APPENDIX B

YCT! Survey instruments
Point-in-Time Survey (Youth + Adults)

Person Conducting Survey: __________________________ City: __________________________ Facility/Street Address: __________________________

□ Individual does not wish to take the survey or the situation is too dangerous (**complete question #2 if information is apparent**).

---

1. Date of Birth (or Age)  
| Month: _ _ Day: _ _ Year: _ _ Age: _ _ |

2. Where did you sleep (on specific night/point in time)?
   
   Input cross streets (optional):
   __________________________________________________________________________
   __________________________________________________________________________

3. Are you going to stay in the same place tonight?
   a. □ Yes  
   b. □ No

4. How many times have you been without a permanent home in the past 3 years?
   a. □ Never  
   b. □ Once  
   c. □ Twice  
   d. □ Three different times

5. What is the total number of months you've been homeless or without a permanent home in the past 3 years?

6. How long has the current episode of homelessness or not having a permanent home lasted?

7. At what age did you first face homelessness or not having a permanent home?

7a. □ 18 or younger  
7b. □ 19-20  
7c. □ 21-22  
7d. □ 23 years or older

8. Was your first experience being homeless or without a permanent home?
   a. □ With family  
   b. □ On your own

9. What is your gender?
   a. □ Male  
   b. □ Female  
   c. □ M to F Transgender  
   d. □ F to M Transgender

10. What is your sexual orientation?
   a. □ Straight  
   b. □ Bisexual  
   c. □ Bi  
   d. □ Something else

11. Race: (Check all that apply)
   a. □ White  
   b. □ Asian  
   c. □ American Indian or Alaskan Native  
   d. □ Black or African American  
   e. □ Native Hawaiian or Other Pacific Islander

12. Do you consider yourself Hispanic or Latino?
   a. □ Yes  
   b. □ No

13A. Are you enrolled in school right now?
   a. □ Yes  
   b. □ No (Answer #13B)

13B. If not, do you plan to return to school in the future?
   a. □ Yes  
   b. □ No

14. Highest level of education: (Check one)
   a. □ Less than 9th grade  
   b. □ Some high school  
   c. □ GED  
   d. □ HS diploma  
   e. □ Some college program  
   f. □ College graduate  
   g. □ Technical school/Training program  
   h. □ Master's degree or higher

15A. While in school, have you ever needed Special Education Services?
   a. □ Yes  
   b. □ No

15B. If yes, did you receive them for more than 6 months?
   a. □ Yes  
   b. □ No

16A. Are you able to work?
   a. □ Yes  
   b. □ No

16B. What is your job status?
   a. □ Unemployed/Not working but looking for work (answer #16C)  
   b. □ Not working or looking for work  
   c. □ Regular full-time job  
   d. □ Regular part-time job  
   e. □ Temporary job  
   f. □ Day labor/odd jobs  
   g. □ Retired

16C. If you are unemployed, how long have you been looking for work?

17A. Have you served in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard?
   a. □ Yes  
   b. □ No

