

Surveys of People Experiencing Homelessness

FORM 1: Individual Survey

County: _____

Date: January 27, 2005

Completed at: Facility: _____ OR

Site: Vacant house Empty building Automobile Hospital Library Street
 Campsite Motel Woods 24-hour Laundromat Open business Under a bridge **OR**

Description of site: _____ (or comments on site)

Completed By: _____ Self Parent Relative Staff Volunteer Other

Please supply the following information about yourself (and others with you if they cannot complete the survey). The information is part of a statewide count of individuals who are homeless today. All information is confidential) A staff member or volunteer will help you if you have questions. *If you have already completed one of these forms for yourself or others today, do not complete this one*) Complete the blanks or put a ? by the appropriate choice) **YOU MAY REFUSE TO ANSWER ANY OR ALL QUESTIONS BY CHECKING THE "REFUSE" BOX.**

1) When did you start staying here? Month: _____ Day: _____ Year: _____ Don't Know Refuse

2) Where were you staying before you came here?

- | | |
|---|--|
| <input type="checkbox"/> a) In my own home | <input type="checkbox"/> g) Prison, jail, or other correctional facility |
| <input type="checkbox"/> b) A shelter other than this one | <input type="checkbox"/> h) Military discharge |
| <input type="checkbox"/> c) Hospital/other treatment facility | <input type="checkbox"/> i) Don't Know |
| <input type="checkbox"/> d) In an automobile | <input type="checkbox"/> j) Refuse |
| <input type="checkbox"/> e) On the street | <input type="checkbox"/> k) Other. Please specify: _____ |
| <input type="checkbox"/> f) In a friend/family member's home | |

3) How long have you been in this circumstance?

Weeks Months About a year More than a year Don't Know Refuse

3a) In what county were you when you became homeless? _____, or Outside SC

4) What caused you to leave your former housing situation (you can check more than one)?

- | | |
|--|---|
| <input type="checkbox"/> a) Unable to afford rent/mortgage | <input type="checkbox"/> g) Substandard or unsafe housing |
| <input type="checkbox"/> b) Loss of job/job hours cut back | <input type="checkbox"/> h. Left home or ran away |
| <input type="checkbox"/> c) Eviction | <input type="checkbox"/> i) Breakup with spouse/significant other or other relationship problem |
| <input type="checkbox"/> d) Home destroyed | <input type="checkbox"/> j) Don't Know |
| <input type="checkbox"/> e) Drinking or drug use/problem | <input type="checkbox"/> k) Refuse |
| <input type="checkbox"/> f) Being abused | <input type="checkbox"/> l) Other. Please specify: _____ |

5) Have you been homeless four or more times in the past 3 years?

Yes No Don't Know Refuse

6) How many times have you been homeless during your lifetime? _____ # Don't Know Refuse

7) Your age? _____ years Don't Know Refuse

8) In what state or country were you born? _____ Don't Know Refuse

Form 1: Individual Survey (p. 2)

- 9) If you born in South Carolina, in what county? _____ Don't Know Refuse
- 10) Are you in school or an educational program? Yes No Don't Know Refuse
- 10a) If yes, what grade? _____# or type (example: technical school or GED)? _____
- 11) What is the highest grade you finished in school? _____(1-12)# _____(College Freshman, Sophomore, Jr, Sr)
 Tech School Don't Know Refuse
- 12) What is your gender? Female Male Refuse
- 12a) If female, are you pregnant? Yes No Don't Know Refuse
- 13) What is your race?
 a) African American b) Asian c) White d) Other e) Don't Know f) Refuse
- 14) Are you of Hispanic, Latino or Chicano origin? Yes No Don't Know Refuse
- 15) What is your current marital status?
 a) Single e) Widowed
 b) Divorced f) Unmarried, but have a mate
 c) Separated g) Don't Know
 d) Married h) Refuse
- 16) Are you here with other members of your family? Yes No Don't Know Refuse
- 16a) If yes, how many other members are with you? Number of adults: _____# Number of children under 18: _____#
- 17) Are you a veteran? Yes No Don't Know Refuse
- 18) Are you in this situation:
A) because of violence in your life? Yes No Don't Know Refuse
B) because you are in danger? Yes No Don't Know Refuse
C) because you feel unsafe? Yes No Don't Know Refuse
- 19) Do you have a mental, physical or other impairment that limits you?
 Yes No Don't Know Refuse
- 20) Have you ever received care because of nervousness, depression, or mental health problems?
 Yes No Don't Know Refuse
- 21) Have you ever been treated for an alcohol or drug problem?
 Yes No Don't Know Refuse
- 22) Have you been told by a professional that you are HIV positive or have AIDS?
 Yes No Don't Know Refuse

THANK YOU FOR YOUR HELP!