GO TO 3j]  
<sup>98</sup> *Decline to answer* → [GO TO 3j]

**3b. How old were you when you got your first paying job? \_\_\_\_\_ years old**

**3c. Since you were 16 years old, how much of your life have you had a job or done some work for pay? [SHOW CARD A.]**

- <sup>5</sup> ALL OR ALMOST ALL OF THE TIME  
<sup>4</sup> MOST OF THE TIME  
<sup>3</sup> HALF OF THE TIME  
<sup>2</sup> SOME OF THE TIME  
<sup>1</sup> ALMOST NONE OR NONE OF THE TIME
- <sup>97</sup> *Don't know*  
<sup>98</sup> *Decline to answer*

**3d. Are you currently employed?**

- <sup>1</sup> Yes  
<sup>0</sup> No → [GO TO 3h]

- <sup>97</sup> *Don't know* → [GO TO 3h]  
<sup>98</sup> *Decline to answer* → [GO TO 3h]

**3e. How many jobs do you currently have? #\_\_\_\_\_**

**3f. I'd like to list all your paying jobs that you currently have.**

**[Interviewer:** Fill out this table as completely as you can for interviewee's current employment. List each job separately. Use the next two tables to determine what job and type code to enter. **SHOW CARD B.**]

	What kind of work do you do? [Enter job code]	Is it full- or part-time? [Enter time code]	How long have you worked there?	What is your hourly wage?
<b>Job 1</b>			____ Yrs ____ Months	\$ ____ . ____
<b>Job 2</b>			____ Yrs ____ Months	\$ ____ . ____
<b>Job 3</b>			____ Yrs ____ Months	\$ ____ . ____

**Job Code**

16 <input type="checkbox"/> Child care	8 <input type="checkbox"/> Management
15 <input type="checkbox"/> Adult care/home health/ nurse's aide	7 <input type="checkbox"/> Professional → [Describe in box.]
14 <input type="checkbox"/> Food services (waitress, counter cooker, cook)	6 <input type="checkbox"/> Sales
13 <input type="checkbox"/> Cleaning/Housework	5 <input type="checkbox"/> Military
12 <input type="checkbox"/> Factory work	4 <input type="checkbox"/> Odd jobs (work done from time to time)
11 <input type="checkbox"/> Farming	3 <input type="checkbox"/> Cashier
10 <input type="checkbox"/> Manual labor	2 <input type="checkbox"/> Bagging groceries
9 <input type="checkbox"/> Clerical / Administrative	1 <input type="checkbox"/> Other → [Describe in box.]

**Time Code**

5 <input type="checkbox"/> FULL-TIME, REGULAR JOB, 30+ HOURS A WEEK	97 <input type="checkbox"/> Don't know
4 <input type="checkbox"/> FULL-TIME TEMPORARY / CONTRACT, 30+ HOURS A WEEK	98 <input type="checkbox"/> Decline to answer
3 <input type="checkbox"/> PART-TIME, REGULAR JOB, LESS THAN 30 HOURS A WEEK	
2 <input type="checkbox"/> PART-TIME TEMPORARY / CONTRACT, LESS THAN 30 HRS	
1 <input type="checkbox"/> PAID TRAINING / INTERNSHIP	

**3g. Does/Do your current job(s) provide health insurance for you and your family?**

- |   |   |
|---|---|
| 2 <input type="checkbox"/> Yes, self and children | 97 <input type="checkbox"/> Don't know        |
| 1 <input type="checkbox"/> Yes, self only         | 98 <input type="checkbox"/> Decline to answer |
| 0 <input type="checkbox"/> No                     |   |

**\* GO TO SECTION 4 ON INCOME**

**THESE QUESTIONS ARE FOR PEOPLE WHO ARE NOT CURRENTLY WORKING, BUT HAVE WORKED IN THE PAST**

**3h. How long has it been since you had a paying job?**

\_\_\_\_\_ weeks \_\_\_\_\_ months \_\_\_\_\_ years → [GO TO BOX 2]      <sup>97</sup> *Don't know*  
<sup>98</sup> *Decline to answer*

**BOX 2**

\_\_\_\_\_ **Enter from Cheat Sheet (Item #6):** date that is 1 year before entering [SITE]

\_\_\_\_\_ most recent job is within 1 year before entering [SITE] → [GO TO 3i]  
 \_\_\_\_\_ most recent job was more than a year before entering [SITE] → [GO TO 3j]

**3i. Please tell me about your three most recent jobs. These can include jobs you had while you were at [SITE], and before. I'd like to know the type of work you did, whether it was full-time or part-time, the length of time you worked there, and your hourly wage. Please start with your most recent job.**

**[Interviewer:** Fill out this table as completely as you can for interviewee's employment before and during TH. List each job separately. Use the next two tables to determine what job and type code to enter. **SHOW CARD C.]**

	What kind of work did you do? [Enter job code]	Was it full- or part-time? [Enter time code]	When did you have that job- before TH, during TH, both?	How long did you work there?	What was your hourly wage?
<b>Job 1</b>				_____ Yrs _____ Months	\$_____. ____
<b>Job 2</b>				_____ Yrs _____ Months	\$_____. ____
<b>Job 3</b>				_____ Yrs _____ Months	\$_____. ____

**Job Code**

<sup>16</sup> <input type="checkbox"/> Child care <sup>15</sup> <input type="checkbox"/> Adult care, nurse's/home health aide <sup>14</sup> <input type="checkbox"/> Food services (waitress, counter cooker, cook) <sup>13</sup> <input type="checkbox"/> Cleaning / Housework <sup>12</sup> <input type="checkbox"/> Factory work <sup>11</sup> <input type="checkbox"/> Farming <sup>10</sup> <input type="checkbox"/> Manual labor <sup>9</sup> <input type="checkbox"/> Clerical/data entry, reception, phones	<sup>8</sup> <input type="checkbox"/> Management <sup>7</sup> <input type="checkbox"/> Professional → [Describe in box.] <sup>6</sup> <input type="checkbox"/> Sales <sup>5</sup> <input type="checkbox"/> Military <sup>4</sup> <input type="checkbox"/> Odd jobs (work done from time to time) <sup>3</sup> <input type="checkbox"/> Cashier <sup>2</sup> <input type="checkbox"/> Bagging groceries <sup>1</sup> <input type="checkbox"/> Other → [Describe in box.]
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**Time Code**

<input type="checkbox"/> 5 FULL-TIME, REGULAR JOB, 30+ HOURS A WEEK	<input type="checkbox"/> 97 <i>Don't know</i>
<input type="checkbox"/> 4 FULL-TIME TEMPORARY / CONTRACT, 30+ HOURS A WEEK	<input type="checkbox"/> 98 <i>Decline to answer</i>
<input type="checkbox"/> 3 PART-TIME, REGULAR JOB, LESS THAN 30 HOURS A WEEK	
<input type="checkbox"/> 2 PART-TIME TEMPORARY / CONTRACT, LESS THAN 30 HRS	
<input type="checkbox"/> 1 PAID TRAINING / INTERNSHIP	

**3j. Are you looking for work now?**

- 1 Yes
- 0 No

- 97 *Don't know*
- 98 *Decline to answer*

**3k. What are the most important reason(s) you are not working right now?**

**[MARK ALL THAT APPLY]**

- |  |  |
|--|--|
| <input type="checkbox"/> Need flexible hours because of kids                       | <input type="checkbox"/> Physical disability           |
| <input type="checkbox"/> Transportation  | <input type="checkbox"/> Can't arrange child care      |
| <input type="checkbox"/> Transitional housing program rules/curfews                | <input type="checkbox"/> Family responsibilities       |
| <input type="checkbox"/> Mental and emotional problems                             | <input type="checkbox"/> Jobs don't pay enough         |
| <input type="checkbox"/> Have enough income from other sources                     | <input type="checkbox"/> Other → <b>Specify:</b> _____ |
| <input type="checkbox"/> Not interested in working                                 | <input type="checkbox"/> <i>Don't know</i>             |
| <input type="checkbox"/> No jobs available in my line of work                      | <input type="checkbox"/> <i>Decline to answer</i>      |
| <input type="checkbox"/> Injury  |  |
| <input type="checkbox"/> Illness (self)  |  |
| <input type="checkbox"/> Illness (family member)                                   |  |
| <input type="checkbox"/> Pregnant  |  |
| <input type="checkbox"/> In school or other training                               |  |
| <input type="checkbox"/> In substance abuse treatment program                      |  |
| <input type="checkbox"/> Lack necessary schooling, training, skills, or experience |  |

**4. INCOME DURING THE PAST 12 MONTHS**

Now, I would like to ask you some questions about the money your family has received during the past 12 months. Remember, anything you say is confidential.

**4a. In the past 12 months, has your family received financial support from any of the following sources?**

CASH SOURCES	Yes	No	DK	DTA
EARNED INCOME (PAID WORK)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
SUPPLEMENTAL SECURITY INCOME (SSI)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
SOCIAL SECURITY DISABILITY INCOME (SSDI)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
SOCIAL SECURITY BENEFITS (SSA)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
TANF [INSERT LOCAL NAME FOR TANF]	1 <input type="checkbox"/>	0 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
GENERAL ASSISTANCE (GA) [INSERT LOCAL NAME FOR GA]	1 <input type="checkbox"/>	0 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
MONEY FROM PARTICIPATING IN A VOCATIONAL OR TRAINING PROGRAM	1 <input type="checkbox"/>	0 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
FINANCIAL AID GRANTS FOR SCHOOL	1 <input type="checkbox"/>	0 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
UNEMPLOYMENT COMPENSATION	1 <input type="checkbox"/>	0 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
WORKER'S COMPENSATION	1 <input type="checkbox"/>	0 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
INVESTMENT, SAVINGS INCOME, OR RETIREMENT	1 <input type="checkbox"/>	0 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
ALIMONY	1 <input type="checkbox"/>	0 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
CHILD SUPPORT	1 <input type="checkbox"/>	0 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
MONEY FROM FAMILY OR FRIENDS	1 <input type="checkbox"/>	0 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
OTHER → WHAT? _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
VETERANS' DISABILITIES BENEFITS [ASK ONLY IF VETERAN (1J = YES)]	1 <input type="checkbox"/>	0 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>

**4b. During the past 12 months, did you earn money in cash for doing things like taking care of other people's children, doing other people's laundry, taking care of other people's yards, cleaning for other people, caring for a disabled or elderly person or doing chores?**

- 1  Yes  
 0  No → [GO TO 4d]
- 97  Don't know → [GO TO 4d]  
 98  Decline to answer → [GO TO 4d]

**4c. What kinds of work did you do? [MARK ALL THAT APPLY]**

- Child care
- Adult care
- Hair styling
- House cleaning
- Laundry
- Provide transportation
- Shopping
- Cooking
- Other → Specify: \_\_\_\_\_

Now, I'd like to ask you a question about your income during the past month only.

**4d. How much money did your family receive during the past month from all of the sources we talked about? If you're not sure, your best guess is fine.**

\$ \_\_\_\_\_ <sup>97</sup> *Don't know*  
<sup>98</sup> *Decline to answer*

**NON-CASH SOURCES OF SUPPORT IN THE PAST 12 MONTHS 7M-T NSAF, CPS**

**4e. In the past 12 months, has your family received support from any of the following NON-CASH sources?**

NON-CASH SOURCES	Yes	No	DK	DTA
FOOD STAMPS	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>	<sup>97</sup> <input type="checkbox"/>	<sup>98</sup> <input type="checkbox"/>
WIC	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>	<sup>97</sup> <input type="checkbox"/>	<sup>98</sup> <input type="checkbox"/>
OTHER FREE FOOD / FOOD PANTRY / COMMODITIES	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>	<sup>97</sup> <input type="checkbox"/>	<sup>98</sup> <input type="checkbox"/>
CHILD CARE SUBSIDIES	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>	<sup>97</sup> <input type="checkbox"/>	<sup>98</sup> <input type="checkbox"/>
MEDICAID [Insert local name for health care program]	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>	<sup>97</sup> <input type="checkbox"/>	<sup>98</sup> <input type="checkbox"/>
LOCAL HEALTH CARE SCHIP [Insert local name for SCHIP]	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>	<sup>97</sup> <input type="checkbox"/>	<sup>98</sup> <input type="checkbox"/>
TRANSPORTATION ASSISTANCE (e.g., bus tokens, taxi vouchers)	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>	<sup>97</sup> <input type="checkbox"/>	<sup>98</sup> <input type="checkbox"/>
HOTEL / MOTEL VOUCHER	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>	<sup>97</sup> <input type="checkbox"/>	<sup>98</sup> <input type="checkbox"/>
OTHER → SPECIFY: _____	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>	<sup>97</sup> <input type="checkbox"/>	<sup>98</sup> <input type="checkbox"/>

**4f. In the past 12 months, did you get things you need by exchanging things with others (for example, do you take care of someone's kids and they bring you groceries, or give you transportation to places you need to go)?**

<sup>1</sup> Yes <sup>97</sup> *Don't know* → [GO TO SECTION 5]  
<sup>0</sup> No → [GO TO SECTION 5] <sup>98</sup> *Decline to answer* → [GO TO SECTION 5]

**4g. What do you do for others? [MARK ALL THAT APPLY.]**

- Child care
- Adult care
- Hair styling
- House cleaning
- Laundry
- Provide transportation
- Shopping
- Cooking
- Other → Specify: \_\_\_\_\_

**4h. What do you get in exchange? [MARK ALL THAT APPLY.]**

- Child care
- Adult care
- Hair styling
- House cleaning
- Laundry
- Provide transportation
- Shopping
- Cooking
- Other → **Specify:** \_\_\_\_\_

**5. HOUSING AND HOMELESSNESS HISTORY**

The next questions are about your housing.

