

Alameda County-wide Shelter and Services Survey

February 22-28, 2003

Alameda County-wide Continuum of Care Council

SITE COORDINATOR:

Respondent ID:	Interviewer name:
Selection ticket #:	Interviewer code:
Date:	Language: English.....1
	Spanish.....2
Service site type:	Vietnamese.....3
Service site name:	Cantonese.....4
Service site code:	Other/unknown...5

PRE-INTERVIEW OBSERVATION:

Client sex: Male1 Female0 Unknown2	Interview status: Completed.....1 Begun, not completed2 Not conducted.....3
Client race: White.....1 Black.....2 Asian.....3 Other/mixed...4 Minor: Accompanied?	Reason interview not completed: Respondent refused 1 R agreed, but no show 2 Accompanied minor 3 Language barrier 4 Not eligible (Go to V2) ... 5 Other (Go to V2) 6

Alameda County-wide Shelter and Services Survey

Interviewer's guide to formatting:

Standard upper and lower case Times New Roman type – Read aloud to respondent.

COURIER TYPE – Do not read to respondent.

Underlined words – Add voice emphasis for clarity.

BOLD FACE CAPS – Instructions for interviewers (do not read aloud).

Italics – notes that will be deleted in final version

Question sources:

Most questions in this document are drawn from other surveys to make the results as comparable as possible to published results from similar studies. Question sources are identified with the initials of the survey and the question number in brackets at the end of the question text – “. . . ? [CAUS B1]”. If the wording of the question, or the set of response choices, was modified from the original for this survey, “m” is added to the survey designation – “. . . ? [CAUSm, B1]”.

National Survey of Homeless Assistance Providers and Clients (NSHAPC)

National Alcohol Survey 2000, N10 version (NAS)

World Health Org. Composite Intntl. Diagnostic Interview- Short Form 1.0 (CIDI-SF1)

County of Alameda Uninsured Survey (CAUS)

California Health Interview Survey (CHIS)

Alameda County Community Health Survey, still in draft (ACCHS)

Suburban Virginia HIV/AIDS Housing Survey (V-AIDS)

Medical Outcomes Survey Short Form-8 (SF-8)

Census 2000 (Census 2000)

Global Appraisal of Individual Needs – Initial (GAIN-I)

Contacts:

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START TIME ____ ____ : ____ ____ **AM / PM**

COPY FROM COVER SHEET:

RESPONDENT ID: ____ ____ - ____ ____ ____ ____

“Hello, my name is_____. I am a volunteer interviewer for an Alameda County-wide housing and services survey. We would like your help. We are trying to find out what services people are using and whether they are getting what they need. Service programs throughout the county will use the results to improve services. Your answers will be confidential and anonymous, and will not affect the services you receive, here or anywhere else. When we finish the interview, I can give you a gift to thank you for your time. Are you willing to spend about 25 minutes and take part in the survey? Thank you.

IF RESPONDENT GIVES A REASON FOR NOT DOING THE SURVEY: We want to talk to you anyway.

I’m going to start by asking you some really obvious things.

B1. Which of these best describes you? [V-AIDSm]

PROMPT: Remember, all your answers are confidential and anonymous.

- I am male 1
- I am female0
- I am transgender2
- Other3
- SPECIFY: _____
- REFUSED.....-7

B2. When were you born?

IF NEEDED, PROMPT: It's OK to tell me just the month and year.

___ ___ / ___ ___ / 1 9 ___ ___
MONTH DAY YEAR

DON'T KNOW -8
REFUSED..... -7

B3. So, that would make you how many years old? [ACCHSm]

PROMPT: All your answers are confidential and anonymous.

IF NEEDED, PROMPT WITH CATEGORIES:

___ YEARS	OR	0 - 17 YEARS.....	200
DON'T KNOW ...		18 - 20	201
REFUSED		21 - 24	202
		25 - 34	203
		35 - 44	204
		45 - 54	205
		55 - 64	206
		65 or over	207

B4. For classification purposes, we'd like to know your racial background. Please tell me if you describe yourself as [ACCHSm, can code to HUD categories]

MARK ALL THAT APPLY

- Native Hawaiian 1
- Other Pacific Islander 2
- American Indian or Alaskan Native 3
- Asian..... 4
- Hispanic/ Latino/ Mexican 5
- White..... 6
- Black or African American..... 7
- Other 8
- What else? _____
- DON'T KNOW -8
- REFUSED..... -7

B5. What language are you most comfortable speaking? [CHISm, AH36]

- A . ENGLISH..... 1
- B . SPANISH..... 2
- C . CANTONESE..... 3
- D . VIETNAMESE 4
- E . TAGALOG (PHILLIPINES)..... 5
- F . MANDARIN..... 6
- G . KOREAN..... 7
- H . ASIAN-INDIAN (HINDI , SANSKRIT ,
BENGALI , KASHMIRI , GUJARATI ,
MARATHI , PUNJABI , URDU , TAMIL ,
TELUGA , KANNADA , MALAYALAM)..... 8
- I . RUSSIAN..... 9
- J . OTHER 10
- What language is that? _____
- REFUSED..... -7

C1. Do you have a place in Alameda County, inside or outside, where you sleep regularly?

