GENERALINFORMATION/CONSENT

Interviewer's Name		Agency ☐TEAM ☐STAFF ☐VOLUNTEER
Date	Time	Location
HEAD OF HOUSEHOLD 1		
In what language do you feel best able to express yourself?		
First Name		Last Name
Nickname		Social Security Number
How old are you?	What's your date of birth?	Has Consented to Participate ☐YES ☐NO
HEAD OF HOUSEHOLD 2 (when applicable)		
In what language do you feel best able to express yourself?		
First Name		Last Name
Nickname		Social Security Number
How old are you?	What's your date of birth?	Has Consented to Participate ☐YES ☐NO

CHILDREN				
Total number of children under the age of 18 that are currently with the head(s) of household		**RESPONSE**		**REFUSED** ☐
How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed?		**RESPONSE**		**REFUSED** ☐
Last Name	**First Name**	**How old?**		**Date of Birth**
Only ask the following question when there is at least one female head of household, and/or if there is at least one female child 13 years of age or older: Is any member of the family currently pregnant?		**YES** ☐	**NO** ☐	**REFUSED** ☐

A. HISTORY OF HOUSING & HOMELESSNESS

	RESPONSE	**REFUSED**
1. What is the total length of time you and your family have lived on the streets or in shelters?		☐
2. In the past three years, how many times have you and your family been housed and then homeless again?		☐

B. RISKS

SCRIPT: I am going to ask some questions about all the times you and other members of your family have had interactions with health and emergency services. If you need any help figuring out when six months ago was, just let me know.

	RESPONSE		REFUSED
3. In the past six months, how many times have you and/or members of your family been to the emergency department/room?			☐
4. In the past six months, how many times have you and/or members of your family had an interaction with the police?			☐
5. In the past six months, how many times have you and/or members of your family been taken to the hospital in an ambulance?			☐
6. In the past six months, how many times have you and/or members of your family used a crisis service, including distress centers or suicide prevention hotlines?			☐
7. In the past six months, how many times have you and/or members of your family been hospitalized as an in---patient, including hospitalizations in a mental health hospital?			☐
	YES	**NO**	**REFUSED**
8. Have you or any family member been attacked or beaten up since becoming homeless?	☐	☐	☐
9. Have you or any family member threatened to or tried to harm themselves or anyone else in the last year?	☐	☐	☐
10. Do you or any member of the family have any legal stuff going on right now that may result in being locked up or having to pay fines?	☐	☐	☐
11. Does anybody force or trick you or any member of the family to do things that they do not want to do?	☐	☐	☐
12. Do you or any family member ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, or anything like that?	☐	☐	☐
13. I am going to read types of places people sleep. Please tell me which one that you and your family sleep at most often. (Check only one.)	☐ Shelter ☐ Street, Sidewalk or Doorway ☐ Car, Van or RV ☐ Bus or Subway ☐ Beach, Riverbed or Park ☐ Other (SPECIFY):		

C. SOCIALIZATION & DAILY FUNCTIONS

	YES	NO	REFUSED
14. Is there anybody that thinks you or any family member owes them money?	☐	☐	☐
15. Does the family have any money coming in on a regular basis, like through a job or government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that?	☐	☐	☐
16. Does your family have enough money to meet all expenses on a monthly basis?	☐	☐	☐
17. Do you and each member of the family have planned activities each day other than just surviving that bring happiness and fulfillment?	☐	☐	☐
18. Do you or any member of the family have any friends, family or other people in your life out of convenience or necessity, but you do not like their company?	☐	☐	☐
19. Do any friends, family or other people in you or your family's life ever take your money, borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do?	☐	☐	☐
	YES	**NO**	
OBSERVATION ONLY – DO NOT ASK: 20. Surveyor, do you detect signs of poor hygiene or daily living skills of any family member?	☐	☐	