**5a. Where are you living now? (READ CHOICES AND CHECK ONE)**

		Yes	No
A	YOUR OWN HOUSE OR APARTMENT (I.E., YOUR NAME IS ON THE LEASE), NOT PART OF A TRANSITIONAL OR OTHER HOUSING PROGRAM	1 <input type="checkbox"/>	0 <input type="checkbox"/>
B	MY BOYFRIEND'S PLACE	1 <input type="checkbox"/>	0 <input type="checkbox"/>
C	A FRIEND OR RELATIVE'S HOUSE OR APARTMENT	1 <input type="checkbox"/>	0 <input type="checkbox"/>
D	TRANSITIONAL HOUSING PROGRAM	1 <input type="checkbox"/>	0 <input type="checkbox"/>
E	OTHER → SPECIFY: _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**5b. How many bedrooms do you have where you are living now?**

- 0  None, it's an efficiency
- 1  One
- 2  Two
- 3  Three
- 4  Four or more
- 97  Don't know
- 98  Decline to answer

**5c. How many people live in this place with you, not counting yourself? How many adults? How many children?**

\_\_\_\_\_ Number of adults \_\_\_\_\_ Number of children

**5d. Who are the people who live with you? (CHECK ALL THAT APPLY)**

- Your children → **How many?** \_\_\_\_\_  Don't know
- Someone else's children → **How many?** \_\_\_\_\_  Decline to answer
- Your spouse
- Your boyfriend or partner
- Your mother and/or father
- Other relatives
- Friend(s)
- With someone else → specify: \_\_\_\_\_

**SHOW CARD D**

5e. How satisfied do you feel about...		Very dissatisfied	Dissatisfied	In Between	Satisfied	Very satisfied
A	The amount of privacy you have here	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
B	The condition or state of repair of your home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
C	The amount of living space you have	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D	How safe your neighborhood is	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
E	The safety and security of where you live	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
F	The opportunities you have to socialize where you live	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
G	How affordable your home is	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
H	Overall, how satisfied do you feel about living here?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**5f. When did you move into this place?**

\_\_\_\_\_ Date moved in

<p><b>BOX 3</b></p> <p>_____ Cleveland and San Diego → [mark 5g “2” and go on to 5h]</p> <p>_____ Houston, Detroit, and Seattle → [Go to 5g]</p>
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**5g. Did you move here after you left [SITE], or was this the place you lived while you were participating in [SITE]?**

- 2  Moved in after I/we left the housing we had while participating in [SITE] → [GO TO 5h] 97  Don't know
- 1  This is where I lived as part of participating in [SITE] → [GO TO 5i] 98  Decline to answer
- 0  Something else → specify: \_\_\_\_\_ → [GO TO 5h]

**5h. How long did it take you to locate this place, from the time you began looking for housing until the time you moved in?**

- \_\_\_\_\_ Number of days, or
- \_\_\_\_\_ Number of weeks, or
- \_\_\_\_\_ Number of months
- 97  Don't know
- 98  Decline to answer

**5i. What types of help from [SITE] did you receive in finding this place or making arrangements to rent it and move in? (READ AND CHECK ALL THAT APPLY)**

- HELP FINDING THE APARTMENT
  - HELP NEGOTIATING WITH THE LANDLORD
  - HELP WITH DEPOSITS, MOVING MONEY
  - HELP WITH FURNITURE AND/OR FURNISHINGS
  - Other → specify: \_\_\_\_\_
  - DID NOT RECEIVE ANY HELP FROM [SITE]
- Don't know*  
 *Decline to answer*

**5j. What types of help from other organizations did you receive in finding this place or making arrangements to rent it and move in? (READ AND CHECK ALL THAT APPLY)**

- HELP FINDING THE APARTMENT
  - HELP NEGOTIATING WITH THE LANDLORD
  - HELP WITH DEPOSITS, MOVING MONEY
  - HELP WITH FURNITURE AND/OR FURNISHINGS
  - Other → specify: \_\_\_\_\_
  - DID NOT RECEIVE ANY HELP FROM OTHER ORGANIZATIONS
- Don't know*  
 *Decline to answer*

**5k. What types of problems did you have finding a place to live? (READ AND CHECK ALL THAT APPLY)**

- FINDING A PLACE I COULD AFFORD
  - FINDING A PLACE IN A SAFE NEIGHBORHOOD
  - GETTING THE INFORMATION TOGETHER FOR THE LANDLORD
  - LANDLORDS NOT WANTING KIDS
  - LANDLORD NOT WANTING TO RENT TO SOMEONE WITH A POOR RENTAL HISTORY
  - MY CREDIT WASN'T VERY GOOD
  - PROBLEMS BECAUSE OF CRIMINAL RECORD
  - TROUBLE FINDING A PLACE BIG ENOUGH FOR MY FAMILY
  - FINDING A PLACE NEAR TRANSPORTATION
  - DISCRIMINATION → SPECIFY \_\_\_\_\_
  - OTHER PROBLEM → SPECIFY \_\_\_\_\_
  - DID NOT HAVE ANY PROBLEMS
- Don't know*  
 *Decline to answer*

**5l. We'd like to know all the places you stayed during the year before you entered [SITE]. That would be between [INSERT DATE] (Cheat Sheet item #6) and [INSERT DATE] (Cheat Sheet item # 4). During that year, did you live in any of the following places? [READ RESPONSES AND MARK "YES" OR "NO" FOR ALL THAT APPLY.]**

		Yes	No
A	YOUR OWN HOUSE OR APARTMENT, NOT PART OF A TRANSITIONAL OR OTHER HOUSING PROGRAM	1 <input type="checkbox"/>	0 <input type="checkbox"/>
B	YOUR BOYFRIEND'S OR PARTNER'S PLACE	1 <input type="checkbox"/>	0 <input type="checkbox"/>
C	A FRIEND OR RELATIVE'S HOUSE OR APARTMENT	1 <input type="checkbox"/>	0 <input type="checkbox"/>
D	A PERMANENT HOUSING PROGRAM WITH SERVICES TO HELP YOU KEEP YOUR HOUSING (EITHER ON SITE OR COME TO YOU)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
E	A TRANSITIONAL HOUSING PROGRAM	1 <input type="checkbox"/>	0 <input type="checkbox"/>
F	A VOUCHER HOTEL OR MOTEL	1 <input type="checkbox"/>	0 <input type="checkbox"/>
G	A HOTEL OR MOTEL YOU PAID FOR YOURSELF	1 <input type="checkbox"/>	0 <input type="checkbox"/>
H	A RESIDENTIAL DRUG OR ALCOHOL TREATMENT PROGRAM	1 <input type="checkbox"/>	0 <input type="checkbox"/>
I	JAIL OR PRISON	1 <input type="checkbox"/>	0 <input type="checkbox"/>
J	A HOSPITAL	1 <input type="checkbox"/>	0 <input type="checkbox"/>
K	A DOMESTIC VIOLENCE SHELTER	1 <input type="checkbox"/>	0 <input type="checkbox"/>
L	AN EMERGENCY SHELTER	1 <input type="checkbox"/>	0 <input type="checkbox"/>
M	A CAR OR OTHER VEHICLE	1 <input type="checkbox"/>	0 <input type="checkbox"/>
N	AN ABANDONED BUILDING	1 <input type="checkbox"/>	0 <input type="checkbox"/>
O	ANYWHERE OUTSIDE (STREETS, PARKS, ETC.)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
P	OTHER → SPECIFY: _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**5m. Could you give me an idea of how many times you changed the place you were staying in the 12 months before you began at [SITE]. [IF NECESSARY, SAY "We mean any time you switched where you were living, even if it was between two relatives' houses or two friends' houses.]" IF R CHANGED LOCATIONS OFTEN, IT IS NOT NECESSARY TO BE EXACT. DO NOT COUNT THE MOVE INTO [SITE] (SHOW CARD E)**

- Did not move at all (lived in 1 place all year)
 <sup>97</sup> *Don't know*  
 Moved 1 time (lived in 2 places)
 <sup>98</sup> *Decline to answer*  
 Moved 2 times (lived in 3 places)  
 Moved 3 times (lived in 4 places)  
 Moved 4 to 10 times (lived in at least 5 places)  
 Moved 11 to 20 times (lived in at least 12 places)  
 Moved more than 20 times

**5n. [ASK ONLY IF A, B, C, D, E, or F in 5l is "YES"] During the year before you entered [SITE], did you ever live in housing with no water, or no working toilet, or no electricity or heat?**

Yes  
 No

*Don't know*  
 *Decline to answer*

**5o. [ASK ONLY IF A, B, C, D, E, or F in 5l is "YES"] During the year before you entered [SITE], did you ever live in overcrowded housing (i.e., doubled-up, living with more than one family)?**

Yes  
 No

*Don't know*  
 *Decline to answer*

**5p. How long before you began participating in [SITE] did you become homeless or lose your regular housing? That is, when did you stop living in a place of your own or a place where you could stay as long as you wanted.**

(If Respondent was in ES, drug treatment, or anything else not considered regular housing before entering [SITE], determine the time when the most recent "regular housing" experience ended).

\_\_\_\_\_ Days ago, or  
\_\_\_\_\_ Weeks ago, or  
\_\_\_\_\_ Months ago, or  
\_\_\_\_\_ Years ago

*Don't know*  
 *Decline to answer*

Write out "story" here \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BOX 4**

**Mark Cheat Sheet: Dates of last homeless spell (beginning and the date R entered SITE)**

**5q. Were any of your children with you during the time you were homeless or without regular housing just before you got to [SITE]?**

Yes  
 No

*Don't know*  
 *Decline to answer*

**5r. During the time you were homeless or without regular housing, about how much time did you spend in emergency shelters? [SHOW CARD F.]**

- 5  ALL OF THE TIME
- 4  MOST OF THE TIME
- 3  HALF OF THE TIME
- 2  SOME OF THE TIME
- 1  NONE OF THE TIME

- 97  *Don't know*
- 98  *Decline to answer*

**5s. About how many times in your life have you been homeless or without regular housing?**

- 1  1 time
- 2  2 times
- 3  3 times
- 4  4 to 10 times
- 5  11 or more times

- 97  *Don't know*
- 98  *Decline to answer*

**5t. How old were you the first time you were homeless/didn't have regular housing?**

Age: \_\_\_\_\_

- 97  *Don't know*
- 98  *Decline to answer*

**5u. Where were you living just before you become homeless or were without regular housing the most recent time?**

**[MARK ONE]**

		Yes	No
A	Your own house or apartment (i.e., your name was on the lease), not part of a transitional or other housing program	1 <input type="checkbox"/>	0 <input type="checkbox"/>
B	My boyfriend's place	1 <input type="checkbox"/>	0 <input type="checkbox"/>
C	A friend or relative's house or apartment	1 <input type="checkbox"/>	0 <input type="checkbox"/>
D	A permanent housing program with services to help you keep your housing (either on site or come to you)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
E	A different transitional housing program	1 <input type="checkbox"/>	0 <input type="checkbox"/>
F	A voucher hotel or motel	1 <input type="checkbox"/>	0 <input type="checkbox"/>
G	A hotel or motel you paid for yourself	1 <input type="checkbox"/>	0 <input type="checkbox"/>
H	A residential drug or alcohol treatment program	1 <input type="checkbox"/>	0 <input type="checkbox"/>
I	Other → Specify: _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**BOX 5**

