

SURVEYS OF PEOPLE EXPERIENCING HOMELESSNESS

FORM 5: IN-DEPTH SURVEY

Three-digit interview identification number _____ Interviewer _____

Interview Site _____ Date _____

Confidentiality explained? Yes No

I. HOUSING EXPERIENCE

Interviewer: *This set of questions asks for information about your recent housing experience. It will help us understand the ways in which an individual's living situation may influence the way he or she receives services.*

1) **Where are you staying tonight?** _____
(Identify shelter or transitional housing program by name, location by mapping index)

2) **When did you start staying there/here?** _____ (MM/DD/YY)

Interviewer: *Next I am going to read a list of places you may have lived or stayed in.*

Note: If the interviewee responds **No**, **Don't Know** or **Refuse** to the first part of the questions, skip the second part of the question.

Interviewer: **Have you ever lived in...?** (✓ Correct Response)

3) **An emergency shelter (other than the one you are in today if you are in a shelter)?** *An emergency shelter is a short term housing program that is offered to people who are in housing or other crisis. Usually you can only stay a few days but you might be able to stay a few weeks or as long as three months. Sometimes services are provided. Sometimes the resident pays a small fee.*

Yes No Don't know Refused

3a) **Have you ever stayed in a shelter (other than the one you are in today)?**

Yes No Don't know Refused

3b) **If yes, was it in the last 12 months?**

Yes No Don't know Refused

4) **A transitional housing program (other than the one you are in today if you are in a program)?** *A transitional housing program is a program where you can stay for 6 months to 6 months to 2 years. Usually the people who are in this program receive other services. Typically residents pay rent but it costs less than an apartment.*

Yes No Don't know Refused

4a) **If yes, was it in the last 12 months?**

Yes No Don't know Refused

5) Public housing? *(These are public housing complexes, houses that you receive a public housing [Section 8] voucher or certificate that allowed you to rent an apartment you chose.)*

Yes No Don't know Refused

5a) If yes, was it in the last 12 months?

Yes No Don't know Refused

Interviewer: **Have you ever lived in...?** (✓ Correct Response)

6) A place that you received a voucher to stay in for a short time (a motel or some other site)?

Yes No Don't know Refused

6a) If yes, was it in the last 12 months?

Yes No Don't know Refused

7) A home that you owned or paid a mortgage on?

Yes No Don't know Refused

7a) If yes, was it in the last 12 months?

Yes No Don't know Refused

8) An apartment or home you paid rent for?

Yes No Don't know Refused

8a) If yes, was it in the last 12 months?

Yes No Don't know Refused

9) A foster home?

Yes No Don't know Refused

9a) If yes, was it in the last 12 months?

Yes No Don't know Refused

10) A battered women's shelter?

Yes No Don't know Refused

10a) If yes, was it in the last 12 months?

Yes No Don't know Refused

11) A halfway house, group home (such as treatment facility or facility for ex-offenders or veterans)?

Yes No Don't know Refused

11a) If yes, was it in the last 12 months?

Yes No Don't know Refused

Interviewer: Have you ever lived in...? (✓ Correct Response)

12) A temporary arrangement with friends or family in a room, house or apartment where you slept for free?

Yes No Don't know Refused

12a) If yes, was it in the last 12 months?

Yes No Don't know Refused

13) Some other temporary arrangement where you either pay rent or provide some other contribution (such as helping care for children or adults in the home)?

Yes No Don't know Refused

13a) If yes, was it in the last 12 months?

Yes No Don't know Refused

14) Outdoors, in an abandoned building, vehicle or some other place you slept for free other than a room, apartment or house?

Yes No Don't know Refused

14a) If yes, was it in the last 12 months?

Yes No Don't know Refused

15) A drug or alcohol treatment facility?

Yes No Don't know Refused

15a) If yes, was it in the last 12 months?

Yes No Don't know Refused

16) An in-patient mental health treatment facility?

Yes No Don't know Refused

16a) If yes, was it in the last 12 months?

Yes No Don't know Refused

17) A temporary stay in a hospital?

Yes No Don't know Refused

17a) If yes, was it in the last 12 months?

Yes No Don't know Refused

Interviewer: Have you ever lived in...? (✓ Correct Response)

18) A residence for people with disabilities

Yes No Don't know Refused

18a) If yes, was it in the last 12 months?

Yes No Don't know Refused

19) A city or county jail?