17B. Were you called into active duty as a member of the National Guard or Reservist?
   a. □ Yes  
   b. □ No
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>17E. What was your discharge status?</td>
<td>a. Honorable b. Dishonorable</td>
</tr>
<tr>
<td>17F. Have you ever received health care or other benefits from the VA Medical Center?</td>
<td>a. Yes b. No</td>
</tr>
<tr>
<td>18. Have you ever experienced physical or sexual violence while homeless or without having a permanent home?</td>
<td>a. Yes b. No</td>
</tr>
<tr>
<td>19. Are you pregnant or expecting a child?</td>
<td>a. Yes b. No</td>
</tr>
<tr>
<td>20. Have you ever had a child?</td>
<td>a. Yes b. No</td>
</tr>
<tr>
<td>20B. Is the child currently with you?</td>
<td>a. Yes b. No</td>
</tr>
<tr>
<td>20C. If no, is the child:</td>
<td>a. With family b. With friends c. With Child Protective Services</td>
</tr>
<tr>
<td>23. Have you ever experienced any of the conditions?</td>
<td>a. Alcohol abuse or addiction b. Other substance abuse c. Mental illness</td>
</tr>
<tr>
<td>22A. Do you have any of the following health conditions? (Check all that apply)</td>
<td>a. Alcohol abuse or addiction b. Other substance abuse c. Mental illness</td>
</tr>
<tr>
<td>22C. If yes, which condition(s)? (Check all that apply)</td>
<td>a. HIV/AIDS b. Other chronic physical illness c. Post-Traumatic Stress Disorder (PTSD)</td>
</tr>
<tr>
<td>23. Have you ever experienced any of the following? (Check all that apply)</td>
<td>a. Domestic violence b. Child abuse or neglect c. Foster care</td>
</tr>
<tr>
<td>24. What are your sources of income/benefits besides work? (Check all that apply)</td>
<td>a. Child support b. Child care benefits c. Medicaid d. Section 8 public housing</td>
</tr>
<tr>
<td>25. Are there any items that you need help accessing? (Check all that apply)</td>
<td>a. Birth certificate b. Bus pass c. Clothing d. Contraception</td>
</tr>
<tr>
<td>26. Which services do you need that you are not getting? (Check all that apply)</td>
<td>a. Case management b. Child care c. Child support d. Dental care</td>
</tr>
<tr>
<td>Relationship of Head of Household/Child Etc.</td>
<td><strong>Age</strong> Gender Race (choose all that apply) Latino Veteran (if applicable only) Disabilities (choose all that apply)</td>
</tr>
<tr>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
### Youth Count Texas!

**Youth Count Survey**

Person Conducting Survey: ______________ City: ______________ Facility/Street Address: ______________

- □ Individual does not wish to take the survey or the situation is too dangerous (**complete question #2 if information is apparent**).

<table>
<thead>
<tr>
<th>1. Date of Birth (or Age)</th>
<th>Month: ___ Day: ___ Year: ___ Age: ___</th>
</tr>
</thead>
</table>

| 2. Where did you sleep on (specific night/point in time?)? | a. Emergency shelter | b. Transitional housing | c. Domestic violence shelter/Safe haven | d. Veterans Administration domiciliary | e. Street/Sidewalk/Bridge or overpass | f. Bus or train station/Airport | g. Woods or outdoor encampment | h. Abandoned building | i. Vehicle | j. Substandard housing | k. In a place that you are being evicted from within two weeks | l. Hotel or motel paid for with voucher from a church or social services agency | m. Hotel or motel paid with own funds | n. Sharing housing of other person(s) due to loss of housing, economic hardship, or similar reason | o. Staying informally with friends | p. Mental health facility | q. Substance abuse treatment center | r. Corrections facility (including juvenile) | s. Hospital | t. Foster home or group home | u. Permanent supportive housing | v. Subsidized housing (Sec 8, VASH, etc.) | w. Own home or apartment (that is not substandard) | 
|---------------------------|-----------------------------------------|

<table>
<thead>
<tr>
<th>3A. Are you going to stay in the same place tonight?</th>
<th>a. Yes</th>
<th>b. No</th>
<th>3B. If not, where? ______________</th>
</tr>
</thead>
</table>

**Interviewer:** Does this person qualify to complete the rest of this survey based on the instructions on the front page? (If yes, please complete the rest of the survey)

<table>
<thead>
<tr>
<th>4. How many times have you been without a permanent home in the past 3 years?</th>
<th>a. Never</th>
<th>b. Once</th>
<th>c. Twice</th>
<th>d. Three</th>
<th>e. 4 or more different times</th>
<th>f. Don’t know times</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5. What is the total number of months you’ve been homeless or without a permanent home in the past 3 years?</th>
<th>________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>6. How long has your current episode of homelessness or not having a permanent home lasted?</th>
<th>Years: _____ Months: _____ Days: _____</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>7A. At what age did you first face homelessness or not having a permanent home?</th>
<th>________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>7B. Was your first experience being homeless or without a permanent home with your family or on your own?</th>
<th>a. With family</th>
<th>b. On your own</th>
</tr>
</thead>
</table>