**Mark Cheat Sheet: Type of place lived before R become homeless most recently**

**5v. I'd like to ask you some questions about how satisfied you were with living at [Insert place R was living in 5u]. [SHOW CARD G]**

How satisfied did you feel about...		Very dissatisfied	Dissatisfied	In Between	Satisfied	Very satisfied
A	The amount of privacy you had	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
B	The condition or state of repair of that place	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
C	The amount of living space you had	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D	The safety and security of that place	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
E	How safe your neighborhood was	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
F	The opportunities you had to socialize when you lived there	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
G	How affordable that place was	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
H	Overall, how satisfied you felt about living there?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**5w. Why did you leave that place? [DO NOT READ, BUT CHECK ALL THAT R SAYS.]**

		Yes	No
<b>RENT / FINANCIAL ISSUES</b>			
A	You couldn't pay the rent	1 <input type="checkbox"/>	0 <input type="checkbox"/>
B	The rent increased and you couldn't afford to pay it	1 <input type="checkbox"/>	0 <input type="checkbox"/>
C	Someone who paid the rent/mortgage stopped paying it	1 <input type="checkbox"/>	0 <input type="checkbox"/>
D	You lost your job or your job ended	1 <input type="checkbox"/>	0 <input type="checkbox"/>
E	You lost welfare or another cash assistance benefit	1 <input type="checkbox"/>	0 <input type="checkbox"/>
<b>FORCED OUT BY SOMEONE ELSE</b>			
F	You were pushed out or kicked out	1 <input type="checkbox"/>	0 <input type="checkbox"/>
G	People you were staying with asked you to leave	1 <input type="checkbox"/>	0 <input type="checkbox"/>
H	The landlord made you leave / were evicted	1 <input type="checkbox"/>	0 <input type="checkbox"/>
I	You didn't get along with people there	1 <input type="checkbox"/>	0 <input type="checkbox"/>
J	You, or your children, were abused or beaten or there was violence in the household	1 <input type="checkbox"/>	0 <input type="checkbox"/>
<b>HEALTH ISSUES</b>			
K	You became sick or disabled (other than ARC/AIDS related)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
L	It was ARC/AIDS/HIV related	1 <input type="checkbox"/>	0 <input type="checkbox"/>
M	You were drinking	1 <input type="checkbox"/>	0 <input type="checkbox"/>
N	You were doing drugs	1 <input type="checkbox"/>	0 <input type="checkbox"/>
O	You went into the hospital or treatment program	1 <input type="checkbox"/>	0 <input type="checkbox"/>
P	You were pregnant or just had a baby	1 <input type="checkbox"/>	0 <input type="checkbox"/>
Q	You were released, dismissed or discharged	1 <input type="checkbox"/>	0 <input type="checkbox"/>
R	Wanted to get away from someone else's drug / alcohol use	1 <input type="checkbox"/>	0 <input type="checkbox"/>
<b>OTHER REASONS</b>			
S	No room, too crowded	1 <input type="checkbox"/>	0 <input type="checkbox"/>
T	You went into the military	1 <input type="checkbox"/>	0 <input type="checkbox"/>
U	You went to jail or prison	1 <input type="checkbox"/>	0 <input type="checkbox"/>
V	You left town	1 <input type="checkbox"/>	0 <input type="checkbox"/>
W	You were displaced because the building was condemned, destroyed, urban renewal, fire	1 <input type="checkbox"/>	0 <input type="checkbox"/>
X	Other → Specify: _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**5x. Before entering [SITE], had you ever had a place where your name was on the lease or you owned it?**

1  Yes

0  No → [GO TO 5ee]

97  *Don't know* → [GO TO 5ee]

98  *Decline to answer* → [GO TO 5ee]

**5y. How many different places did you own or have a lease in your own name?**

1  One

2  Two

0  Three or more

97  *Don't know*

98  *Decline to answer*

**5z. Thinking about the most recent place you owned or leased, who were the people who lived with you? (CHECK ALL THAT APPLY)**

Your children → How many? \_\_\_\_\_

Someone else's children → How many? \_\_\_\_\_

Your spouse

Your boyfriend or partner

Your mother and/or father

Other relatives

Friend(s)

Someone else → specify: \_\_\_\_\_

*Don't know*

*Decline to answer*

**5aa. Still thinking about the same place, did you ever have difficulty paying the rent for that place?**

1  Yes

0  No

97  *Don't know*

98  *Decline to answer*

**5bb. Before you entered [SITE], had you ever been evicted from an apartment by a landlord or management company?**

1  Yes

0  No → [GO TO 5dd]

97  *Don't know* → [GO TO 5dd]

98  *Decline to answer* → [GO TO 5dd]

**5cc. How many times have you been evicted from an apartment by a landlord or management company?**

1  Once

2  Two to Three times

3  Four or more times

97  *Don't know*

98  *Decline to answer*

**5dd. Have you ever been accused of or charged with property damage to a rental unit by a landlord or management company?**

<sub>1</sub> Yes  
<sub>0</sub> No

<sub>97</sub> *Don't know*  
<sub>98</sub> *Decline to answer*

**BOX 6**

\_\_\_\_\_ R moved when she left [SITE] → **[GO TO 5ee]**

\_\_\_\_\_ R did not move when she left [SITE] (transition in place) → **[GO TO SECTION 6]**

**5ee. Now, I'd like to ask you some questions about how satisfied you were with the place you were living while you were participating in [SITE] (SHOW CARD H)**

How satisfied did you feel about...		Very dissatisfied	Dissatisfied	In Between	Satisfied	Very satisfied
A	The amount of privacy you had	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
B	The condition or state of repair of that place	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
C	The amount of living space you had	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
D	The safety and security of that place	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
E	How safe the neighborhood was	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
F	The opportunities you had to socialize when you lived at that place	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
G	How affordable that place was	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
H	Overall, how satisfied you felt about living there?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

## 6. RENT, FOOD, UTILITIES

Now, I'd like to ask you some questions about your day-to-day needs such as rent, food and utilities.

**6a. Do you pay a lower rent because you are in a Federal, State or local government housing program?**

- |   |  |
|---|--|
| 4 <input type="checkbox"/> Yes – Section 8                      | 97 <input type="checkbox"/> <i>Don't know</i>        |
| 3 <input type="checkbox"/> Yes – State or Local Housing Program | 98 <input type="checkbox"/> <i>Decline to answer</i> |
| 2 <input type="checkbox"/> Yes – Other                          |  |
| 1 <input type="checkbox"/> Yes – But, Don't know what           |  |
| 0 <input type="checkbox"/> No                                   |  |

**6b.1 What does your household pay every month for rent? \$ \_\_\_\_\_**

**6b.2 [If she has a subsidy] What is the total rent, if you know it?**

\$ \_\_\_\_\_/month WE PAY

97 <input type="checkbox"/> <i>Don't know</i>
98 <input type="checkbox"/> <i>Decline to answer</i>

\$ \_\_\_\_\_/month TOTAL RENT, IF KNOWN

97 <input type="checkbox"/> <i>Don't know</i>
98 <input type="checkbox"/> <i>Decline to answer</i>
99 <input type="checkbox"/> <i>Inap, no subsidy</i>

**6b.3 How much of the rent *that your household pays* do YOU, PERSONALLY, pay? [of the amount named in 6b.1, what does R pay out of her own money?]**

- |  |  |
|--|--|
| 3 <input type="checkbox"/> All                         | 97 <input type="checkbox"/> <i>Don't know</i>        |
| 2 <input type="checkbox"/> More than half, but not all | 98 <input type="checkbox"/> <i>Decline to answer</i> |
| 1 <input type="checkbox"/> Some, but less than half    |  |
| 0 <input type="checkbox"/> None                        |  |

**Check Cheat Sheet Items #6 and # 8 for year before entering [SITE] and beginning date of most recent homeless spell  
If homeless all 12 months before coming to [SITE], skip to 6g.**

**6c. In the 12 months before coming to [SITE], was there a time when you/your family were/was unable to pay rent?**

- |                                |  |
|--------------------------------|--|
| 1 <input type="checkbox"/> YES | 97 <input type="checkbox"/> <i>Don't know</i>        |
| 0 <input type="checkbox"/> NO  | 98 <input type="checkbox"/> <i>Decline to answer</i> |

**6d. In the 12 months before coming to [SITE], was there a time when you/your family were/was unable to pay bills such as electricity, telephone, or cable?**

- |                                |  |
|--------------------------------|--|
| 1 <input type="checkbox"/> YES | 97 <input type="checkbox"/> <i>Don't know</i>        |
| 0 <input type="checkbox"/> NO  | 98 <input type="checkbox"/> <i>Decline to answer</i> |

**Box 7**

\_\_\_\_\_ 6c and 6d are both "NO" → GO TO 6g

\_\_\_\_\_ 6c, 6d, or both are "YES" → GO TO 6e

**6e. During that time did you get any help when you were not able to pay your rent or bills?**

Yes

No → [GO TO 6g]

Don't know → [GO TO 6g]

Decline to answer → [GO TO 6g]

**6f. Where did you get help from? (CHECK ALL THAT APPLY.)**

Energy assistance (name of local program)

Don't know

Eviction prevention program (insert local name)

Decline to answer

Social Services

Faith-Based Organizations (church, temple, etc.)

insert name(s) of local RMU programs

Family members who live with R

Family members who don't live with R

Friends/boyfriends who don't live with R

Other → Specify: \_\_\_\_\_

Now I'm going to read you some statements that people have made about their food situation. For these statements, please tell me whether the statement was *often*, *sometimes*, or *never true* for you and your family in the 12 months before you entered [SITE].

**6g. The first statement is "I worried whether our food would run out before we got money to buy more." Was that often, sometimes, or never true for you and your family in the 12 months before you entered [SITE]? [SHOW CARD I]**

Often true

Don't know

Sometimes true

Decline to answer

Never true

**6h. "The food that we bought just didn't last, and we didn't have money to get any more." Was that often, sometimes, or never true for you and your family in the 12 months before you entered [SITE]? [SHOW CARD I]**

Often true

Don't know

Sometimes true

Decline to answer

Never true

**6i. "We had to cut the size of our meals or skip meals because there wasn't enough money for food." Was that often, sometimes, or never true for you and your family in the 12 months before you entered [SITE]? [SHOW CARD I]**

Often true

Don't know

Sometimes true

Decline to answer

Never true

## 7. CHILDREN

## MODIFIED NSAF AND NSHAPC

---

Now, I am going to ask you questions about your family. We want to learn more about your children, particularly those who are under 18 years of age.

You said you have \_\_\_\_\_ [TAKE FROM CHEAT SHEET, item 7] children less than 18 years of age. In this section, I will ask you some questions about your those children under age 18, such as going to school and where your children have lived if they have spent some time not living with you. Some of the questions around your children may be sensitive and I want to remind you that everything you say will be kept **confidential**.