YES..... 1
NO..... 0
DON'T KNOW..... -8
REFUSED..... -7

C2. In what city in Alameda County is that?

MARK ALL MENTIONED BY RESPONDENT

ALAMEDA..... 1
ALBANY..... 2
BERKELEY..... 3
DUBLIN..... 4
FREMONT..... 5
HAYWARD..... 6
LIVERMORE..... 7
OAKLAND..... 8
PIEDMONT..... 9
PLEASANTON..... 10
SAN LEANDRO..... 11
UNION CITY..... 12
OTHER..... 13
Where else? _____
RICHMOND..... 14
DON'T KNOW..... -8
REFUSED..... -7

X1. Over the last seven days, since last [SAY NAME OF DAY TODAY], how many days did you get food from the following sources?

IF NEEDED, PROMPT: If it's easier to remember, tell me the places you go in a usual week.

READ ALL, MARK ALL		WORKSHEET						
FOOD SITES	NUMBER OF DAYS 0 - 7	MON	TUE	WED	THU	FRI	SAT	SUN
A. Breakfast at a soup kitchen, or public dining room								
B. Lunch at a soup kitchen, or public dining room								
C. Dinner at a soup kitchen, or public dining room								
D. A food pantry, where you get a box or bag of food to cook yourself								
E. Mobile program, like a van that goes to parks								
DON'T KNOW								
REFUSED								

CHECK IF WORKSHEET USED

X1a1. Was last week a usual week?

YES 1
 NO 2
 DON'T KNOW -8
 REFUSED..... -7

X2. I am going to read several places you might have stayed overnight in the past week. In the last seven nights, since last [SAY NAME OF DAY TODAY], how many nights did you sleep or rest in the following places?

IF NEEDED, PROMPT: If it's easier to remember, tell me where you go in a usual week.

ADD UP THE NIGHTS, ACCOUNT FOR SEVEN (7) NIGHTS, AN ENTIRE WEEK.

READ & MARK ALL A – D, USE E - G IF NEEDED.

		WORKSHEET						
SHELTER SITES	NUMBER OF NIGHTS	MON	TUE	WED	THU	FRI	SAT	SUN
A. A shelter								
B. A transitional shelter or transitional housing PROMPT: A place you can stay 6 months to 2 years, and get other services								
C. A room paid for by a voucher								
D. A place that provides permanent supportive housing for homeless persons, and services								
E. Outside / on the street / abandoned building / place of business, etc.								
F. House, apartment, hotel, or rented room								
G. Other, Where? _____								
TOTAL NUMBER OF NIGHTS								
DON'T KNOW								
REFUSED								

CHECK IF WORKSHEET USED

X2a1. Was last week a usual week?

YES 1
 NO 2
 DON'T KNOW -8
 REFUSED..... -7

X3. Over the last seven days, since last [SAY NAME OF DAY TODAY], how many days did an outreach worker offer to help you? Outreach workers are people who come to you at outdoor locations to hand out blankets or food, see if you are okay, or offer help.

IF NEEDED, PROMPT: If it's easier to remember, tell me which days of the week that happens in a usual week.

WORKSHEET

	NUMBER OF DAYS 0 - 7	MON	TUE	WED	THU	FRI	SAT	SUN
A. Outreach worker visited								
DON'T KNOW								
REFUSED								

CHECK IF WORKSHEET USED

X3a1. Was last week a usual week?

- YES 1
- NO 2
- DON'T KNOW -8
- REFUSED..... -7

X4. Over the last seven days, since last [SAY NAME OF DAY TODAY], how many days did you visit a drop-in center or a multi-service center? That is a place where you can talk to someone, get a cup of coffee, or warm up.

IF NEEDED, PROMPT: If it's easier to remember, tell me which days of the week you go there in a usual week.

WORKSHEET

	NUMBER OF DAYS 0 - 7	MON	TUE	WED	THU	FRI	SAT	SUN
A. Went to a drop-in center								
DON'T KNOW								
REFUSED								

CHECK IF WORKSHEET USED

X4a1. Was last week a usual week?

- YES 1
- NO 2
- DON'T KNOW -8
- REFUSED..... -7

D1. When you were a child, before the age of 18, were you ever placed in a foster home, a group home or any other kind of institution? [NSHAPCm, 2.17/8]

MARK ALL THAT APPLY

- No, never0
- A foster home1
- A group home2
- Another kind of institution.....3
- DON'T KNOW-8
- REFUSED.....-7

D2. Were you ever in jail or prison? [V-AIDSm, 8]

PROMPT: This includes jail, prison, California Rehab Center, juvenile hall, California Youth Authority, and military lock-ups, but not a group home or mental hospital.

PROMPT: Remember, all your answers are confidential and anonymous.

- YES 1
- NO..... 0 **GO TO E1**
- DON'T KNOW-8 **GO TO E1**
- REFUSED.....-7 **GO TO E1**

D3. When was the last time you were released?

- In the last 30 days1
- More than 30 days ago, but in the past year2
- More than a year ago3
- DON'T KNOW-8
- REFUSED.....-7

E1. Who do you live with now, or who lives with you now? [NSHAPCm; V-AIDS, 11]

MARK ALL THAT APPLY NOW.

