INTRODUCTION FOR FOLLOW-UP SURVEY

I am going to ask you some questions about your experiences since you were last interviewed by our project on _________________.

(MONTH, DAY, YEAR OF LAST INTERVIEW)

The questions will take about one hour. When we've finished, I'll pay you $10 for your time (plus an extra $2 for having gotten in touch with us).

We are recontacting about 500 people once every 2 months for 2 years. The information from these surveys is intended to improve housing choices and other services for people who have been homeless.

Remember, we will treat the information you have given us as confidential. In other words, we will not report results from the study that allow you to be identified personally.
SECTION A. CURRENT LIVING ARRANGEMENTS

A1. First, let's talk a bit about your sleeping arrangements during the past 30 days. Is finding shelter a problem for you usually, sometimes, rarely or never?

(Circle One)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>USUALLY</td>
<td>1</td>
</tr>
<tr>
<td>SOMETIMES</td>
<td>2</td>
</tr>
<tr>
<td>RARELY</td>
<td>3</td>
</tr>
<tr>
<td>NEVER</td>
<td>4</td>
</tr>
</tbody>
</table>

A2. Did you spend any nights in any of these places during the past 60 days? That is, between (TODAY'S DATE) and (60 DAYS AGO).

Did you spend any nights in:

<table>
<thead>
<tr>
<th>INDEPENDENT EXITS/ENTRIES</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. an apartment or home that you owned or paid rent on in the past 60 days?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>b. a hotel or motel room that you paid for?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>c. a boarding house, halfway house, or board and care facility?</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEPENDENT EXITS/ENTRIES</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>d. a hotel or motel that you paid for with a voucher in the past 60 days?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>e. the home or room of a family member?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>f. the home or room of a friend or acquaintance in the past 60 days?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>g. a hospital?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>h. a nursing home or a convalescent facility?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>i. jail or prison in the past 60 days?</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

- IF YES TO ANY ITEM (a-i) IN A2: CIRCLE CORRESPONDING ITEM IN TIMELINE. THEN GO TO TIMELINE INSTRUCTIONS.
- IF NO TO ALL ITEMS: GO TO INSTRUCTION BOX, PAGE 5
TIMELINE INSTRUCTIONS

SAY: You told me that you spent nights in (ITEMS CODED YES IN A2.) in the past 60 days. Now I would like to ask you about the specific nights you spent in these places. (HAND CALENDAR PAGES.)

A2A. FOR FIRST PLACE CIRCLED SAY:

Let's start with (FIRST ITEM CIRCLED).

Which nights did you spend at (_________) in the past 60 days?
IF ANY ENTRY MADE FOR DAY 60, ASK: On what date did you begin spending the night there (that time)?

A2B. FOR NEXT PLACE CIRCLED, SAY:

Now let's talk about the nights you spent at (_________).

Which nights did you spend at (_________) in the past 60 days?
IF ANY ENTRY MADE FOR DAY 60, ASK: On what date did you begin spending the night there (that time)?

IF THERE IS A "NEXT PLACE": REPEAT INSTRUCTION A2A.
IF NO OTHER PLACE: GO TO INSTRUCTION BOX, PAGE 5.
<table>
<thead>
<tr>
<th>Place Description</th>
<th>30/</th>
<th>35/</th>
<th>40/</th>
<th>45/</th>
<th>50/</th>
<th>55/</th>
<th>60/</th>
<th>65/</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Own APT/Home</td>
<td>35/</td>
<td>40/</td>
<td>45/</td>
<td>50/</td>
<td>55/</td>
<td>60/</td>
<td>65/</td>
<td></td>
</tr>
<tr>
<td>Hotel/Motel Paid For</td>
<td>8/</td>
<td>10/</td>
<td>15/</td>
<td>20/</td>
<td>25/</td>
<td>30/</td>
<td>35/</td>
<td>40/</td>
</tr>
<tr>
<td>Boarding House or Board &amp; Care Facility</td>
<td>39/</td>
<td>45/</td>
<td>50/</td>
<td>55/</td>
<td>60/</td>
<td>65/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependent</td>
<td>8/</td>
<td>10/</td>
<td>15/</td>
<td>20/</td>
<td>25/</td>
<td>30/</td>
<td>35/</td>
<td>40/</td>
</tr>
<tr>
<td>Voucher Hotel/Motel</td>
<td>39/</td>
<td>45/</td>
<td>50/</td>
<td>55/</td>
<td>60/</td>
<td>65/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Room/Home of a Family Member</td>
<td>8/</td>
<td>10/</td>
<td>15/</td>
<td>20/</td>
<td>25/</td>
<td>30/</td>
<td>35/</td>
<td>40/</td>
</tr>
<tr>
<td>Room/Home of a Friend or Acquaintance</td>
<td>39/</td>
<td>45/</td>
<td>50/</td>
<td>55/</td>
<td>60/</td>
<td>65/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>8/</td>
<td>10/</td>
<td>15/</td>
<td>20/</td>
<td>25/</td>
<td>30/</td>
<td>35/</td>
<td>40/</td>
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<tr>
<td>Nursing/Convalescent Facility</td>
<td>39/</td>
<td>45/</td>
<td>50/</td>
<td>55/</td>
<td>60/</td>
<td>65/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jail/Prison</td>
<td>39/</td>
<td>45/</td>
<td>50/</td>
<td>55/</td>
<td>60/</td>
<td>65/</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

INTERVIEWER: INDICATE NAME AND LOCATION OF EACH PLACE a - l ABOVE.
### TIMELINE: ENTER INFORMATION FROM A2 - A2B

**1990**

<table>
<thead>
<tr>
<th>Place Type</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INDEPENDENT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a <strong>OWN APARTMENT/ HOME</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b <strong>HOTEL/MOTEL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c <strong>BOARDING HOUSE OR BOARD &amp; CARE FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d <strong>VOUCHER HOTEL/MOTEL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e <strong>ROOM/ HOME OF A FAMILY MEMBER</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f <strong>ROOM/ HOME OF A FRIEND/ACQUAINTANCE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g <strong>HOSPITAL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h <strong>NURSING/ CONVALESCENT FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i <strong>JAIL/ PRISON</strong></td>
<td></td>
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</tr>
</tbody>
</table>

**INTERVIEWER: INDICATE NAME AND LOCATION OF EACH PLACE a - I ABOVE.**
INSTRUCTION BOX:

A. WHEN WAS R'S LAST INTERVIEW? (CHECK LABEL ON ASSIGNMENT SHEET)

DATE OF LAST INTERVIEW: □ □ / □ □ / □ □

MONTH    DAY    YEAR

B. WAS THE DATE OF R'S LAST INTERVIEW MORE THAN 73 DAYS AGO--THAT IS, AT LEAST 14 DAYS BEFORE DAY 60 ON THE TIMELINE?

(Circle One)

NO ...................... 1 GO TO A4, PAGE 15
YES ...................... 5 ASK A3A
A3A. Think now about the period of time between your last interview and 60 days ago—that is, between (DATE OF LAST INTERVIEW) and (DAY 60 ON TIMELINE). During that time, did you spend at least 2 weeks—that is, 14 consecutive nights in...

an apartment or home that you owned or paid rent on?

(Circle One)

NO .................................. 1  GO TO A3B, NEXT PAGE  50/

YES .................................. 5

A3A-1. Thinking of the period between (DATE OF LAST INTERVIEW) and (DAY 60 ON TIMELINE), about when did you begin your first stay of 2 weeks or more in an apartment or home that you owned or paid rent on? When did that stay end?

START DATE:  ___ / ___ / ___  END DATE:  ___ / ___ / ___  51-62/

ARE THERE 14 DAYS OR MORE BETWEEN THE END DATE AND DAY 60?

NO .................................. 1  GO TO A3B, NEXT PAGE  63/

YES .................................. 5

A3A-2. Were there other times when you stayed for 2 weeks or more in an apartment or home that you owned or paid rent on?

NO .................................. 1  GO TO A3B, NEXT PAGE  64/

YES .................................. 5  PROBE FOR START AND END DATES OF ALL STAYS OF 2 WEEKS OR MORE DURING THIS PERIOD

SECOND EPISODE:

START DATE:  ___ / ___ / ___  END DATE:  ___ / ___ / ___  65-76/

THIRD EPISODE:

START DATE:  ___ / ___ / ___  END DATE:  ___ / ___ / ___  6-7/  
           1-5/  
           8-19/

FOURTH EPISODE:

START DATE:  ___ / ___ / ___  END DATE:  ___ / ___ / ___  20-31/

GO TO A3B  

CARD 10/11
A3B. Think again about the period of time between your last interview and 60 days ago—that is, between (DATE OF LAST INTERVIEW) and (DAY 60 ON TIMELINE). During that time, did you spend at least 2 weeks—that is, 14 consecutive nights in...

a hotel or motel that you paid for?

(Circle One)

NO ..................................... 1 GO TO A3C, NEXT PAGE 32/

YES ..................................... 5

A3B-1. Thinking of the period between (DATE OF LAST INTERVIEW) and (DAY 60 ON TIMELINE), about when did you begin your first stay of 2 weeks or more in a hotel or motel that you paid for? When did that stay end?

START DATE: [ ] [ ] [ ] END DATE: [ ] [ ] [ ] 33-44/

ARE THERE 14 DAYS OR MORE BETWEEN THE END DATE AND DAY 60?

NO ..................................... 1 GO TO A3C, NEXT PAGE 45/

YES ..................................... 5

A3B-2. Were there other times when you stayed for 2 weeks or more in a hotel or motel that you paid for?

NO ..................................... 1 GO TO A3C, NEXT PAGE 46/

YES ..................................... 5 PROBE FOR START AND END DATES OF ALL STAYS OF 2 WEEKS OR MORE DURING THIS PERIOD

SECOND EPISODE:

START DATE: [ ] [ ] [ ] END DATE: [ ] [ ] [ ] 47-58/

THIRD EPISODE:

START DATE: [ ] [ ] [ ] END DATE: [ ] [ ] [ ] 59-70/

FOURTH EPISODE:

START DATE: [ ] [ ] [ ] END DATE: [ ] [ ] [ ] CARD 12

GO TO A3C

CARD 11/12
A3C. During that time, (between DATE OF LAST INTERVIEW and DAY 60 ON TIMELINE) did you spend at least 2 weeks--that is, 14 consecutive nights in...

a boarding house, halfway house, or board and care facility?

(Circle One)

NO ........................................... 1 GO TO A3D, NEXT PAGE 20/
YES ........................................... 5

A3C-1. Thinking of the period between (DATE OF LAST INTERVIEW) and (DAY 60 ON TIMELINE), about when did you begin your first stay of 2 weeks or more in a boarding house, halfway house, or board and care facility? When did that stay end?

START DATE: [ ] / [ ] / [ ] END DATE: [ ] / [ ] / [ ] 21-32/

ARE THERE 14 DAYS OR MORE BETWEEN THE END DATE AND DAY 60?

NO ........................................... 1 GO TO A3D, NEXT PAGE 33/
YES ........................................... 5

A3C-2. Were there other times when you stayed for 2 weeks or more in a boarding house, halfway house, or board and care facility?

NO ........................................... 1 GO TO A3D, NEXT PAGE 34/
YES ........................................... 5 PROBE FOR START AND END DATES OF ALL STAYS OF 2 WEEKS OR MORE DURING THIS PERIOD

SECOND EPISODE:

START DATE: [ ] / [ ] / [ ] END DATE: [ ] / [ ] / [ ] 35-46/

THIRD EPISODE:

START DATE: [ ] / [ ] / [ ] END DATE: [ ] / [ ] / [ ] 47-58/

FOURTH EPISODE:

START DATE: [ ] / [ ] / [ ] END DATE: [ ] / [ ] / [ ] 59-70/

GO TO A3D
A3D. During that time, (between DATE OF LAST INTERVIEW and DAY 60 ON TIMELINE) did you spend at least 2 weeks—that is, 14 consecutive nights in...

a hotel or motel that you paid for with a voucher?

(Circle One)

NO ........................................ 1  GO TO A3E, NEXT PAGE 8/
YES ........................................ 5

A3D-1. Thinking of the period between (DATE OF LAST INTERVIEW) and (DAY 60 ON TIMELINE), about when did you begin your first stay of 2 weeks or more in a hotel or motel that you paid for with a voucher? When did that stay end?

START DATE: □ □ / □ □ / □ □  END DATE: □ □ / □ □ / □ □  9-20/

ARE THERE 14 DAYS OR MORE BETWEEN THE END DATE AND DAY 60?

NO ........................................ 1  GO TO A3E, NEXT PAGE 21/
YES ........................................ 5

A3D-2. Were there other times when you stayed for 2 weeks or more in a hotel or motel that you paid for with a voucher?

NO ........................................ 1  GO TO A3E, NEXT PAGE 22/
YES ........................................ 5  PROBE FOR START AND END DATES OF ALL STAYS OF 2 WEEKS OR MORE DURING THIS PERIOD

SECOND EPISODE:

START DATE: □ □ / □ □ / □ □  END DATE: □ □ / □ □ / □ □  23-34/

THIRD EPISODE:

START DATE: □ □ / □ □ / □ □  END DATE: □ □ / □ □ / □ □  35-46/

FOURTH EPISODE:

START DATE: □ □ / □ □ / □ □  END DATE: □ □ / □ □ / □ □  47-58/

GO TO A3E 9
A3E. During that time, (between DATE OF LAST INTERVIEW and DAY 60 ON TIMELINE) did you spend at least 2 weeks—that is, 14 consecutive nights in...

the home or room of a family member?