D. WELLNESS

	RESPONSE		
21. Where do you and other family members usually go for healthcare when you're not feeling well?	☐ Hospital ☐ Clinic ☐ VA ☐ Other (specify) _____ ☐ Does not go for care		
Do you or any family member have now, ever had, or had a healthcare provider ever told you that you have any of the following medical conditions:	**YES**	**NO**	**REFUSED**
22. Kidney disease/End Stage Renal Disease or Dialysis	☐	☐	☐
23. History of frostbite, Hypothermia, or Immersion Foot	☐	☐	☐
24. Liver disease, Cirrhosis, or End---Stage Liver Disease	☐	☐	☐
25. HIV+/AIDS	☐	☐	☐
26. History of Heat Stroke/Heat Exhaustion	☐	☐	☐
27. Heart disease, Arrhythmia, or Irregular Heartbeat	☐	☐	☐
28. Emphysema	☐	☐	☐
29. Diabetes	☐	☐	☐
30. Asthma	☐	☐	☐
31. Cancer	☐	☐	☐
32. Hepatitis C	☐	☐	☐
33. Tuberculosis	☐	☐	☐
OBSERVATION ONLY – DO NOT ASK: 34. Surveyor, do you observe signs or symptoms of a serious health condition?	☐	☐	

	YES	NO	REFUSED
35. Have you or any member of the family ever had problematic drug or alcohol use, abused drugs or alcohol, or told you do?	☐	☐	☐
36. Have you or any family member consumed alcohol and/or drugs almost every day or every day for the past month?	☐	☐	☐
37. Have you or any family member ever used injection drugs or shots in the last six months?	☐	☐	☐
38. Have you or any family member ever been treated for drug or alcohol problems and returned to drinking or using drugs?	☐	☐	☐
39. Have you or any family member used non---beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months?	☐	☐	☐
40. Have you or any family member blacked out because of alcohol or drug use in the past month?	☐	☐	☐
41. Has any family member under the legal drinking age consumed alcohol four or more times in the last month or used drugs at any point in time during the last month – including marijuana or prescription pills to get high?	☐	☐	☐
OBSERVATION ONLY – DO NOT ASK: 42. Surveyor, do you observe signs or symptoms or problematic alcohol or drug use?	☐	☐	
43. Have you or any family member ever been taken to a hospital against their will for a mental health reason?	☐	☐	☐
44. Have you or any family member ever gone to the emergency room because they weren't feeling 100% well emotionally or because of their nerves?	☐	☐	☐
45. Have your or any member of your family spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of mental health – whether that was voluntary or because someone insisted that it be done?	☐	☐	☐
46. Have your or any member of your family had a serious brain injury or head trauma?	☐	☐	☐
47. Have you or any member of your family ever been told they have a learning disability or developmental disability?	☐	☐	☐
48. Do you or any member of your family have any problems concentrating and/or remembering things?	☐	☐	☐
OBSERVATION ONLY – DO NOT ASK: 49. Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?	☐	☐	
ASK THIS QUESTION ONLY WHEN THERE WAS at least one YES in Substance Use at least one YES in Mental Health, and at least one YES in the Medical Conditions.			
	YES	**NO**	**REFUSED**
50. You indicated in your responses that there is a medical condition, experience with mental health services and experience with substance use. Is that the same member of the family in all of those instances?	☐	☐	☐

	YES	NO	REFUSED
51. Have you or any member of the family had any medicines prescribed by a doctor that were not taken, sold, stolen, misplaced, or where the prescriptions were never filled?	☐	☐	☐
52. Yes or No – Have you or any member of your family experienced any emotional, physical, psychological, sexual or other type of abuse or trauma which help was not sought for, and/or which has caused your homelessness?	☐	☐	☐

