

LOCATION: _____

SURVEYOR: _____
S SURVEY NUMBER: _____



HOMELESS SURVEY - 2008 QUESTIONNAIRE

A. Physical Characteristics

- _____ 1. Gender:
- Female
 - Male
 - Transgender

- _____ 2a. Ethnicity:
- American Indian or Alaskan Native
 - Asian/Pacific Islander
 - Black or African-American
 - Hispanic or Latino
 - White
 - Other _____

(Please Record Other Ethnicity)

- _____ 2b. Single Race Category:
- American Indian or Alaskan Native
 - Asian
 - Black or African-American
 - Native Hawaiian or Other Pacific Islander
 - White

- Multiple Race Combinations:
- American Indian or Alaskan Native and White
 - Asian and White
 - Black or African-American and White
 - American Indian or Alaska Native and Black or African-American

- Tenth Race Category: Balance/Other

- _____ 3. Age:
- 13-17
 - 18-21
 - 22-29
 - 30-39
 - 40-49
 - 50-54
 - 55-59
 - 60-61
 - 62-64
 - 65-69
 - 70+
 - Other _____

LOCATION: _____

SURVEYOR: _____
SURVEY NUMBER: _____

____ 7. Approximately when did you FIRST become homeless? _____ Years Ago
____ Months Ago
____ Weeks Ago

*If the person was homeless for **LESS than 1 year**, ASK the following:*

____ 7a. How many times during the past 12 months were you **not homeless**? _____ times

*If the person was homeless for **MORE than 1 year**, ASK the following:*

____ 7b. Was there a time when, during this homeless period, you were **not homeless**? Yes No

____ 7b1. If YES, for how long? _____

____ 7b2. Where did you live when you were not homeless? _____

*If the person was homeless for **AT LEAST 3 YEARS**, ASK the following:*

____ 7c. How many times have you experienced homelessness during the last 3 years? _____ times

____ 8. How old were you the first time you became homeless? _____
(Please Record Approximate Age)

____ 9. What city do you consider to be your home? _____

____ 10. How long have you been living in the above city? _____

*If the answer to #9 is **NOT** in HILLSBOROUGH COUNTY, ask:*

____ 11. How long have you been in Hillsborough County? Years _____
Months _____
Weeks _____
Days _____

11a. What first brought you to Hillsborough County?

- Family or Friends Employment Good weather Grew up here
- Heard there were good shelters and services here. Other _____

____ 12. Are you a resident of Hillsborough County? Yes No

*If **NO** to #12:*

____ 12a. Have you ever lived in Hillsborough County before? Yes No

LOCATION: _____

SURVEYOR: _____
SURVEY NUMBER: _____

If YES to #12a:

_____ 12b. When? _____
Year

_____ 12b1. For how long? Years _____
 Months _____
 Weeks _____
 Days _____

_____ 13. Do you have family who live in Hillsborough County? Yes No

_____ 14. Do you have friends who live in Hillsborough County? Yes No

_____ 15. Have you ever worked in Hillsborough County? Yes No

_____ 16. Are you currently working in Hillsborough County? Yes No

If YES to #16:

_____ 16a. How long have you currently been working? _____

_____ 17. Have you ever attended school in Hillsborough County? Yes No

If YES to #17:

_____ 17a. Check all that apply:
 Elementary Middle School/Jr. High High School College

C. Income:

_____ 18. Do you have a part-time or a full-time job? Part-Time Yes No
(Person must be earning *minimum wages or more*). Full-Time Yes No

_____ 19. If you are not currently employed, when was the last time you were employed? _____

_____ 20. What was the reason you left your job? Laid off
 Fired
 Other: _____

_____ 21. What is your primary occupation? _____

LOCATION: _____

SURVEYOR: _____
SURVEY NUMBER: _____

___ 22. Do you receive any of the following kinds of monthly incomes (check all that apply, *including work*):

- AFDC/TANF
- Social Security- Retirement (age 62+)
- Social Security- Disability
- GR
- Unemployment
- Veterans Benefits
- Food Stamps
- Union Pension
- Other: _____
(Please Describe)

___ 23. What is your total current monthly income? _____

D. Family History:

___ 24. What is your marital status? Single
 Married
 Separated
 Divorced
 Widowed
 Other: _____
(Please Describe)

___ 25. Do you have children? Yes No

If YES to #25:

___ 25a. How many? _____

___ 25b. Do you have any children *with you*? Yes No

If YES to #25b:

25b1. How many? _____

25b2. Please provide the following information for ONLY those children WITH YOU:

What age?	What gender?	Ethnicity?
Child 1 _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian/Pac-Islander <input type="checkbox"/> Latino <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other (Describe) _____

LOCATION: _____

SURVEYOR: _____

SURVEY NUMBER: _____

Child 2 _____

Male

Female

Black or African-American

Asian/Pac-Islander

Latino

Native American

White

Other (Describe) _____

Child 3 _____

Male

Female

Black or African-American

Asian/Pac-Islander

Latino

Native American

White

Other (Describe) _____

Child 4 _____

Male

Female

Black or African-American

Asian/Pac-Islander

Latino

Native American

White

Other (Describe) _____

Child 5 _____

Male

Female

Black or African-American

Asian/Pac-Islander

Latino

Native American

White

Other (Describe) _____

Child 6 _____

Male

Female

Black or African-American

Asian/Pac-Islander

Latino

Native American

White

Other (Describe) _____

25b3. Are all of your children current with their immunization shots?