(Circle One)

NO .................................. 1 GO TO A3F, NEXT PAGE 59/

YES .................................. 5

A3E-1. Thinking of the period between (DATE OF LAST INTERVIEW) and (DAY 60 ON TIMELINE), about when did you begin your first stay of 2 weeks or more in the home or room of a family member? When did that stay end?

START DATE: [ ] / [ ] / [ ] END DATE: [ ] / [ ] / [ ] 60-71/

ARE THERE 14 DAYS OR MORE BETWEEN THE END DATE AND DAY 60?

(CARD 14)

NO ............................... 1 GO TO A3F, NEXT PAGE 6-7/

YES ............................... 5

A3E-2. Were there other times when you stayed for 2 weeks or more in the home or room of a family member?

NO .................................. 1 GO TO A3F, NEXT PAGE 1-5/

YES .................................. 5 PROBE FOR START AND END DATES OF ALL STAYS OF 2 WEEKS OR MORE DURING THIS PERIOD

SECOND EPISODE:

START DATE: [ ] / [ ] / [ ] END DATE: [ ] / [ ] / [ ] 10-21/

THIRD EPISODE:

START DATE: [ ] / [ ] / [ ] END DATE: [ ] / [ ] / [ ] 22-33/

FOURTH EPISODE:

START DATE: [ ] / [ ] / [ ] END DATE: [ ] / [ ] / [ ] 34-45/

GO TO A3F

CARD 13/14

10
A3F. During that time, (between DATE OF LAST INTERVIEW and DAY 60 ON TIMELINE) did you spend at least 2 weeks—that is, 14 consecutive nights in...

the home or room of a friend or acquaintance?

(Circle One)

| NO | GO TO A3G, NEXT PAGE 46/ |
| YES | 5 |

A3F-1. Thinking of the period between (DATE OF LAST INTERVIEW) and (DAY 60 ON TIMELINE), about when did you begin your first stay of 2 weeks or more in the home or room of a friend or acquaintance? When did that stay end?

START DATE: / / END DATE: / / 47-58/

ARE THERE 14 DAYS OR MORE BETWEEN THE END DATE AND DAY 60?

| NO | GO TO A3G, NEXT PAGE 59/ |
| YES | 5 |

A3F-2. Were there other times when you stayed for 2 weeks or more in the home or room of a friend or acquaintance?

| NO | GO TO A3G, NEXT PAGE 60/ |
| YES | PROBE FOR START AND END DATES OF ALL STAYS OF 2 WEEKS OR MORE DURING THIS PERIOD |

SECOND EPISODE:

START DATE: / / END DATE: / / 15 |

THIRD EPISODE:

START DATE: / / END DATE: / / 20-31/ |

FOURTH EPISODE:

START DATE: / / END DATE: / / 32-43/ |

GO TO A3G
A3G. During that time, (between DATE OF LAST INTERVIEW and DAY 60 ON TIMELINE) did you spend at least 2 weeks—that is, 14 consecutive nights in...
a hospital?

(Circle One)

NO ........................................ 1 GO TO A3H, NEXT PAGE 44/

YES ....................................... 5

A3G-1. Thinking of the period between (DATE OF LAST INTERVIEW) and (DAY 60 ON TIMELINE), about when did you begin your first stay of 2 weeks or more in a hospital? When did that stay end?

START DATE: ___ / ___ / ___ END DATE: ___ / ___ / ___ 45-56/

ARE THERE 14 DAYS OR MORE BETWEEN THE END DATE AND DAY 60?

NO ........................................ 1 GO TO A3H, NEXT PAGE 57/

YES ....................................... 5

A3G-2. Were there other times when you stayed for 2 weeks or more in a hospital?

NO ........................................ 1 GO TO A3H, NEXT PAGE 58/

YES ....................................... 5 PROBE FOR START AND END DATES OF ALL STAYS OF 2 WEEKS OR MORE DURING THIS PERIOD

SECOND EPISODE:

START DATE: ___ / ___ / ___ END DATE: ___ / ___ / ___ 59-70/

THIRD EPISODE:

START DATE: ___ / ___ / ___ END DATE: ___ / ___ / ___ 8-19/

FOURTH EPISODE:

START DATE: ___ / ___ / ___ END DATE: ___ / ___ / ___ 20-31/

GO TO A3H
A3H. During that time, (between DATE OF LAST INTERVIEW and DAY 60 ON TIMELINE) did you spend at least 2 weeks—that is, 14 consecutive nights in...

a nursing home or a convalescent facility?

(Circle One)

NO ........................................ 1  GO TO A3I, NEXT PAGE 32/

YES ...................................... 5

A3H-1. Thinking of the period between (DATE OF LAST INTERVIEW) and (DAY 60 ON TIMELINE), about when did you begin your first stay of 2 weeks or more in a nursing home or a convalescent facility? When did that stay end?

START DATE: □□ / □□ / □□  END DATE: □□ / □□ / □□ 33-44/

ARE THERE 14 DAYS OR MORE BETWEEN THE END DATE AND DAY 60?

NO ........................................ 1  GO TO A3I, NEXT PAGE 45/

YES ...................................... 5

A3H-2. Were there other times when you stayed for 2 weeks or more in a nursing home or a convalescent facility?

NO ........................................ 1  GO TO A3I, NEXT PAGE 46/

YES ...................................... 5  PROBE FOR START AND END DATES OF ALL STAYS OF 2 WEEKS OR MORE DURING THIS PERIOD

SECOND EPISODE:

START DATE: □□ / □□ / □□  END DATE: □□ / □□ / □□ 47-58/

THIRD EPISODE:

START DATE: □□ / □□ / □□  END DATE: □□ / □□ / □□ 59-70/

FOURTH EPISODE:

START DATE: □□ / □□ / □□  END DATE: □□ / □□ / □□ 6-7/

1-5/  8-19/

GO TO A3I
A3I. During that time, (between DATE OF LAST INTERVIEW and DAY 60 ON TIMELINE) did you spend at least 2 weeks--that is, 14 consecutive nights in...

a jail or prison?

(Circle One)

NO   ..........................  1   GO TO A4, NEXT PAGE  20/
YES  ..........................  5

A3I-1. Thinking of the period between (DATE OF LAST INTERVIEW) and (DAY 60 ON TIMELINE), about when did you begin your first stay of 2 weeks or more in a jail or prison? When did that stay end?

START DATE:  /  /  END DATE:  /  /  21-32/

ARE THERE 14 DAYS OR MORE BETWEEN THE END DATE AND DAY 60?

NO   ..........................  1   GO TO A4, NEXT PAGE  33/
YES  ..........................  5

A3I-2. Were there other times when you stayed for 2 weeks or more in a jail or prison?

NO   ..........................  1   GO TO A4, NEXT PAGE  34/
YES  ..........................  5   PROBE FOR START AND END DATES OF ALL STAYS OF 2 WEEKS OR MORE DURING THIS PERIOD

SECOND EPISODE:

START DATE:  /  /  END DATE:  /  /  35-46/

THIRD EPISODE:

START DATE:  /  /  END DATE:  /  /  47-58/

FOURTH EPISODE:

START DATE:  /  /  END DATE:  /  /  59-70/

GO TO A4
A4. Since your last interview on (DATE OF LAST INTERVIEW), has any staff member from a shelter, drop-in center, or other kind of service program talked to you or given you advice about how to get a permanent place to live?

(Circle One)

NO .................................................. 1
YES .................................................... 5

A5. Since your last interview on (DATE OF LAST INTERVIEW), has a staff member helped you make contact with someone who managed an apartment, house, or board and care home to see if you could get into permanent housing?

(Circle One)

NO .................................................. 1
YES .................................................... 5

IF A4 AND A5 = "NO" SKIP TO A7.

A6. What program gave you the most help with finding a permanent place to live?

PROBE: What is the name of the program?
Where did the staff member who helped you work?

IF DK, PROBE: Where is the program located?
RECORD VERBATIM.

______________________________________________________

______________________________________________________

______________________________________________________

______________________________________________________
A7. Since your last interview on (DATE OF LAST INTERVIEW), have you spent any nights in a city or town outside the Los Angeles County Area?

NO ........................................... 1  GO TO A8, NEXT PAGE
YES ........................................... 5

A7A. How many nights did you spend in places outside of the Los Angeles County Area since (DATE OF LAST INTERVIEW)?

NUMBER OF NIGHTS: [ ] 13-15/

A7B. Not counting the Los Angeles County Area, how many different cities or towns have you stayed (overnight) in since (DATE OF LAST INTERVIEW)?

NUMBER OF CITIES/TOWNS: [ ] 16-18/

INTERVIEWER: NOTE OTHER CITIES AND PEOPLE THAT CAN BE USED FOR FUTURE RECONTACTS. ENTER THESE ON THE RECONTACT FORM.
A8. Think now only about the past 30 days. How many nights, if any, did you spend:

NUMBER OF NIGHTS
IF NONE, ENTER "00"

a. in a mission, shelter, or transitional program bed? .....................   [ ] 19-20/

b. in a church or chapel, but not in a bed? .................................   [ ] 21-22/

c. in an all-night theater or other indoor public place? .................   [ ] 23-24/

d. in an abandoned building? ..................................................   [ ] 25-26/

e. in a car or other vehicle? ....................................................   [ ] 27-28/

f. on the street or other outdoor place? ......................................   [ ] 29-30/

g. in any places that I haven't asked you about? .........................   [ ] 31-32/

↓

What places?_______________________________________________________

_________________________________________________________________

INTERVIEWER: INDICATE NAME AND LOCATION OF EACH PLACE a - g ABOVE.
Critical Incidents are indicated by the arrows.

**A Stay of Any Duration**

**HOUSED**
- Own Home/Apartment/Room\(^1\)
- Board & Care, Halfway House, Boarding House

\(^1\) A home, apartment, or (non-hotel) room is considered one's own if the R has some sort of explicit contractual arrangement, either verbal or in writing, whereby s/he trades money or services (e.g., childcare) in exchange for a place to stay.

**A Stay of Two Weeks or Longer\(^3\)**

**HOUSED**
- Family's Home/Apartment/Room
- Friend's Home/Apartment/Room
- Paid or Voucher Hotel/Motel
- Convalescent Facility

\(^2\) The R has to stay two weeks or longer in any one of these places to two weeks or longer in any one of these places.

\(^3\) The R must stay in one or more of these places consecutively for two weeks or more in order to count as a Critical Incident.

**Transitional (Doesn't Count)**
- Jails
- Hospitals
CRITICAL INCIDENT QUESTIONS

Use one page for each Critical Incident and only record the last two Critical Incidents beginning with the most recent. BASED ON THE TIMELINE, FILL IN #1 AND #2.

From what you told me earlier, you moved
TO #1 __________________________________ FROM #2 __________________________________

1. Why did you move to #1 (SPECIFY) from #2 (SPECIFY)?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

2. In what ways has the move to #1 (SPECIFY) from #2 (SPECIFY) changed your life?

________________________________________________________________________________________
________________________________________________________________________________________

Has anything else changed?

________________________________________________________________________________________
________________________________________________________________________________________

3. What did you like best about #1 (SPECIFY)?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

4. What did you like least about #1 (SPECIFY)?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

5. What did you like best about #2 (SPECIFY)?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

6. What did you like least about #2 (SPECIFY)?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

7. How do you feel in general about this move? (USE CARD #1)

Record # ____________

17b
CRITICAL INCIDENT QUESTIONS

Use one page for each Critical Incident and only record the last two Critical Incidents beginning with the most recent. BASED ON THE TIMELINE, FILL IN #2 AND #3.

From what you told me earlier, you moved

TO #2 ______________________ FROM #3 ______________________

1. Why did you move to #2 (SPECIFY) from #3 (SPECIFY)?

________________________________________

________________________________________

2. In what ways did the move to #2 (SPECIFY) from #3 (SPECIFY) changed your life?

________________________________________

________________________________________

Did anything else changed?

________________________________________

3. What did you like best about #2 (SPECIFY)?

________________________________________

________________________________________

4. What did you like least about #2 (SPECIFY)?

________________________________________

________________________________________

5. What did you like best about #3 (SPECIFY)?

________________________________________

________________________________________

6. What did you like least about #3 (SPECIFY)?

________________________________________

________________________________________

7. How do you feel in general about this move?(USE CARD #1)

Record # __________

17c
A9. Think again about where you spent the night during the past 30 nights. Which place do you think of as your usual place to stay?

IF MORE THAN ONE USUAL PLACE, PROBE: Where did you stay most often?