| 8. Please share the reasons that contributed to why you are homeless or do not have a permanent place to live (and/or why you are no longer able to live where you lived previously) at this time: (Check all that apply) | a. Financial reasons | b. Unable to pay rent or mortgage | c. Loss of public aid | d. Natural disaster | e. Unemployment | f. Moved to seek work | g. Evicted | h. Physical disability, injury, or physical health reasons | i. Domestic violence | j. Family illness | k. Divorce or separation | l. Hospital discharge | m. | n. Mental illness | o. Substance abuse | p. Left jail, prison, or detention | q. Criminal record | r. Ran away from home | s. Lifestyle choice | t. Sexual orientation or gender identity | u. To protect yourself or family members | v. Abandonment by parent/guardian | w. Too crowded (doubled up) | x. Aged out of or ran from foster care | y. Kicked out of the house by family | z. Kicked out of the house by friends | aa. | bb. Other: | |
|----------------------------------|----------|--------|----------|----------|-------------------------------|-------------------|----------|------------------------|----------|---------------|----------------|----------------|----------|----------------|----------------|----------------|----------------|----------------|---------------|----------------|--------------------|----------------|----------------|-----------------|----------------|----------|----------------| |

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

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

<table>
<thead>
<tr>
<th>11: Race: (Check all that apply)</th>
<th>a. White</th>
<th>b. Asian</th>
<th>c. American Indian or Alaskan Native</th>
<th>d. Black or African American</th>
<th>e. Native Hawaiian or Other Pacific Islander</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.</td>
<td>Do you consider yourself Hispanic or Latino?</td>
<td>a. Yes</td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13A.</td>
<td>Are you enrolled in school right now?</td>
<td>a. Yes</td>
<td>b. No</td>
<td>(Answer #13B)</td>
<td></td>
</tr>
<tr>
<td>13B.</td>
<td>If not, do you plan to return to school in the future?</td>
<td>a. Yes</td>
<td>c. N/A</td>
<td>b. No</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Highest level of education: (Check one)</td>
<td>a. Less than 9th grade</td>
<td>d. HS diploma</td>
<td>g. Technical school/Training</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Some high school</td>
<td>e. Some college program</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. GED</td>
<td>f. College graduate</td>
<td>h. Master’s degree or higher</td>
<td></td>
</tr>
<tr>
<td>15A.</td>
<td>While in school, have you ever needed Special Education services?</td>
<td>a. Yes</td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15B.</td>
<td>If yes, did you receive them for more than 6 months?</td>
<td>a. Yes</td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16A.</td>
<td>Are you able to work?</td>
<td>a. Yes</td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16B.</td>
<td>What is your job status?</td>
<td>a. Unemployed/Not working but looking for work (answer #16C)</td>
<td>d. Regular part-time job</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Not working or looking for work</td>
<td>e. Temporary job</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>c. Regular full-time job</td>
<td>f. Day labor/odd jobs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16C.</td>
<td>If you are unemployed, how long have you been looking for work?</td>
<td>Years: ____ Months: ____ Days: ___</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17A.</td>
<td>Have you served in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard?</td>
<td>a. Yes</td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17B.</td>
<td>Were you called into active duty as a member of the National Guard or Reservist?</td>
<td>a. Yes</td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17C.</td>
<td>Under what tours of duty have you served? (Check all that apply)</td>
<td>a. Iraq</td>
<td>b. Afghanistan</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>c. Other: __________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17D.</td>
<td># of Years in Service:</td>
<td>____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17E.</td>
<td>What was your discharge status?</td>
<td>a. Honorable</td>
<td>b. Dishonorable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17F.</td>
<td>Have you ever received health care or other benefits from the VA Medical Center?</td>
<td>a. Yes</td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Have you experienced physical or sexual violence while without permanent housing?</td>
<td>a. Yes</td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Are you pregnant or expecting a child?</td>
<td>a. Yes</td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20A.</td>
<td>Have you ever had a child?</td>
<td>a. Yes</td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20B.</td>
<td>Is the child currently with you?</td>
<td>a. Yes</td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20C.</td>
<td>If no, is the child:</td>
<td>a. With the other parent</td>
<td>d. Adopted by someone else</td>
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<tr>
<td></td>
<td></td>
<td>b. With family or friends</td>
<td>e. Deceased</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>c. With Child Protective Services</td>
<td>f. Other ____________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>How would you best describe who you are staying with today (your family type)? (Check all that apply)</td>
<td>a. I am a single individual adult</td>
<td>d. I am part of a couple w/no children</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>b. I am an unaccompanied minor (not living with parent/legal guardian)</td>
<td>e. I am a single parent w/children</td>
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<tr>
<td></td>
<td></td>
<td>c. I am a parent in a two-parent family w/children</td>
<td>f. I am a minor living w/one or more parent(s)/guardian(s)</td>
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<td></td>
<td></td>
<td>g. Other type of family</td>
<td></td>
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<tr>
<td>22A.</td>
<td>Do you have any of the following health conditions? (Check all that apply)</td>
<td>a. Alcohol abuse or addiction</td>
<td>f. HIV/AIDS</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>b. Other substance abuse</td>
<td>g. Other chronic physical illness</td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>c. Mental illness</td>
<td>h. Post-Traumatic Stress Disorder (PTSD)</td>
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<tr>
<td></td>
<td></td>
<td>d. Physical disability</td>
<td>i. Traumatic brain injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>e. Developmental disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22B.</td>
<td>Do any of these keep you from getting or holding a job?</td>
<td>a. Yes</td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22C.</td>
<td>If yes, which?</td>
<td>________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Have you ever experienced any of the following? (Check all that apply)</td>
<td>a. Family violence</td>
<td>e. Foster care system involvement (complete question 24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Child abuse or neglect</td>
<td>f. Legal problems or prior conviction (complete question 25)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Sexual assault</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>d. Gang involvement</td>
<td></td>
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</tbody>
</table>