**GO TO THE NEXT PAGE**

**Start with oldest child under 18 in Child 1 column and move to younger children in order.**

**FILL IN 7A AND 7B FIRST, FOR ALL OF R'S CHILDREN UNDER 18**

**7. First I'd just like to list all of your children who are 17 or younger, starting with the oldest one.**

7	CHILD 1	CHILD 2	CHILD 3	CHILD 4
A What is the name and age of each child under 18?	Name: _____ Age: _____ Year(s) <i>or</i> _____ Month(s)	Name: _____ Age: _____ Year(s) <i>or</i> _____ Month(s)	Name: _____ Age: _____ Year(s) <i>or</i> _____ Month(s)	Name: _____ Age: _____ Year(s) <i>or</i> _____ Month(s)
B Is [CHILD] a boy or girl?	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Boy <input type="checkbox"/> Girl

**NOW BEGIN WITH CHILD 1 AND COMPLETE 7C THROUGH 7I IN CHILD 1'S COLUMN BEFORE PROCEEDING TO THE NEXT CHILD.**

**REPEAT FOR ADDITIONAL CHILDREN.**

	CHILD 1	CHILD 2	CHILD 3	CHILD 4
C	Does [CHILD] live with you? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → GO TO E	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → GO TO E	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → GO TO E	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → GO TO E
D	Was there ever a time when [CHILD] did not live with you? 1 <input type="checkbox"/> Yes → GO TO E 0 <input type="checkbox"/> No → GO TO NEXT CHILD, OR BOX 8 IF NO MORE CHILDREN	1 <input type="checkbox"/> Yes → GO TO E 0 <input type="checkbox"/> No → GO TO NEXT CHILD, OR BOX 8 IF NO MORE CHILDREN	1 <input type="checkbox"/> Yes → GO TO E 0 <input type="checkbox"/> No → GO TO NEXT CHILD, OR BOX 8 IF NO MORE CHILDREN	1 <input type="checkbox"/> Yes → GO TO E 0 <input type="checkbox"/> No → GO TO BOX 8
E	Please tell me all of the different places that [CHILD] has lived when s/he did not live with you. [MARK ALL THAT APPLY.] <input type="checkbox"/> Child's other parent <input type="checkbox"/> Own parents or in-laws <input type="checkbox"/> Other relatives <input type="checkbox"/> Foster care → How long in foster care? _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Child's other parent <input type="checkbox"/> Own parents or in-laws <input type="checkbox"/> Other relatives <input type="checkbox"/> Foster care → How long in foster care? _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Child's other parent <input type="checkbox"/> Own parents or in-laws <input type="checkbox"/> Other relatives <input type="checkbox"/> Foster care → How long in foster care? _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Child's other parent <input type="checkbox"/> Own parents or in-laws <input type="checkbox"/> Other relatives <input type="checkbox"/> Foster care → How long in foster care? _____ <input type="checkbox"/> Other: _____
F	What is the total amount of time [CHILD] has spent living apart from you? _____ Year(s) _____ Month(s)	_____ Year(s) _____ Month(s)	_____ Year(s) _____ Month(s)	_____ Year(s) _____ Month(s)

**If 7C = Yes, go to 7H**

**If 7C = No, go to 7G**

G	Are you working on getting [CHILD] back? 1 <input type="checkbox"/> Yes → GO TO I 0 <input type="checkbox"/> No → GO TO NEXT CHILD, OR BOX 8 IF NO MORE KIDS	1 <input type="checkbox"/> Yes → GO TO I 0 <input type="checkbox"/> No → GO TO NEXT CHILD, OR BOX 8 IF NO MORE KIDS	1 <input type="checkbox"/> Yes → GO TO I 0 <input type="checkbox"/> No → GO TO NEXT CHILD, OR BOX 8 IF NO MORE KIDS	1 <input type="checkbox"/> Yes → GO TO I 0 <input type="checkbox"/> No → GO TO BOX 8
H	When did [CHILD] move back in with you (most recently)? 1 <input type="checkbox"/> SINCE YOU LEFT [SITE] → GO TO I 2 <input type="checkbox"/> WHILE YOU WERE AT [SITE] → GO TO I 3 <input type="checkbox"/> BEFORE YOU WENT TO [SITE] BUT WHILE YOU WERE STILL HOMELESS → GO TO NEXT CHILD OR BOX 8 IF NO MORE CHILDREN 4 <input type="checkbox"/> BEFORE I BECAME HOMELESS → GO TO NEXT CHILD OR BOX 8 IF NO MORE CHILDREN 97 <input type="checkbox"/> DK → GO TO I	1 <input type="checkbox"/> SINCE YOU LEFT [SITE] → GO TO I 2 <input type="checkbox"/> WHILE YOU WERE AT [SITE] → GO TO I 3 <input type="checkbox"/> BEFORE YOU WENT TO [SITE] BUT WHILE YOU WERE STILL HOMELESS → GO TO NEXT CHILD OR BOX 8 IF NO MORE CHILDREN 4 <input type="checkbox"/> BEFORE I BECAME HOMELESS → GO TO NEXT CHILD OR BOX 8 IF NO MORE CHILDREN 97 <input type="checkbox"/> DK → GO TO I	1 <input type="checkbox"/> SINCE YOU LEFT [SITE] → GO TO I 2 <input type="checkbox"/> WHILE YOU WERE AT [SITE] → GO TO I 3 <input type="checkbox"/> BEFORE YOU WENT TO [SITE] BUT WHILE YOU WERE STILL HOMELESS → GO TO NEXT CHILD OR BOX 8 IF NO MORE CHILDREN 4 <input type="checkbox"/> BEFORE I BECAME HOMELESS → GO TO NEXT CHILD OR BOX 8 IF NO MORE CHILDREN 97 <input type="checkbox"/> DK → GO TO I	1 <input type="checkbox"/> SINCE YOU LEFT [SITE] → GO TO I 2 <input type="checkbox"/> WHILE YOU WERE AT [SITE] → GO TO I 3 <input type="checkbox"/> BEFORE YOU WENT TO [SITE] BUT WHILE YOU WERE STILL HOMELESS → GO TO BOX 8 4 <input type="checkbox"/> BEFORE I BECAME HOMELESS → GO TO BOX 8 97 <input type="checkbox"/> DK → GO TO I

		CHILD 1	CHILD 2	CHILD 3	CHILD 4
I	Has being at [SITE] helped to get [CHILD] back?	<input type="checkbox"/> Yes <input type="checkbox"/> No → GO TO NEXT CHILD OR BOX 8	<input type="checkbox"/> Yes <input type="checkbox"/> No → GO TO NEXT CHILD OR BOX 8	<input type="checkbox"/> Yes <input type="checkbox"/> No → GO TO NEXT CHILD OR BOX 8	<input type="checkbox"/> Yes <input type="checkbox"/> No → GO TO NEXT CHILD OR BOX 8

**BOX 8**

**PICK FOCAL CHILD. This will be THE OLDEST child currently living with the respondent.  
 MARK CHEAT SHEET WITH FOCAL CHILD'S NAME.**

1. Write the name and age of the oldest child living with mother:

Name: \_\_\_\_\_

Age: \_\_\_\_\_

2. Mark cheat sheet with child's name, and as:

Pre-School (0 to 4 years old) → [GO TO SECTION 8]

School-Age (5-17 years old) → [GO TO 7J]

[7, continued.] I will only be asking the rest of the questions in this section about your oldest child. That would be [FOCAL CHILD].

	CHILD 1	CHILD 2	CHILD 3	CHILD 4
J	Does [FOCAL CHILD] attend school? 1 <input type="checkbox"/> Yes → GO TO M 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes → GO TO M 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes → GO TO M 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes → GO TO M 0 <input type="checkbox"/> No
K	Why doesn't [FOCAL CHILD] attend school? 4 <input type="checkbox"/> Physical health issue 3 <input type="checkbox"/> Developmental issue 2 <input type="checkbox"/> Home schooled 1 <input type="checkbox"/> Other: _____	4 <input type="checkbox"/> Physical health issue 3 <input type="checkbox"/> Developmental issue 2 <input type="checkbox"/> Home schooled 1 <input type="checkbox"/> Other: _____	4 <input type="checkbox"/> Physical health issue 3 <input type="checkbox"/> Developmental issue 2 <input type="checkbox"/> Home schooled 1 <input type="checkbox"/> Other: _____	4 <input type="checkbox"/> Physical health issue 3 <input type="checkbox"/> Developmental issue 2 <input type="checkbox"/> Home schooled 1 <input type="checkbox"/> Other: _____
L	Has [FOCAL CHILD] attended school in the past? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → GO TO SECTION 8	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → GO TO SECTION 8	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → GO TO SECTION 8	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → GO TO SECTION 8
M	In the 12 months just before you entered [SITE], how many times did [FOCAL CHILD] change schools? # _____ 97 <input type="checkbox"/> DK	# _____ 97 <input type="checkbox"/> DK	# _____ 97 <input type="checkbox"/> DK	# _____ 97 <input type="checkbox"/> DK
N	During your time in [SITE], how many times did [FOCAL CHILD] change schools? # _____ 97 <input type="checkbox"/> DK	# _____ 97 <input type="checkbox"/> DK	# _____ 97 <input type="checkbox"/> DK	# _____ 97 <input type="checkbox"/> DK
O	Did [FOCAL CHILD] have to change schools when you moved here? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
P	How many schools total has [FOCAL CHILD] attended since you moved here? # _____ 97 <input type="checkbox"/> DK	# _____ 97 <input type="checkbox"/> DK	# _____ 97 <input type="checkbox"/> DK	# _____ 97 <input type="checkbox"/> DK
Q	[IF ANY SCHOOL CHANGES] How many of these changes were because [FOCAL CHILD] finished all grades at the school? # _____ 1 <input type="checkbox"/> No school changes 97 <input type="checkbox"/> DK	# _____ 1 <input type="checkbox"/> No school changes 97 <input type="checkbox"/> DK	# _____ 1 <input type="checkbox"/> No school changes 97 <input type="checkbox"/> DK	# _____ 1 <input type="checkbox"/> No school changes 97 <input type="checkbox"/> DK

The next questions ask about your child and school.

<b>ANSWER FOR FOCAL CHILD ONLY.</b>	
<b>SHOW CARD J FOR 7r.</b>	
<b>R</b>	<p><i>[FOCAL Child] cares about doing well in school.</i></p> <p>4 <input type="checkbox"/> ALL OF THE TIME            3 <input type="checkbox"/> MOST OF THE TIME            2 <input type="checkbox"/> SOME OF THE TIME            1 <input type="checkbox"/> NONE OF THE TIME            97 <input type="checkbox"/> DK</p>
	<p><i>[FOCAL Child] only works on schoolwork when forced to.</i></p> <p>4 <input type="checkbox"/> ALL OF THE TIME            3 <input type="checkbox"/> MOST OF THE TIME            2 <input type="checkbox"/> SOME OF THE TIME            1 <input type="checkbox"/> NONE OF THE TIME            97 <input type="checkbox"/> DK</p>
	<p><i>[FOCAL Child] does just enough schoolwork to get by.</i></p> <p>4 <input type="checkbox"/> ALL OF THE TIME            3 <input type="checkbox"/> MOST OF THE TIME            2 <input type="checkbox"/> SOME OF THE TIME            1 <input type="checkbox"/> NONE OF THE TIME            97 <input type="checkbox"/> DK</p>
	<p><i>[FOCAL Child] always does homework.</i></p> <p>4 <input type="checkbox"/> ALL OF THE TIME            3 <input type="checkbox"/> MOST OF THE TIME            2 <input type="checkbox"/> SOME OF THE TIME            1 <input type="checkbox"/> NONE OF THE TIME            97 <input type="checkbox"/> DK</p>
<b>SHOW CARD K FOR 7S, 7T, 7V, AND 7W.</b>	
<b>S</b>	<p><b>In the 12 months before you entered [SITE] how likely was it for [FOCAL CHILD] to miss school?</b></p> <p>3 <input type="checkbox"/> VERY LIKELY            2 <input type="checkbox"/> SOMEWHAT LIKELY            1 <input type="checkbox"/> NOT AT ALL LIKELY            97 <input type="checkbox"/> DK</p>
<b>T</b>	<p><b>In the time while you were in [SITE], how likely was it for [FOCAL CHILD] to miss school?</b></p> <p>3 <input type="checkbox"/> VERY LIKELY            2 <input type="checkbox"/> SOMEWHAT LIKELY            1 <input type="checkbox"/> NOT AT ALL LIKELY            97 <input type="checkbox"/> DK</p>

U	During the past 30 days, how many days has [FOCAL CHILD] missed school?	# of days _____
V	In the 12 months before you entered [SITE] how likely was it for [FOCAL CHILD] to be late for school?	3 <input type="checkbox"/> VERY LIKELY 2 <input type="checkbox"/> SOMEWHAT LIKELY 1 <input type="checkbox"/> NOT AT ALL LIKELY 97 <input type="checkbox"/> DK
W	In the time while you were in [SITE], how likely was it for [FOCAL CHILD] to be late for school?	3 <input type="checkbox"/> VERY LIKELY 2 <input type="checkbox"/> SOMEWHAT LIKELY 1 <input type="checkbox"/> NOT AT ALL LIKELY 97 <input type="checkbox"/> DK
X	During the past 30 days, how many days was [FOCAL CHILD] late for school?	# of days _____
Y	In the 12 months before you entered [SITE], was [FOCAL CHILD] (ever) suspended or expelled from school for behavioral problems?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 97 <input type="checkbox"/> DK
Z	While you were in [SITE], was [FOCAL CHILD] (ever) suspended or expelled from school for behavioral problems?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 97 <input type="checkbox"/> DK

**8. SERVICE USE**

**8a-n.** Now I am going to ask you some questions about the services that you might have gotten for yourself, not including your children, while you were enrolled at [SITE].