Yes

No

25b4. Are all *school age children* enrolled in school?

Yes

No

If NO to #25b4:

25b5. Where are you children normally during the hours of 8am and 3pm?

LOCATION: _____

SURVEYOR: _____
SURVEY NUMBER: _____

If YES to #25b:

_____ 25b6. If you have children too young for school, are they with you at all times? Yes No

If NO to #25b6:

_____ 25b7. When they are not with you, where are they? _____

E. Veteran's Status:

_____ 26. Are you a veteran? Yes No

If YES to #26, please answer the following (#27 to 31b):

_____ 27. Period of service:
 World War II 9/12/41 to 12/46) Post-Vietnam (5/75 to 7/90)
 Pre-Korea (1/47 to 6/50) Persian Gulf (8/90 to 2/91)
 Korea (7/50 to 1/55) Iraq (Desert Storm) (1/91 to 3/91)
 Pre-Vietnam (2/55 to 7/64) Afghanistan War (10/01 to present)
 Vietnam (8/64 to 4/75) Other: _____

_____ 28. Dates of Service: From _____ to _____

_____ 29. Type of discharge: _____

_____ 30. Do you have a VA medical card? Yes No

_____ 31. Have you used any veteran services in the past? Yes No

_____ 31a. If **NO**, why not? _____

_____ 31b. If **YES**, what types of service(s) have you used? _____

F. Domestic Violence

_____ 32. Have you ever been abused/mistreated by a spouse or intimate partner? Yes No

If YES to #32:

_____ 32a. When? _____ Years Ago
_____ Months Ago
_____ Weeks Ago
_____ Days Ago

LOCATION: _____

SURVEYOR: _____

SURVEY NUMBER: _____

____ 32b. What was the abuse (e.g. physical, sexual, mental/emotional, verbal): _____

____ 33. Have you ever been abused/mistreated by a parent or relative? Yes No

If YES to #33:

33a. When? _____ Years Ago
_____ Months Ago
_____ Weeks Ago
_____ Days Ago

____ 32b. What was the abuse (e.g. physical, sexual, mental/emotional, verbal): _____

____ 34. Have you ever been abused/mistreated by someone other than a spouse, intimate partner, parent or relative?

Yes No

If YES to #34:

34a. _____ Years Ago
_____ Months Ago
_____ Weeks Ago
_____ Days Ago

____ 32b. What was the abuse (e.g. physical, sexual, mental/emotional, verbal): _____

If YES to #32, 33, or 34:

____ 35. Have you ever sought help for the abuse? Yes No

If YES to #35:

____ 35a. Where? _____

If YES to #32, 33, or 34:

____ 36. Was abuse a factor in your becoming homeless? Yes No

LOCATION: _____

SURVEYOR: _____

SURVEY NUMBER: _____

____ 48. Did you receive any medical treatment within the past year? Yes No

If YES to #48, please answer the following:

____ 48a. Please state the medical treatment that you received services for: _____

____ 48b. Where did you receive your medical treatment?

Hospital: Yes No

Name or Hospital _____

City _____

Clinic/Comprehensive Health Center:

Yes No

Name or Hospital _____

City _____

Other: Yes No

Name or Hospital _____

City _____

____ 49. During the past 12 months, have you been unable to obtain needed health care (other than dental care)?

Yes No

____ 50. Do you have MediCare? Yes No

____ 51. Do you have MediCade? Yes No

____ 52. Do you need dental care? Yes No

____ 53. Did you receive dental care during the last year? Yes No

____ 54. Do you need eye care? Yes No

____ 55. Did you receive eye care during the last year? Yes No

If Yes to #55:

____ 55a. Was services completed (e.g. have your prescriptions filled?) Yes No

____ 55b. If **NOT**, why? _____

LOCATION: _____

SURVEYOR: _____
SURVEY NUMBER: _____

QUESTIONS 56 TO 58 ARE ONLY FOR PARENTS WHOSE CHILDREN ARE WITH THEM:

____ 56. Did you children receive any medical treatment within the past year? Yes No

If YES, please answer the following:

____ 56a. Please state the medical treatment that your child(ren) received services for: _____

____ 56b. Where did you child(ren) receive medical treatment?

Hospital: Yes No

Name or Hospital _____

City _____

Clinic/Comprehensive Health Center:

Yes No

Name or Hospital _____

City _____

Other: Yes No

Name or Hospital _____

City _____

____ 57. During the past 12 months, have you been unable to obtain needed dental care for any of your children that are with you? Yes No

____ 58. During the past 12 months, have you been unable to obtain needed eye care for any of your children that are with you? Yes No