Yes No Don't know Refused

19a) If yes, was it in the last 12 months?

Yes No Don't know Refused

20) A state or federal prison?

Yes No Don't know Refused

20a) If yes, was it in the last 12 months?

Yes No Don't know Refused

21) A children's home?

Yes No Don't know Refused

21a) If yes, was it in the last 12 months?

Yes No Don't know Refused

22) A juvenile detention center or institution?

Yes No Don't know Refused

22a) If yes, was it in the last 12 months?

Yes No Don't know Refused

23) Are there any other living arrangements you have had in the last 12 months?

Yes No Don't know Refused

23a) If yes, please describe.

II. SUPPORT PROGRAM PARTICIPATION

Interviewer: *The next set of questions focuses on government and private programs that help people secure important things like health care and food. These questions will help us understand who receives services and what kinds of services they receive. (✓ Correct Response)*

24) Do you currently have any kind of health insurance or other medical help (participate in a program that helps pay for your medical care)?

Yes No Don't know Refused

Note: If Answer is No, skip to Question 25.

If yes, is it...

24a) Medicaid?

Yes No Don't know Refused

24b) Medicare?

Yes No Don't know Refused

24c) Private insurance (e.g. through an employer)?

Yes No Don't know Refused

24c-1) If yes, is it provided by ...

Your employer Your spouse's employer Other Specify: _____
 Don't know Refused to answer

NOTE: Skip Questions 25 - 27 if interviewing residents of shelters without children.

25) Do you have children under the age of 18 currently living with you? (✓ Correct Response)

No Yes Ages: _____, _____, _____, _____ Don't know Refused

25a) If yes, do they have health insurance through any of the following?

✓ All that apply : SCHIP Medicaid Private Insurance

26) Do you have other children who are not living with you currently?

No Yes Ages: _____, _____, _____, _____ Don't know Refused

27) Are you and your child/ren enrolled in WIC (Women, Infants and Children Program)?

Yes No Don't know Refused

28) Are you pregnant?

Yes No Don't know Refused

III. INCOME

Interviewer: *The next section asks a few questions about your current income including income from government programs. It will help us understand the effect of homelessness on receiving income benefits from state or federal programs.* (✓ Correct Response)

29) Do you currently receive income through any of the following sources?

29a) Part time job(s)?

Yes No Don't know Refused

29b) Full time job(s)?

Yes No Don't know Refused

29c) TANF (welfare, AFDC)?

Yes No Don't know Refused

29d) Food Stamps (EBT card)?

Yes No Don't know Refused

29e) Social Security Retirement Income?

Yes No Don't know Refused

29f) Supplemental Security Income?

Yes No Don't know Refused

29g) Social Security Disability Income?

Yes No Don't know Refused

29h) Selling Things (such as clothes or blood)?

Yes No Don't know Refused

29i) Providing Services (such as house sitting, braiding hair)?

Yes No Don't know Refused

29j) Child Support Payments

Yes No Don't know Refused

29k) Parent or other relatives

Yes No Don't know Refused

29l) Any other Source

Yes Specify: _____ No Don't know Refused

30) What was your total income (all members in your household) in the last 30 days? *Please include income from jobs, programs we have just discussed, pensions, or other sources.* (Ask for income in the last month. If the respondent struggles—ask for an estimate from jobs, government programs, child support or other sources.)

Total Income _____ Don't know Refused

Interviewer: *Veterans are eligible for particular services and programs...* (✓ Correct Response)

31) Are you a veteran?

Yes No Don't know Refused

Note: If No or Refused, skip to question 34.

If yes, are you currently receiving any of the following veteran or military benefits?

31a) Veteran's Disability Payments

Yes No Don't know Refused

31b) Veteran's Pension

Yes No Don't know Refused

31c) VA Medical Care

Yes No Don't know Refused

31d) Tricare/CHAMPUS

Yes No Don't know Refused

Interviewer: 32) If you are not currently receiving any of these benefits, have you applied for any of these benefits?

32a) Veteran's Disability Payments

- Did not apply
- Applied Approximate date: ____ / ____ / ____
- Applied and been denied

32b) VA Medical Care

- Did not apply
- Applied Approximate date: ____ / ____ / ____
- Applied and been denied

32c) Tricare

- Did not apply
- Applied Approximate date: ____ / ____ / ____
- Applied and been denied

NOTE: The next set of questions are for ALL interviewees.