[READ EACH ROW ACROSS BEFORE READING THE NEXT ROW. ASK “HELPFUL?” FOR EACH “YES,” WHETHER FROM PROGRAM OR NOT]

[SHOW CARD L.]

COLUMN A	COLUMN B	COLUMN C
While you were enrolled at [SITE], did you ...		
<p><b>A. Get health care for yourself?</b></p> <p><input type="checkbox"/><sub>1</sub> Yes → <b>GO TO COLUMN B.</b>  <input type="checkbox"/><sub>0</sub> No → <b>Was it because:</b>  <input type="checkbox"/><sub>2</sub> YOU DIDN'T NEED IT.  <b>OR</b>  <input type="checkbox"/><sub>1</sub> YOU NEEDED IT, BUT YOU COULDN'T GET IT.</p>	<p><b>Did you get it:</b>  <input type="checkbox"/><sub>1</sub> FROM OR WITH THE HELP OF [SITE]  <input type="checkbox"/><sub>2</sub> ON MY OWN  <input type="checkbox"/><sub>3</sub> BOTH  <input type="checkbox"/><sub>97</sub> <i>Don't know</i>  <input type="checkbox"/><sub>98</sub> <i>Decline</i></p>	<p><b>Was it:</b>  <input type="checkbox"/><sub>3</sub> VERY HELPFUL  <input type="checkbox"/><sub>2</sub> SOMEWHAT HELPFUL <input type="checkbox"/><sub>97</sub> <i>Don't know</i>  <input type="checkbox"/><sub>1</sub> NOT AT ALL HELPFUL <input type="checkbox"/><sub>98</sub> <i>Decline</i></p>
<p><b>B. Get any help to reduce or stop drug or alcohol use?</b></p> <p><input type="checkbox"/><sub>1</sub> Yes → <b>GO TO COLUMN B.</b>  <input type="checkbox"/><sub>0</sub> No → <b>Was it because:</b>  <input type="checkbox"/><sub>2</sub> YOU DIDN'T NEED IT.  <b>OR</b>  <input type="checkbox"/><sub>1</sub> YOU NEEDED IT, BUT YOU COULDN'T GET IT.</p>	<p><b>Did you get it:</b>  <input type="checkbox"/><sub>1</sub> FROM OR WITH THE HELP OF [SITE]  <input type="checkbox"/><sub>2</sub> ON MY OWN  <input type="checkbox"/><sub>3</sub> BOTH  <input type="checkbox"/><sub>97</sub> <i>Don't know</i>  <input type="checkbox"/><sub>98</sub> <i>Decline</i></p>	<p><b>Was it:</b>  <input type="checkbox"/><sub>3</sub> VERY HELPFUL  <input type="checkbox"/><sub>2</sub> SOMEWHAT HELPFUL <input type="checkbox"/><sub>97</sub> <i>Don't know</i>  <input type="checkbox"/><sub>1</sub> NOT AT ALL HELPFUL <input type="checkbox"/><sub>98</sub> <i>Decline</i></p>

COLUMN A	COLUMN B	COLUMN C
While you were enrolled at [SITE], did you ...		
<b>C. Get help for an emotional or mental health issue?</b>	<input type="checkbox"/> Yes → <b>GO TO COLUMN B.</b> <input type="checkbox"/> No → <b>Was it because:</b> <input type="checkbox"/> YOU DIDN'T NEED IT. <b>OR</b> <input type="checkbox"/> YOU NEEDED IT, BUT YOU COULDN'T GET IT.	<b>Did you get it:</b> <input type="checkbox"/> FROM OR WITH THE HELP OF [SITE] <input type="checkbox"/> ON MY OWN <input type="checkbox"/> BOTH <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>
<b>D. Participate in activities to help you get ready to work or find a job?</b>	<input type="checkbox"/> Yes → <b>GO TO COLUMN B.</b> <input type="checkbox"/> No → <b>Was it because:</b> <input type="checkbox"/> YOU DIDN'T NEED IT. <b>OR</b> <input type="checkbox"/> YOU NEEDED IT, BUT YOU COULDN'T GET IT.	<b>Did you get it:</b> <input type="checkbox"/> FROM OR WITH THE HELP OF [SITE] <input type="checkbox"/> ON MY OWN <input type="checkbox"/> BOTH <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>
<b>E. Get help with free food or groceries?</b>	<input type="checkbox"/> Yes → <b>GO TO COLUMN B.</b> <input type="checkbox"/> No → <b>Was it because:</b> <input type="checkbox"/> YOU DIDN'T NEED IT. <b>OR</b> <input type="checkbox"/> YOU NEEDED IT, BUT YOU COULDN'T GET IT.	<b>Did you get it:</b> <input type="checkbox"/> FROM OR WITH THE HELP OF [SITE] <input type="checkbox"/> ON MY OWN <input type="checkbox"/> BOTH <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>
<b>F. Get help to resolve problems with people who live in your building?</b>	<input type="checkbox"/> Yes → <b>GO TO COLUMN B.</b> <input type="checkbox"/> No → <b>Was it because:</b> <input type="checkbox"/> YOU DIDN'T NEED IT. <b>OR</b> <input type="checkbox"/> YOU NEEDED IT, BUT YOU COULDN'T GET IT.	<b>Did you get it:</b> <input type="checkbox"/> FROM OR WITH THE HELP OF [SITE] <input type="checkbox"/> ON MY OWN <input type="checkbox"/> BOTH <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>
<b>Was it:</b> <input type="checkbox"/> VERY HELPFUL <input type="checkbox"/> SOMEWHAT HELPFUL <input type="checkbox"/> NOT AT ALL HELPFUL <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>	<b>Was it:</b> <input type="checkbox"/> VERY HELPFUL <input type="checkbox"/> SOMEWHAT HELPFUL <input type="checkbox"/> NOT AT ALL HELPFUL <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>	<b>Was it:</b> <input type="checkbox"/> VERY HELPFUL <input type="checkbox"/> SOMEWHAT HELPFUL <input type="checkbox"/> NOT AT ALL HELPFUL <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>
<b>Was it:</b> <input type="checkbox"/> VERY HELPFUL <input type="checkbox"/> SOMEWHAT HELPFUL <input type="checkbox"/> NOT AT ALL HELPFUL <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>		

COLUMN A	COLUMN B	COLUMN C
While you were enrolled at [SITE], did you ...		
<b>G. Get help dealing with violence in your life?</b>	<input type="checkbox"/> Yes → <b>GO TO COLUMN B.</b> <input type="checkbox"/> No → <b>Was it because:</b> <input type="checkbox"/> YOU DIDN'T NEED IT. <b>OR</b> <input type="checkbox"/> YOU NEEDED IT, BUT YOU COULDN'T GET IT.	<b>Did you get it:</b> <input type="checkbox"/> FROM OR WITH THE HELP OF [SITE] <input type="checkbox"/> ON MY OWN <input type="checkbox"/> BOTH <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>
<b>H. Get help from case management?</b>	<input type="checkbox"/> Yes → <b>GO TO COLUMN B.</b> <input type="checkbox"/> No → <b>Was it because:</b> <input type="checkbox"/> YOU DIDN'T NEED IT. <b>OR</b> <input type="checkbox"/> YOU NEEDED IT, BUT YOU COULDN'T GET IT.	<b>Did you get it:</b> <input type="checkbox"/> FROM OR WITH THE HELP OF [SITE] <input type="checkbox"/> ON MY OWN <input type="checkbox"/> BOTH <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>
<b>I. Get help to clear up credit problems, bad debts, defaults on bills and payments?</b>	<input type="checkbox"/> Yes → <b>GO TO COLUMN B.</b> <input type="checkbox"/> No → <b>Was it because:</b> <input type="checkbox"/> YOU DIDN'T NEED IT. <b>OR</b> <input type="checkbox"/> YOU NEEDED IT, BUT YOU COULDN'T GET IT.	<b>Did you get it:</b> <input type="checkbox"/> FROM OR WITH THE HELP OF [SITE] <input type="checkbox"/> ON MY OWN <input type="checkbox"/> BOTH <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>
<b>J. Attend educational classes (GED, vocational school, college, etc.)?</b>	<input type="checkbox"/> Yes → <b>GO TO COLUMN B.</b> <input type="checkbox"/> No → <b>Was it because:</b> <input type="checkbox"/> YOU DIDN'T NEED IT. <b>OR</b> <input type="checkbox"/> YOU NEEDED IT, BUT YOU COULDN'T GET IT.	<b>Did you get it:</b> <input type="checkbox"/> FROM OR WITH THE HELP OF [SITE] <input type="checkbox"/> ON MY OWN <input type="checkbox"/> BOTH <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>
<b>Was it:</b> <input type="checkbox"/> VERY HELPFUL <input type="checkbox"/> SOMEWHAT HELPFUL <input type="checkbox"/> NOT AT ALL HELPFUL <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>	<b>Was it:</b> <input type="checkbox"/> VERY HELPFUL <input type="checkbox"/> SOMEWHAT HELPFUL <input type="checkbox"/> NOT AT ALL HELPFUL <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>	<b>Was it:</b> <input type="checkbox"/> VERY HELPFUL <input type="checkbox"/> SOMEWHAT HELPFUL <input type="checkbox"/> NOT AT ALL HELPFUL <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>
<b>Was it:</b> <input type="checkbox"/> VERY HELPFUL <input type="checkbox"/> SOMEWHAT HELPFUL <input type="checkbox"/> NOT AT ALL HELPFUL <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>		

COLUMN A		COLUMN B	COLUMN C
While you were enrolled at [SITE], did you ...			
<b>K. Attend life skills / daily / independent living skills classes (e.g., housekeeping, budgeting, managing money, keeping a schedule)</b>	<input type="checkbox"/> Yes → <b>GO TO COLUMN B.</b> <input type="checkbox"/> No → <b>Was it because:</b> <input type="checkbox"/> YOU DIDN'T NEED IT. <b>OR</b> <input type="checkbox"/> YOU NEEDED IT, BUT YOU COULDN'T GET IT.	<b>Did you get it:</b> <input type="checkbox"/> FROM OR WITH THE HELP OF [SITE] <input type="checkbox"/> ON MY OWN <input type="checkbox"/> BOTH <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>	<b>Was it:</b> <input type="checkbox"/> VERY HELPFUL <input type="checkbox"/> SOMEWHAT HELPFUL <input type="checkbox"/> NOT AT ALL HELPFUL <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>
<b>L. Learn how to set goals, and make plans and take steps to achieve them?</b>	<input type="checkbox"/> Yes → <b>GO TO COLUMN B.</b> <input type="checkbox"/> No → <b>Was it because:</b> <input type="checkbox"/> YOU DIDN'T NEED IT. <b>OR</b> <input type="checkbox"/> YOU NEEDED IT, BUT YOU COULDN'T GET IT.	<b>Did you get it:</b> <input type="checkbox"/> FROM OR WITH THE HELP OF [SITE] <input type="checkbox"/> ON MY OWN <input type="checkbox"/> BOTH <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>	<b>Was it:</b> <input type="checkbox"/> VERY HELPFUL <input type="checkbox"/> SOMEWHAT HELPFUL <input type="checkbox"/> NOT AT ALL HELPFUL <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>
<b>M. Get help with parenting, getting along with and supporting your children?</b>	<input type="checkbox"/> Yes → <b>GO TO COLUMN B.</b> <input type="checkbox"/> No → <b>Was it because:</b> <input type="checkbox"/> YOU DIDN'T NEED IT. <b>OR</b> <input type="checkbox"/> YOU NEEDED IT, BUT YOU COULDN'T GET IT.	<b>Did you get it:</b> <input type="checkbox"/> FROM OR WITH THE HELP OF [SITE] <input type="checkbox"/> ON MY OWN <input type="checkbox"/> BOTH <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>	<b>Was it:</b> <input type="checkbox"/> VERY HELPFUL <input type="checkbox"/> SOMEWHAT HELPFUL <input type="checkbox"/> NOT AT ALL HELPFUL <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>
<b>SKIP IF R ALWAYS HAD CUSTODY OF CHILDREN:</b>  <b>N. Receive any type of reunification services to get custody of your children?</b>	<input type="checkbox"/> Yes → <b>GO TO COLUMN B.</b> <input type="checkbox"/> No → <b>Was it because:</b> <input type="checkbox"/> YOU DIDN'T NEED IT. <b>OR</b> <input type="checkbox"/> YOU NEEDED IT, BUT YOU COULDN'T GET IT.	<b>Did you get it:</b> <input type="checkbox"/> FROM OR WITH THE HELP OF [SITE] <input type="checkbox"/> ON MY OWN <input type="checkbox"/> BOTH <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>	<b>Was it:</b> <input type="checkbox"/> VERY HELPFUL <input type="checkbox"/> SOMEWHAT HELPFUL <input type="checkbox"/> NOT AT ALL HELPFUL <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>

**80. Which activities, if any, at [SITE], did you participate in? [MARK ALL THAT APPLY.]**

- HOLIDAY-RELATED EVENTS
- SOCIAL ACTIVITIES
- FIELD TRIPS OR OUTINGS
- SUPPORT GROUPS
- MONTHLY RESIDENT OR COMMUNITY MEETINGS
- Other → **Specify:** \_\_\_\_\_
- HAVE NOT PARTICIPATED IN ANY ACTIVITIES

- Don't know*
- Decline to answer*

**DO FOR FOCAL CHILD ONLY. SEE BOX 8 AND CHEAT SHEET.**

8p-w. Now I am going to ask you some questions about the services that [FOCAL CHILD] might have gotten while you were at [SITE].