- No one, I live alone 1
- I live with my husband, wife or partner.....2
- I live with my child or children3
- I live with my mother, father or other family members4
- I live in a group home, shelter, or hospital5
- I live with one or more friends6
- I have some other arrangement7
- What is that? _____
- _____
- DON'T KNOW -8
- REFUSED..... -7

E2. How many children do you have that are under 21 (include step-children and foster children)? [CAUSm, H7]

____ NUMBER OF CHILDREN (UNDER 21)
HAS NO CHILDREN.....0 GO TO E5
REFUSED.....-7 GO TO E5
DON'T KNOW.....-8 GO TO E5

E3. How many of your children under 21 live with you now, part of the time or all the time?

____ NUMBER OF CHILDREN WITH RESPONDENT
REFUSED.....-7

IF NO CHILDREN LIVE WITH RESPONDENT (E4 = 0), GO TO E6

IF RESPONDENT LIVES ALONE (E2 = 1), GO TO E7

E4. What are the ages of the children under 21 who live with you now? [CAUSm]

1. ____ YEARS OR ____ MONTHS
2. ____ YEARS OR ____ MONTHS
3. ____ YEARS OR ____ MONTHS
4. ____ YEARS OR ____ MONTHS
5. ____ YEARS OR ____ MONTHS
6. ____ YEARS OR ____ MONTHS

E5. How many of the past 30 nights were you separated from other family members because of the rules of a shelter or housing program?

IF NEEDED, PROMPT WITH CATEGORIES:

____ # OF NIGHTS	OR	Not at all	40
NOT APPLICABLE..-6		1 to 7 nights	41
REFUSED.....-7		Between a week and 2 weeks	42
DON'T KNOW.....-8		More than two weeks	43

E6. What kind of place do you live in now? [V-AIDSm, code to NSHAPC, GAIN-I]

READ ALL. MARK ONLY ONE RESPONSE

- Transitional housing for homeless people,
where I can live for six months to two years 1
- Permanent housing for homeless people where I get
services for my health or other needs 2
- A hotel/motel that I rent by the night, week or month..... 3

- A house, apartment, condo or mobile home
that I, or my spouse or partner, own or rent 3
- A room that I rent, long-term..... 4
- With friends or family 5

- A shelter or emergency shelter 6
- The streets, in parks, or in a car 7
- Abandoned building, shed, campsite 8
- In jail or prison or correctional half-way house..... 9
- Other kind of place 10
- What kind of place? _____
- DON' T KNOW -8
- REFUSED..... -7

E7. How long can you stay there, before you get asked to leave or move? [NSHAPCm]

MARK ONE RESPONSE

- As long as I want or need 1
- Program rules allow from 6 months to 2 years 2
- Between a month and 6 months 3
- Less than 30 days, or just 28 days 4
- I stay several places, move around to keep things friendly 5
- Until I get caught 6
- Other arrangement 7
- What is that? _____
- DON' T KNOW -8
- REFUSED..... -7

E8. Were you ever homeless, or ever had to stay with someone else to avoid being homeless?
 [ACCHSm, HL2; V-AIDS; GAIN-Im]

- YES..... 1
- NO..... 0 **GO TO G1**
- DON'T KNOW.....-8 **GO TO G1**
- REFUSED.....-7 **GO TO G1**

E9. A place of your own includes a house, apartment or rented room, but not shelters, a room paid with a voucher, or transitional housing programs that provide permanent housing for homeless persons. If you are currently homeless, when was the last time that you had a place of your own for 30 days or more in the same place? [NSHAPCm, 2.?)

- _____ DAYS AGO
- _____ WEEKS AGO
- _____ MONTHS AGO
- _____ YEARS AGO
- NOT CURRENTLY HOMELESS -1
- NEVER HAD A PLACE OF MY OWN . . -6
- DON'T KNOW -8
- REFUSED -7

E10. How much of the past 3 years were you homeless, or without a regular place to stay, in total, counting time in shelters, but not counting any time in jail or prison? [ACCHSm, HL2; NSHAPCm, 2.25; V-AIDS, 20a]

- _____ DAYS
- _____ WEEKS
- _____ MONTHS
- _____ YEARS
- DON'T KNOW.....-8
- REFUSED.....-7

E11. Now I will read some reasons that people might become homeless. Please tell me, the last time you became homeless, if these statements were true for you. "I became homeless because" [V-AIDSm, 20b]

PROMPT: Was that true for you?

MARK ALL THAT APPLY

- My benefit check(s) were stopped or reduced 1
- My income from work dropped or stopped 2
- My total income is not enough to afford housing..... 3
- I had no income 4
- My family, partner or roommate made me move 5
- I broke up with a spouse or partner, or another family change 6
- The building was closed by the government as unsafe 7
- I was evicted from my place 8
- I moved to a new area and had no money, friends or family 9
- I was released from jail, prison or a hospital..... 10
- Because I was using alcohol..... 11
- Because I was using drugs 12
- Some other reason..... 13
- What was that? _____
- DON'T KNOW -8
- REFUSED..... -7

E12. I have one more housing question. Where you are living now, do you sleep in a bedroom?