IV. HEALTH CARE

Interviewer: *In the next section of the interview, I will ask you questions about health care services you may have needed in the last 12 months and whether you have received them. Please answer all of the questions from your experience rather and not any other member of your household.*

NOTE: (Fill in name of the service provider, the service and number of times. You may enter more than one provider if the interviewee had more than one experience in the last 12 months. Please be very specific when identifying the service provider, e.g. rather than "hospital" fill in Sumter County Hospital.)

33) At any time in the last 12 months, did you need emergency health care services? Please choose the response that matches your experience. (✓ Correct Response)

- No, I did not need this service.
- Yes, I needed the service but did not receive it. What did you need? _____
- Yes, I needed the service and received it.

33a) If you received emergency health care services, where did you receive them, what was the service and how many times did you need that service in the past year?

Name of the Place	Service	# of times

34) At any time in the last 12 months, did you need emergency mental health care services?

Please choose the response that matches your experience. (✓ Correct Response)

No, I did not need this service.

Yes, I needed the service but did not receive it. What did you need? _____

Yes, I needed the service and received it.

34a) If you received emergency mental health care services, where did you receive them, what was the service and how many times did you need that service in the past year?

Name of the Place	Service	# of times

35) In the last 12 months, did you need routine medical care (checkups, pap smears, flu treatment)? (✓ Correct Response)

No, I did not need this service.

Yes, I needed the service but did not receive it. What did you need? _____

Yes, I needed the service and received it.

35a) If you received emergency health care services, where did you receive them, what was the service and how many times did you need that service in the past year?

Name of the Place	Service	# of times

36) In the last 12 months did you need follow-up care with a medical specialist like a surgeon, cancer doctor, diabetes doctor, or other? (✓ Correct Response)

No, I did not need this service.

Yes, I needed the service but did not receive it. What did you need? _____

Yes, I needed the service and received it.

36a) If you received follow-up care with a specialist, where did you receive it, what was the service and how many times did you need that service in the past year?

Name of the Place	Service	# of times

37) In the last 12 months, did you need inpatient hospital care (need to spend at least one night in the hospital) for medical care? (✓ Correct Response)

- No, I did not need this service.
- Yes, I needed the service but did not receive it. What did you need? _____
- Yes, I needed the service and received it.

37a) If you received inpatient hospital care, where did you receive it, what was the service and how many times did you receive the service in the past year?

Name of the Place	Service	# of times

38) In the last 12 months did you need mental health care (such as counseling or psychiatric care)? (✓ Correct Response)

- No, I did not need this service.
- Yes, I needed the service but did not receive it. What did you need? _____
- Yes, I needed the service and received it.

38a) If you received mental health treatment, where did you receive it, what was the service and how many times did you receive the service in the past year?

Name of the Place	Service	# of times

39) Do you attend AA or NA meetings regularly? No Yes

If yes, ...

39a) AA NA Both

39b) Number of times a week? _____

40) In the last 12 months, did you need any other treatment for alcohol or other substance use disorder (such as detox, in patient treatment)? (✓ Correct Response)

- No, I did not need this service.
- Yes, I needed the service but did not receive it. What did you need? _____
- Yes, I needed the service and received it.

40a) If you received treatment for a substance use disorder, where did you receive it, what was the type of service, and how many times did you receive the service in the past year?

Name of the Place	Service	# of times

41) In the last 12 months, did you need eye care or vision services like vision screening or glasses?

- No, I did not need this service.
- Yes, I needed the service but did not receive it.
- Yes, I needed the service and received it.

If yes, ...

41a) What was the service? _____

41b) How were the services paid for? (✓ Correct Response)

- My medical coverage paid for the service
- I made arrangements to pay for the service over time
- I paid for the service with my own cash **Go to 41c**
- I did not pay for the service
- Other Specify _____

41c) If paid with cash, can you tell me how much the service cost? \$ _____

42) In the last 12 months, did you need dental care such as treatment for a toothache, dentures or a dental exam?

- No, I did not need this service.
- Yes, I needed the service but did not receive it.
- Yes, I needed the service and received it.

If yes, ...

42a) What was the service? _____

42b) How were the services paid for?

- My medical coverage paid for the service
- I made arrangements to pay for the service over time
- I paid for the service with my own cash **Go to 42c**
- I did not pay for the service
- Other Specify _____

42c) If paid with cash, can you tell me how much the service cost? \$ _____

43) In the last 12 months, did you need any medications or prescriptions?