RECORD VERBATIM AND CODE BELOW. ________________________________

<table>
<thead>
<tr>
<th>Code</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>APARTMENT OR HOME OF OWN</td>
</tr>
<tr>
<td>02</td>
<td>HOTEL/MOTEL R. PAID FOR</td>
</tr>
<tr>
<td>03</td>
<td>BOARDING HOUSE, HALFWAY HOUSE, OR BOARD/CARE FACILITY</td>
</tr>
<tr>
<td>04</td>
<td>HOTEL/MOTEL PAID BY VOUCHER</td>
</tr>
<tr>
<td>05</td>
<td>FAMILY MEMBER'S HOME OR ROOM</td>
</tr>
<tr>
<td>06</td>
<td>FRIEND'S OR ACQUAINTANCE'S HOME OR ROOM</td>
</tr>
<tr>
<td>07</td>
<td>MISSION, SHELTER, OR TRANSITION PROGRAM</td>
</tr>
<tr>
<td>08</td>
<td>CHURCH, CHAPEL</td>
</tr>
<tr>
<td>09</td>
<td>ALL NIGHT THEATER, OTHER INDOOR PUBLIC PLACE</td>
</tr>
<tr>
<td>10</td>
<td>ABANDONED BUILDING</td>
</tr>
<tr>
<td>11</td>
<td>CAR, OTHER VEHICLE</td>
</tr>
<tr>
<td>12</td>
<td>STREET OR OTHER OUTDOOR PLACE</td>
</tr>
<tr>
<td>13</td>
<td>OTHER PLACE</td>
</tr>
</tbody>
</table>

(Circle One)

33-34/
A10. Please look at this card. (HAND CARD #1.) Can you read it OK or would you like some help? For these next questions we'll be using this scale to help you tell me how you feel about the place where you usually stay. Let's begin.

Think about (USUAL PLACE IN A9.) How do you feel about: (READ EACH ITEM a - i)

(Circle One Number on Each Line)

| a. that place? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 35/ |
| b. the privacy you have there? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 36/ |
| c. the amount of space you have there? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 37/ |
| d. the amount of freedom you have there? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 38/ |
| e. the cleanliness and upkeep there? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 39/ |
| f. how much you have to pay to stay there? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 40/ |

IF R SAYS NO COST: How do you feel about not having to pay to stay there?

| g. the amount of noise there? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 41/ |
| h. your protection from cold or heat there? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 42/ |
| i. your personal safety while you are there at night? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 43/ |
These next questions are about your personal safety in the past 30 days.

A11. Within the past 30 days, have you been physically assaulted or attacked, not including sexual assault?

(Circle One)
NO .................................. 1 44/
YES .................................. 5

A12. Have you been robbed within the last 30 days—that is, was something of yours taken from you personally against your will?

(Circle One)
NO .................................. 1 45/
YES .................................. 5

A13. Have you been burglarized within the last 30 days—that is, has someone broken into a room or apartment of yours, or a place where some of your possessions were stored, and taken some of your property?

(Circle One)
NO .................................. 1 46/
YES .................................. 5

A14. Have you been sexually assaulted within the last 30 days?

(Circle One)
NO .................................. 1 47/
YES .................................. 5

Please look at this card again. (HAND CARD #1.)

A15. Think now about the places where you have stayed during the day over the past few days. How do you feel about your personal safety there during the daytime?

(Circle One)
TERRIBLE .................................. 1 48/
UNHAPPY .................................. 2
MOSTLY DISSATISFIED ............. 3
MIXED .................................... 4
MOSTLY SATISFIED .............. 5
PLEASED .................................. 6
DELIGHTED .................................. 7
A16. Now I'd like to talk about your meals during the past 30 days. Is getting enough to eat a problem for you usually, sometimes, rarely, or never?

(Circle One)

USUALLY .................................................. 1 49/
SOMETIMES ............................................. 2
RARELY ..................................................... 3
NEVER ....................................................... 4

A17. During the past 30 days, on how many days have you eaten:

NUMBER OF DAYS
IF NONE, ENTER "00"

<table>
<thead>
<tr>
<th>Description</th>
<th>Number of Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. meals consisting of food you purchased at a market, restaurant, or fast food place?</td>
<td>50-51/</td>
</tr>
<tr>
<td>b. meals at a shelter, mission or soup kitchen?</td>
<td>52-53/</td>
</tr>
<tr>
<td>c. meals provided by friends, relatives or other people?</td>
<td>54-55/</td>
</tr>
<tr>
<td>d. meals consisting of food you found on the streets or in garbage cans or dumpsters?</td>
<td>56-57/</td>
</tr>
<tr>
<td>e. meals at a jail or other institutional facility?</td>
<td>58-59/</td>
</tr>
<tr>
<td>f. meals anywhere else?</td>
<td>60-61/</td>
</tr>
</tbody>
</table>

Where is that?

A18. Please look at this card again. (HAND CARD #1.) For these next questions we'll be using this same scale to help you tell me how you feel about the meals you have obtained in the past few days.

How do you feel about:

(Circle One Number on Each Line)

<table>
<thead>
<tr>
<th>Description</th>
<th>Terrible</th>
<th>Unhappy</th>
<th>Mostly Disatisfied</th>
<th>Mixed</th>
<th>Mostly Satisfied</th>
<th>Pleased</th>
<th>Delighted</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. how much you pay for food?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>b. how much you get to eat?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>
Now I have a few questions about clothing.

A19. Over the past 30 days, has obtaining clothes been a problem for you usually, sometimes, rarely, or never?

(Circle One)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>USUALLY</td>
<td>1</td>
</tr>
<tr>
<td>SOMETIMES</td>
<td>2</td>
</tr>
<tr>
<td>RARELY</td>
<td>3</td>
</tr>
<tr>
<td>NEVER</td>
<td>4</td>
</tr>
</tbody>
</table>

A20. Please look at this card again. (HAND CARD # 1.) For these next questions we'll be using this same scale to help you tell me how you have felt about your clothes over the last few days.

How do you feel about:

(Circle One Number on Each Line)

<table>
<thead>
<tr>
<th></th>
<th>TERRIBLE</th>
<th>UNHAPPY</th>
<th>MOSTLY DIS-SATISFIED</th>
<th>MIXED</th>
<th>MOSTLY SATISFIED</th>
<th>PLEASED</th>
<th>DELIGHTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. the clothes you</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>have been wearing?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. the opportunity</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>you have to wash or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>clean your clothes?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. the opportunity</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>you have to replace</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>your clothes?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Now, I'd like to ask you about cleaning up.

A21. During the **past 30 days**, has finding a place to wash up been a problem for you usually, sometimes, rarely, or never?

   (Circle One)

   USUALLY ................................. 1 68/
   SOMETIMES .............................. 2
   RARELY ................................. 3
   NEVER ................................. 4

A22. During the **past 30 days**, how many days did you shower or bathe--that is, wash yourself from head to toe?

   NUMBER OF DAYS:  69-70/

A23. During the **past 30 days**, has finding a place to go to the bathroom been a problem for you usually, sometimes, rarely, or never?

   (Circle One)

   USUALLY ................................. 1 71/
   SOMETIMES .............................. 2
   RARELY ................................. 3
   NEVER ................................. 4

INTERVIEWER: WHERE IS THIS INTERVIEW TAKING PLACE?

SITE TYPE:

   (Circle One)

   FIELD OFFICE .......................................................... 01 72-73/
   APARTMENT/HOTEL ROOM ........................................ 02
   SHELTER/DROP-IN CENTER ......................................... 03
   INSTITUTIONAL FACILITY (JAIL/PRISON, HOSPITAL) ........ 04
   INDOOR PUBLIC AREA (LIBRARY, LOBBY, MALL, RESTAURANT) 05
   OUTDOOR AREA (BEACH, STREET, PARK) .......................... 06
   PHONE ................................................................. 07
   OTHER ................................................................. 08
   SPECIFY:  

   23
SECTION R. FAMILY AND FRIENDS

Now, I have some questions about your family and friends and other people you know.

R1. Are you currently married or are you widowed, separated, divorced or have you never been married?

(Circle One)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MARRIED</td>
<td>1</td>
</tr>
<tr>
<td>WIDOWED</td>
<td>2</td>
</tr>
<tr>
<td>SEPARATED</td>
<td>3</td>
</tr>
<tr>
<td>DIVORCED</td>
<td>4</td>
</tr>
<tr>
<td>NEVER MARRIED</td>
<td>5</td>
</tr>
</tbody>
</table>

GO TO R2

R1A. Are you currently living with your (husband/wife)?

(Circle One)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>YES</td>
<td>5</td>
</tr>
</tbody>
</table>

GO TO R3

R2. Are you currently living with someone as though you were married?

(Circle One)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>YES</td>
<td>5</td>
</tr>
</tbody>
</table>

R3. Has a child been born (to you/that you fathered) since we last talked to you on (DATE OF LAST INTERVIEW)?

(Circle One)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>YES</td>
<td>5</td>
</tr>
</tbody>
</table>

R4. How many children, either your own or children that you've acted as a parent for, have lived with you at any time since we last talked with you?

NUMBER SINCE LAST INTERVIEW : [ ]

IF NONE, ENTER "00" AND GO TO INSTRUCTION BOX #R1.

R5. How many of these children are living with you now?

NUMBER NOW: [ ]

IF NONE, ENTER "00"
INSTRUCTION BOX #R1.

INTERVIEWER: IS R NOW LIVING WITH A PARTNER?

CODE 'YES' IF:  R1A=5' (CURRENTLY LIVING WITH SPOUSE) OR
                R2=5' (CURRENTLY LIVING AS THOUGH MARRIED)

NO .................... 1  GO TO R7
YES ................... 5  ASK R6

R6. Now I want you to think about how often different kinds of support are available to you from your (wife/husband/partner). By "available" I mean that you can count on your (wife/husband/partner) to provide support if you need it and that you would feel comfortable asking for that support. (HAND CARD #6.) You can answer "none of the time, a little of the time, some of the time, most of the time, or all of the time."

(Circle One Number on Each Line)

At the present time, how often is your (husband/wife/partner) available to:

a. have a good time with? .......  1  2  3  4  5  17/

b. provide you with food or a place to stay? .....................  1  2  3  4  5  18/

c. listen to you talk about yourself or your problems? ..........  1  2  3  4  5  19/

d. accompany you to an appointment to provide moral support? ...............  1  2  3  4  5  20/

e. show that he or she loves or cares for you? ...................  1  2  3  4  5  21/

R7. Do you now have any living immediate family or other relatives, such as parents, grandparents, brothers and sisters, aunts and uncles, cousins, or adult children? Do not include a spouse, longterm partner or foster parents.

(Circle One)

NO .................................. 1  GO TO R12
YES .................................. 5

22/
R7A. Since your last interview on (DATE OF LAST INTERVIEW), on how many days have you seen, spoken to, or kept in touch by mail with at least one of your family members or relatives?

DAYS: □ □ 23-25/

IF NONE, ENTER "000."

R8. Think about how often different kinds of support are available to you from your family members. By "available" I mean that you can count on at least one family member providing that support if you need it and that you would feel comfortable asking for that support. (HAND CARD #6.) You can answer "none of the time, a little of the time, some of the time, most of the time, or all of the time."

(Circle One Number On Each Line)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. have a good time with? ......</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5 26/</td>
</tr>
<tr>
<td>b. provide you with food or a place to stay? .........................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5 27/</td>
</tr>
<tr>
<td>c. listen to you talk about yourself or your problems? ...</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5 28/</td>
</tr>
<tr>
<td>d. accompany you to an appointment to provide moral support? .........................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5 29/</td>
</tr>
<tr>
<td>e. show that they love or care for you? .....................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5 30/</td>
</tr>
</tbody>
</table>

R9. Think about the family member who is most important to you. Does this family member live in the Los Angeles County area?

(Circle One)

NO ............................................. 1 31/

YES ............................................. 5

R SAYS NO IMPORTANT FAMILY ............................. 6 GO TO R12
R10. Compare this family member to American families in general. Would you say this family member was rather well to do, had more money than most, was about average, had less money than most, or was rather poor?

(Circle One)

RATHER WELL TO DO .................................. 1
MORE MONEY THAN MOST ............................... 2
ABOUT AVERAGE ......................................... 3
LESS MONEY THAN MOST ............................... 4
RATHER POOR ............................................. 5

32/

R11. Please look at this card again. (HAND CARD #1.)

(Circle One Number on Each Line)

<table>
<thead>
<tr>
<th>TERRIBLE</th>
<th>UNHAPPY</th>
<th>MOSTLY DIS-</th>
<th>SATISFIED</th>
<th>MIXED</th>
<th>MOSTLY SATISFIED</th>
<th>PLEASED</th>
<th>DELIGHTED</th>
</tr>
</thead>
</table>

Thinking of the past few days, how do you feel about:

a. the way things are in general between you and your family? ....... 1 2 3 4 5 6 7

33/
R12. Now I want you to think about how often different kinds of support are available to you from your friends and also from other acquaintances. Don't include family members, your (wife/husband/partner), or program staff. Remember, by "available" I mean that you can count on at least one friend or acquaintance providing that support if you need it and that you would feel comfortable asking for that support. (HAND CARD #6.) You can answer none of the time, a little of the time, some of the time, most of the time, or all of the time.

(Circle One Number On Each Line)

<table>
<thead>
<tr>
<th>At the present time, how often are friends or other people you know available to:</th>
<th>NONE OF THE TIME</th>
<th>A LITTLE OF THE TIME</th>
<th>SOME OF THE TIME</th>
<th>MOST OF THE TIME</th>
<th>ALL OF THE TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. have a good time with? ..........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. provide you with food or a place to stay? ..................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. listen to you talk about yourself or your problems? ....</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. accompany you to an appointment to provide moral support? ...................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. show that they love or care for you? ............................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

R13. Think about the friends and acquaintances who are most important to you.