- YES 1
- NO..... 2
- DON'T KNOW -8
- REFUSED..... -7

G1. What is the highest grade in school that you completed? [CAUSm]

MARK ONE RESPONSE, WITHOUT READING

NEVER ATTENDED	0	
KINDERGARTEN OR FIRST GRADE.....	1	
SECOND OR THIRD GRADE.....	3	
FOURTH OR FIFTH GRADE.....	5	
SIXTH GRADE.....	6	
SEVENTH, EIGHTH, OR NINTH GRADE.....	9	
TENTH OR ELEVENTH GRADE.....	11	
TWELFTH GRADE.....	12	
SOME COLLEGE.....	13	
AA DEGREE.....	14	GO TO G3
GRADUATED COLLEGE.....	15	GO TO G3
SOME GRADUATE WORK.....	16	GO TO G3
ANY ADVANCED DEGREE.....	16	GO TO G3
DON'T KNOW	-8	
REFUSED.....	-7	

G2. Did you graduate from High School, or complete a GED certificate program in place of a High School diploma?

No, neither	0
Graduated from high school.....	1
GED (General Equivalency Diploma).....	2
DON'T KNOW	-8
REFUSED.....	-7

G3. Are you in any kind of school or training now, for a diploma, degree, vocational course, or training program? [NSHAPC, 4.5a]

YES.....	1
NO.....	0
DON'T KNOW	-8
REFUSED.....	-7

G4. Did you ever serve in the military? [NSHAPC?]

YES	1	
NO	0	GO TO G6
DON'T KNOW	-8	GO TO G6
REFUSED.....	-7	GO TO G6

G5. What kind of discharge did you receive? [NSHAPC?]

Honorable	1	
General	2	
Bad Conduct	3	
Medical	4	
Dishonorable	5	
DON'T KNOW	-8	
REFUSED.....	-7	

G6. Did you do any paid work at all during the last 30 days? [NSHAPC, 7.1]

PROMPT: Anything that brings in money.

- YES..... 1
- NO..... 0 **GO TO H1**
- DON'T KNOW-8 **GO TO H1**
- REFUSED.....-7 **GO TO H1**

G7. Is this work . . . ? [NSHAPCm, 7.2]

MARK ALL THAT APPLY

- A job for 3 months or more with the same employer 1
- A job for less than 3 months that you expect to last at least 3 months 2
- A temporary job you expect to last less than 3 months 3
- A temporary farmwork job 4
- A day job or pick-up labor, that lasts a few hours or days 5
- Selling things on the streets or recycling for money 6
- Other 7
- SPECIFY: _____
- REFUSED..... -7

G8. During the last 30 days, how many hours did you usually work per week at all jobs or businesses? [NSHAPC, 7.3m, CAUSm, G3a]

IF NEEDED, PROMPT WITH CATEGORIES :

- ____ HOURS PER WEEK **OR** Not working now 200
- GO TO H1** Less than 15 hours per week 201
- Between 16 and 30 hours per week ... 202
- Between 31 and 39 hours per week ... 203
- 40 or more hours per week 204
- DON'T KNOW -8
- REFUSED..... -7

These next questions are about public assistance programs and other sources of income, because we need to know how people are surviving. Remember, your answers are confidential and anonymous.

H1. Your family unit is the people who live with you now and share their income.

If you live alone, your family unit is just yourself, one person.

How many people are supported by the total income of your family unit, including yourself?

___ NUMBER OF PEOPLE (1 OR MORE)

NO ONE ELSE, ALONE..... 1

REFUSED (REF.) -7

DON'T KNOW (D.K.) -8

H2. Did anyone in your family unit, including you, receive income or benefits from any of these sources <u>in the last month</u> ? Did you get . . . ? [NSHAPCm, 8.1, V-AIDSm]	YES 1	NO 0	D.K. -8	REF. -7	H3. How much is that per month?
READ ALL. IF "YES," ASK "HOW MUCH"					WHOLE \$
A Food Stamps					
B General assistance (GA)					
C "Welfare" / CalWORKs Temporary Assistance to Needy Families (TANF) / AFDC					
D Supplemental Security Income (SSI)					
E Social Security Disability Income (SSDI)					
F Social Security retirement check (SSA)					
G Some other retirement payment					
H Veteran's benefits					
I Unemployment benefits					

<p>H2. Did anyone in your family unit, including you, receive income or benefits from any of these sources <u>in the last month</u>? Did you get . . . ? [NSHAPCm, 8.1, V-AIDSm]</p> <p>READ ALL. IF “YES,” ASK “HOW MUCH”</p>	<p>YES 1</p>	<p>NO 0</p>	<p>D.K. -8</p>	<p>REF. -7</p>	<p>H3. How much is that per month? WHOLE \$</p>
<p>J Some other benefit What kind? _____</p>					
<p>K Regular payments for child support or alimony</p>					
<p>L Help from family or friends</p>					
<p>M Pay for working, any kind of work</p>					
<p>N Any other ways of getting money, like recycling, panhandling, giving blood for money, or hustling</p>					

J1. What types of health coverage do you have that pays for doctor visits or other types of care? [CAUSm, C1; V-AIDS, 18]

MARK ALL THAT APPLY

- Medi-Cal 1
- Healthy Families.....2
- Medicare3
- Veteran's medical care, at the VA.....4
- Indian Health Service, Tribal Health Program or
Urban Indian Clinic5
- Alameda County health card6
- INDIGENT CARE, COUNTY PLAN.....7
- FREE CLINICS, COMMUNITY CLINICS.....8
- COUNTY HOSPITAL.....9
- NO INSURANCE.....0 **GO TO K1**
- DON'T KNOW-8
- REFUSED.....-7

J2. Do you have any other kind of health coverage?