- No, I did not need this service.
- Yes, I needed prescriptions but did not receive them.
- Yes, I needed the prescriptions and received them.

If you received prescriptions, ...

43a) What were the prescriptions? _____

43b) Where did you get them? (Fill in the name) _____

43c) How were the prescriptions paid for?

- My medical coverage paid for the service
- I made arrangements to pay for the service over time
- I paid for the service with my own cash **Go to 43d**
- I did not pay for the service
- Other Specify _____

43d) If paid with cash, can you tell me how much the service cost? \$ _____

V. EMPLOYMENT

Interviewer: *In the next section of the interview, I will ask you questions about your employment experiences.*

44) Are you currently employed? This includes temporary or self employment. (✓ Correct Response)

- Yes
- No
- Refused

44a) If yes, type of employment?

- Temporary
- Part-time
- Full-time

44b) Are you paid by ...?

- the hour
- Salary
- Commission
- Job
- Refused

44c) How much on average are you paid by the hour?

- Less than \$6
- \$6-\$7.99
- \$8-\$9.99
- Over \$10.00
- Refused

44d) How much do you normally make in a week? \$ _____ **Refused**

45) What kind of work are you currently doing or have you done in the past? (✓ all that apply)

- Not applicable-never worked
- Clerical (includes reception, data entry, or administrative assistant)
- Factory work (includes manufacturing, assembly, and machine operator)
- Food service (includes cook, server and bartender)
- Cashier
- Health Care
- Cleaning (includes housekeeping, janitorial and maintenance)
- Construction
- Child care or teacher's aide
- Other Specify: _____
- Refused

46) How long has it been since you had a job?

- Days
- Weeks
- Months
- Refused

47) What was the reason you left your last job?

- Laid off
- Fired
- Health
- Refused
- Other Specify: _____

48) What do you feel are the biggest problems or barriers to your getting a job now? (✓ All that apply.)

- Housing
- Physical Health
- Mental Health
- Transportation
- Child Care
- Children (health, safety, etc.)
- Job experience or history
- Education
- Employment Opportunities
- Resources needed to work (clothes, equipment, help with resume)
- Personal Reasons Specify: _____
- Disability Specify: _____
- Other Specify: _____
- Don't know **Go to 50**
- Refused **Go to 50**

49) Of these problems or barriers, can you tell me their order of importance? *Please give me the most important reason first.*

1. _____
2. _____
3. _____
4. _____
5. _____

50) Are you currently looking for work?

- Yes No Refused

51) Have you ever attended a program that teaches people how to look for and find a job?

- Yes No Refused

51a) If yes, did it help?

- Yes No Refused

52) Do you own or are you buying a car?

- Yes No Refused

52a) If no, what do you use for transportation?

- Bus system Taxi Pay others to transport Walk Combination
 Other Specify: _____

53) During January have you used or received ...? (Circle a response for each item.)

Interviewer Note: Some of these categories may have already been answered as a "no" in other sections regarding the last 12 months; if so, do not ask them again; skip over.

	Yes	No	Don't Know	Refuse
1. Food Stamps?	1	2	3	4
2. Any kind of medical care?	1	2	3	4
3. Housing Assistance to help you pay rent?	1	2	3	4
4. Training to learn how to do a job?	1	2	3	4
5. Free transportation including bus tokens	1	2	3	4
6. Assistance to help find a job?	1	2	3	4
7. Legal assistance?	1	2	3	4
8. Free or almost free clothing?	1	2	3	4
9. Free or almost free food from food pantries or shelves?	1	2	3	4
10. Free dental care?	1	2	3	4
11. Free medical care?	1	2	3	4
12. Free mental health clinic?	1	2	3	4
13. Community health center or clinic	1	2	3	4
14. Emergency room?	1	2	3	4
15. Veterans benefits?	1	2	3	4
16. Other benefits not mentioned? Specify:	1	2	3	4

54) In the last month, have you had the following ...?

	Yes	No	Don't Know	Refuse
1. Asthma?	1	2	3	4
2. Other chronic lung or respiratory problems?	1	2	3	4
3. Stomach or digestive problems?	1	2	3	4
4. High blood pressure?	1	2	3	4
5. Diabetes?	1	2	3	4
6. Hearth or circulatory problems?	1	2	3	4
7. Problems relating to pregnancy or child birth?	1	2	3	4
8. Mental Health problems?	1	2	3	4
9. Problems of the nervous system other than mental health?	1	2	3	4
10. Problems with teeth or gums?	1	2	3	4
11. Skin ulcers or rashes?	1	2	3	4
12. Broken bones?	1	2	3	4
13. Any other injury? Specify	1	2	3	4

55) During the past week have you used ...? (Circle a response for each item.)

