



Pre-Survey – FOR STAFF ONLY

DATE: ___ / ___ / ___

TIME: ___ : ___ AM PM

INTERVIEWER INITIALS: _____

SERVICE PLANNING AREA (SPA) where you are conducting survey: SPA 1 SPA 5

CENSUS SUBTRACT: _____ **SUFFIX:** (LETTER/S) SPA 2 SPA 6

SPA 3 SPA 7
 SPA 4 SPA 8

Service Provider site Survey? No Yes

If service provider site, enter site name above in Census Subtract.

Is the survey being done in person?

Yes No, by telephone

Please fill this section out based on YOUR PERCEPTION of the potential respondent.

Perceived GENDER:

- Man / Boy
- Woman / Girl
- Non-binary
- Can't identify

Perceived AGE:

- Under 18
- 18-24
- 25+
- Can't identify

Perceived RACE / ETHNICITY:

- American Indian / Alaskan Native / Indigenous
- Asian / Asian American
- Black / African American / African
- Hispanic or Latina/e/o
- Middle Eastern or North African
- Native Hawaiian / Other Pacific Islander
- White
- Multiple Races
- Can't identify

Perceived Health Conditions

- Yes Physical health condition
- No Observations Mental illness
- Can't identify Alcohol or substance use

CAN YOU ENGAGE THE RESPONDENT? Yes

No *---> MOVE ON TO NEXT RESPONDENT*

Hi, my name is _____. I'm out here surveying with the Youth Count, which is part of a larger project that helps Los Angeles County gain information to help end youth homelessness. We approach anyone who looks to be aged between 18 and 24 to ask for participation. If you have a few moments, we can see if you are eligible for a short survey.

I'll ask you 5 questions to see if you are eligible and give you a \$7 gift card for your time even if you're not eligible. If you are eligible, you can receive an additional \$7 gift card.

Are you interested?

PROCEED TO SURVEY? No, respondent No, language barrier

Yes, proceed to eligibility

refused

CONTINUE TO CONSENT

MOVE ON TO NEXT RESPONDENT

KEY: Read question text to respondent
Supporting instructions for surveyor(s)

Circle = Select ONE answer option
 Box = Select ALL options that apply

PROMPTS to read out loud.

RULES FOR SURVEY PROGRESSION

Follow-up question



INTRODUCTION & CONSENT

Before we begin, I want to tell you that this interview is completely voluntary and should you refuse, it will NOT result in denial of services. Your answers will be kept confidential and if there are any questions you don't want to answer, just let me know and we'll skip it. I'll be asking a few questions about yourself and your experiences. Hopefully, you'll find the questions interesting & want to give them careful thought.

If you answer the first 5 questions, which takes about 2 minutes, you will receive a \$7 gift card.

If you qualify for the survey, we have a few more questions, which takes an additional 3-8 minutes. You will receive an additional \$7 gift card for your time.

Your responses to any of the survey questions will NOT affect whether you receive the gift card. Please ask me questions at any point, and you can ask to stop at any time.

Do you understand the purpose of the survey & that your answers will be kept confidential? Yes No *---> Please re-read intro & verify refusal*

Great, thank you. The next four questions determine if you will be eligible to take the full survey.

ELIGIBILITY

1. What is your date of birth? { MM / DD / YEAR } ____ / ____ / ____

IF RESPONDENT'S DATE OF BIRTH IS ON OR AFTER 1/22/1999, PLEASE CONTINUE TO THE FOLLOWING PAGE

IF RESPONDENT'S DATE OF BIRTH IS BEFORE 1/22/1999, THEY ARE 25 OR OLDER AND ARE NOT ELIGIBLE

I'm sorry, you are not eligible for our survey. In return for agreeing to screen for our survey, I have a \$7 gift card for you. I need a moment to get the card ready.

---> Go to page 5 to log gift card information

2. Where have you spent MOST of your nights in the last 30 days?

Wait for response, then select choice closest to their answer.

If asked to clarify, ask: "Have you spent more than 2 weeks of the past month in the same place? If so, where was that?"