MARK ALL THAT APPLY

- No other coverage or insurance-1 **GO TO J3**
- Some other government or military health coverage 10
- Insurance from my employer, union or school..... 11
- Private health insurance, purchased by or for me 12
- Private disability insurance 13
- Other insurance 14
- What is that? _____
- DON'T KNOW -8
- REFUSED.....-7

J3. During the last 12 months, was there any time when you had no health insurance at all?
[CAUS, C1b]

- YES..... 1
- NO..... 0
- I HAD COVERAGE, BUT ONLY AT SOME PLACES..... 2
- DON'T KNOW / NOT SURE..... -8
- REFUSED..... -7

K1. The next questions are about your health and any disabilities you may have. Which of these statements are true for you? [V-AIDSm, 6]

PROMPT: Is that true for you?

MARK ALL THAT APPLY

- I am physically disabled 1
- I am disabled by ____ (HIV/AIDS)..... 2
- I am developmentally disabled 3
- I have learning disabilities 4
- I am blind 5
- I am deaf 6
- I am disabled by mental illness..... 7
- I am disabled by alcohol abuse 8
- I am disabled by drug abuse 9
- I am disabled by something else 10
- What is that? _____
- DON'T KNOW -8
- REFUSED..... -7

K2. Because of a physical, mental, or emotional condition, <u>lasting 6 months or more</u> , do you have difficulty doing any of the following activities? [Census 2000m]	YES 1	NO 0	DON'T KNOW -8	REFUSED -7
A. Working at a job or business				
B. Learning, remembering, or concentrating				
C. Going around town alone for daily activities like getting food or medical care				
D. Basic physical activities like walking, climbing stairs, reaching, lifting or carrying				
E. Dressing, bathing, or other personal care				

K3. Some people say that poverty and homelessness are disabilities themselves, making it hard to think or concentrate. Is that true for you?

YES..... 1
 NO.....0
 REFUSED..... -7
 DON'T KNOW..... -8

K4. Has a doctor or other health professional ever told you that you have . . . ? [CAUSm, B1]	YES 1	NO 0	DON'T KNOW -8	REFUSED -7
A Asthma				
B Diabetes				
C Tuberculosis (TB)				
D Hepatitis, a liver disease				
E Other condition What is that? _____				

K5. About ___ HIV, the virus that causes ___ AIDS, which of these is true for you?

PROMPT: Remember, your answers are confidential and anonymous.

- I am infected with the ___ HIV virus (HIV-positive)
 - with symptoms 1
 - I am ___ HIV-positive with no symptoms2
 - My doctor has told me I have ____ (AIDS).....3
 - I don't have ___ HIV infection, I'm ___ HIV-negative.....0 **GO TO K7**
 - REFUSED..... -7
 - DON'T KNOW -8

K6	If you are ___ (HIV-positive), are you currently receiving the help you need with . . . ? [ACCHS, J28aa]	YES 1	NO 2	DON'T KNOW -8	REFUSED -7
A	Medical treatment				
B	Medicines				
C	HIV/AIDS ___ housing				
D	Rent assistance (HOPWA)				
E	Mental health support or counseling				
F	Other program SPECIFY: _____				

K7. Now about injuries, during the past 12 months, did you have any injuries from physical violence or sexual assault, by someone outside your family? [ACCHSm]

YES..... 1
NO..... 0
DON'T KNOW..... -8
REFUSED..... -7

K8. In the last twelve months, were you ever physically hurt or threatened by a spouse or partner or someone in your family? That includes hurt or threatened by being kicked, hit, shoved, beat up, hurt or threatened with a knife or gun, or forced to have sex. [ACCHSm]

PROMPT: By someone in your family, inside the family.

YES..... 1
NO..... 0
DON'T KNOW..... -8
REFUSED..... -7

L1. Overall, how would you rate your health in the past 4 weeks? [SF-8, CHISm]

Excellent 1
Very good 2
Good 3
Fair 4
Poor..... 5
DON'T KNOW..... -8
REFUSED..... -7

L2. During the past 4 weeks, how much were you limited in your usual physical activities, such as walking or climbing stairs, by physical health problems? [SF-8, CHISm]

- Not at all 1
- Very little 2
- Somewhat limited by physical health..... 3
- Quite a lot 4
- Could not do physical activities..... 5
- DON' T KNOW -8
- REFUSED..... -7

L3. During the past 4 weeks, how much difficulty did you have doing all your daily activities, like work or chores, because of your physical health? [SF-8, CHISm]

- No difficulty at all..... 1
- A little bit 2
- Some difficulty 3
- Quite a lot 4
- Could not do daily work 5
- DON' T KNOW -8
- REFUSED..... -7

