

Location: _____ County: _____
 Interviewer: _____ Date: _____ Page: _____ of _____

#	Question	Unsheltered		Sheltered	
1.	<p><i>[If canvassing on Wednesday pm, ask]:</i> Where are you sleeping tonight?</p> <p><i>[If canvassing on Thursday am, ask]:</i> Where did you sleep last night?</p>	<input type="checkbox"/> Outside on the Street, in a park, under a bridge, woods or outdoor encampment etc. <input type="checkbox"/> Vehicle (car, van, RV, truck) <input type="checkbox"/> Abandoned building <input type="checkbox"/> Church property <input type="checkbox"/> Couch-surfing / staying with friend or relative * <input type="checkbox"/> Other location (specify) :		<input type="checkbox"/> Emergency shelter, including domestic violence shelter. <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Motel paid for by other agency (agency): _____ <input type="checkbox"/> Jail, hospital, or treatment Program* <input type="checkbox"/> Motel paid for by self * <input type="checkbox"/> Own house or apartment *	
2.	Did another volunteer already ask you these same questions about where you are staying?	<input type="checkbox"/> Yes (Thank you for your time. There is no need to continue.) <input type="checkbox"/> No <input type="checkbox"/> Don't Know / Refused			
3.	Including yourself, how many adults and children are there in your household, who are staying in the same location with you tonight (last night)?	_____ Adults (Age 18 and older) _____ Children (Age 17 and younger)			
		Person 1			
4a.	What are your initials		Person 2	Person 3	Person 4
4b.	What are the initials of other people staying in the same place, from oldest to youngest?				
5.	How is <i>[fill initials]</i> related to you?	SELF	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Non-married partner <input type="checkbox"/> Other family <input type="checkbox"/> Other non-family:	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Non-married partner <input type="checkbox"/> Other family <input type="checkbox"/> Other non-family:	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Non-married partner <input type="checkbox"/> Other family <input type="checkbox"/> Other non-family:
6.	How old are you?				
6a.	[If hesitant, ask:] Are you...?	<input type="checkbox"/> 0-5 years old <input type="checkbox"/> 6-17 years <input type="checkbox"/> 18-24 years <input type="checkbox"/> 25-59 years <input type="checkbox"/> 60+ years <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> 0-5 years old <input type="checkbox"/> 6-17 years <input type="checkbox"/> 18-24 years <input type="checkbox"/> 25-59 years <input type="checkbox"/> 60+ years <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> 0-5 years old <input type="checkbox"/> 6-17 years <input type="checkbox"/> 18-24 years <input type="checkbox"/> 25-59 years <input type="checkbox"/> 60+ years <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> 0-5 years old <input type="checkbox"/> 6-17 years <input type="checkbox"/> 18-24 years <input type="checkbox"/> 25-59 years <input type="checkbox"/> 60+ years <input type="checkbox"/> DK / Ref.
7.	Are you male, female, or transgender?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/> DK / Ref.
8.	Are you Hispanic or Latin(a)(o)(x)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK / Ref.
9.	What is your race? You can select one or more races. [READ CATEGORIES]	<input type="checkbox"/> American Indian, Alaska Native or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> American Indian, Alaska Native or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> American Indian, Alaska Native or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> American Indian, Alaska Native or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> DK / Ref.

[GO BACK TO QUESTION 5, COMPLETE COLUMNS FOR PERSONS 2-4 FOR ALL OTHER HOUSEHOLD MEMBERS IN ORDER OF OLDEST TO YOUNGEST, THEN ASK QUESTIONS 10-14 FOR ADULTS ONLY.]

FOLLOWING QUESTIONS FOR ADULTS ONLY

Following questions for Adults Only		Person 1	Person 2	Person 3	Person 4
10.	Have you served in the U.S. Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK / Ref.
11.	Including this time, how many separate times have you stayed in shelters or on the streets in the past 3 years? Was it less than 4 times or at least 4 or more times?	<input type="checkbox"/> Less than 4 <input type="checkbox"/> 4 or more <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> Less than 4 <input type="checkbox"/> 4 or more <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> Less than 4 <input type="checkbox"/> 4 or more <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> Less than 4 <input type="checkbox"/> 4 or more <input type="checkbox"/> DK / Ref.
11a.	In total, how long did you stay in shelters or on the streets for those [NUMBER FROM Q11] times?	<input type="checkbox"/> < 1 month <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> 1 year or more <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> < 1 month <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> 1 year or more <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> < 1 month <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> 1 year or more <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> < 1 month <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> 1 year or more <input type="checkbox"/> DK / Ref.
11b.	What county did you live in before this episode of homelessness? <i>(If Other, please write name of county below, if known.)</i> Other:	<input type="checkbox"/> Amador <input type="checkbox"/> Calaveras <input type="checkbox"/> Mariposa <input type="checkbox"/> Tuolumne <input type="checkbox"/> Other	<input type="checkbox"/> Amador <input type="checkbox"/> Calaveras <input type="checkbox"/> Mariposa <input type="checkbox"/> Tuolumne <input type="checkbox"/> Other	<input type="checkbox"/> Amador <input type="checkbox"/> Calaveras <input type="checkbox"/> Mariposa <input type="checkbox"/> Tuolumne <input type="checkbox"/> Other	<input type="checkbox"/> Amador <input type="checkbox"/> Calaveras <input type="checkbox"/> Mariposa <input type="checkbox"/> Tuolumne <input type="checkbox"/> Other
11c.	How long have you lived in this county?	<input type="checkbox"/> < 1 month <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> 1 year or more <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> < 1 month <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> 1 year or more <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> < 1 month <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> 1 year or more <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> < 1 month <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> 1 year or more <input type="checkbox"/> DK / Ref.
12.	Do you / does person [2-4] have a disability keeping you / them from holding a job or living in stable housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK / Ref.
12a.	If yes, can you tell me what type of disability? Is it related to a physical condition, mental health disorder, alcohol or drug use, HIV/AIDS, or something else? <i>(May check more than one box)</i>	<input type="checkbox"/> Alcohol use <input type="checkbox"/> Drug use <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical dis. <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Other <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> Alcohol use <input type="checkbox"/> Drug use <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical dis. <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Other <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> Alcohol use <input type="checkbox"/> Drug use <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical dis. <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Other <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> Alcohol use <input type="checkbox"/> Drug use <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical dis. <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Other <input type="checkbox"/> DK / Ref.
13.	Have you / person [2-4] been a victim of domestic violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK / Ref.
13a.	If yes, are you / they currently fleeing a domestic violence situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK / Ref.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK / Ref.
14.	What would it take for you to acquire or sustain housing?				
Following Question only for youth led households and unaccompanied youth age 24 and under.					
15.	Did you ever lose your housing or become homeless for any of the following reasons? <i>(Check all that apply)</i>	<input type="checkbox"/> Ran away / kicked out from my family home <input type="checkbox"/> Ran away / kicked out from a group home or foster home <input type="checkbox"/> Violence at home between family members <input type="checkbox"/> Differences with parents about religious belief <input type="checkbox"/> Sexual orientation or gender identity <input type="checkbox"/> Because of some other reason (please specify)			