- | | | |
|---|--|---|
| <input type="radio"/> Your own apartment or home | <input type="radio"/> Street, sidewalk, or alley | <input type="radio"/> Car or truck |
| <input type="radio"/> Emergency shelter | <input type="radio"/> Campground or woods | <input type="radio"/> Van or SUV |
| <input type="radio"/> Apartment or home of a relative or friend | <input type="radio"/> Park, beach, or riverbed | <input type="radio"/> RV or camper |
| <input type="radio"/> Apartment or home of a stranger | <input type="radio"/> Under bridge or overpass | <input type="radio"/> Parking structure |
| <input type="radio"/> Foster care, group home, SILP, STRTP | <input type="radio"/> Parking lot (surface) | <input type="radio"/> On a bus or train |
| <input type="radio"/> Hospital, substance abuse or psychiatric facility | <input type="radio"/> Abandoned building | <input type="radio"/> Bus or Train stop/station |
| <input type="radio"/> Hotel or motel | <input type="radio"/> Unconverted garage, attic, basement | <input type="radio"/> Airport |
| <input type="radio"/> Jail or prison | <input type="radio"/> Makeshift Shelter | <input type="radio"/> Workplace |
| <input type="radio"/> Safe Haven | <input type="radio"/> Tent | |
| <input type="radio"/> Transitional housing | <input type="radio"/> Other outdoor location | <input type="radio"/> Don't know |
| <input type="radio"/> Youth shelter | <input type="radio"/> Other place not meant for human habitation | <input type="radio"/> Declined |
| <input type="radio"/> Assisted living or Board & Care facility | | |

3. You told me where you had spent the most nights in the past 30 days. Where did you spend last night?

Wait for response, then select the choice closest to their answer.

- | | | |
|---|--|---|
| <input type="radio"/> Your own apartment or home | <input type="radio"/> Street, sidewalk, or alley | <input type="radio"/> Car or truck |
| <input type="radio"/> Emergency shelter | <input type="radio"/> Campground or woods | <input type="radio"/> Van or SUV |
| <input type="radio"/> Apartment or home of a relative or friend | <input type="radio"/> Park, beach, or riverbed | <input type="radio"/> RV or camper |
| <input type="radio"/> Apartment or home of a stranger | <input type="radio"/> Under bridge or overpass | <input type="radio"/> Parking structure |
| <input type="radio"/> Foster care, group home, SILP, STRTP | <input type="radio"/> Parking lot (surface) | <input type="radio"/> On a bus or train |
| <input type="radio"/> Hospital, substance abuse or psychiatric facility | <input type="radio"/> Abandoned building | <input type="radio"/> Bus or Train stop/station |
| <input type="radio"/> Hotel or motel | <input type="radio"/> Unconverted garage, attic, basement | <input type="radio"/> Airport |
| <input type="radio"/> Jail or prison | <input type="radio"/> Makeshift Shelter | <input type="radio"/> Workplace |
| <input type="radio"/> Safe Haven | <input type="radio"/> Tent | |
| <input type="radio"/> Transitional housing | <input type="radio"/> Other outdoor location | <input type="radio"/> Don't know |
| <input type="radio"/> Youth shelter | <input type="radio"/> Other place not meant for human habitation | <input type="radio"/> Declined |
| <input type="radio"/> Assisted living or Board & Care facility | | |

4. Have you already completed this survey in the past week? Yes No Don't know Declined

5. What are the initials of your FIRST and LAST name? { First Last } _____

IF EITHER QUESTION #2 OR #3 = UNSHELTERED (BLACK TEXT OPTIONS IN 2ND & 3RD COLUMNS), THEY ARE ELIGIBLE. PLEASE CONTINUE TO NEXT PAGE

IF BOTH QUESTION #2 AND QUESTION #3 = SHELTERED (1ST COLUMN AND RED TEXT)

I'm sorry, you are not eligible for our survey. In return for agreeing to screen for our survey, I have a \$7 gift card for you. I need a moment to get the card ready.

---> Go to page 5 to log gift card information

Thank you, you are eligible to receive \$14 in gift cards. I have a few more questions...
As a reminder, your answers will be kept confidential.