<table>
<thead>
<tr>
<th>Would you say that all, most, some, or none of these people:</th>
<th>ALL</th>
<th>MOST</th>
<th>SOME</th>
<th>NONE</th>
<th>R SAYS NO FRIENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. currently live in the Los Angeles area? ..................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5 39/</td>
</tr>
<tr>
<td>b. regularly live in their own home, apartment, or room?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5 40/</td>
</tr>
<tr>
<td>c. have a steady job? ........................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5 41/</td>
</tr>
</tbody>
</table>
R14. Since your last interview on (DATE OF LAST INTERVIEW), have you had contact with staff at either a shelter, meal facility, drop-in center, or other kind of service program?

(Circle One)

NO ......................... 1   GO TO R16

YES  ......................... 5

R15. Now I want you to think about how often different kinds of support are available to you from staff at either a shelter, meal facility, drop-in center, or other kind of service program. Remember by "available" I mean that you can count on at least one staff member providing that support if you need it and that you would feel comfortable asking for that support. (HAND CARD #6.)

(Circle One Number On Each Line)

|------------------|---------------------|-----------------|-----------------|----------------|

At the present time, how often are staff members available to:

a. have a good time with? .......... 1 2 3 4 5 43/

b. provide you with food or a place to stay? .......... 1 2 3 4 5 44/

c. listen to you talk about yourself or your problems? ... 1 2 3 4 5 45/

d. accompany you to an appointment to provide moral support? .......... 1 2 3 4 5 46/

e. show that they love or care for you? .......... 1 2 3 4 5 47/

R16. Please look at this card again. (HAND CARD #1.)

(Circle One Number on Each Line)

<table>
<thead>
<tr>
<th>TERRIBLE</th>
<th>MOSTLY UNHAPPY</th>
<th>MOSTLY DIS-SATISFIED</th>
<th>MIXED</th>
<th>MOSTLY SATISFIED</th>
<th>PLEASED</th>
<th>DELIGHTED</th>
</tr>
</thead>
</table>

Thinking about the past few days, how do you feel about:

a. the amount of time you spend with other people? ........ 1 2 3 4 5 6 7 48/

b. the amount of friendship in your life? .................... 1 2 3 4 5 6 7 49/
SECTION U. EMPLOYMENT HISTORY & INCOME

U1. During the **past 30 days**, how many days did you work for pay (adding together all of the days you worked)?

   NUMBER OF DAYS: □ 50-51/
   IF NO DAYS, ENTER "00"
   AND GO TO U2.

U1A. How many **different** jobs did you hold in the **past 30 days**?

   NUMBER DIFFERENT JOBS: □ 52-53/

U1B. What kind of work did you do **most often** in the **past 30 days**?

   PROBES: What did you mainly make or do?
   What were your most important activities or duties?
   What kind of business or industry was this?

   RECORD VERBATIM.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   54-56/

U1C. During the **past 30 days**, how much money did you make altogether from your job(s)?

   $ AMOUNT: □□□□□ $ 57-60/
   DOLLARS
U2. Since your last interview on (DATE OF LAST INTERVIEW), has any staff member from a shelter, drop-in center, or other kind of service program:

(Circle One Number on Each Line)

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td>5</td>
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</tbody>
</table>

IF ALL ITEMS IN U2 CODED "1" (NO)
GO TO U3.

U2A. What program gave you help with a job?

PROBE: What was it called? IF DK: Where was it located?
RECORD VERBATIM.

64-65/

U3. Please look at this card again. (HAND CARD #1.)

(Circle One Number on Each Line)

<table>
<thead>
<tr>
<th></th>
<th>TERRIBLE</th>
<th>UNHAPPY</th>
<th>MOSTLY DIS-SATISFIED</th>
<th>MIXED</th>
<th>MOSTLY SATISFIED</th>
<th>PLEASED</th>
<th>DELIGHTED</th>
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</thead>
<tbody>
<tr>
<td>Thinking of the past few days, how do you feel about:</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>a. your job situation?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>b. the chance you have to improve your job situation in the next year?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>
U4. Now, I'd like to ask you some questions about income assistance you may or may not be getting.

| ASK EVERYBODY ALL ITEMS: |  
| --- | ---  
| Do you NOW receive: |  
| NO | YES |  
| a. SSI (green check) or SSDI (gold check)? | 1 | 5 | 8/  
| b. V.A. disability income? | 1 | 5 | 9/  
| c. unemployment income? | 1 | 5 | 10/  
| d. General Relief or General Assistance? | 1 | 5 | 11/  
| e. Aid to families with dependent children (AFDC)? | 1 | 5 | 12/  
| f. food stamps? | 1 | 5 | 13/  

32
U5. Do you currently have a legal conservator or payee? (This is a person who is legally assigned to handle your money.)

(Circle One)

NO ........................................ 1 14/
YES ........................................ 5

INSTRUCTION BOX #U1

INTERVIEWER: IS R NOW RECEIVING AT LEAST ONE INCOME BENEFIT FROM LIST IN U4?

CODE "YES" BELOW IF: ANY ITEM 'a-f' IN U4 CODED YES ("5")

NO ........................................ 1 GO TO U8 15/
YES ........................................ 5 ASK U6

U6. Are any of your benefit checks currently assigned to someone else?

(Circle One)

NO ........................................ 1 16/
YES ........................................ 5

U7. During the past 30 days, how much money did you get altogether from (READ BENEFITS CODED "5" IN U4)?

$ AMOUNT: .................................. 17-20/

ROUND TO NEAREST DOLLAR
U8. Since your last interview on (DATE OF LAST INTERVIEW), has any staff member from a shelter, drop-in center, or other kind of service program given you help with **getting benefits** (such as General Relief, SSI, SSDI, AFDC, Medicare or MediCal, or foodstamps)?

(Circle One)

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
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</tbody>
</table>

GO TO U9

(Circle One Number on Each Line)

<table>
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<tr>
<th>NO</th>
<th>YES</th>
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</thead>
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<tr>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

21/

22/

23/

24/

25/

26-27/

a. Did staff talk to you or give you advice about applying for benefits? ................................................................. 1 5

b. Did staff talk to someone at the benefits office about your eligibility for any benefits? .................................................. 1 5

c. Did staff help you fill out your application for any benefits? ... 1 5

d. Did staff go with you to the benefits office? ....................... 1 5

e. What place gave you the most help obtaining your benefits?

PROBE: What was the program called?

IF DK: Where did the staff member work who helped you?
U9. Since your last interview on (DATE OF LAST INTERVIEW), has any staff member from a shelter, drop-in center, or other kind of service program given you help with managing your money?

(Circle One)

NO ........................................ 1  GO TO U10  28/
YES .......................................... 5

(Circle One Number on Each Line)

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Did staff talk to you or give you advice about how to manage your money?</td>
<td>1</td>
</tr>
<tr>
<td>b.</td>
<td>Did the program control how much money you got or when you could get it?</td>
<td>1</td>
</tr>
<tr>
<td>c.</td>
<td>Did staff arrange to have your money sent somewhere else, such as to a legal conservator, to a family member or guardian, or to a residential facility?</td>
<td>1</td>
</tr>
<tr>
<td>d.</td>
<td>What program(s) (was/were) most involved in managing your money?</td>
<td></td>
</tr>
</tbody>
</table>

PROBE: What was it called? IF DK: Where was it located?

RECORD VERBATIM: ____________________________________________________________

32–33/
U10. Now I'd like to ask you about income in the past 30 days, (not including income from a paying job or the benefits I asked you about before). During the past 30 days, how much money did you get:

ROUND TO NEAREST $.

a. from panhandling? ........................................... $ 34-37/

b. from your friends or relatives? ................................. $ 38-41/

c. from selling your blood plasma? ............................... $ 42-45/

d. from recycling cans, bottles, newspapers or other used items that you can return for cash? .................................................. $ 46-49/

e. from selling things on the streets, like foodstamps, vouchers, bus passes, drugs, merchandise, or sexual favors? ........................................... $ 50-53/

f. from anywhere else? ............................................. $ 54-57/

U11. Now I'd like to ask you about expenses in the past 30 days. In the past 30 days how much money did you spend on:

ROUND TO NEAREST $

a. payments for housing? ................................................... $ 58-61/

b. food, not including alcoholic beverages? ................. $ 62-65/
   (COUNTING FOODSTAMPS)

c. clothing? ................................................................. $ 66-69/

d. alcohol or recreational drugs? ........................................ $ 70-73/

U12. Please look at this card again. (HAND CARD # 1.) Thinking over the past few days, how do you feel about:

(Circle One Number on Each Line)

<table>
<thead>
<tr>
<th>Terrible</th>
<th>Unhappy</th>
<th>Mostly Dissatisfied</th>
<th>Mixed</th>
<th>Mostly Satisfied</th>
<th>Pleased</th>
<th>Delighted</th>
</tr>
</thead>
</table>

a. the total amount of money you get? ... 1 2 3 4 5 6 7 74/

b. the kind of life your income supports? ....... 1 2 3 4 5 6 7 75/
SECTION V. HEALTH AND WELL-BEING

Next, I have a few questions about your health and well being.

V1. In general, would you say your health is:

(Circle One)

- Excellent, .................. 1
- Very good, .................. 2
- Good, ........................ 3
- Fair or, ........................ 4
- Poor? ........................ 5

V2. How much bodily pain have you had during the past 4 weeks? Would you say:

(Circle One)

- None, .......................... 1
- Very mild, ...................... 2
- Mild, ............................ 3
- Moderate, ........................ 4
- Severe, .......................... 5
- Very severe? .................... 6

V3. Does your health limit your ability to walk one block?

(Circle One)

- NO ................................. 1  GO TO V4
- YES ............................... 5

V3A. Has your health limited you in this way for more than 3 months or less than 3 months?

(Circle One)

- MORE THAN 3 MONTHS ......... 1
- LESS THAN 3 MONTHS .......... 2
V4. Does your health limit your ability to bend, lift, or stoop?

   (Circle One)
   NO .......................... 1   GO TO V5 12/
   YES .......................... 5

V4A. Has your health limited you in this way for more than 3 months or less than 3 months?

   (Circle One)
   MORE THAN 3 MONTHS ........ 1 13/
   LESS THAN 3 MONTHS ........ 2

V5. Does your health limit your ability to walk uphill or climb a few flights of stairs?

   (Circle One)
   NO .......................... 1   GO TO V6 14/
   YES .......................... 5

V5A. Has your health limited you in this way for more than 3 months or less than 3 months?

   (Circle One)
   MORE THAN 3 MONTHS ........ 1 15/
   LESS THAN 3 MONTHS ........ 2
V6. Now please look at this card again. (HAND CARD # 1.) Please tell me what word on the scale best describes how you feel about your health.

(Circle One Number on Each Line)

<table>
<thead>
<tr>
<th>TERRIBLE</th>
<th>MOSTLY DIS-</th>
<th>MOSTLY SATISFIED</th>
<th>SATISFIED</th>
<th>PLEASED</th>
<th>DELIGHTED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UNHAPPY</td>
<td>SATISFIED</td>
<td>MIXED</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thinking over the past few days, how do you feel about:

a. your health in general? .............. 1 2 3 4 5 6 7 16/

b. the chance you have to get medical help if you need it? .......... 1 2 3 4 5 6 7 17/

V7. Do you now have Medicaid or MediCal health coverage?

(Circle One)

NO .................................. 1 18/

YES .................................. 5 GO TO V8

V7A. Are you now covered by any other health insurance plan or health program?

(Circle One)

NO .................................. 1 19/

YES .................................. 5
V8. Which of the following activities are you able to do completely by yourself?

Are you able to (READ ITEMS a-f) by yourself, or do you need help?

(Circle One Number on Each Line)

<table>
<thead>
<tr>
<th></th>
<th>DO MYSELF</th>
<th>NEED HELP</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>take medications as prescribed by a doctor?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b.</td>
<td>fill out an application for benefits, like General Relief?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c.</td>
<td>keep up with or budget your money?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d.</td>
<td>use city buses to get where you want to go?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e.</td>
<td>set up a job interview by phone?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f.</td>
<td>find an attorney to help you with a legal problem?</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

V9. I'm going to ask you now about how you have felt during the past 7 days. HAND R CARD # 4. Please use this card to help you answer how often you have felt the following ways:

(Circle One Number On Each Line)

During the past 7 days, how often have you:

<table>
<thead>
<tr>
<th></th>
<th>VERY OFTEN</th>
<th>FAIRLY OFTEN</th>
<th>SOMETIMES</th>
<th>ALMOST NEVER</th>
<th>NEVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>felt your heart pounding and racing?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b.</td>
<td>felt satisfied with your body?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c.</td>
<td>felt that you are a special person or have special powers?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d.</td>
<td>had urges to beat, injure or harm someone?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>VERY OFTEN</td>
<td>FAIRLY OFTEN</td>
<td>SOMETIMES</td>
<td>ALMOST NEVER</td>
<td>NEVER</td>
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<tr>
<td>e. felt everything was an effort?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>f. felt that you were possessed by a spirit or by the devil?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>g. had urges to break or smash things?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>h. felt others were out to get you or plotting to do you harm?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>i. felt you had so much energy that others couldn't keep up with you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
</tr>
<tr>
<td>j. felt that your actions or movements were controlled by an outside force?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>k. had many exciting new ideas and plans for the future?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>l. felt that someone else was putting thoughts in your head, taking thoughts out of your head or that others could read your mind?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>m. felt so good that you didn't need sleep or rest?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>n. heard voices that others do not hear?</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
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<tr>
<td>o. felt like you had many good qualities?</td>
<td>1</td>
<td>2</td>
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<tr>
<td>p. felt so excited that your thoughts raced too fast?</td>
<td>1</td>
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<td>(Circle One Number On Each Line)</td>
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<td>--------------------------------------------------------------------------------------------------</td>
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<tr>
<td></td>
<td>During the past 7 days, how often have you:</td>
<td></td>
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<tr>
<td>q.</td>
<td>had thoughts of ending your life?</td>
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<tr>
<td>r.</td>
<td>gotten into arguments when you were angry?</td>
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<tr>
<td>s.</td>
<td>felt suddenly scared for no reason?</td>
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<tr>
<td>t.</td>
<td>felt no interest in things?</td>
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<tr>
<td>u.</td>
<td>shouted or thrown things?</td>
<td></td>
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<tr>
<td>v.</td>
<td>blamed yourself for things?</td>
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<tr>
<td>w.</td>
<td>felt confident about your abilities?</td>
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<tr>
<td>x.</td>
<td>had temper outbursts you couldn't control?</td>
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<tr>
<td>y.</td>
<td>avoided certain things due to fright?</td>
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<tr>
<td>z.</td>
<td>felt like you had a lot to be proud of?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>aa.</td>
<td>had spells of terror and panic?</td>
<td></td>
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<tr>
<td>bb.</td>
<td>felt unhappy, sad or blue?</td>
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<tr>
<td>cc.</td>
<td>felt uneasy in crowds?</td>
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<tr>
<td>dd.</td>
<td>felt satisfied with yourself?</td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>VERY OFTEN</th>
<th>FAIRLY OFTEN</th>
<th>SOMETIMES</th>
<th>ALMOST NEVER</th>
<th>NEVER</th>
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<tbody>
<tr>
<td>q</td>
<td>1</td>
<td>2</td>
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<tr>
<td>r</td>
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<td>y</td>
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<td>z</td>
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<td>aa</td>
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<td>bb</td>
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<td>dd</td>
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</tbody>
</table>
Now I'd like to ask you some questions about treatment you may have received for mental health problems, such as depression, anxiety or hearing voices. Do not include treatment related to use of alcohol or drugs. I will be asking about these later.

V10. Since your last interview on (DATE OF LAST INTERVIEW), have you stayed overnight for emotional or mental health problems in a hospital or treatment program? (For example, at County-USC, Metropolitan State Hospital or Harbor-UCLA hospital?)

(Circle One)

NO ......................... 1 GO TO V11 56/
YES ......................... 5

V10A. Altogether, how many days did you stay overnight at a hospital or treatment program since your last interview on (DATE OF LAST INTERVIEW)?

NUMBER OF DAYS: 57-58/

V11. Since your last interview on (DATE OF LAST INTERVIEW), have you seen a doctor or mental health specialist for help with emotional or mental problems, not including overnight stays?

(Circle One)

NO ......................... 1 GO TO V12, NEXT PAGE 59/
YES ......................... 5

V11A. How many visits did you make since your last interview on (DATE OF LAST INTERVIEW) to a doctor or mental health specialist?

NUMBER OF VISITS: 60-61/
V12. Since your last interview (DATE OF LAST INTERVIEW), has any medication been prescribed for you for an emotional or mental problem?

(Circle One)

NO ........................................ 1  GO TO V12B

YES ......................................... 5

V12A. What was prescribed?

RECORD VERBATIM:

GO TO V13

V12B. Are you currently supposed to be taking medication for a mental illness?

(Circle One)

NO ........................................ 1  GO TO V15, PAGE 45

YES ......................................... 5

V12C. What medication are you supposed to be taking?

RECORD VERBATIM:

66-67/
V13. Have you actually taken any prescription medication for an emotional or mental problem since your last interview on (DATE OF LAST INTERVIEW)?

(Circle One)

NO ............................................. 1  GO TO V15, NEXT PAGE

YES ............................................. 5

V13A. Now I'm going to read you some statements about taking prescribed medicine. (HAND CARD #7.) Please pick the one statement that best fits how you have taken your medication since your last interview on (DATE OF LAST INTERVIEW).

(Circle One)

a. I never missed taking my medication as prescribed ........... 1 69/

b. I missed only a few times, but took most of the medication as prescribed ............................................. 2

c. I missed several times, but took at least half of what was prescribed ............................................. 3

d. I took less than half of what was prescribed .................. 4

e. I stopped taking the medication altogether ................. 5

V14. The next statements are about your experiences with medication for a mental health or emotional problem since your last interview on (DATE OF LAST INTERVIEW). Based on your own opinion of medication, please answer either yes or no.

(Circle One Number On Each Line)

In your opinion...

a. does the medication make you feel weird, or like a "zombie"? ................................................................. 1 5 70/

b. do you believe medication can help prevent your getting sick? ................................................................. 1 5 71/

c. do you feel more normal on medication? ......................... 1 5 72/

d. overall, do you think medication has helped you? ............ 1 5 73/
V15. Now, I would like to ask you some questions about the kinds of things the staff of a shelter, drop-in center or other service program may have done to help you with emotional or mental problems since your last interview on (DATE OF LAST INTERVIEW).

(Circle One Number On Each Line)

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
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<tr>
<td>8</td>
<td></td>
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<td>1</td>
<td>5</td>
</tr>
<tr>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>

IF ALL ITEMS IN V15 (a-d) = "1" (NO), GO TO V16

V15A. What is the name of the program or service that gave you the most help with emotional or mental problems?

RECORD VERBATIM.

V16. Please look at this card again. (HAND CARD # 1.)

(Circle One Number on Each Line)

| TERRIBLE | UNHAPPY | MOSTLY DIS- | SATISFIED | MIXED | MOSTLY SATISFIED | PLEASED | DELIGHTED |
|----------|---------|-------------|-----------|-------|-----------------|---------|

Thinking over the past few days, how do you feel about:

a. your emotional or mental well-being? ... 1 2 3 4 5 6 7

b. the chance you have to talk with a therapist about your thoughts and feelings? ........ 1 2 3 4 5 6 7

45
V17. Do you, yourself, believe that you have a mental or emotional problem or illness? You can answer definitely yes, probably yes, not sure, probably no, or definitely no.
(Circle One)

DEFINITELY YES ............. 1
PROBABLY YES ............. 2
NOT SURE ..................... 3
PROBABLY NO ............. 4
DEFINITELY NO ............. 5

V18. Next, I would like to ask you about alcohol use. In the past 30 days, on about how many days would you say you drank any alcoholic beverage?

NUMBER OF DAYS: 17-18/
IF NO DAYS ENTER "00" AND GO TO V26

V19. Did you drink beer, ale, or any other malt beverage, such as malt liquor, during that 30 day period?
(Circle One)

NO .............................. 1 GO TO V20
YES .............................. 5

V19A. During the past 30 days, on about how many days did you drink beer or any other malt beverage?

NUMBER OF DAYS: 20-21/
V19B. On a typical day when you drank beer or any other malt beverage, about how much did you drink?

RECORD IN V19B-1 BELOW.

PROBE FOR OUNCES PER UNIT: About how many ounces are there in the (cans/bottles/glasses/other units) you usually drink?

<table>
<thead>
<tr>
<th>V19B-1 NUMBER PER UNITS</th>
<th>V19B-2 OUNCES PER UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CANS ..................... 1</td>
<td>OZ. PER CAN</td>
</tr>
<tr>
<td>BOTTLES ................. 2</td>
<td>OZ. PER BOTTLE</td>
</tr>
<tr>
<td>SIX-PACKS .............. 3</td>
<td>OZ. PER CAN</td>
</tr>
<tr>
<td>GLASSES ............... 4</td>
<td>OZ. PER GLASS</td>
</tr>
<tr>
<td>QUARTS .............. 5</td>
<td>32 OZ. PER QUART</td>
</tr>
<tr>
<td>OTHER ............. 6</td>
<td>OZ. PER UNIT</td>
</tr>
</tbody>
</table>

WHAT? __________________________

V19C. On how many days, if any, during the last 30 days, did you drink:

10 cans
10 bottles or more? NUMBER OF DAYS: __________
10 glasses
4 quarts

V19D. On how many days, if any, during that period did you drink:

6 to 9 cans
6 to 9 bottles but not more? NUMBER OF DAYS: __________
6 to 9 glasses
2 to 3 quarts
V20. Did you drink wine during the past 30 days?

(Circle One)

NO .................................. 1  GO TO V23

YES .................................. 5

30/

V20A. During those 30 days, on about how many days did you drink wine?

NUMBER OF DAYS: □

31-32/

V20B. On a typical day, when you drank wine about how much wine did you drink?

RECORD IN V20B-1 BELOW.

PROBE UNIT: About how many ounces are there in the (glasses/other units) you usually drink?

V20B-1 NUMBER PER UNITS  V20B-2 OUNCES PER UNIT

□ QUARTS .................... 1  → 32 OZ. PER QUART

□ FIFTHS .................... 2  → 26 OZ. PER BOTTLE

□ GLASSES ................. 3  → □ OZ. PER GLASS

(IF DK OZ. PER GLASS ASK V20B-3)

□ SHORT DOG/PONY ... 4  → 13 OZ. PER PONY

□ OTHER ................. 5  → □ OZ. PER UNIT

▼

WHAT? __________________________

→ IF DK OZ. PER GLASS:

V20B-3. Are they wine or water glasses?

(Circle One)

WINE GLASSES .................. 1

WATER GLASSES ............... 2

37/
v20C. Do you usually drink a fortified wine such as Thunderbird, Wild Irish Rose, Night Train Express, Cisco, M.D. 20/20, sherry or port?

(Circle One)

NO ..................................... 1

YES ..................................... 5 Go To V22

38/

V21. During that 30 day period, on how many days, if any, did you drink:

IF NONE, ENTER "00."

a. 2 fifths of wine or more? ________________________________

33-40/

NUMBER OF DAYS

b. As much as a fifth of wine but less than 2 fifths? ________________________________

41-42/

NUMBER OF DAYS

→ NOW GO TO V23

V22. On how many days of the past 30, if any, did you drink?

IF NONE, ENTER "00."

a. 1-1/3 fifths of wine or more (3 short-dogs or more)? ________________________________

43-44/

NUMBER OF DAYS

b. As much as 2/3 of a fifth of wine but less than 1-1/3 fifths (1-1/2 short-dogs but less than 3 short-dogs)? ________________________________

45-46/

NUMBER OF DAYS

V23. Did you drink any whiskey, gin, or other hard liquor during the past 30 days?

(Circle One)

NO ..................................... 1 Go To V25

47/

YES ..................................... 5

V23A. During those 30 days, on about how many days did you drink whiskey, gin or other hard liquor?

NUMBER OF DAYS: ________________________________

48-49/
V23B. On a typical day, when you drank hard liquor, about how much liquor did you drink?

RECORD IN V23B-1 BELOW.

PROBE FOR OUNCES PER UNIT: About how many ounces are there in the (drinks/shots) you usually drink?

<table>
<thead>
<tr>
<th>V23B-1 NUMBER PER UNIT</th>
<th>V23B-2 OUNCES PER DRINK/SHOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>DRINKS</td>
</tr>
<tr>
<td>2</td>
<td>SHOTS</td>
</tr>
<tr>
<td>3</td>
<td>PINTS</td>
</tr>
<tr>
<td>4</td>
<td>FIFTHS</td>
</tr>
<tr>
<td>5</td>
<td>QUARTS</td>
</tr>
<tr>
<td>6</td>
<td>OTHER</td>
</tr>
</tbody>
</table>

WHAT? __________________________

V24. On how many days during that 30 day period, if any, did you drink:

IF NONE, ENTER "00."

a. A full pint of liquor or more? ________________________________

b. As much as a half-pint of liquor but less than a pint? (That would be between 8 and 15 ounces.) ________________________________

<table>
<thead>
<tr>
<th>NUMBER OF DAYS</th>
<th>NUMBER OF DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>54-55/</td>
<td>56-57/</td>
</tr>
</tbody>
</table>
V25. Please look at this card again. (HAND R CARD #1.)

(Circle One Number on Each Line)

<table>
<thead>
<tr>
<th>TERRIBLE</th>
<th>UNHAPPY</th>
<th>MOSTLY SATISFIED</th>
<th>MIXED</th>
<th>MOSTLY SATISFIED</th>
<th>PLEASED</th>
<th>DELIGHTED</th>
</tr>
</thead>
</table>

Thinking of the past few days, how do you feel about:

a. how easy it is for you to get alcohol to drink, if you want it? .......... 1 2 3 4 5 6 7 58/

b. the freedom you have to drink whenever you wish? .................. 1 2 3 4 5 6 7 59/

V26. I would now like to ask you about drugs. During the past 30 days, have you used at least one drug on this list to get high, or for other mental effects, or more than was prescribed, or for longer than the doctor wanted you to? (HAND CARD #3.)

(Circle One)

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>..........................</td>
<td>1</td>
</tr>
</tbody>
</table>

GO TO V28
V26A. Which of these drugs have you used in the past 30 days? Did you use:

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Marijuana? (hashish, bhang, ganja, TKO)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>b. Stimulants? (amphetamine, speed, methamphetamine, crystal)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>c. Sedatives? (Barbiturates, sleeping pills, red devils, Librium, tranquilizers, Quaaludes, Xanex)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>d. Cocaine? (crack, rock, speedballs, TKO, coca leaves)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>e. Heroin? (skag, speedballs)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>f. Opiates? (codeine, demerol, morphine, Percodan, Methadone, Darvon, opium)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>g. PCP? (shermans, TKO)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>h. Psychedelics? (LSD, mescaline, peyote, psilocybin, DMT)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>i. Inhalants? (glue, toluene, gasoline, paint)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>j. Any other drugs? (nitrous oxide, amyl nitrite “Rush”)</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

(What drugs?)