[READ EACH ROW ACROSS BEFORE READING THE NEXT ROW.]

[SHOW CARD L.]

COLUMN A		COLUMN B	COLUMN C
While you were at [SITE], did [FOCAL CHILD] get ...			
<p><b>P. Routine health care such as annual check-ups, vaccinations, or well-baby or well-child care?</b></p>	<p><input type="checkbox"/> Yes → GO TO COLUMN B.  <input type="checkbox"/> No → Was it because:  <input type="checkbox"/> YOU DIDN'T NEED IT.  <b>OR</b>  <input type="checkbox"/> YOU NEEDED IT, BUT YOU COULDN'T GET IT.</p>	<p><b>Did you get it:</b>  <input type="checkbox"/> FROM OR WITH THE HELP OF [SITE]  <input type="checkbox"/> ON MY OWN  <input type="checkbox"/> BOTH  <input type="checkbox"/> Don't know  <input type="checkbox"/> Decline</p>	<p><b>Was it:</b>  <input type="checkbox"/> VERY HELPFUL  <input type="checkbox"/> SOMEWHAT HELPFUL <input type="checkbox"/> Don't know  <input type="checkbox"/> NOT AT ALL HELPFUL <input type="checkbox"/> Decline</p>
<p><b>Q. Health care when he/she had an illness or injury?</b></p>	<p><input type="checkbox"/> Yes → GO TO COLUMN B.  <input type="checkbox"/> No → Was it because:  <input type="checkbox"/> YOU DIDN'T NEED IT.  <b>OR</b>  <input type="checkbox"/> YOU NEEDED IT, BUT YOU COULDN'T GET IT.</p>	<p><b>Did you get it:</b>  <input type="checkbox"/> FROM OR WITH THE HELP OF [SITE]  <input type="checkbox"/> ON MY OWN  <input type="checkbox"/> BOTH  <input type="checkbox"/> Don't know  <input type="checkbox"/> Decline</p>	<p><b>Was it:</b>  <input type="checkbox"/> VERY HELPFUL  <input type="checkbox"/> SOMEWHAT HELPFUL <input type="checkbox"/> Don't know  <input type="checkbox"/> NOT AT ALL HELPFUL <input type="checkbox"/> Decline</p>
<p><b>R. Counseling or therapy for emotional or mental health issues?</b></p>	<p><input type="checkbox"/> Yes → GO TO COLUMN B.  <input type="checkbox"/> No → Was it because:  <input type="checkbox"/> YOU DIDN'T NEED IT.  <b>OR</b>  <input type="checkbox"/> YOU NEEDED IT, BUT YOU COULDN'T GET IT.</p>	<p><b>Did you get it:</b>  <input type="checkbox"/> FROM OR WITH THE HELP OF [SITE]  <input type="checkbox"/> ON MY OWN  <input type="checkbox"/> BOTH  <input type="checkbox"/> Don't know  <input type="checkbox"/> Decline</p>	<p><b>Was it:</b>  <input type="checkbox"/> VERY HELPFUL  <input type="checkbox"/> SOMEWHAT HELPFUL <input type="checkbox"/> Don't know  <input type="checkbox"/> NOT AT ALL HELPFUL <input type="checkbox"/> Decline</p>

COLUMN A		COLUMN B	COLUMN C
<b>While you were at [SITE], did [FOCAL CHILD] get ...</b>			
<b>S. Childcare, nursery school, or after-school program?</b>	<input type="checkbox"/> Yes → <b>GO TO COLUMN B.</b> <input type="checkbox"/> No → <b>Was it because:</b> <input type="checkbox"/> YOU DIDN'T NEED IT. <b>OR</b> <input type="checkbox"/> YOU NEEDED IT, BUT YOU COULDN'T GET IT.	<b>Did you get it:</b> <input type="checkbox"/> FROM OR WITH THE HELP OF [SITE] <input type="checkbox"/> ON MY OWN <input type="checkbox"/> BOTH <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>	<b>Was it:</b> <input type="checkbox"/> VERY HELPFUL <input type="checkbox"/> SOMEWHAT HELPFUL <input type="checkbox"/> NOT AT ALL HELPFUL <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>
<b>T. [If child is age 5 or older...] Any activity to help him/her with school or schoolwork, such as tutoring or an after school or summer educational program?</b>	<input type="checkbox"/> Yes → <b>GO TO COLUMN B.</b> <input type="checkbox"/> No → <b>Was it because:</b> <input type="checkbox"/> YOU DIDN'T NEED IT. <b>OR</b> <input type="checkbox"/> YOU NEEDED IT, BUT YOU COULDN'T GET IT.	<b>Did you get it:</b> <input type="checkbox"/> FROM OR WITH THE HELP OF [SITE] <input type="checkbox"/> ON MY OWN <input type="checkbox"/> BOTH <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>	<b>Was it:</b> <input type="checkbox"/> VERY HELPFUL <input type="checkbox"/> SOMEWHAT HELPFUL <input type="checkbox"/> NOT AT ALL HELPFUL <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>
<b>U. Any recreational or fun activities such as games, sports, music or art, at an after-school, weekend, summer, or other program?</b>	<input type="checkbox"/> Yes → <b>GO TO COLUMN B.</b> <input type="checkbox"/> No → <b>Was it because:</b> <input type="checkbox"/> YOU DIDN'T NEED IT. <b>OR</b> <input type="checkbox"/> YOU NEEDED IT, BUT YOU COULDN'T GET IT.	<b>Did you get it:</b> <input type="checkbox"/> FROM OR WITH THE HELP OF [SITE] <input type="checkbox"/> ON MY OWN <input type="checkbox"/> BOTH <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>	<b>Was it:</b> <input type="checkbox"/> VERY HELPFUL <input type="checkbox"/> SOMEWHAT HELPFUL <input type="checkbox"/> NOT AT ALL HELPFUL <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>
<b>V. Had a mentor or special adult other than you who did fun things with him/her?</b>	<input type="checkbox"/> Yes → <b>GO TO COLUMN B.</b> <input type="checkbox"/> No → <b>Was it because:</b> <input type="checkbox"/> YOU DIDN'T NEED IT. <b>OR</b> <input type="checkbox"/> YOU NEEDED IT, BUT YOU COULDN'T GET IT.	<b>Did you get it:</b> <input type="checkbox"/> FROM OR WITH THE HELP OF [SITE] <input type="checkbox"/> ON MY OWN <input type="checkbox"/> BOTH <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>	<b>Was it:</b> <input type="checkbox"/> VERY HELPFUL <input type="checkbox"/> SOMEWHAT HELPFUL <input type="checkbox"/> NOT AT ALL HELPFUL <input type="checkbox"/> <i>Don't know</i> <input type="checkbox"/> <i>Decline</i>

COLUMN A		COLUMN B	COLUMN C
While you were at [SITE], did [FOCAL CHILD] get ...			
<b>W. Any help for dealing with violence in your life or his/her life?</b>	<input type="checkbox"/> Yes → GO TO COLUMN B. <input type="checkbox"/> No → Was it because: <input type="checkbox"/> YOU DIDN'T NEED IT. <b>OR</b> <input type="checkbox"/> YOU NEEDED IT, BUT YOU COULDN'T GET IT.	<b>Did you get it:</b> <input type="checkbox"/> FROM OR WITH THE HELP OF [SITE] <input type="checkbox"/> ON MY OWN <input type="checkbox"/> BOTH <input type="checkbox"/> Don't know <input type="checkbox"/> Decline	<b>Was it:</b> <input type="checkbox"/> VERY HELPFUL <input type="checkbox"/> SOMEWHAT HELPFUL <input type="checkbox"/> NOT AT ALL HELPFUL <input type="checkbox"/> Don't know <input type="checkbox"/> Decline

If Child did not participate in any activities → GO TO 8bb.

8x. Overall, would you say that these activities or services have been good for [FOCAL CHILD]?

- EXCELLENT
- VERY GOOD
- SOMEWHAT GOOD
- NOT AT ALL GOOD

- Don't know
- Decline to answer

8y. Have you noticed any changes in [FOCAL CHILD]'s behavior or attitudes since he/she started participating in these programs and/or activities?

- Yes
- No → [GO TO 8bb]

- Don't know → [GO TO 8bb]
- Decline to answer → [GO TO 8bb]

**8z. Have these changes been:**

- 5  MOSTLY POSITIVE  
 4  MOSTLY NEGATIVE  
 3  BOTH POSITIVE AND NEGATIVE

- 97  *Don't know*  
 98  *Decline to answer*

**8aa. What kinds of changes have you noticed?**

	Have you noticed that....	BETTER	NO CHANGE	WORSE
A	[FOCAL CHILD] gets along with peers	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
B	[FOCAL CHILD] gets along with siblings	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
C	[FOCAL CHILD] gets along with adults	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
D	In general, [FOCAL CHILD] behaves	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
E	With parent(s) [FOCAL CHILD] behaves	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
F	[FOCAL CHILD] Enjoys school	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
G	Other: _____	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**BOX 9**

\_\_\_\_\_ **FOCAL CHILD IS SCHOOL-AGE (5-17) → GO TO 8bb**

\_\_\_\_\_ **FOCAL CHILD IS PRE-SCHOOL (0-4) → GO TO 8dd**

**8bb. Please tell me whether the following statements were often true, sometimes true, or not at all true for [FOCAL CHILD] DURING THE LAST 30 DAYS.**

**SHOW CARD M FOR 8bb and 8cc.**

<b>8bb</b>	<b>Did child...</b>	<b>Was this:</b>
<b>A</b>	Did [CHILD] have trouble sleeping	<sub>3</sub> <input type="checkbox"/> OFTEN TRUE <sub>2</sub> <input type="checkbox"/> SOMETIMES TRUE <sub>1</sub> <input type="checkbox"/> NOT AT ALL TRUE <sub>97</sub> <input type="checkbox"/> DK
<b>B</b>	Was [CHILD] unhappy, sad, or depressed	<sub>3</sub> <input type="checkbox"/> OFTEN TRUE <sub>2</sub> <input type="checkbox"/> SOMETIMES TRUE <sub>1</sub> <input type="checkbox"/> NOT AT ALL TRUE <sub>97</sub> <input type="checkbox"/> DK
<b>C</b>	Was [CHILD] nervous or high-strung ( <i>high strung means: easily upset, nervous, jumpy, or cries easily</i> )	<sub>3</sub> <input type="checkbox"/> OFTEN TRUE <sub>2</sub> <input type="checkbox"/> SOMETIMES TRUE <sub>1</sub> <input type="checkbox"/> NOT AT ALL TRUE <sub>97</sub> <input type="checkbox"/> DK
<b>D</b>	Did [CHILD] have trouble getting along with other kids	<sub>3</sub> <input type="checkbox"/> OFTEN TRUE <sub>2</sub> <input type="checkbox"/> SOMETIMES TRUE <sub>1</sub> <input type="checkbox"/> NOT AT ALL TRUE <sub>97</sub> <input type="checkbox"/> DK
<b>So remember, tell me whether the following statements were often true, sometimes true, or not at all true for [CHILD] <u>DURING THE LAST 30 DAYS.</u></b>		
<b>E</b>	Did [CHILD] have trouble concentrating or paying attention for long	<sub>3</sub> <input type="checkbox"/> OFTEN TRUE <sub>2</sub> <input type="checkbox"/> SOMETIMES TRUE <sub>1</sub> <input type="checkbox"/> NOT AT ALL TRUE <sub>97</sub> <input type="checkbox"/> DK
<b>F</b>	Did [CHILD] feel worthless or inferior	<sub>3</sub> <input type="checkbox"/> OFTEN TRUE <sub>2</sub> <input type="checkbox"/> SOMETIMES TRUE <sub>1</sub> <input type="checkbox"/> NOT AT ALL TRUE <sub>97</sub> <input type="checkbox"/> DK
<b>G</b>	Did [CHILD] Act too young for his/her age	<sub>3</sub> <input type="checkbox"/> OFTEN TRUE <sub>2</sub> <input type="checkbox"/> SOMETIMES TRUE <sub>1</sub> <input type="checkbox"/> NOT AT ALL TRUE <sub>97</sub> <input type="checkbox"/> DK
<b>H</b>	Did [CHILD] Lie or cheat	<sub>3</sub> <input type="checkbox"/> OFTEN TRUE <sub>2</sub> <input type="checkbox"/> SOMETIMES TRUE <sub>1</sub> <input type="checkbox"/> NOT AT ALL TRUE <sub>97</sub> <input type="checkbox"/> DK
<b>I</b>	Did [CHILD] do poorly at school work	<sub>3</sub> <input type="checkbox"/> OFTEN TRUE <sub>2</sub> <input type="checkbox"/> SOMETIMES TRUE <sub>1</sub> <input type="checkbox"/> NOT AT ALL TRUE <sub>97</sub> <input type="checkbox"/> DK

8cc. Now I'm going to read the list again, but I'd like you to think about how [FOCAL CHILD] was feeling and behaving during the time you were homeless or without regular housing, but *before* you got to [SITE].

