

# 2019 Alameda County Housing Survey

Interview Date: \_\_\_\_\_ Neighborhood or City: \_\_\_\_\_

Refusals: \_\_\_\_\_ (tally)  
 Interviewer's Name: \_\_\_\_\_  
 Site: \_\_\_\_\_

Shade Circles Like This--> ●  
 Not Like This--> ⊗

## Section A: Demographics

- What are your initials?      
 First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_
- What is your birth date?    
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- Which of the following best represents how you think of your gender?  
 Male  Female  
 Transgender male  Transgender female  
 Gender non-conforming  Refuse
- Are you Hispanic or Latino?  
 Yes  No  Don't know  Refuse
- Which racial group do you identify with most? (Shade all that apply)  
 White  Black or African American  Asian  
 American Indian or Alaska Native  Other  
 Native Hawaiian or Pacific Islander  Refuse
- Do you consider yourself...?  
 Straight  Lesbian  Bisexual  Gay  
 Queer  Other: \_\_\_\_\_  Refuse
- Are you currently pregnant?  
 Yes  No  Don't know  Refuse
- Have you ever been in foster care?  
 Yes  No  Don't know  Refuse
- Are you currently enrolled in school?  
 Yes  No  Refuse

## Section B: Veteran Status

- Have you served in the U.S. Armed Forces? (Army, Navy, Air Force, Marine Corps, or Coast Guard)  
 Yes  No  Don't know  Refuse
- Were you ever called into active duty as a member of the National Guard or as a Reservist?  
 Yes  No  Don't know  Refuse
- Have you ever received health care or benefits from a VA (Veterans Administration) center?  
 Yes  No  Don't know  Refuse
- Is anyone else in your household a Veteran?  
 Yes  No  Don't know  Refuse

## Section C: Accommodation

- Where were you staying on the night of Tuesday, January 29th? (Shade 1)  
 Backyard or storage structure  
 Motel/hotel  
 A place in a house not normally used for sleeping  
 Emergency shelter  
 Transitional housing (Skip to question 2)  
 Public facility (train station, transit center, bus depot) (kitchen, foyer, hallway) or unconverted garage  
 Outdoors/streets/parks  
 Van     C6  
 Automobile/car  
 Camper/RV  
 Abandoned building/squat  
 Tent  
 Encampment  
 Other: \_\_\_\_\_
- 1a. How many people, including yourself, usually stay inside your tent, car, van, or RV/camper?  
 # people \_\_\_\_\_
- Is this the first time you have been homeless?  
 Yes  No  Refuse
- How long have you been homeless this current time? (Shade 1)  
 7 days or less  4-6 months  More than 1 year  
 8-30 days  7-11 months  Refuse  
 1-3 months  1 year
- How many different times have you been homeless in the past 3 years, including this current time? (Shade 1)  
 1 time  3 times  5 times  
 2 times  4 times  6 or more times  
 Refuse
- Have you been living in an emergency shelter and/or on the streets (including bus stations, underpasses, encampments, abandoned buildings, etc.) for the past year (12 months) or more?  
 Yes  No  Refuse
- In addition to right now, how long would you say you have stayed in these kinds of places (total) in the past 3 years?  
 Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months \_\_\_\_\_ Years \_\_\_\_\_
- How old were you the first time you experienced homelessness?  
 0-17 years  25-39 years  50-64 years  
 18-24 years  40-49 years  65 or older  
 Refuse

## Section D: Household Members

- How many people are in your household, including yourself?   D1
  - Do you have any children under age 18?  Yes  No  Don't know  Refuse
  - Are any of your children under 18 currently living with you?  All  Some  None  Don't know  Refuse
  - Do you live alone or with other household members?  
 With other household members  
 Alone ==> Please skip to Section E
- I am going to ask you a few questions about the people in your household that were staying with you on Tuesday, January 29th. I'll ask about each person, one at a time. In order for us to keep track of who we are talking about I am going to ask you for the first and last initial of each person.

What are their initials?	(A) F ___ L ___	(B) F ___ L ___	(C) F ___ L ___	(D) F ___ L ___	(E) F ___ L ___	(F) F ___ L ___
<b>5. How are they related to you?</b>						
Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-married partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other non-family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>6. How old are they?</b>						
Under 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 - 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 or older	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>7. How do they identify their gender?</b>						
Male	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transgender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender Non-Conforming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>8. Are they Hispanic or Latino?</b>						
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>9. Which racial group do they identify with most? (Shade all that apply)</b>						
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**Section E: Residency**