V26B. During the past 30 days, on how many days did you use...

- NUMBER OF DAYS 8-10
- NUMBER OF DAYS 11-13
- NUMBER OF DAYS 14-16
- NUMBER OF DAYS 17-19
- NUMBER OF DAYS 20-22
- NUMBER OF DAYS 23-25
- NUMBER OF DAYS 26-28
- NUMBER OF DAYS 29-31
- NUMBER OF DAYS 32-34
- NUMBER OF DAYS 35-37
V27. Please look at this card again. (HAND CARD # 1.)

(Circle One Number on Each Line)

<table>
<thead>
<tr>
<th>TERRIBLE</th>
<th>UNHAPPY</th>
<th>MOSTLY DIS-SATISFIED</th>
<th>MIXED</th>
<th>MOSTLY SATISFIED</th>
<th>PLEASED</th>
<th>DELIGHTED</th>
</tr>
</thead>
</table>

Thinking of the past few days, how do you feel about:

a. how easy it is for you to get drugs, if you want them? .......................... 1 2 3 4 5 6 7 38/

b. the freedom you have to use drugs whenever you wish? .......................... 1 2 3 4 5 6 7 39/

V28. Since your last interview on (DATE OF LAST INTERVIEW), have you stayed overnight in a hospital or treatment program because of a problem with alcohol or drugs?

(Circle One)

NO ............................. 1 GO TO V29 40/

YES ............................. 5

V28A. How many days, altogether, since your last interview on (DATE OF LAST INTERVIEW), did you stay overnight in a treatment program for alcohol or drugs?

NUMBER OF DAYS: 41-43/

V29. Since your last interview on (DATE OF LAST INTERVIEW), have you seen a doctor or substance abuse specialist for problems with alcohol or drugs (not counting overnight stays)?

(Circle One)

NO ............................. 1 GO TO V30 44/

YES ............................. 5

V29A. Since your last interview on (DATE OF LAST INTERVIEW), on how many days did you see a doctor or substance abuse specialist for alcohol or drug problems, or attend a daytime alcohol or drug program?

NUMBER OF DAYS: 45-47/
V30. Since your last interview on (DATE OF LAST INTERVIEW), did you attend any self-help meetings for people with alcohol or drug problems, such as AA or NA?

(Circle One)

NO ........................................ 1  GO TO V31

YES ........................................ 5

V30A. On how many days did you attend a meeting like that since your last interview on (DATE OF LAST INTERVIEW)?

NUMBER OF DAYS: ____________

V31. Not counting the alcohol and drug programs I've already asked about, has any staff member from a shelter, drop-in center, or other service program given you help with alcohol or drug problems since your last interview on (DATE OF LAST INTERVIEW)?

(Circle One)

NO ........................................ 1  GO TO V32

YES ........................................ 5

(Circle One Number On Each Line)

A. Did staff give you advice about cutting down on your alcohol or drug use or about how to get treatment for your alcohol or drug use? ............................... 1  5  53/

B. Did staff help you arrange a visit with someone in an alcohol or drug treatment program? ....................... 1  5  54/

C. Did a program staff member arrange for you to get admitted to an alcohol or drug treatment facility? ...... 1  5  55/

D. What is the name of the program or programs that gave you help with alcohol or drug problems?

RECORD VERBATIM. 56-57/
V32. Do you, yourself, believe that you have a problem with alcohol use? You can answer definitely yes, probably yes, not sure, probably no, or definitely no.

(Circle One)

DEFINITELY YES .......................... 1 58/
PROBABLY YES ................................ 2
NOT SURE .................................. 3
PROBABLY NO .............................. 4
DEFINITELY NO ............................ 5

V33. Do you, yourself, believe that you have a problem with drug use? You can answer definitely yes, probably yes, not sure, probably no, or definitely no.

(Circle One)

DEFINITELY YES .......................... 1 59/
PROBABLY YES ................................ 2
NOT SURE .................................. 3
PROBABLY NO .............................. 4
DEFINITELY NO ............................ 5

INSTRUCTION BOX V1

INTERVIEWER: DOES R BELIEVE THERE IS A PROBLEM WITH ALCOHOL AND DRUGS?
(CODE YES IF V32 = 1-2 AND V33 = 1-2)

NO ............... 1  GO TO V35
YES ............. 5  ASK V34 60/

V34. Do you consider your primary problem to be alcohol, drugs, or both?

(Circle One)

ALCOHOL ............................... 1 61/
DRUGS .................................. 2
BOTH .................................. 3
V35. I am now going to read you some statements about how you may or may not feel about the way things are going in your life. HAND R CARD #5. Please use this card to help you with your answers. For each one I read, please tell me whether you strongly agree, somewhat agree, somewhat disagree or strongly disagree with these statements about yourself.

(Circle One Number On Each Line)

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

How strongly do you agree or disagree with these statements?

a. There is really no way you can solve some of the problems you have ...... 1 2 3 4 62/

b. Sometimes you feel that you're being pushed around in life ...................... 1 2 3 4 63/

c. You have little control over the things that happen to you ....................... 1 2 3 4 64/

d. You can do just about anything you really set your mind to do ................... 1 2 3 4 65/

e. You often feel helpless in dealing with the problems of life .................... 1 2 3 4 66/

f. What happens to you in the future mostly depends on you ......................... 1 2 3 4 67/

g. There is little you can do to change many of the important things in your life ................... 1 2 3 4 68/
V36. Now please look at this card again. (HAND CARD #1.) Please tell me what word on the scale best describes how you feel about the activities in your life.

(Circle One Number on Each Line)

<table>
<thead>
<tr>
<th></th>
<th>TERRIBLE</th>
<th>UNHAPPY</th>
<th>MOSTLY DIS-SATISFIED</th>
<th>MIXED</th>
<th>MOSTLY SATISFIED</th>
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</tr>
</tbody>
</table>
Thinking about the past few days, how do you feel about:

a. the amount of money you have available to spend for fun? ........ 1 2 3 4 5 6 7 8|

b. the amount of excitement in your life? .................... 1 2 3 4 5 6 7 9|

c. the amount of fun you have? .............. 1 2 3 4 5 6 7 10|

d. the freedom you have to choose how you spend your time? ....... 1 2 3 4 5 6 7 11|

V37. What is your date of birth:

DATE OF BIRTH: [ ] / [ ] / [ ]

V38. ENTER TIME:

(RECORD TIME: [ ] : [ ] AM / PM)
CHECK TIMELINE AND RESPONSES TO A3A-A3F:

HAS R EXPERIENCED AN EXIT FROM HOMELESSNESS OF 2 WEEKS OR MORE, EXCLUDING HOSPITALS OR JAILS?

(Circle One)

NO .................................. 1 GO TO CONCLUSION, P.60
YES .................................. 2 CONTINUE

IF YES:

- EXPLAIN THAT YOU ARE INTERESTED IN LEARNING MORE ABOUT THE KINDS OF HOUSING R HAS BEEN SPENDING TIME IN

- FOR EACH EXIT OF AT LEAST TWO WEEKS, ASK FOR THE FOLLOWING INFORMATION AND RECORD IT IN THE SPACE(S) BELOW:
  - THE NAME OF THE SETTING (IF APPROPRIATE)
  - THE ADDRESS (OR EXACT LOCATION)
  - THE ROOM NUMBER (IF APPROPRIATE)
  - A CONTACT PERSON (FOR EXAMPLE, THE FRIEND OR FAMILY MEMBER WHOSE HOME THEY STAYED IN)

IF R CURRENTLY LIVES IN THE RESIDENCE, OR THE RESIDENCE INVOLVED THE HOME OF A FRIEND OR FAMILY MEMBER, OR IF THE R CAN FACILITATE ACCESS IN SOME WAY,

- EXPLAIN THAT YOU WOULD LIKE TO VISIT THE RESIDENCE TO SEE WHAT IT IS LIKE. (HOUSING CHOICE AND EXPERIENCES ARE AT THE HEART OF THIS STUDY.)

- ENLIST R'S COOPERATION IN GRANTING YOU ACCESS, ACCOMPANYING YOU THERE, OR OTHERWISE FACILITATING YOUR ACCESS TO THE RESIDENCE.

- CODE THE DISPOSITION OF THESE NEGOTIATIONS IN THE RELEVANT SPACE ON THE NEXT PAGE.

- COLLECT INFORMATION YOU WILL NEED TO ANSWER QUESTIONS 5-7 ON PAGE 9 OF THE CHARACTERISTICS OF HOUSING ENVIRONMENT FORM, I.E.:
  - THE NUMBER OF PEOPLE WITH WHOM THE RESPONDENT SHARES HIS OR HER PERSONAL LIVING SPACE
  - OF THESE, THE NUMBER OF IMMEDIATE FAMILY MEMBERS, EXTENDED FAMILY MEMBERS, FRIENDS/ACQUAINTANCES, AND OTHERS (SPECIFY)
  - WHETHER THE R PAYS FOR THE PERSONAL LIVING SPACE, WORKS IN EXCHANGE FOR IT, OR IS A NON-PAYING GUEST OR MEMBER OF THE HOUSEHOLD
# ENTER IDENTIFYING INFORMATION FOR EACH SEPARATE HOUSING EXPERIENCE:

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<thead>
<tr>
<th>1. NAME OF RESIDENCE:</th>
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<th></th>
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<tbody>
<tr>
<td>ADDRESS/LOCATION:</td>
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</tr>
<tr>
<td>ROOM NUMBER:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>NAME OF CONTACT PERSON:</td>
<td></td>
<td>TELEPHONE:</td>
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**DISPOSITION:**

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<th>R'S ROLE</th>
<th>25/</th>
<th>PLAN</th>
<th>26/</th>
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<td>WILL ACCOMPANY</td>
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<td>ATTEMPT VISIT</td>
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</tr>
<tr>
<td>PRIVATE</td>
<td>2</td>
<td>WILL FACILITATE</td>
<td>2</td>
<td>NOT ATTEMPT VISIT</td>
<td>2</td>
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<td></td>
<td>REFUSES TO PROVIDE INFO</td>
<td>3</td>
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<tr>
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<td>REFUSES TO ALLOW VISIT</td>
<td>4</td>
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<td>PERMISSION NOT REQUIRED</td>
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<table>
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<tr>
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**DISPOSITION:**

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<th>R'S ROLE</th>
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<th>PLAN</th>
<th>29/</th>
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<td>WILL ACCOMPANY</td>
<td>1</td>
<td>ATTEMPT VISIT</td>
<td>1</td>
</tr>
<tr>
<td>PRIVATE</td>
<td>2</td>
<td>WILL FACILITATE</td>
<td>2</td>
<td>NOT ATTEMPT VISIT</td>
<td>2</td>
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<td>REFUSES TO PROVIDE INFO</td>
<td>3</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>REFUSES TO ALLOW VISIT</td>
<td>4</td>
<td></td>
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<td></td>
<td></td>
<td>PERMISSION NOT REQUIRED</td>
<td>5</td>
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<table>
<thead>
<tr>
<th>3. NAME OF RESIDENCE:</th>
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<tbody>
<tr>
<td>ADDRESS/LOCATION:</td>
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</tr>
<tr>
<td>ROOM NUMBER:</td>
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<td></td>
<td></td>
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<tr>
<td>NAME OF CONTACT PERSON:</td>
<td></td>
<td>TELEPHONE:</td>
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</table>

**DISPOSITION:**

<table>
<thead>
<tr>
<th>ACCESS</th>
<th>30/</th>
<th>R'S ROLE</th>
<th>31/</th>
<th>PLAN</th>
<th>32/</th>
</tr>
</thead>
<tbody>
<tr>
<td>PUBLIC</td>
<td>1</td>
<td>WILL ACCOMPANY</td>
<td>1</td>
<td>ATTEMPT VISIT</td>
<td>1</td>
</tr>
<tr>
<td>PRIVATE</td>
<td>2</td>
<td>WILL FACILITATE</td>
<td>2</td>
<td>NOT ATTEMPT VISIT</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>REFUSES TO PROVIDE INFO</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>REFUSES TO ALLOW VISIT</td>
<td>4</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>PERMISSION NOT REQUIRED</td>
<td>5</td>
<td></td>
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</tbody>
</table>
CONCLUSION

READ THE FOLLOWING TO R:

Those are all the questions I have for now. I'll be trying to contact you about a month from now, just to see if you are still around. Our next interview, will be two months from now. Let's just take a few minutes to make sure that you know how to contact me and that I have all the information I need to recontact you.

CHECKLIST (CHECK BOX AS YOU COMPLETE EACH OF THE FOLLOWING)

☐ BE SURE THE RESPONDENT HAS A RECONTACT CARD.

☐ REVIEW PROCEDURES FOR HOW THE R CAN GET IN TOUCH WITH US, AND EMPHASIZE THAT THERE IS AN INCENTIVE FOR DOING SO BEFORE THE NEXT INTERVIEW.

☐ REMIND THE R THAT IT IS IMPORTANT THAT HE OR SHE CONTACT US IN TWO MONTHS EVEN IF HE OR SHE IS OUT-OF-TOWN, AND EXPLAIN THE PROCEDURE FOR PAYMENT AGAIN.