Please complete the following if respondent indicated that he or she has experienced foster care:

24A. How long were you in foster care? Years: _____ Months: _____

24B. How many placements (i.e. places to stay) did you have in foster care? ________________
Person Conducting Survey: ______________ City: _______________ Facility/Street Address: ______________

<table>
<thead>
<tr>
<th>24C. “Aging out” of foster care means remaining in the care of CPS until you reach 18. Did you age out of foster care?</th>
<th>a. Yes  b. No</th>
</tr>
</thead>
<tbody>
<tr>
<td>24D. If they did NOT age out: How did you leave foster care?</td>
<td>a. Reunited w/ parent(s)  b. Placed with relatives/kin  c. Ran away  d. Adopted</td>
</tr>
<tr>
<td>24E. If they DID age out:</td>
<td>a. Did you age out of foster care in Texas?  a. Yes  b. No</td>
</tr>
<tr>
<td>b. Did you participate in extended foster care after age 18?</td>
<td>a. Yes  b. No</td>
</tr>
<tr>
<td>c. Did you ever have a job while in foster care?</td>
<td>a. Yes  b. No</td>
</tr>
<tr>
<td>d. Did you ever have a savings account while in foster care?</td>
<td>a. Yes  b. No</td>
</tr>
<tr>
<td>e. Where did you live after leaving foster care?</td>
<td>a. Emergency shelter  b. Transitional living program  c. Returned to biological parent/kin  d. Leased an apartment  e. Stayed with a friend  f. I was homeless when I left care</td>
</tr>
<tr>
<td>f. Did you feel prepared to live independently when you aged out of care?</td>
<td>a. Yes  b. No</td>
</tr>
</tbody>
</table>

Please complete the following if respondent indicated that he or she has experienced legal trouble/prior conviction:

| 25A. Have you ever been involved in the adult criminal justice system? | a. Yes  b. No |
| 25B. Have you ever been involved in the juvenile justice system?       | a. Yes  b. No |
| 25C. At what age were you first involved with the legal system (juvenile or criminal justice) system? | ____________ |

26. What are your sources of income/benefits besides work? (Check all that apply)

| a. Child support | g. Social Security | k. Unemployment insurance | t. None |
| b. Child care benefits | h. Earned Income | l. Veteran’s disability income | u. Other: |
| c. Medicaid | i. Temporary | m. VA health care |
| d. Section 8, public housing | j. Temporary | n. Work’er’s comp. |
| e. SNAP (food stamps) | p. After care room and board assistance | q. Education and training voucher |
| f. Social security/ (TANF) services | r. Transitional living allowance | s. Foster Care Benefits: |
| Supplemenatal Security Income (SSI) | u. Tuition and fee waiver | |