L4. How much bodily pain did you have in the past 4 weeks? [SF-8, CHISm]

- None 1
- Very mild 2
- Mild..... 3
- Moderate 4
- Severe 5
- Very severe 6
- DON' T KNOW -8
- REFUSED..... -7

L5. During the past 4 weeks, how much energy did you have? [SF-8, CHISm]

- Very much 1
- Quite a lot 2
- Some 3
- A little 4
- None 5
- DON' T KNOW -8
- REFUSED..... -7

L6. During the past 4 weeks, how much did your physical health or emotional problems limit your usual social activities, with family or friends? [SF-8, CHISm]

- Not limited at all by physical/emotional health..... 1
- Very little 2
- Somewhat limited by physical/emotional health..... 3
- Quite a lot 4
- Could not do social activities because of
physical/emotional health..... 5
- DON' T KNOW -8
- REFUSED..... -7

L7. During the past 4 weeks, how much were you bothered by emotional problems (such as feeling anxious, depressed or irritable)? [SF-8, CHISm]

- Not bothered at all by emotional problems..... 1
- Slightly bothered..... 2
- Moderately bothered by emotional problems 3
- Bothered quite a lot..... 4
- Extremely bothered..... 5
- DON' T KNOW -8
- REFUSED..... -7

L8. During the past 4 weeks, how much did personal or emotional problems keep you from doing your usual daily activities, work, or school? [SF-8m, CHISm]

- Not at all 1
- Very little 2
- Somewhat 3
- Quite a lot 4
- Could not do daily activities 5
- DON' T KNOW -8
- REFUSED..... -7

Mental illness – what kind This question may not be use, depending length of interview.

L9. During the last 12 months, were you troubled by any of the following mental or emotional problems?		YES 1	NO 0	DON' T KNOW -8	REFUSED -7
A	High levels of anxiety, or panic attacks				
B	Persistent sadness, serious depression or loss of all pleasurable feelings				
C	Feeling extremely powerful, like you can do anything, or extraordinary euphoria, feeling <u>too good</u> , or long-lasting irritability				
D	Hallucinations, hearing or seeing things that are not real				
E	Suspiciousness or persistent fear for your safety that is extreme or uncontrollable				
F	Feeling extremely disoriented, not knowing who or where you are, or what is happening, or when				
G	Very uncomfortable being alone, feeling you might not exist				
H	Flashbacks or vivid dreams about bad past events				
I	Were you prescribed medication to help control any mental or emotional symptoms or problems?				

M1. The last time you received medical care of any kind, where was that? [CAUSm, E4]

Emergency room (in a hospital)	1
An urgent care clinic.....	2
Free clinic	3
Community clinic or health center	4
Mobile Homeless Services van	5
Doctor's office	6
Nurse practitioner or physician's assistant	7
Some other kind of health professional	8
Some other place	9
Where was that? _____	
DON'T KNOW	-8
REFUSED	-7

*List of community
clinics for interviewer?*

M2. During the past 12 months, how many times did you visit an urgent care clinic or a hospital emergency room? [CAUS, E6]

PROMPT: If it's easier to remember, tell me about how many times each month or week.

_____ TIMES IN PAST YEAR

_____ TIMES PER MONTH

_____ TIMES PER WEEK

DON'T KNOW -8

REFUSED..... -7

M3. During the past 12 months, how many separate times were you hospitalized for at least one night? [CAUS, E8]

FOR WOMEN ADD: Don't count a few days for normal childbirth, but do count a longer stay because of complications.

_____ NUMBER OF TIMES

DON'T KNOW -8

REFUSED..... -7

M4. During the past 12 months, was there a time when you delayed or did not get any medical care you felt you needed? That includes seeing a doctor, dentist, specialist, or other health professional, or getting tests, treatments, or medicines [CAUSm, E10+]

YES..... 1

NO..... 0 **GO TO N1**

DON'T KNOW -8 **GO TO N1**

REFUSED..... -7 **GO TO N1**

M5. What were the reasons you delayed or did not get the care you needed? [CAUSm, E11]

PROMPT: Is that true for you?

MARK ALL THAT APPLY

- Cost too much, couldn't afford it..... 1
- No insurance or they wouldn't take my insurance 2
- There were no openings 3
- There was a waiting list, too long a wait 4
- They told me I was not eligible, or not sick enough..... 5
- They told me I had to be sober first..... 6
- Too far away, transportation problems 7
- Hours not convenient 8
- Language problems..... 9
- No child care for children..... 10
- I thought they would not treat me with respect 11
- I didn't know where to go 12
- Just didn't go, didn't show up, put it off,
forgot or lost referral..... 13
- Problems with physical accessibility 14
- Other 15
- What else? _____
- DON ' T KNOW -8
- REFUSED..... -7

N1. Did you move from somewhere else to the city where you live, or to Alameda County, to get better support services? [V-AIDS]

YES..... 1
 NO..... 0
 DON'T KNOW..... -8
 REFUSED..... -7

N2. In the past 12 months, did you have help from any of these kinds of mental health staff or programs? [V-AIDSm]	YES 1	NO 0	DON'T KNOW -8	REFUSED -7
A Mental health counselor or therapist				
B Psychiatrist for medication for mental illness				
C Group home for people with mental illness				
D Psychiatric hospital				
E HIV/AIDS ____ support group				
F Another kind of support group				
G Other program SPECIFY: _____				

N3. Did you need help that you didn't get for mental health problems in the past 12 months?