☐ REVIEW AVAILABLE RECONTACT INFORMATION TO CONFIRM THAT IT IS STILL CURRENT.

☐ UPDATE RECONTACT INFORMATION AS REQUIRED.

☐ FIND OUT IF THE RESPONDENT HAS PLANS TO LEAVE TOWN, OR CHANGE ROUTINES, AND COLLECT INFORMATION ON ANTICIPATED CHANGES.

☐ RECORD RELEVANT INFORMATION ON THE RECONTACT FORM.
SECTION X. INTERVIEWER OBSERVATION

X1. GENDER: (BY OBSERVATION)

(Circle One)

MALE ....................... 1
FEMALE ..................... 2
DON'T KNOW ................. 8

X2. ETHNICITY: (BY OBSERVATION)

(Circle One)

BLACK (NOT HISPANIC) ....... 1
WHITE (NOT HISPANIC) .......... 2
HISPANIC .................... 3
ASIAN ....................... 4
OTHER ....................... 5
DON'T KNOW ................ 8

X3. DID R APPEAR TO BE HOMELESS?

(Circle One)

NO ......................... 1
YES ......................... 5
DON'T KNOW ................ 8

X4. DID R APPEAR INTOXICATED OR HIGH?

(Circle One)

NO ......................... 1
YES ......................... 5  --> IN WHAT WAY? ______
DON'T KNOW ............... 8
X5. DID R APPEAR TO HAVE ANY OF THESE PHYSICAL IMPAIRMENTS?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. TROUBLE SEEING OR HEARING</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>b. EVIDENCE OF RECENT TRAUMA (BURNS, CUTS, BRUISES)</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>c. MISSING LIMBS OR DIGITS</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>d. SLURRED SPEECH</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>e. OPEN SORE ON MOUTH OR SKIN</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>f. SWOLLEN FEET OR ANKLE</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>g. TROUBLE MOVING OR WALKING</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>h. OTHER MAJOR PHYSICAL IMPAIRMENT</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
</tbody>
</table>

WHAT?

X6. DO ANY OF THE FOLLOWING DESCRIBE R'S PHYSICAL APPEARANCE AND CONDITION?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. DIRTY OR DISHEVELED</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>b. INAPPROPRIATE DRESS FOR SEASON</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>c. INAPPROPRIATE DRESS FOR SEX</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>d. STRONG BODY ODOR</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>e. OUTLANDISH DRESS</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>f. OTHER</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
</tbody>
</table>

WHAT?

X7. WHAT LANGUAGE DID R USE TO RESPOND TO YOU?

(Circle One)

<table>
<thead>
<tr>
<th>Language</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLISH ONLY</td>
<td>1</td>
</tr>
<tr>
<td>MOSTLY ENGLISH, SOME SPANISH</td>
<td>2</td>
</tr>
<tr>
<td>HALF ENGLISH, HALF SPANISH</td>
<td>3</td>
</tr>
<tr>
<td>MOSTLY SPANISH, SOME ENGLISH</td>
<td>4</td>
</tr>
<tr>
<td>SPANISH ONLY</td>
<td>5</td>
</tr>
<tr>
<td>R DID NOT RESPOND</td>
<td>6</td>
</tr>
</tbody>
</table>
X8. TO WHAT EXTENT DID R'S SPEECH SEEM CONFUSED OR STRANGE?

(Circle One)

VERY .................................. 1  
MODERATELY .......................... 2 
SLIGHTLY .............................. 3 
NOT AT ALL ........................... 4 
DON'T KNOW ........................... 8 

X9. TO WHAT EXTENT DID R'S BEHAVIOR SEEM BIZARRE OR INAPPROPRIATE?

(Circle One)

VERY .................................. 1  
MODERATELY .......................... 2 
SLIGHTLY .............................. 3 
NOT AT ALL ........................... 4 
DON'T KNOW ........................... 8 

X10. HOW COOPERATIVE WAS R?

(Circle One)

VERY .................................. 1  
MODERATELY .......................... 2 
SLIGHTLY .............................. 3 
NOT AT ALL ........................... 4 
DON'T KNOW ........................... 8 

X11. WERE THERE TIMES DURING THE INTERVIEW WHEN IT SEEMED TO YOU THAT R WAS NOT RESPONDING TRUTHFULLY?

(Circle One)

NO ................................. 1 GO TO X12  
YES ................................. 5  
NOT APPLICABLE ........... 8 GO TO X12
X11A. WHAT MAKES YOU DOUBT THE TRUTHFULNESS OF R'S RESPONSES?

(Circle All That Apply)

- ANSWERS WERE INCONSISTENT .................. 1
- R SEEMED ANXIOUS/HESSITANT/EVASIVE .......... 2
- NO PRIVACY DURING INTERVIEW .................. 3
- OTHER REASON .................................... 4

WHAT? ............................................... 60/

DON'T KNOW ................................. 8

X11B. WHAT TOPICS DID YOU FEEL R DID NOT ADDRESS TRUTHFULLY? RECORD BELOW.

________________________________________________________________
________________________________________________________________
________________________________________________________________

X12. HOW WOULD YOU RATE R'S UNDERSTANDING OF THE INTERVIEW?

(Circle One)

- POOR ........................................... 1
- FAIR ............................................ 2
- GOOD .......................................... 3
- EXCELLENT .................................... 4

GO TO X13

- DON'T KNOW ................................. 8
X12A. WHAT SEEMED TO BE THE REASONS FOR R'S LACK OF UNDERSTANDING?

(Circle One)

LANGUAGE BARRIER ......................... 1
COMPREHENSION PROBLEM ............ 2
ATTENTION PROBLEM ...................... 3
LACK OF INTEREST ......................... 4
ALCOHOL/DRUG USE ....................... 5
OTHER REASON ............................ 6
WHAT? ..................................
DON'T KNOW .............................. 8

X13. WAS THERE INFORMATION GIVEN DURING THE INTERVIEW THAT SUGGESTED TO YOU THAT THE R MIGHT BE DELUSIONAL? FOR EXAMPLE, THE R HOLDS FIXED IRRATIONAL BELIEFS, LIKE BELIEVING A PERSON (OTHER THAN YOU) OR GROUP OF PERSONS IS TRYING TO HARM HIM OR "PLOT" AGAINST HIM (E.G., MAFIA OR FBI PLOTS, ATTEMPTS TO POISON FOOD); OR HE OR SHE IS BEING PERSECUTED BY SUPERNATURAL OR NON-HUMAN AGENCIES (E.G., THE DEVIL); OR HE OR SHE IS FAMOUS OR HAS UNUSUAL POWERS AND ABILITIES.

(Circle One)

NO .................................... 1
YES ................................... 5

X14. DID YOU OBSERVE ANYTHING ELSE UNUSUAL ABOUT R'S BEHAVIOR AND TALK, MOOD, PREOCCUPATIONS OR PERSONALITY? DESCRIBE BRIEFLY.

________________________________________________________________________________________
________________________________________________________________________________________
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SECTION Y. FUNCTIONING (BY OBSERVATION)

RATE EACH OF THE FOLLOWING THREE AREAS IN TERMS OF THE RESPONDENT'S CURRENT FUNCTIONING. THESE RATINGS SHOULD BE YOUR BEST JUDGEMENT BASED ON DIRECT OBSERVATIONS OF THE RESPONDENT, INFORMATION PROVIDED BY THE RESPONDENT, OR INFORMATION FROM OTHERS WHO KNOW THE SUBJECT.

FUNCTIONING SHOULD BE RATED RELATIVE TO THE GENERAL POPULATION, NOT A HOMELESS POPULATION.

Y1. THE FIRST AREA IS PERSONAL CARE SKILLS. THIS INCLUDES: GROOMING, PERSONAL HYGIENE, APPROPRIATENESS OF CLOTHING, AND CARE OF PERSONAL POSSESSIONS. RATE ON A SCALE OF 1 TO 5, WITH 1 BEING VERY LOW FUNCTIONING AND 5 BEING HIGH FUNCTIONING. TO GIVE YOU A SENSE OF THE SCALE, A RATING OF "1" WOULD DESCRIBE SOMEONE WHO HAS SEVERAL OF THE FOLLOWING CHARACTERISTICS: IS VERY DIRTY; HAS POOR PERSONAL HYGIENE; IS GROSSLY OVERDRESSED, UNDERDRESSED, OR BIZARRELY DRESSED; AND WHOSE PERSONAL POSSESSIONS ARE SOILED, INFESTED OR FREQUENTLY BEING LOST. A RATING OF "5" WOULD DESCRIBE SOMEONE WHO HAS NO OBSERVABLE DEFICIT OR BIZARRE HABITS IN ANY OF THESE AREAS. HOW, THEN, WOULD YOU RATE R'S PERSONAL CARE STATUS?

<table>
<thead>
<tr>
<th>VERY LOW</th>
<th>MEDIUM</th>
<th>HIGH</th>
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<tbody>
<tr>
<td>1</td>
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Y1A. HOW CONFIDENT ARE YOU OF THIS RATING? IN OTHER WORDS, HOW WELL DO YOU FEEL YOU KNOW R'S SKILLS AND BEHAVIOR IN THE AREA YOU JUST RATED?

<table>
<thead>
<tr>
<th>VERY WELL</th>
<th>FAIRLY WELL</th>
<th>NOT AT ALL WELL</th>
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<tbody>
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66
**Y2. THE NEXT AREA IS SOCIAL FUNCTIONING. THIS INCLUDES:** ACCEPTING AND INITIATING CONTACT WITH OTHERS, COMMUNICATING EFFECTIVELY WITH AND RELATING TO OTHERS, AND THE ABILITY TO ASK FOR HELP WHEN APPROPRIATE. FOR THIS ITEM, A RATING OF "1" WOULD DESCRIBE SOMEONE WHO IS NEAR-CATATONIC; THAT IS, ALMOST TOTALLY UNRESPONSIVE TO OTHERS, WITHDRAWN, AND UNABLE TO RELATE, COMMUNICATE OR ASK FOR HELP. A RATING OF "5" WOULD DESCRIBE SOMEONE WHO FUNCTIONS WELL IN THESE AREAS, WITHOUT ANY OBVIOUS DEFICIT. ON A SCALE OF 1 TO 5, WITH 1 BEING VERY LOW FUNCTIONING AND 5 BEING HIGH FUNCTIONING. HOW WOULD YOU RATE R’S SOCIAL FUNCTIONING?

<table>
<thead>
<tr>
<th>VERY LOW</th>
<th>MODERATE</th>
<th>HIGH</th>
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<tr>
<td>1</td>
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</table>

**Y2A. HOW CONFIDENT ARE YOU OF THIS RATING? IN OTHER WORDS, HOW WELL DO YOU FEEL YOU KNOW R’S SKILLS AND BEHAVIOR IN THE AREA YOU JUST RATED?**

<table>
<thead>
<tr>
<th>VERY WELL</th>
<th>FAIRLY WELL</th>
<th>NOT AT ALL WELL</th>
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**Y3. THE THIRD AREA IS COMMUNITY LIVING SKILLS. THIS INCLUDES:** SHOPPING, MANAGING PERSONAL FINANCES, USING THE TELEPHONE AND PUBLIC TRANSPORTATION, UTILIZING COMMUNITY SERVICES, AND AVOIDING COMMON DANGERS. FOR THIS ITEM, A RATING OF "1" DESCRIBES A PERSON WHO CANNOT FUNCTION INDEPENDENTLY IN THE COMMUNITY; THAT IS, SOMEONE WHO HAS SEVERAL OF THE FOLLOWING CHARACTERISTICS: CANNOT SHOP OR HANDLE MONEY ON HIS/HER OWN; IS UNABLE TO USE THE TELEPHONE; HAS TROUBLE GETTING AROUND THE CITY BY HIMSELF/HERSELF; AND FAILS TO AVOID COMMON DANGERS SUCH AS TRAFFIC, FIRE HAZARDS, ETC. A RATING OF "5" WOULD DESCRIBE SOMEONE WHO FUNCTIONS ADEQUATELY IN ALL OF THESE AREAS. ON A SCALE OF 1 TO 5, HOW WOULD YOU RATE R’S COMMUNITY LIVING SKILLS?

<table>
<thead>
<tr>
<th>VERY LOW</th>
<th>MODERATE</th>
<th>HIGH</th>
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</table>

**Y3A. HOW CONFIDENT ARE YOU OF THIS RATING? IN OTHER WORDS, HOW WELL DO YOU FEEL YOU KNOW R’S SKILLS AND BEHAVIOR IN THE AREA YOU JUST RATED?**

<table>
<thead>
<tr>
<th>VERY WELL</th>
<th>FAIRLY WELL</th>
<th>NOT AT ALL WELL</th>
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</table>
BRIEF PSYCHIATRIC RATING SCALE (BPRS)

EACH OF THE FOLLOWING THIRTEEN ITEMS SHOULD BE RATED ON THE BASIS OF THE RESPONDENT'S BEHAVIORS AND SPEECH AS OBSERVED BY THE INTERVIEWER.

Rate only behavior exhibited during the Follow-Up Interview.

Y4. **CONCEPTUAL DISORGANIZATION**: DEGREE TO WHICH SPEECH IS CONFUSED, DISCONNECTED, OR DISORGANIZED. RATE TANGENTIALITY, CIRCUMSTANTIALITY, SUDDEN TOPIC SHIFTS, INCOHERENCE, DERAILMENT, BLOCKING, NEOLOGISMS, AND OTHER SPEECH DISORDERS. **DO NOT RATE CONTENT OF SPEECH**.