27. Are there any important things that you need help getting? (Check all that apply)

| a. Birth certificate | e. Emergency food | h. Phone #/Voicemail | k. Shower/Restroom |
| b. Bus pass | f. Hygiene supplies | i. State ID | l. Social security card |
| c. Clothing | g. Laundry facilities | j. Storage | m. Other: |
| d. Contraception | | | |

28. Which services do you need that you are not getting? (Check all that apply)

| a. Case management | i. Enrollment in government benefits | o. Routine medical care | t. School-based homeless services |
| b. Child care | j. Enrollment in school or GED program | p. Mental health care | u. Substance abuse treatment |
| c. Child support | k. Help locating family | q. Permanent supportive housing (for disabled) | v. Transitional housing |
| d. Dental care | l. Legal aid | r. Permanent housing (for not disabled) | w. Transportation |
| e. Emancipation assistance | m. Life skills training | s. Peer support or other emotional support | x. Tutoring |
| g. Employment services | | | |
| h. English classes | | | z. Other: |
### 29. Which of the following services have you used in the past? (Check all that apply)

<table>
<thead>
<tr>
<th>Service</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Drop-in center (help with ID, taking shower, laundry, etc.)</td>
<td></td>
</tr>
<tr>
<td>b. Emergency health care</td>
<td></td>
</tr>
<tr>
<td>c. Emergency shelter (youth)</td>
<td></td>
</tr>
<tr>
<td>d. Emergency shelter (adult)</td>
<td></td>
</tr>
<tr>
<td>e. Transition center</td>
<td></td>
</tr>
<tr>
<td>f. Transitional housing</td>
<td></td>
</tr>
<tr>
<td>g. Permanent supportive housing</td>
<td></td>
</tr>
<tr>
<td>h. None</td>
<td></td>
</tr>
</tbody>
</table>

### 30. How did you find out about shelters or other services that you used?

<table>
<thead>
<tr>
<th>Method</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Church or faith community</td>
<td></td>
</tr>
<tr>
<td>b. Family member or relative</td>
<td></td>
</tr>
<tr>
<td>c. Foster or adoptive family</td>
<td></td>
</tr>
<tr>
<td>d. Hospital/Police/First responder</td>
<td></td>
</tr>
<tr>
<td>e. Internet search</td>
<td></td>
</tr>
<tr>
<td>f. Peers or word of mouth</td>
<td></td>
</tr>
<tr>
<td>g. Social services agency</td>
<td></td>
</tr>
<tr>
<td>h. Teacher or school personnel</td>
<td></td>
</tr>
<tr>
<td>i. Other</td>
<td></td>
</tr>
</tbody>
</table>

### 31. Has there ever been a time when you went to a shelter and did not feel safe?

<table>
<thead>
<tr>
<th>a. Yes</th>
<th>b. No</th>
</tr>
</thead>
</table>

#### 31B. If YES to #31A: Why didn’t you feel safe?

<table>
<thead>
<tr>
<th>a. Age</th>
<th>b. Gender</th>
<th>c. Sexual Orientation</th>
<th>d. Other</th>
</tr>
</thead>
</table>

### 32. Has there ever been a time when you went to a shelter but did not stay the night?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

#### 32B. If YES to #32A: Why didn’t you stay at the shelter?

<table>
<thead>
<tr>
<th>a. You were too old to stay</th>
<th>b. You were too young to stay</th>
<th>c. You didn’t like the shelter rules</th>
<th>d. You couldn’t stay with your child(ren) in the shelter</th>
<th>e. Your partner could not stay at the shelter with you</th>
<th>f. Your pet could not stay at the shelter with you</th>
<th>g. You felt uncomfortable or unsafe in the shelter</th>
<th>h. The shelter was full and you could not stay</th>
<th>i. Other</th>
</tr>
</thead>
</table>

### 33. What support or service have you received in the past year that has been most helpful to you?

### 34. What do you do for money or to get the things you need? (Check all that apply)

<table>
<thead>
<tr>
<th>a. Receive financial support from family, relatives, friends</th>
<th>b. Borrow from others</th>
</tr>
</thead>
<tbody>
<tr>
<td>d. Trade or sell drugs</td>
<td>e. Trade services, clothes, or food</td>
</tr>
<tr>
<td>f. Seek services (food pantry)</td>
<td>g. Receive public assistance</td>
</tr>
<tr>
<td>h. Work</td>
<td>i. Steal</td>
</tr>
</tbody>
</table>

### 35. Have you ever received anything in exchange for having sexual relations with another person, such as money, food, drugs, or shelter?