So remember, as I read each statement, please tell me whether the statement was often true, sometimes true, or not at all true for [FOCAL CHILD] DURING THE TIME WHEN YOU WERE HOMELESS OR WITHOUT REGULAR HOUSING, THAT IS, FROM [DATES OF HOMELESSNESS] (See Cheat Sheet Items # 8 and 9).

	8cc	Was this:
A	Did [CHILD] have trouble sleeping	3 <input type="checkbox"/> OFTEN TRUE 2 <input type="checkbox"/> SOMETIMES TRUE 1 <input type="checkbox"/> NOT AT ALL TRUE 97 <input type="checkbox"/> DK
B	Was [CHILD] unhappy, sad, or depressed	3 <input type="checkbox"/> OFTEN TRUE 2 <input type="checkbox"/> SOMETIMES TRUE 1 <input type="checkbox"/> NOT AT ALL TRUE 97 <input type="checkbox"/> DK
C	Was [CHILD] nervous or high-strung ( <i>high strung means: easily upset, nervous, jumpy, or cries easily</i> )	3 <input type="checkbox"/> OFTEN TRUE 2 <input type="checkbox"/> SOMETIMES TRUE 1 <input type="checkbox"/> NOT AT ALL TRUE 97 <input type="checkbox"/> DK
D	Did [CHILD] have trouble getting along with other kids	3 <input type="checkbox"/> OFTEN TRUE 2 <input type="checkbox"/> SOMETIMES TRUE 1 <input type="checkbox"/> NOT AT ALL TRUE 97 <input type="checkbox"/> DK

So remember, please tell me whether the statement was often true, sometimes true, or not at all true for [CHILD] DURING THE TIME WHEN YOU WERE HOMELESS OR WITHOUT REGULAR HOUSING.

E	Did [CHILD] have trouble concentrating or paying attention for long	3 <input type="checkbox"/> OFTEN TRUE 2 <input type="checkbox"/> SOMETIMES TRUE 1 <input type="checkbox"/> NOT AT ALL TRUE 97 <input type="checkbox"/> DK
F	Did [CHILD] feel worthless or inferior	3 <input type="checkbox"/> OFTEN TRUE 2 <input type="checkbox"/> SOMETIMES TRUE 1 <input type="checkbox"/> NOT AT ALL TRUE 97 <input type="checkbox"/> DK
G	Did [CHILD] act too young for his/her age	3 <input type="checkbox"/> OFTEN TRUE 2 <input type="checkbox"/> SOMETIMES TRUE 1 <input type="checkbox"/> NOT AT ALL TRUE 97 <input type="checkbox"/> DK
H	Did [CHILD] Lie or cheat	3 <input type="checkbox"/> OFTEN TRUE 2 <input type="checkbox"/> SOMETIMES TRUE 1 <input type="checkbox"/> NOT AT ALL TRUE 97 <input type="checkbox"/> DK
I	Did [CHILD] do poorly at school work	3 <input type="checkbox"/> OFTEN TRUE 2 <input type="checkbox"/> SOMETIMES TRUE 1 <input type="checkbox"/> NOT AT ALL TRUE 97 <input type="checkbox"/> DK

**\* GO TO SECTION 9 ON ALCOHOL AND DRUG USE**

**8dd. Please tell me whether the following statement is often true, sometimes true, or not at all true for [FOCAL CHILD] DURING THE LAST 30 DAYS.**

[SHOW CARD M for 8dd and 8ee]

	8dd	Was this:
<b>A</b>	Was [CHILD] uncooperative	3 <input type="checkbox"/> OFTEN TRUE 2 <input type="checkbox"/> SOMETIMES TRUE 1 <input type="checkbox"/> NOT AT ALL TRUE 97 <input type="checkbox"/> DK
<b>B</b>	Did [CHILD] have trouble sleeping	3 <input type="checkbox"/> OFTEN TRUE 2 <input type="checkbox"/> SOMETIMES TRUE 1 <input type="checkbox"/> NOT AT ALL TRUE 97 <input type="checkbox"/> DK
<b>C</b>	Did [CHILD] have speech problems	3 <input type="checkbox"/> OFTEN TRUE 2 <input type="checkbox"/> SOMETIMES TRUE 1 <input type="checkbox"/> NOT AT ALL TRUE 97 <input type="checkbox"/> DK
<b>D</b>	Was [CHILD] unhappy, sad, or depressed	3 <input type="checkbox"/> OFTEN TRUE 2 <input type="checkbox"/> SOMETIMES TRUE 1 <input type="checkbox"/> NOT AT ALL TRUE 97 <input type="checkbox"/> DK
<b>E</b>	Did [CHILD] have temper tantrums or a hot temper	3 <input type="checkbox"/> OFTEN TRUE 2 <input type="checkbox"/> SOMETIMES TRUE 1 <input type="checkbox"/> NOT AT ALL TRUE 97 <input type="checkbox"/> DK
<b>So remember, please tell me whether the following statement is often true, sometimes true, or not at all true for [CHILD] <u>DURING THE LAST 30 DAYS.</u></b>		
<b>F</b>	Was [CHILD] nervous or high-strung ( <i>high strung means: easily upset, nervous, jumpy, or cries easily</i> )	3 <input type="checkbox"/> OFTEN TRUE 2 <input type="checkbox"/> SOMETIMES TRUE 1 <input type="checkbox"/> NOT AT ALL TRUE 97 <input type="checkbox"/> DK
<b>G</b>	Did [CHILD] have trouble getting along with other kids	3 <input type="checkbox"/> OFTEN TRUE 2 <input type="checkbox"/> SOMETIMES TRUE 1 <input type="checkbox"/> NOT AT ALL TRUE 97 <input type="checkbox"/> DK
<b>H</b>	Did [CHILD] have trouble concentrating or paying attention for long	3 <input type="checkbox"/> OFTEN TRUE 2 <input type="checkbox"/> SOMETIMES TRUE 1 <input type="checkbox"/> NOT AT ALL TRUE 97 <input type="checkbox"/> DK
<b>I</b>	Did [CHILD] feel worthless or inferior	3 <input type="checkbox"/> OFTEN TRUE 2 <input type="checkbox"/> SOMETIMES TRUE 1 <input type="checkbox"/> NOT AT ALL TRUE 97 <input type="checkbox"/> DK
<b>J</b>	Did [CHILD] act too young for his/her age	3 <input type="checkbox"/> OFTEN TRUE 2 <input type="checkbox"/> SOMETIMES TRUE 1 <input type="checkbox"/> NOT AT ALL TRUE 97 <input type="checkbox"/> DK

8e. Now I'm going to read the list again, but I'd like you to think about how [FOCAL CHILD] was feeling and behaving during the time you were homeless or without regular housing, but *before* you got to [SITE].

So remember, as I read each statement, please tell me whether the statement was often true, sometimes true, or not at all true for [FOCAL CHILD] DURING THE TIME WHEN YOU WERE HOMELESS OR WITHOUT REGULAR HOUSING, THAT IS, FROM [DATES OF HOMELESSNESS] (See Cheat Sheet Items # 8 and 9).

	8ee	Was this:
A	Was [CHILD] uncooperative	3 <input type="checkbox"/> OFTEN TRUE 2 <input type="checkbox"/> SOMETIMES TRUE 1 <input type="checkbox"/> NOT AT ALL TRUE 97 <input type="checkbox"/> DK
B	Did [CHILD] have trouble sleeping	3 <input type="checkbox"/> OFTEN TRUE 2 <input type="checkbox"/> SOMETIMES TRUE 1 <input type="checkbox"/> NOT AT ALL TRUE 97 <input type="checkbox"/> DK
C	Did [CHILD] have speech problems	3 <input type="checkbox"/> OFTEN TRUE 2 <input type="checkbox"/> SOMETIMES TRUE 1 <input type="checkbox"/> NOT AT ALL TRUE 97 <input type="checkbox"/> DK
D	Was [CHILD] unhappy, sad, or depressed	3 <input type="checkbox"/> OFTEN TRUE 2 <input type="checkbox"/> SOMETIMES TRUE 1 <input type="checkbox"/> NOT AT ALL TRUE 97 <input type="checkbox"/> DK
E	Did [CHILD] have temper tantrums or a hot temper	3 <input type="checkbox"/> OFTEN TRUE 2 <input type="checkbox"/> SOMETIMES TRUE 1 <input type="checkbox"/> NOT AT ALL TRUE 97 <input type="checkbox"/> DK
<b>So remember, please tell me whether the following statement is often true, sometimes true, or not at all true for [CHILD] <u>DURING THE TIME WHEN YOU WERE HOMELESS OR WITHOUT REGULAR HOUSING.</u></b>		
F	Was [CHILD] nervous or high-strung ( <i>high strung means: easily upset, nervous, jumpy, or cries easily</i> )	3 <input type="checkbox"/> OFTEN TRUE 2 <input type="checkbox"/> SOMETIMES TRUE 1 <input type="checkbox"/> NOT AT ALL TRUE 97 <input type="checkbox"/> DK
G	Did [CHILD] have trouble getting along with other kids	3 <input type="checkbox"/> OFTEN TRUE 2 <input type="checkbox"/> SOMETIMES TRUE 1 <input type="checkbox"/> NOT AT ALL TRUE 97 <input type="checkbox"/> DK
H	Did [CHILD] have trouble concentrating or paying attention for long	3 <input type="checkbox"/> OFTEN TRUE 2 <input type="checkbox"/> SOMETIMES TRUE 1 <input type="checkbox"/> NOT AT ALL TRUE 97 <input type="checkbox"/> DK
I	Did [CHILD] feel worthless or inferior	3 <input type="checkbox"/> OFTEN TRUE 2 <input type="checkbox"/> SOMETIMES TRUE 1 <input type="checkbox"/> NOT AT ALL TRUE 97 <input type="checkbox"/> DK
J	Did [CHILD] act too young for his/her age	3 <input type="checkbox"/> OFTEN TRUE 2 <input type="checkbox"/> SOMETIMES TRUE 1 <input type="checkbox"/> NOT AT ALL TRUE 97 <input type="checkbox"/> DK

**9. ALCOHOL AND DRUG ABUSE**

**MAST/DAST & MODIFIED NSHAPC**

The following questions ask about alcohol and drug use that you may or may not have experienced. Some of these questions may be sensitive and I want to remind you that you do not have to answer any questions that you do not want to. Remember, everything you tell me today is **confidential**, and what you say will have no impact on your housing or the services you receive here.

We are asking you these questions to learn about whether people’s use of alcohol and drugs in housing programs like this one changes over time. Remember, you do not have to answer these questions if you don’t feel comfortable doing so.