	Yes	No	Don't Know	Refused
1. Cigarettes or other tobacco products?	1	2	3	4
2. Alcohol-beer, wine, or hard liquor?	1	2	3	4
3. Marijuana (reefer, hash, THC, pot)?	1	2	3	4
4. Inhalants (aerosol sprays, glue, amyl nitrite, poppers)?	1	2	3	4
5. Crack Cocaine?	1	2	3	4
6. Other Cocaine?	1	2	3	4
7. Hallucinogens (LSD, PCP, peyote, mescaline, ecstasy)?	1	2	3	4
8. Heroin?	1	2	3	4
9. Methamphetamines?	1	2	3	4
10. Any other drug, which is illegal for you to have?	1	2	3	4

56) In the last twelve months have you had to seek medical help because of an injury or illness resulting from violence?

Yes No Refused

If yes, ...

56a) How many times? _____

56b) Was the violence caused by ...

Some one you know? A stranger? Both? Do not know?

57) Have you ever been physically or sexually attacked or beaten while you did not have a regular place to live?

Yes No Refused

58) Have you had any crimes (something stolen?) committed against you while you did not have a regular place to live?

Yes No Refused

VI. INTERVIEWEE COMMENTS

Interviewer: *Now I would like to give you a chance to share your opinions and experiences with services and programs in your own words.* (Please record as much detail as possible.)

59) What obstacles or problems have you experienced when you tried to receive health or other kinds of services like those we have discussed?

60) What health services would you have used if there were no obstacles or problems to using them?

61) When you received services, how did you know where to go for help?

62) What skills, abilities, strengths or other characteristics do you have that are making it possible for you to cope with homelessness?

63) What skills, abilities, strengths or other characteristics have you seen in others that has helped them cope with homelessness?

VII. BACKGROUND INFORMATION

Interviewer: *We are almost finished with the interview. I have just a few questions about your background to help us better describe the individuals we interviewed.*

64) Where were you born?

State _____ Country _____ Refused

If you were born in SC, ...

65a) In what county were you born? _____ Don't Know Refused

65) What is your date of birth? (mm/dd/yyyy) _____ / _____ / _____

CHILDREN AND YOUTH SECTION *(Individuals twelve to seventeen)*

Note: For individuals ages 12 through 17 (under 18), complete questions 66 through 71. Persons over 18 and older, go to question 73.

66) From the time you were born until now, with whom did you mainly live?

- Biological parent(s)
- Parent and Step-parents
- A blended family with children from other marriages or other relationship
- A foster family
- An adoptive family
- Grandparents or other relatives
- Someone else Explain: _____
- Refused

67) Where do you live now?

- Biological parent(s)
- Parent and Step-parents
- A blended family with children with other unions
- A foster family
- An adoptive family
- Grandparents or other relatives
- Someone else Explain: _____
- Alone/Independently
- Refused

67a) If alone or independently, is it because you ...

Choose to live this way? Were forced out?
 Other Specify: _____ Refused

68) Did you attend school last year?

Yes No Refused

68a) If yes, were you promoted?

Yes No Refused

68b) If no, why not?

Missed too many days

Had failing grades

Other Specify: _____

69) Are you enrolled in school now?

Yes

No

Refused

If yes, ...

69a) Name of School _____

69b) Grade _____

If no, ...

69c) Why not?

Not interested

Expelled

Have to work

Have to get documents (birth certificate, inoculations, etc.)

Other Specify: _____

70) In the past year has anyone helped you with anything you needed? (transportation, work, personal problems)

Yes

No

Refused

If yes, ... (✓ All that apply.)

70a) Was it ...

a friend?

parent?

relative?

social worker?

shelter staff?

teacher?

other? Specify: _____

refuse

71) Do you use/need birth control?

Yes, use/need and get Yes, need but do not get at all or not regularly No Refused

Females only answer question 72. Males go to question 73.

72) Have you ever been pregnant?

Yes

No

Don't know

Refused

If yes, ...

72a) Did you have the baby?

Yes

No

Refused

72b) Is the baby with you now?