E. FAMILY UNIT

	YES	NO	REFUSED
53. Do any of your children spend two or more hours per day when you don't know where they are?	☐	☐	☐
54. On most days, do any children do tasks that adults would normally do like preparing meals, getting other children ready for bedtime, shopping, cleaning the apartment, or anything like that?	☐	☐	☐
	RESPONSE		REFUSED
55. What is the total number of times adults in the family have changed in the family over the past year because of things like new relationships or a breakdown in the relationship, prison, military deployment, or anything like that?			☐
56. What is the total number of times that children have been separated from the family or returned to the family over the past year?			☐
	YES	NO	REFUSED
57. Are there any school---aged children that are not enrolled in school or missing more days of school than they are attending?	☐	☐	☐
58. Right now or at any point in the last six months have any of your children been separated from you to live with a family member or friend?	☐	☐	☐
59. Has there been any involvement with any member of your family and child protective services in the last six months – even if it was resolved?	☐	☐	☐
60. Have you had anything in family court over the past six months or anything currently being considered in family court?	☐	☐	☐

Finally I'd like to ask you some questions to help us better understand homelessness and improve housing and support services.

What is the gender of Head of Household 1?	☐ Male ☐ Female ☐ Transgender ☐ Other ☐ Decline to State
What is the gender of Head of Household 2?	☐ Male ☐ Female ☐ Transgender ☐ Other ☐ Decline to State ☐ Not Applicable
Have you or any family member ever served in the US Military?	☐ Yes ☐ No ☐ Refused
If yes, which war/war era?	☐ Korean War (June 1950---January 1955) ☐ Vietnam Era (August 1964---April 1975) ☐ Post Vietnam (May 1975---July 1991) ☐ Persian Gulf Era (August 1991---Present) ☐ Afghanistan (2001---Present) ☐ Iraq (2003---Present) ☐ Other (Specify) ☐ Refused
If yes, what was the character of the discharge?	☐ Honorable ☐ Other than Honorable ☐ Bad Conduct ☐ Dishonorable ☐ Refused
What is your citizenship status?	☐ Citizen ☐ Legal Resident ☐ Undocumented ☐ Refused
Where did you live prior to becoming homeless?	☐ In Rhode Island Specify Town/City _____ ☐ Somewhere else Specify City/State/Country_____
Have you ever been in foster care?	☐ Yes ☐ No ☐ Refused
Have you ever been in jail?	☐ Yes ☐ No ☐ Refused
Have you ever been in prison?	☐ Yes ☐ No ☐ Refused
Do you or any member of the family have a permanent physical disability that limits mobility? [i.e., wheelchair, amputation, unable to climb stairs]?	☐ Yes ☐ No ☐ Refused
What kind of health insurance do you have, if any? (check all that apply)	☐ Medicaid ☐ Medicare ☐ VA ☐ Private Insurance ☐ None ☐ Other (specify): _____
On a regular day, where is it easiest to find you and what time of day is easiest to do so?	
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	
Ok, now I'd like to take your picture. May I do so?	☐ Yes ☐ No ☐ Refused

Surveyor, please take photo of HEAD OF HOUSEHOLD 1 and HEAD OF HOUSEHOLD 2 and email to photoszero2016ri@gmail.com with the FULL NAME and DATE OF BIRTH of each person interviewed in the subject line. Please delete the photos immediately after sending.

Primary Race:	**Please Circle One Category**
(Head of Household 1)	White
	Asian
	Black or African American
	American Indian/Alaskan Native
	Native Hawaiian/Other Pacific Islander
	Client Doesn't Know
	Client Refused
	Data not collected

Secondary Race:	**Please Circle One Category**
(Head of Household 1)	White
	Asian
	Black or African American
	American Indian/Alaskan Native
	Native Hawaiian/Other Pacific Islander
	Client Doesn't Know
	Client Refused
	Data not collected

Ethnicity:	**Please Circle One Category**
(Head of Household 1)	Hispanic/Latino
	Non-Hispanic/Non-Latino
	Client Doesn't Know
	Client Refused
	Data not collected