- Yes, I needed help and didn't get it 1
- No, I got the help I needed.....0 **GO TO N5**
- No, I didn't feel I needed help.....2 **GO TO N5**
- No, I never had mental health problems-6 **GO TO N5**
- DON' T KNOW -8
- REFUSED..... -7

N4. Why didn't you get the help you needed? Please tell which of these is true for you.

PROMPT: Is that true for you?

MARK ALL THAT APPLY

- Cost too much, couldn't afford it..... 1
- No insurance or they wouldn't take my insurance2
- There were no openings3
- There was a waiting list, too long a wait4
- They told me I was not eligible, or not sick enough.....5
- They told me I had to be sober first.....6
- Too far away, transportation problems7
- Hours not convenient8
- Language problems.....9
- No child care for children..... 10
- I thought they would not treat me with respect 11
- I didn't know where to go 12
- Just didn't go, didn't show up, put it off,
forgot or lost referral..... 13
- Problems with physical accessibility 14
- Other 15
- What else? _____
- DON' T KNOW -8
- REFUSED..... -7

N5. In the past 12 months, did you have help from any of these kinds of alcohol or drug programs? [V-AIDSm]	YES 1	NO 0	DON'T KNOW -8	REFUSED -7
A A self-help program, like ____ Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or Cocaine Anonymous (CA)				
B Methadone maintenance program				
C Drug and alcohol counseling program, no methadone				
D Detoxification (Detox), outpatient or inpatient				
E Residential treatment or recovery program				
F Other program What is that? _____				

N6. Did you need help that you didn't get for alcohol or drug problems in the past 12 months?

- Yes, I needed help and didn't get it 1
- No, I got the help I needed.....0 **GO TO O1**
- No, I didn't feel I needed help.....2 **GO TO O1**
- No, I never had alcohol or drug problems-6 **GO TO O1**
- DON'T KNOW -8
- REFUSED..... -7

N7. Why didn't you get the help you needed? Please tell which of these is true for you.

PROMPT: Is that true for you?

MARK ALL THAT APPLY

- Cost too much, couldn't afford it..... 1
- No insurance or they wouldn't take my insurance2
- There were no openings3
- There was a waiting list, too long a wait4
- They told me I was not eligible, or not sick enough.....5
- They told me I had to be sober first.....6
- Too far away, transportation problems7
- Hours not convenient8
- Language problems.....9
- No child care for children..... 10
- I thought they would not treat me with respect 11
- I didn't know where to go 12
- Just didn't go, didn't show up, put it off,
forgot or lost referral..... 13
- Problems with physical accessibility 14
- Other 15
- What else? _____
- DON'T KNOW -8
- REFUSED..... -7

Next, I'm going to ask you a few questions about alcohol and drug use, and after that I'll ask you about services that you may want, but may have trouble getting. Remember, your answers are confidential and anonymous.

PROMPT: I have to ask, let's just get through these quickly.

IF RESPONDENT SAYS "I DON'T DRINK", SAY: I will mark in the next question that you don't drink.

O1.	During the last 12 months, [NAS G1a-G5a m]	YES 1	NO 0	DK -8	REF -7
A.	During the last 12 months, did you ever feel bad or guilty about your drinking				
B.	During the last 12 months, did you ever have a drink first thing in the morning to steady your nerves or get rid of a hangover				
C.	During the last 12 months, did a friend or family member ever tell you about things you said or did while you were drinking that you could not remember				
D.	During the last 12 months, did you fail to do what was normally expected of you because of drinking				

O2. Is alcohol use a problem for you now?

- YES..... 1
- NO..... 0
- DON'T USE ALCOHOL..... 2
- DON'T KNOW..... -8
- REFUSED..... -7

IF VOLUNTEERED: CLEAN AND SOBER, HOW LONG _____

These next questions are about drug use and substance abuse services. Remember, your answers are confidential and anonymous.

PROMPT: I have to ask, let's just get through these quickly.

IF RESPONDENT SAYS "I DON'T USE DRUGS", SAY: I will mark in the next question that you don't use drugs.

O3.	In the last 12 months, [CIDI-SF1m, DSM-IVm]	YES 1	NO 0	DK -8	REF -7
A.	In the last 12 months, did you ever fail to do what was normally expected of you because of your use of drugs				
B.	In the last 12 months, were you ever under the influence of drugs in a situation where you could get hurt, like driving, using knives or machinery, or anything else				
C.	In the past 12 months, <u>because of drug use</u> , did you have any emotional or psychological problems, like feeling depressed, suspicious of people, paranoid, or having strange ideas				
D.	In the past 12 months, was there a month or more when you spent a lot of time using drugs or getting over the effects				
E.	In the past 12 months, were there <u>several times</u> when you used a lot more drugs than you intended or used drugs for a longer time than you meant to				
F.	In the past 12 months, did you ever have to use more drugs than you used to, to get the same effect				
G.	In the past 12 months, did you ever use drugs to keep from feeling sick when you stopped				

O4. Is drug use a problem for you now?