**During your lifetime, have there been times when you drank...**

- 9a. ...Alcohol (e.g., beer, wine or liquor) 3 or more times a week?  Yes  No  
 9b. ...Alcohol to get drunk 3 or more times a week?  Yes  No

**“NO” TO BOTH → GO TO 9h**

- 9c. During the past 12 months, have you drunk alcohol?  Yes  No

**“NO” TO 9c → GO TO 9i  
 “YES” TO 9c → GO TO 9d**

9d. In the last 12 months, have you...? (READ EACH CATEGORY AND MARK RESPONSE.)		YES	NO	DK	DTA
1	LOST CONSCIOUSNESS OR PASSED OUT AS A RESULT OF DRINKING?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	HAD BLACKOUTS WHERE YOU DON’T REMEMBER THINGS AS A RESULT OF DRINKING?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	EXPERIENCED TREMORS OR SHAKING AS A RESULT OF DRINKING?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	EXPERIENCED SEIZURES, CONVULSIONS AS A RESULT OF DRINKING?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Remember, this is in the past 12 months.</b>					
5	NOT BEEN ABLE TO STOP DRINKING WHEN YOU WANTED TO?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	EXPERIENCED PROBLEMS BETWEEN YOU AND YOUR PARTNER, PARENT OR OTHER NEAR RELATIVE AS A RESULT OF DRINKING?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	BEEN ARRESTED, EVEN FOR A FEW HOURS, BECAUSE OF BEHAVIOR DUE TO DRINKING (E.G., DRUNK DRIVING, GETTING IN FIGHTS, BEING “DRUNK AND DISORDERLY”)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9e. Have you ever been treated for alcohol abuse?

- Yes  Don’t know → [GO TO 9i]  
 No → [GO TO 9i]  Decline to answer → [GO TO 9i]

**9f. Please tell me all the kinds of treatment you received for problems with alcohol. [MARK ALL THAT APPLY.]**

- ALCOHOLICS ANONYMOUS
- OTHER OUTPATIENT
- DETOX
- HOSPITAL, NOT DETOX
- RESIDENTIAL TREATMENT PROGRAM
- Other → Specify: \_\_\_\_\_

- Don't know
- Decline to answer

**9g. Have you had any of this treatment in the last 12 months?**

- Yes → GO TO 9i
- No → GO TO 9i

- Don't know → GO TO 9i
- Decline to answer → GO TO 9i

**9h. In the past 30 days, have you drunk alcoholic beverages?**

- Yes
- No

- Don't know
- Decline to answer

**9i. During your lifetime, have there been times when you used an illegal drug regularly? By illegal drugs, I mean things like marijuana (except when used for medicinal purposes), ecstasy, cocaine, crack, heroin, speed, uppers, downers, etc. By regularly, I mean 3 or more times a week. (Please do not include prescription drugs taken at the advice of a doctor or nurse.) Remember that what you say is confidential.**

- Yes
- No → [GO TO 9o]

<b>9J. In the last 12 months... (READ EACH CATEGORY AND MARK RESPONSE.)</b>		<b>YES</b>	<b>NO</b>	<b>DK</b>	<b>DTA</b>
1	HAVE YOU USED MORE THAN ONE DRUG AT A TIME?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	HAVE YOU HAD "BLACKOUTS" OR "FLASHBACKS" AS A RESULT OF DRUG USE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	HAVE YOUR FRIENDS OR RELATIVES KNOWN OR SUSPECTED YOU USED DRUGS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	HAVE YOU LOST FRIENDS BECAUSE OF YOUR DRUG USE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>REMEMBER, THIS IS IN THE LAST 12 MONTHS.</b>					
5	HAVE YOU NOT SPENT TIME WITH YOUR FAMILY OR MISSED WORK BECAUSE OF DRUG USE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	HAVE YOU ENGAGED IN ILLEGAL ACTIVITIES IN ORDER TO OBTAIN DRUGS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	HAVE YOU EXPERIENCED WITHDRAWAL SYMPTOMS AS A RESULT OF HEAVY DRUG INTAKE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	HAVE YOU HAD MEDICAL PROBLEMS AS A RESULT OF DRUG USE (E.G., MEMORY LOSS, HEPATITIS, CONVULSIONS, BLEEDING)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9k. In the past 30 days, have you used illegal drugs?**

<sup>1</sup> Yes  
<sup>0</sup> No

<sup>97</sup> *Don't know*  
<sup>98</sup> *Decline to answer*

**9l. Have you ever been treated for drug abuse?**

<sup>1</sup> Yes  
<sup>0</sup> No → [GO TO 9o]

<sup>97</sup> *Don't know* → [GO TO 9o]  
<sup>98</sup> *Decline to answer* → [GO TO 9o]

**9m. Please tell me all the kinds of treatment you received for problems with drugs. [MARK ALL THAT APPLY.]**

12 STEP / NARCOTICS ANONYMOUS /  
COCAINE ANONYMOUS  
 OTHER OUTPATIENT  
 DETOX  
 HOSPITAL, NOT DETOX  
 RESIDENTIAL TREATMENT PROGRAM  
 Other → Specify: \_\_\_\_\_

*Don't know*  
 *Decline to answer*

**9n. Have you had any of this treatment in the last 12 months?**

<sup>1</sup> Yes  
<sup>0</sup> No

<sup>97</sup> *Don't know*  
<sup>98</sup> *Decline to answer*

**9o. When you moved into [SITE], did you take steps to reduce the negative effects of substance use in your life (i.e. taking steps to change your pattern of alcohol and/or drug use and behaviors)?**

<sup>2</sup> Didn't do anything because didn't have negative effects  
<sup>1</sup> Yes  
<sup>0</sup> No

<sup>97</sup> *Don't know*  
<sup>98</sup> *Decline to answer*

**10. MENTAL HEALTH**

**NSHAPC**

The following questions ask about mental health conditions you may or may not have experienced. Some of these questions may be sensitive and I want to remind you that you do not have to answer any questions that you do not want to.

**10. Have you ever had a significant period (several weeks or more) that was not a direct result of drug/alcohol use in your life in which you have...?**

**INTERVIEWER: ASK ALL AS YES/NO. WHEN FINISHED, GO BACK AND GET RECENCY FOR ANY "YESES"**

		Yes	No	Enter CODE	SHOW CARD N FOR ALL "YES" RESPONSES. IF YES → How recently did you experience...?
<b>A</b>	Experienced serious depression	<input type="checkbox"/>	<input type="checkbox"/>		1 - WITHIN THE PAST MONTH 2 - 1 TO 6 MONTHS AGO 3 - HALF A YEAR TO 1 YEAR AGO 4 - BETWEEN ONE AND TWO YEARS AGO 5 - BETWEEN TWO AND FOUR YEARS AGO 6 - MORE THAN 4 YEARS AGO  97 - DON'T KNOW 98 - REFUSED
<b>B</b>	Experienced serious anxiety or tension	<input type="checkbox"/>	<input type="checkbox"/>		
<b>C</b>	Experienced hallucinations, that is, heard voices or seen things that you could not control or that others could not hear or see	<input type="checkbox"/>	<input type="checkbox"/>		
<b>D</b>	Experienced trouble understanding, concentrating or remembering	<input type="checkbox"/>	<input type="checkbox"/>		
<b>E</b>	Experienced trouble controlling violent behavior	<input type="checkbox"/>	<input type="checkbox"/>		
<b>F</b>	Experienced serious thoughts of suicide	<input type="checkbox"/>	<input type="checkbox"/>		
<b>G</b>	Attempted suicide	<input type="checkbox"/>	<input type="checkbox"/>		
<b>H</b>	Taken prescribed medications for any psychological / emotional problem	<input type="checkbox"/>	<input type="checkbox"/>		

**BOX 10**

\_\_\_\_\_ **ALL ANSWERS "NO" → GO TO SECTION 11**

\_\_\_\_\_ **AT LEAST ONE CODE "1" (PAST 30 DAYS) → GO TO 10i**

\_\_\_\_\_ **NO CODE "1", BUT ONE OR MORE "YES" → GO TO 10k**

**10i. In the past 30 days, on how many days have you experienced any of these things?**

\_\_\_\_\_ On how many days?      <sup>97</sup> *Don't know* → **SKIP TO 10k.**  
<sup>98</sup> *Decline to answer* → **SKIP TO 10k.**

**10j. During the past 30 days, how much have you been troubled or bothered by any of these experiences? [SHOW CARD O.]**

- 1  NOT AT ALL
- 2  A LITTLE
- 3  MODERATELY
- 4  CONSIDERABLY
- 5  EXTREMELY

- 97  *Don't know*
- 98  *Decline to answer*

**10k. Have you ever received outpatient treatment or counseling for emotional or mental problems (from a clinic or private doctor)?**

- 1  Yes
- 0  No → **SKIP TO 10o.**

- 97  *Don't know* → **SKIP TO 10o.**
- 98  *Decline to answer* → **SKIP TO 10o.**

**10l. In your lifetime, how many times have you received outpatient treatment for emotional or mental conditions?** By time, I mean a period in which you went to counseling or treatment, not every appointment you went to.

- 1  Once
- 2  Twice
- 3  Three times
- 4  Four or more times

- 97  *Don't know*
- 98  *Decline to answer*

**10m. When was the last period during which you received this outpatient treatment or counseling for emotional or mental problems (from a clinic or private doctor)? [SHOW CARD P.]**

- 1  Still in treatment or counseling
- 2  Within the past month
- 3  1 to 6 months ago
- 4  6 to 12 months ago
- 5  1 to 2 years ago
- 6  At least two years ago

- 90  Never
- 97  *Don't know*
- 98  *Decline to answer*

**10n. How important is treatment or counseling for these psychological problems to you now? [SHOW CARD Q.]**

- 1  NOT AT ALL IMPORTANT
- 2  A LITTLE IMPORTANT
- 3  MODERATELY IMPORTANT
- 4  CONSIDERABLY IMPORTANT
- 5  EXTREMELY IMPORTANT

- 97  *Don't know*
- 98  *Decline to answer*

**10o. Have you ever been hospitalized for emotional or mental problems?**

- 1  Yes
- 0  No

- 97  *Don't know*
- 98  *Decline to answer*

**11. CRIMINAL HISTORY**

**SVORI**

We are going to ask you a few questions about whether you have had any trouble with the law.

**11a. In your life, have you ever been placed in a juvenile detention facility, a juvenile training school, or in any other kind of juvenile facility because of committing a crime or for status reasons?**

- Yes
- No

**11b. Have you ever been in an adult jail or prison for more than 24 hours at one time?**

**(CHECK ALL THAT APPLY)**

- Yes, prison
- Yes, jail
- No

**11c. Have you ever been convicted of a felony for drugs or other offenses?**

- Yes
- No

**12. PHYSICAL DISABILITIES**

We are going to ask you a few questions about any physical disabilities that you and your children may have.

**12a. Does your current health limit you a lot, a little, or not at all in moderate activities, such as moving a table or walking to the grocery store or to school?**

- 2  A lot
- 1  A little
- 0  Not at all

**12b. Does your current health limit you a lot, a little, or not at all in climbing several flights of stairs?**

- 2  A lot
- 1  A little
- 0  Not at all

**12c. Do you have any physical disabilities that require special housing needs?**

- 1  Yes
- 0  No

**12d. Does the current health of any of your children who live with you limit them a lot, a little, or not at all in moderate activities, such as moving a table or walking to the grocery store or to school?**

- 2  A lot
- 1  A little
- 0  Not at all

**12e. Does the current health of any of your children who live with you limit them a lot, a little, or not at all in climbing several flights of stairs?**

- 2  A lot
- 1  A little
- 0  Not at all
- 0  Due to age, child not able to walk yet

**12f. Do any of your children who live with you have any physical disabilities that require special housing needs?**

- 1  Yes
- 0  No

**12g. If 12c or 12f are “yes,” ask→What specific housing requirements does your family have? (please list all that apply)**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**13. OPINIONS**

To improve services for families like yours, we would like to ask you what you have liked the most and the least about [SITE]. Again, your responses will not affect your housing or any services you and your family receive here.

**13a. What are three things you like most about [SITE]?**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**13b. What are three things you like least about [SITE]?**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**13c. What are three things you think were *most important* about [SITE], including people and activities, in helping you and other families?**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Congratulations! You have finished the interview. Those are all of my questions! We really appreciate you taking the time to participate in this survey.**

**Give R the resource list.**

**Interviewer's Confidence in Validity of Responses**

- Confident
- Some doubts → **Why? Explain below.**
- Not very confident at all → **Why? Explain below.**

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**Interviewer Comments and Observations**

**[Record here anything unusual or difficult about the interview, the experience, the location, etc. Also, note any questions or sections of the survey that didn't work.]**

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