1 NOT PRESENT

2 VERY MILD  PECULIAR USE OF WORDS, RAMBLING BUT SPEECH IS COMPREHENSIBLE.

3 MILD  SPEECH A BIT HARD TO UNDERSTAND OR MAKE SENSE OF DUE TO TANGENTIALITY, CIRCUMSTANTIALITY OR SUDDEN TOPIC SHIFTS.

4 MODERATE  SPEECH DIFFICULT TO UNDERSTAND DUE TO TANGENTIALITY, CIRCUMSTANTIALITY OR TOPIC SHIFTS ON MANY OCCASIONS OR 1-2 INSTANCES OF SEVERE IMPAIRMENT E.G., INCOHERENCE, DERAILMENT, NEOLOGISMS, BLOCKING.

5 MODERATELY SEVERE  SPEECH DIFFICULT TO UNDERSTAND DUE TO CIRCUMSTANTIALITY, TANGENTIALITY OR TOPIC SHIFTS MOST OF THE TIME OR 3-5 INSTANCES OF SEVERE IMPAIRMENT.

6 SEVERE  SPEECH IS INCOMPREHENSIBLE DUE TO SEVERE IMPAIRMENTS MOST OF THE TIME.

7 EXTREMELY SEVERE  SPEECH IS INCOMPREHENSIBLE THROUGHOUT INTERVIEW.

Y5. **EXCITEMENT**: HEIGHTENED EMOTIONAL TONE, INCREASED REACTIVITY, IMPULSIVITY.

1 NOT PRESENT

2-3 MILD  INCREASED EMOTIONALITY. SEEMS KEYED UP, ALERT.

4-5 MODERATE  REACTS TO MOST STIMULI WHETHER RELEVANT OR NOT WITH CONSIDERABLE INTENSITY. SHORT ATTENTION SPAN. PRESSURED SPEECH.

6-7 SEVERE  MARKED OVERREACTION TO ALL STIMULI WITH INAPPROPRIATE INTENSITY, RESTLESSNESS, IMPULSIVENESS. CANNOT SETTLE DOWN OR STAY ON TASK.
Y6. **Motor Retardation**: Reduction in energy level evidenced in slowed movements and speech, reduced body tone, decreased number of spontaneous body movements. Rate only on the basis of observed behavior of the respondent, regardless of what you think may be influencing the energy level. Do not rate on the basis of knowledge of respondent's use of alcohol and drugs.

1 NOT PRESENT

2-3 MILD Noticably slowed or reduced movements or speech compared to most people.

4 MODERATE Large reduction or slowness in movements or speech.

5 MODERATELY SEVERE Seldom moves or speaks spontaneously or very mechanical stiff movements.

6 SEVERE Does not move or speak unless prodded or urged.

7 EXTREMELY SEVERE Frozen, catatonic.

Y7. **Blunted Affect**: Restricted range in emotional expressiveness of face, voice, and gestures. Marked indifference or flatness even when discussing distressing topics.

1 NOT PRESENT

2-3 MILD Some loss of normal emotional responsiveness.

4 MODERATE Emotional expression very diminished e.g., doesn't laugh, smile or react with emotion to distressing topics except on 2 or 3 occasions during interview.

5 MODERATELY SEVERE Emotional expression extremely diminished e.g., doesn't laugh, smile or react with emotions to distressing topics except for a maximum of one time during interview.

6 SEVERE Mechanical in speech, gestures and expression.

7 EXTREMELY SEVERE Frozen expression and flat speech. Shows no feeling.
Y8. TENSION: OBSERVABLE PHYSICAL AND MOTOR MANIFESTATIONS OF TENSION, "NERVOUSNESS," AND AGITATION.

1 NOT PRESENT

2-3 MILD SEEMS TENSE. TENSE POSTURE, NERVOUS MANNERISMS SOME OF THE TIME.

4-5 MODERATE SEEMS ANXIOUS. FEARFUL EXPRESSION, TREMBLING, RESTLESSNESS.

6-7 SEVERE CONTINUALLY AGITATED, PACING, HAND WRINSTRING.

Y9. UNCOOPERATIVENESS: RESISTANCE, UNFRIENDLINES, RESENTMENT, OR LACK OF WILLINGNESS TO COOPERATE WITH THE INTERVIEW. RATE ONLY UNCOOPERATIVE BEHAVIOR OBSERVED DURING INTERVIEW.

1 NOT PRESENT

2-3 MILD GRIPES OR TRIES TO AVOID COMPLYING BUT GOES AHEAD WITHOUT ARGUMENT.

4-5 MODERATE VERBALLY RESISTS, OR NEGATIVISTIC BUT EVENTUALLY COMPLIES. SOME INFORMATION WITHHELD.

6-7 SEVERE REFUSES TO COOPERATE. PHYSICALLY RESISTIVE.

Y10. EMOTIONAL WITHDRAWAL (RAPPORT WITH INTERVIEWER): DEFICIENCY IN R'S ABILITY TO RELATE EMOTIONALLY DURING INTERVIEW SITUATION. USE YOUR OWN FEELING AS TO THE PRESENCE OF AN "INVISIBLE BARRIER" BETWEEN R AND INTERVIEWER.

1 NOT PRESENT

2-3 MILD TENDS NOT TO SHOW EMOTIONAL INVOLVEMENT WITH INTERVIEWER, BUT RESPONDS WHEN APPROACHED.

4-5 MODERATE EMOTIONAL CONTACT NOT PRESENT MOST OF THE INTERVIEW. RespondS WITH ONLY MINIMAL AFFECT.

6-7 SEVERE ACTIVELY AVOIDS EMOTIONAL PARTICIPATION. UNRESPONSIVE OR YES/NO ANSWERS. MAY LEAVE WHEN SPOKEN TO OR JUST NOT RESPOND AT ALL.
Y11. **SELF-NEGLECT:** OBSERVED HYGIENE AND APPEARANCE BELOW USUAL EXPECTATIONS, BELOW SOCIA LLY ACCEPTABLE STANDARDS, OR LIFE-THREATENING. RATE FROM THE PERSPECTIVE OF MAINSTREAM SOCIETY (I.E., NON-HOMELESS PEOPLE). DO NOT TAKE INTO ACCOUNT ACCESS TO SHOWERS AND CLOTHING.

1 NOT PRESENT

2-3 MILD

HYGIENE SOMEWHAT BELOW USUAL FOR NON-HOMELESS PERSON. DISHEVELED OR STAINED CLOTHING, HAIR UNCOMBED.

4-5 MODERATE

HYGIENE/APPEARANCE BELOW SOCIA LLY ACCEPTABLE STANDARDS, E.G., LARGE HOLES IN CLOTHING, BAD BREATH, OILY AND UNCOMBED HAIR, MILD BODY ODOR.

6-7 SEVERE

DOES NOT APPEAR TO ENGAGE IN ANY SELF-CARE, E.G., OBVIOUSLY DIRTY SKIN AND HAIR, MARKED BODY ODOR, CLOTHES VERY DIRTY.

Y12. **BIZZARE BEHAVIOR:** OBSERVED BEHAVIORS WHICH ARE ODD, UNUSUAL, OR PSYCHOTIC. EXCLUDE BIZZARE VERBALIZATION.

1 NOT PRESENT

2-3 MILD

SLIGHTLY ODD OR PECULIAR BEHAVIOR, E.G., WEARS GLOVES Indoors, talking loudly in public, mumbling or talking under breath, inappropriate affect, fails to make appropriate eye contact when talking with others.

4-5 MODERATE

MODERATELY UNUSUAL BEHAVIOR, E.G., BIZZARE DRESS OR MAKE-UP, CROSS-DRESSING, TALKING TO ONESELF, "PREACHING" TO STRANGERS, FIXATED STARING INTO SPACE WHILE IN PUBLIC, FIXATED STARING IN A SOCALLY DISRUPTIVE WAY, EATING NON-FOODS.
Y13. **Motor Hyperactivity:** Increase in energy level evidenced in more frequent movement and/or rapid speech. Note: In making this rating, consider the 15 minute period of most severe symptomatology.

1 NOT PRESENT

2 VERY MILD SOME RESTLESSNESS, DIFFICULTY SITTING STILL, LIVELY FACIAL EXPRESSIONS, OR SOMEWHAT TALKATIVE.

3 MILD OCCASIONALLY VERY RESTLESS, DEFINITE INCREASE IN MOTOR ACTIVITY, LIVELY GESTURES, 1-3 BRIEF INSTANCES OF PRESSURED SPEECH.

4 MODERATE VERY RESTLESS, FIDGETY, EXCESSIVE FACIAL EXPRESSIONS OR NONPRODUCTIVE AND REPETITIVE MOTOR MOVEMENTS. MUCH PRESSURED SPEECH, UP TO ONE THIRD OF THE INTERVIEW.

5 MODERATELY SEvere FREQUENTLY RESTLESS, FIDGETY. MANY INSTANCES OF EXCESSIVE NONPRODUCTIVE AND REPETITIVE MOTOR MOVEMENTS. ON THE MOVE MOST OF THE TIME. FREQUENT PRESSURED SPEECH, DIFFICULT TO INTERRUPT. RISES ON 1-2 OCCASIONS TO PAGE.

6 SEVERE EXCESSIVE MOTOR ACTIVITY, RESTLESSNESS, FIDGETY, LOUD TAPPING, NOISY, ETC. THROUGHOUT MOST OF THE INTERVIEW. SPEECH CAN ONLY BE INTERRUPTED WITH MUCH EFFORT. RISES ON 3-4 OCCASIONS TO PAGE.

7 EXTREMELY SEVERE CONSTANT EXCESSIVE MOTOR ACTIVITY THROUGHOUT ENTIRE INTERVIEW, E.G., CONSTANT PACING, CONSTANT PRESSURED SPEECH WITH NO PAUSES, CAN ONLY BE INTERRUPTED BRIEFLY AND ONLY SMALL AMOUNTS OF RELEVANT INFORMATION CAN BE OBTAINED.
Y14. **DISTRACTIBILITY**: Degree to which observed sequences of speech and actions are interrupted by internal or external stimuli. If there is a great deal of external stimuli, interviewers should use themselves as barometers of what constitutes distracting external stimuli (i.e., if both the interviewer and the R find a certain stimuli equally distracting, the interviewer should not rate it). Include distractibility due to intrusions of visual or auditory hallucinations. Do not include preoccupation due to delusions or other thoughts.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>NOT PRESENT</td>
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<tr>
<td>2</td>
<td>VERY MILD</td>
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<td>3</td>
<td>MILD</td>
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<td>4</td>
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<td>5</td>
<td>MODERATELY SEVERE</td>
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<td>6</td>
<td>SEVERE</td>
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<tr>
<td>7</td>
<td>EXTREMELY SEVERE</td>
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</table>
Y15. **HOSTILITY TOWARD INTERVIEWER:** ANIMOSITY, CONTEMPT, THREATS, ARGUMENTS, ATTEMPTED FIGHTS OR OTHER EXPRESSION OF HOSTILE ATTITUDES OR ACTIONS TOWARD THE INTERVIEWER.

1 NOT PRESENT

2 VERY MILD IRRITABLE, GRUMPY.

3 MILD ARGUMENTATIVE, SARCASTIC.

4 MODERATE OVERTLY ANGRY ONLY ONCE. (VERBAL)

5 MODERATELY SEVERE OVERTLY ANGRY MORE THAN ONCE. (VERBAL)

6 SEVERE THREATENED PHYSICAL HARM.

7 EXTREMELY SEVERE ACTUAL DEMONSTRATION OF PHYSICAL HOSTILITY, E.G., THROWING THINGS, ACTUALLY ATTEMPTING TO FIGHT WITH INTERVIEWER.

Y16. **SUSPICIOUSNESS TOWARD INTERVIEWER:** EXPRESSED OR APPARENT BELIEF THAT THE INTERVIEWER IS ACTING WITH MALICIOUS OR DISCRIMINATORY INTENT.

1 NOT PRESENT

2-3 MILD SEEMS ON GUARD. UNRESPONSIVE TO "PERSONAL" QUESTIONS.

4-5 MODERATE RESPONDENT SEEMS TO THINK THE INTERVIEWER IS LAUGHING AT HIM OR CRITICIZING HIM. OR RESPONDENT ASKS REPEATEDLY HOW THE INTERVIEW RESULTS WILL BE USED, WHERE THE INTERVIEWER IS FROM, ETC.

6-7 SEVERE RESPONDENT CLEARLY OVERTLY SUSPICIOUS OF INTERVIEWER OR INDICATES BELIEF THAT INTERVIEWER INTENDS HARM. SUSPICIOUSNESS IS BEYOND LIKELIHOOD OF PLAUSIBILITY OR MAY EVEN BE DELUSIONAL (MAY THINK INTERVIEWER IS PART OF A "PLOT" AGAINST HIM).
THE RAND CORPORATION
COURSE OF HOMELESSNESS STUDY
Payment Record (Follow-Up Interview)

Respondent payment of:

☐ $10.00 (regular follow-up payment)
☐ $12.00 (respondent initiated recontact)
☐ $________ (Other: break-off/partial)

paid on [ ] / [ ] / [ ]
MONTH DAY YEAR

by [ ] [ ] INTERVIEWER'S SIGNATURE

ID#