- YES..... 1
- NO..... 0
- DON'T USE DRUGS 2
- DON'T KNOW -8
- REFUSED..... -7

IF VOLUNTEERED: CLEAN AND SOBER, HOW LONG _____

These next questions are about food, and whether you can afford enough to eat.

P1. In the past 30 days, were you ever hungry but didn't eat, because you couldn't afford to get food? [not CHIS R6 (1yr)]

PROMPT: We mean because you couldn't afford food, or couldn't afford to get there.

YES..... 1
NO..... 0 **GO TO Q1**
DON'T KNOW..... -8 **GO TO Q1**
REFUSED..... -7 **GO TO Q1**

P2. How many days did that happen, in the past 30 days?

IF NEEDED, PROMPT WITH CATEGORIES:

___ NUMBER OF DAYS **OR** Only a day or two41
UP TO 31 About a week42
More than a week.....43
DON'T KNOW -8
REFUSED..... -7

IF NO CHILDREN LIVE WITH RESPONDENT (E3 = 0), GO TO Q1

P3. In the past 30 days, was there a time that your children did not have enough to eat because you just couldn't afford enough food?

YES..... 1
NO..... 0
NOT APPLICABLE, NO CHILDREN..... -1
CHILDREN NOT WITH RESPONDENT..... -6
DON'T KNOW..... -8
REFUSED..... -7

Q1. Sometimes surveys like this are done over the telephone, by calling people at home.
Not counting cell phones, did you have a home telephone at any time last year?

PROMPT: Where you pick up the phone when it rings

- NO..... 0 **GO TO R1**
- YES..... 1
- ONLY HAD A CELL PHONE..... 2 **GO TO R1**
- DON'T KNOW -8 **GO TO R1**
- REFUSED..... -7 **GO TO R1**

Q2. How much of the past 12 months was your home phone disconnected? [CHISm AM12]

- _____ NUMBER OF DAYS
- _____ NUMBER OF WEEKS
- _____ NUMBER OF MONTHS

- NEVER DISCONNECTED..... 0
- NEVER HAD A PHONE..... -6
- DON'T KNOW -8
- REFUSED..... -7

R1	Do you <u>currently</u> want <u>more</u> help with the following things? [V-AIDSm; GAIN-Im, P13a]	YES 1	NO 0	DON'T KNOW -8	REFUSED -7
A	Lists of apartments or houses that you might be able to afford				
B	An educational workshop on how to apply for housing				
C	More affordable places to live				
D	Shelters that accept couples and/or whole families				
E	Shelters for people getting away from family violence or abuse				
F	Places to camp without being hassled				
G	Warm places to hang out when it's cold				
H	Help finding a job or other employment services				
I	Job training or education				
J	Child care				
K	Services for my children. other than child care				
L	Help getting on, or back on, benefits like SSI, GA, or Food Stamps				
M	Help with Veteran's Benefits or services				
N	Help with a disability, such as independent living resources				
O	Mental health counseling or treatment				
P	Mental health case management				
Q	Alcohol or drug detoxification services				
R	Residential treatment for alcohol or drugs				
S	Outpatient alcohol or drug treatment (not residential)				
T	Treatment for alcohol or drugs and mental health, dual diagnosis treatment				
U	Money management skills				
V	More affordable, or easier-to-use, transportation				
W	Other services What kind? _____				

R2. What else do you want us to know about you now?

NOTHING MORE, NO MORE, ETC.....NONE

REFUSED..... REF

Thank you for your time, and for telling me about your situation. The survey answers will be used to make services better. I have a gift for you to show our appreciation for your help. Thank you, again.

END TIME ____ ____ : ____ ____ **AM / PM**

GO TO BACK OF THIS SHEET & COMPLETE V1 – V3.

AFTER INTERVIEW :

V1. INTERVIEW STATUS:

MARK ONE

- COMPLETED 1 **Go to V3**
- INTERRUPTED, THEN RESUMED 2
- STOPPED BY RESPONDENT 3
- STOPPED BY INTERVIEWER/SITE COORDINATOR.. 4

V2. REASONS INTEVIEW WAS NOT COMPLETED OR WAS INTERRUPTED :

MULTIPLE MARKS OK

- MENTALLY/PHYSICALLY UNABLE 8
- ANGRY, UNWILLING TO CONTINUE 9
- RESPONDENT HAD TO LEAVE TO GO ELSEWHERE . 10
- LANGUAGE BARRIER 11
- ALCOHOL- OR DRUG- INTOXICATED 12
- BREAK FOR BATHROOM, CIGARETTE, ETC. . . . 13
- DIFFICULT DUE TO NOISE 14
- OTHER CONDITIONS AT INTERVIEW SITE 15
- SPECIFY : _____
- OTHER 16
- SPECIFY : _____

V3. CLIENT-INTERVIEWER INTERACTION & ASSISTANCE :

- CLIENT READ ALONG WITH INTERVIEWER 1
- CLIENT JUST LISTENED TO QUESTIONS 2
- SOMEONE ASSISTED CLIENT WITH SURVEY 3
- OTHER 4
- SPECIFY : _____