INDIVIDUAL DEMOGRAPHICS

6. What gender or genders do you identify with?

*Wait for response and choose ALL applicable answers.
 Read each category if response given is not listed.*

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Man (boy, if child) | <input type="checkbox"/> Non-Binary | <input type="checkbox"/> Questioning |
| <input type="checkbox"/> Woman (girl, if child) | <input type="checkbox"/> Different Identity | <input type="radio"/> Don't know |
| <input type="checkbox"/> Culturally Specific Identity (e.g. Two-Spirit) | | <input type="radio"/> Declined |

7. Do you identify as transgender?

- | | | |
|---------------------------|--------------------------|----------------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| | | <input type="radio"/> Declined |

8. Which best represents your sexual orientation?

- | | | |
|--------------------------------|--|----------------------------------|
| <input type="radio"/> Gay | <input type="radio"/> Bisexual | <input type="radio"/> Don't know |
| <input type="radio"/> Straight | <input type="radio"/> Unsure / Questioning | <input type="radio"/> Declined |
| <input type="radio"/> Lesbian | <input type="radio"/> Other, specify _____ | |

9. What races AND/OR ethnicities do you identify with?

Wait for response & choose ALL that apply. IF response isn't listed, mark "Other race" & specify.

- American Indian, Alaska Native, or Indigenous
 - American Indian
 - Alaska Native
 - Indigenous
- Asian or Asian American

<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean
<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Japanese	<input type="checkbox"/> Filipino
<input type="checkbox"/> Other Asian, specify: _____	
- Black, African American, or African

<input type="checkbox"/> African American	<input type="checkbox"/> African
<input type="checkbox"/> Black – Not African	

- Hispanic/Latina/e/o
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
 - Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
 - Other Pacific Islander, specify: _____
- White
- Other race, specify: _____
- Don't know
- Declined

Before continuing to other questions, ask:

Are there any other races or ethnicities with which you identify?

Use same response area as above, mark any additional responses. Offer to read list of responses if needed.

If respondent identifies as American Indian, Alaska Native, and/or Indigenous,

As an American Indian, Alaska Native, or Indigenous person, do you have a tribal affiliation?

- | | |
|--|----------------------------------|
| <input type="radio"/> Yes, specify _____ | <input type="radio"/> Don't know |
| <input type="radio"/> No | <input type="radio"/> Declined |

If respondent identifies as Hispanic/Latina/e/o

As an Hispanic/Latina/e/o person, what is your ethnic or cultural background?

- | | | |
|--|--|---|
| <input type="checkbox"/> Central American | <input type="checkbox"/> Honduran | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> South American |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Mexican | <input type="checkbox"/> Spanish (from Spain) |
| <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Mexican American or Chicano | <input type="radio"/> Don't know |
| <input type="checkbox"/> Other Hispanic/Latinx origin: _____ | | <input type="radio"/> Declined |

Now I'm going to ask you some questions about your current living situation, specifically if you have family members living with you. Please remember, all your answers are confidential. Your responses will never be used to report, locate or incriminate you or anyone else.

HOUSEHOLD

10. Do you live with a spouse or partner? No Don't know
If "Yes", ask for spouse/partner's age → Yes, their age: _____ Declined

11. Do you (or your spouse/partner) have any children under 18 currently living with you in your household? No --- → END Don't know
 Yes Declined

IF QUESTION #11 = YES – CONTINUE TO QUESTION #12.

OTHERWISE → END

12. How many children under 18 are currently living with you in your household?
IF respondent lives alone, enter 0 (zero) in blank. # children under 18 = _____

Thank you so much for taking time to complete this survey. We appreciate your willingness to share information about yourself and your experiences; it helps us better understand and address homelessness. I have gift cards for you -- I need a moment to get them ready for you.

Was the respondent eligible? No --- → GIVE THEM ONE \$7 GIFT CARD
 Yes

Did the respondent have any children under 18 living with them?
 No --- → GIVE THEM TWO \$7 GIFT CARDS
 Yes --- → GIVE THEM THREE \$7 GIFT CARDS

GIFT CARD INCENTIVE

Please enter the last 6 digits of the gift card: _____

If you provided a 2nd gift card, please enter the last 6 digits of 2nd gift card here: _____

If you provided a 3rd gift card, please enter the last 6 digits of 3rd gift card here: _____

SURVEY COMPLETE. You have completed the survey. Thank you!

END