H. Food

____ 59. How many meals do you provide (prepare) for yourself each day? _____

____ 60. Do you have difficulty accessing food? Yes No

____ 61. How many meals do you usually eat each day? _____

____ 62. Have you had to skip meals in the past month because there was not enough money to buy food?

Yes No

LOCATION: _____

SURVEYOR: _____
SURVEY NUMBER: _____

___ 76. Have you ever been in a methadone program? Yes No

76a. If **YES**, for how long? _____

___ 77. Do you smoke or use tobacco? Yes No

If YES to #77:

___ 77a. How many cigarettes do you smoke per day? _____

___ 77b. How interested are you in quitting smoking? _____

N. Education

___ 78. What is the *highest grade of school* that you completed?

Circle one: 1 2 3 4 5 6 7 8 9 10 11 12

13 Some college or post-high school

14 Junior College

15 Post-graduate

___ 79. Have you ever completed a vocational training course? Yes No

___ 79a. If **YES**, what kind? _____

___ 80. Have you ever attended a business school? Yes No

O. Mental Health

___ 81. Do you have difficulty sleeping? Yes No

___ 82. Do you often feel like crying? Yes No

___ 83. Has your appetite decreased? Yes No

___ 84. Do you find that you are no longer interested in activities that you use to enjoy? Yes No

___ 85. Do you feel more comfortable when along than with others? Yes No

___ 86. Do you have difficulty concentrating? Yes No

___ 87. Have there been times when you have felt unusually sad, empty, or hopeless for several days or weeks at a time? Yes No

___ 88. Do you have difficulty making everyday decisions? Yes No

___ 89. If YES to any of questions #81- #88, do you still have these feelings? Yes No

LOCATION: _____

SURVEYOR: _____
SURVEY NUMBER: _____

___ 90. *If you answered **NO** to #89*, when did you last have these feelings?

- Two months ago
 Other

___ 91. *If **YES** to any of questions #81-88*, how long do these feelings last?

- 1 week or less
 More than 1 week, less than 2 weeks
 More than 2 weeks, less than 1 month
 More than 1 month, less than 2 months
 More than 2 months

___ 92. Have there ever been times when you felt unusually high, charged up, excited or restless for several days at a time? Yes No

___ 93. Have there ever been times when other people said you were too high, too charged up, too excited or too talkative? Yes No

*If **YES** to questions #92 or #93, please answer #94-#99.:*

___ 94. Have you felt this way since you were a teenager? Yes No

___ 95. How long do these mood changes last? _____

___ 96. Do you ever feel totally rested after only 3 hours? Yes No

___ 97. Have these high, excitable moods ever stayed with you most of the time for at least one week? Yes No

___ 98. Do you feel your moods sometimes alternate between very high and very low? Yes No

___ 99. Have these high, excitable moods as noted ever resulted in you engaging in pleasurable activities that have a high potential for negative consequences? Yes No

___ 100. Have you ever heard voices or seen things that no one else could hear or see? Yes No

___ 101. Have you ever felt that your mind or body was being secretly controlled, or controlled somehow against your will? Yes No

___ 102. Have you ever felt that others wanted to hurt you or really get you for some special reason? Yes

LOCATION: _____

SURVEYOR: _____
SURVEY NUMBER: _____

___ 103. Do you feel that you have any special powers of some sort? Yes No

___ 104. Have you ever had any other strange, odd or very peculiar things happen to you? Yes No

104a. If **YES**, please tell me what they were _____

___ 105. Have you ever felt influenced by machines, radio waves, TV, radar, etc.? Yes No

*If **YES** to any of these questions from #100 to #105, please answer questions #106-#109:*

___ 106. Did this happen when you were under the influence of alcohol and/or drugs? Yes No

___ 107. Did this happen when you were sober? Yes No

___ 108. Do you still have these feelings? Yes No

*If you answered **NO** to #108:*

108a. When did you last have these feelings?

Two months ago

Other

___ 109. When you had the feelings in question #99 to #104, approximately how long did they last?

Less than 1 week

More than 1 week, less than 2 weeks

More than 2 weeks, less than 1 month

More than 1 month

___ 110. Are you currently taking psychotropic (psychiatric) medications? Yes No

*If **YES** to #110:*

110a. What medications are you taking or what is the medication for? _____

LOCATION: _____

SURVEYOR: _____
SURVEY NUMBER: _____

P. Miscellaneous (Open Ended Questions)

____ 111. What types of services have you found useful and why? _____

____ 112. What services do YOU need to help you out of your homeless status? _____

***THE FOLLOWING SECTIONS ARE HERE FOR HOMELESS CLIENTS SURVEYED ON THE STREETS
(NOT FOR CLIENTS RESIDING IN RESIDENTIAL PROGRAMS)***

Q. Incidentals

____ 113. Do you have difficulty accessing shower or toileting facilities? Yes No

____ 113a. If you use shower facilities, how often? _____

____ 113b. What shower facilities do you use? _____

____ 113c. Where do you usually find access to a bathroom/toilet? _____

____ 113d. Is finding an available bathroom/toilet a problem for you? Yes No

____ 114. Do you have difficulty accessing laundry facilities? Yes No

____ 114a. If you use laundry facilities, how often? _____

____ 114b. What laundry facilities do you use? _____