<table>
<thead>
<tr>
<th>a. Yes</th>
<th>b. No</th>
</tr>
</thead>
</table>

#### 35C. If yes to #35A or B: Did you feel forced, pressured, or tricked into continuing this job?

<table>
<thead>
<tr>
<th>a. Yes</th>
<th>b. No</th>
</tr>
</thead>
</table>

#### 35D. If yes to #35A or B: Have you had any jobs like these in the last 3 months?

<table>
<thead>
<tr>
<th>a. Yes</th>
<th>b. No</th>
</tr>
</thead>
</table>

### 36. Have you ever received anything in exchange for having sexual relations with another person, such as money, food, drugs, or shelter?

<table>
<thead>
<tr>
<th>a. Yes</th>
<th>b. No</th>
</tr>
</thead>
</table>

#### 36B. If yes to #36A: has it happened in last 3 months?

<table>
<thead>
<tr>
<th>a. Yes</th>
<th>b. No</th>
</tr>
</thead>
</table>

#### 36C. If yes to #36A: how many times have you received something in return for having sexual relations?

| a. 1   | b. 2-5 | c. 6-10 | d. 11-20 | e. 20+ |

#### 36D. If yes to #36A: Did you ever feel forced, pressured, or tricked into continuing the exchange?

<table>
<thead>
<tr>
<th>a. Yes</th>
<th>b. No</th>
</tr>
</thead>
</table>
37. On a scale of 1-10, with 1 being “not challenging at all” and 10 being “extremely challenging,” please rate how challenging the following issues are for you right now:

<table>
<thead>
<tr>
<th>Not challenging</th>
<th>Extremely challenging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety/Nervousness</td>
<td></td>
</tr>
<tr>
<td>Controlling your anger</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
</tr>
<tr>
<td>Difficulty sleeping</td>
<td></td>
</tr>
<tr>
<td>Disturbing thoughts</td>
<td></td>
</tr>
<tr>
<td>Drug and alcohol use</td>
<td></td>
</tr>
<tr>
<td>Finding housing</td>
<td></td>
</tr>
<tr>
<td>Finding food</td>
<td></td>
</tr>
<tr>
<td>Legal issues/Trouble with the police</td>
<td></td>
</tr>
<tr>
<td>Loneliness</td>
<td></td>
</tr>
<tr>
<td>Past abuse/Victimization</td>
<td></td>
</tr>
<tr>
<td>Personal safety</td>
<td></td>
</tr>
<tr>
<td>Physical health</td>
<td></td>
</tr>
<tr>
<td>Relationship conflicts</td>
<td></td>
</tr>
<tr>
<td>School issues</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Work issues</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

38. Are there rules or practices in your community that make your life harder? (Check all that apply)

- [ ] Rules about loitering or sitting in public spaces
- [ ] Rules against sleeping in public
- [ ] Rules against panhandling or asking for money
- [ ] Rules against sleeping in vehicles
- [ ] Issues with the police
- [ ] Lack of access to public restrooms
- [ ] Lack of pay phones
- [ ] Other: ______________________________

39. What special strengths or talents do you have that have kept you moving forward and will help you to stay safe?

40. Imagine you are in charge. If you could change one thing (like a rule or law) to help youth who are homeless, what would it be?
41. Please fill out for each **additional** member of the household

<table>
<thead>
<tr>
<th>Relation to Head of Household (Spouse/Child Etc.)</th>
<th>Age</th>
<th>Gender</th>
<th>Race (choose all that apply)</th>
<th>Latino</th>
<th>Veteran (adults only)</th>
<th>Disabilities (choose all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Substance Abuse Disorder</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Serious Mental Illness</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Physical Disability</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Developmental Disability</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Other Chronic Physical Illness</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Post Traumatic Stress Disorder</td>
</tr>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Traumatic Brain Injury</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>None Apply</td>
</tr>
</tbody>
</table>

1. 
2. 
3. 
4. 
5.