Yes No Refused

If no, ...

72c) Did you keep the baby?

Yes No Refused

ALL RESPONDENTS

73) What is your marital status? (Note: "Other" could include marriage-like relationships "common law.")

Single Married Divorced Widowed Refused

Other Specify: _____

74) Is your mate with you at this time?

Yes No Refused

73a) If no, is it because of the shelter/facility's capacity or regulations? (ex: female only, etc.)

Yes No Refused

75) How many children under the age of 18 do you have?

0 1 2 3 or more

Note: If response is 0 (none), go to question 86. If 1 (one) or more, continue.

PARENT SECTION

76) What are your children's ages? _____

77) Do you have children 17 and or younger who are not living with you now?

Yes No Refused

77a) If yes are they ... (Circle a response for each item.)

	Yes	No	Don't Know	Refused
1. With another parent or step-parent of the child?	1	2	3	4
2. With the child's grandparents?	1	2	3	4
3. With some other family member?	1	2	3	4
4. With friends?	1	2	3	4
5. In foster care?	1	2	3	4
6. In adoptive care?	1	2	3	4
7. In shelter or residential care?	1	2	3	4
8. In a juvenile detention center or institution?	1	2	3	4
9. On their own?	1	2	3	4
10. Other. Describe:	1	2	3	4

78) Is there a court order for any of your children to receive child support?

Yes No Don't know Refused

78a) If yes, is the support being provided for all the children who are eligible?

Yes No Don't know Refused

79) Is there a child protection case open for any of your children?

Yes No Don't know Refused

80) How many of your children are here with you?

0 1 2 3 or more

Note: If 0 (none), go to question 86. If 1 (one) or more, continue.

81) Are any of your children age 5 and younger enrolled in a Head Start or early childhood program?

Yes No Don't know Refused

82) Do any of your children living with you here have a chronic or severe physical health problem that interferes with their daily activities?

Yes No Don't know Refused

82a) If yes, what are their ages? _____

83) Do any of your children living with you here have an emotional or behavior problem that interferes with their daily living?

Yes No Don't know Refused

84) During the past 12 months have you been unable to obtain any of the following for any of your children that are with you?

	Yes	No	Don't Know	Refused
Health care?	1	2	3	4
Dental Care?	1	2	3	4
Mental Health Care?	1	2	3	4
Child care?	1	2	3	4
Other. Describe:	1	2	3	4

85) Have any of your children with you here had to skip meals because you did not have enough money to buy food or had no means of getting free food?

Yes No Don't know Refused

To be completed by all respondents.

Note gender of the respondent and ask only if you are not sure.

86) Gender? Female Male

87) How do you primarily identify your racial background?

(NOTE: Other could include mixed race. If the respondent is not sure how to answer—suggest he or she give the same response he provides on other forms.)

- Black or African American
- White
- American Indian or Alaska native
- Asian or Pacific Islander (including native Hawaiian)
- Other. Specify: _____

88) Are you of Hispanic origin or descent?

Yes No Don't know Refused

89) What was the highest grade in school you completed?

1 2 3 4 5 6 7 8 9 10 11 12 College 13 14 15 16+ _____ Refused

89a) For those who did not graduate, did you get a high school equivalency test (GED)?

Yes No Refused

89b) For those who went to college, did you get a degree?

Yes No Refused

90) Are you currently in education or training program?

Yes No Refused

If yes, ...

90a) Regular school Adult education GED Technical school

English as a second language Other Describe: _____

91) How long have you lived in South Carolina?

Less than a year 1 to 5 years over 5 years Don't know

92) Do you think any of the services, programs or benefits we have discussed that you are not currently receiving would be helpful to you?

Yes No Don't know Refused

92a) If yes, which ones? _____

93) Is there anything else you would like to share that would help us understand how to improve services like those we have discussed?

VIII. Closing the Interview

Thank the respondent for their time.
Offer them the incentive and be sure that they initial the acknowledgement form.

Interviewer: ***THANK YOU VERY MUCH FOR TAKING THE TIME TO ANSWER OUR QUESTIONS. THIS INFORMATION WILL HELP US UNDERSTAND OUR HEALTH CARE AND SOCIAL SERVICE SYSTEMS.***

IX. Completing the Interview

As soon after the interview as possible, take a few minutes to review notes for legibility, clarity and completeness and edit as necessary.
Attach the consent form to the back of the survey.