- 1. Immediately before you became homeless, what type of place were you living in? (Shade 1)**  
 A home owned or rented by you or your partner  Juvenile justice facility  Motel/hotel  
 A home owned or rented by friends/relatives  Foster care placement  Other: \_\_\_\_\_  
 Hospital or treatment facility  Jail or prison  Refuse  
 Subsidized housing or permanent supportive housing
- 2. At the time you most recently became homeless, what county were you living in? (Shade 1)**  
 Alameda County  Santa Clara County  Other County in CA  
 San Francisco  San Mateo County  Out of State  
 Marin County  Contra Costa County  Refuse
- 3. How long have you lived in Alameda County? (Shade 1)**  
 Less than 6 months  6 months to 1 year  1-4 years  5-9 years  10+ years  Refuse
- 4. Which city in Alameda County do you consider your home? (Shade 1)**  
 Albany  Berkeley  City of Alameda  Dublin  Emeryville  Refuse  
 Fremont  Hayward  Livermore  Newark  Oakland  None/Other  
 Piedmont  Pleasanton  San Leandro  Union City  Unincorporated area
- 5. What is the primary reason you stay in this location? (Shade 1)**  
 I grew up here/it's my home  Shelter/housing program  
 For a job/seeking work  Access homeless services and/or benefits  
 Family/friends are here  Access to VA services or clinic  
 LGBTQ community/acceptance  Other: \_\_\_\_\_  
 Feel safe here

**Section F: Prevention**

- 1. What do you think is the primary event or condition that led to your homelessness? (Shade 1)**  
 Aging out of foster care  Eviction/Foreclosure  Argument with family/friend/roommate  
 Incarceration  Family or friends couldn't afford  Death of a parent/spouse/child  
 Mental health issues  Job loss  Divorce/Separation/Break-up  
 Physical health issues  Rent increase  Family/Domestic Violence  
 Substance use issues  Other money issues  Other: \_\_\_\_\_  
 Don't know
- 2. What could have prevented you from experiencing homelessness? (Shade all that apply)**  
 Mental health services  Conflict resolution with roommate  Benefits/income  
 Employment assistance  Adequate retirement income  Mortgage assistance  
 Transportation assistance  Help paying health care bills/insurance  Child support  
 Alcohol/drug counseling  Legal assistance  Other: \_\_\_\_\_  
 Rent assistance  Help obtaining resources after leaving  Refuse  
 Family counseling  hospital/jail/prison/juvenile justice facility  Don't know  
 Food assistance  Landlord mediation
- 3. If you could get into any kind of housing right now, what kind would you like best? (Shade 1)**  
 Assisted living (24-hour care)  Other: \_\_\_\_\_  
 Clean and sober housing  Not interested in housing now  
 Housing with support services  Refuse  
 Independent, affordable rental housing

**Section G: Criminal Justice**

- 1. Are you currently on probation?**  
 Yes  No  Don't know  Refuse
- 2. Are you currently on parole?**  
 Yes  No  Don't know  Refuse

**Section H: Health and Housing**

- 1. Do you experience any of the following:**

<b>a.</b> Any chronic health problem or medical condition(diabetes, cancer)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refuse	<b>2. Does it keep you from holding a job, living in stable housing or taking care of yourself?</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refuse
<b>b.</b> Post-Traumatic Stress Disorder (PTSD)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refuse	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refuse	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refuse
<b>c.</b> Any psychiatric or emotional conditions (depression, schizophrenia)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refuse	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refuse	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refuse
<b>d.</b> A physical disability (including vision or hearing loss)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refuse	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refuse	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refuse
<b>e.</b> A traumatic brain injury to your brain from a bump, blow or wound to the head?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refuse	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refuse	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refuse
<b>f.</b> Drug or alcohol abuse (including prescription drugs not prescribed for you)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refuse	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refuse	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refuse
<b>g.</b> An AIDS or an HIV related illness?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refuse	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refuse	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refuse

- 3. If you live with a spouse, a significant other or parent, do any of the following conditions prevent them from maintaining work or housing? (Shade all that apply)**  
 Not Applicable  Psychiatric or emotional condition  HIV/AIDS  Other: \_\_\_\_\_  
 Chronic health problem  Drug or alcohol abuse  PTSD  Refuse  
 Physical disability  Traumatic brain injury
- 4. Are you currently experiencing home/domestic violence or abuse? (Including physical, emotional, or sexual abuse)**  
 Yes  No  Refuse
- 5. Have you ever been physically, emotionally, or sexually abused by a relative, or another person you have stayed with (spouse, partner, sibling, parent, roommate)?**  
 Yes  No  Refuse

**Section I: Services and Assistance**

- 1. If new money came into Alameda County to end homelessness, how should it be spent? (Choose top 3)**  
 24/7 Basic sanitation (toilets, showers, garbage)  Employment training and job opportunities  Affordable rental housing for very low income  
 Permanent help with rent/subsidy  Assisted living/24-hour care  
 Daytime drop-in centers  Short-term financial assistance (back rent, credit repair, unpaid bills, obtaining ID, etc.)  Domestic violence shelters and housing  
 Emergency shelter  Safe parking for persons living in vehicles  Short-term help with rent  Housing with supportive services  
 Family reunification  Substance use and/or mental health services  Shared housing  
 Other: \_\_\_\_\_
- 2. What prevents you from using shelter services? (Shade all that apply)**  
 Bugs  Don't accept my pet  Nowhere to store my stuff  
 Can't stay with my friends  Far away  They are full  
 Can't stay with my partner/family  Germs  Too crowded  
 Concerns for personal safety (violence, sexual assault)  Hours of operation  Too many rules  
 Curfews  Lack of privacy  Refuse  
 Don't accept my gender or sexual orientation  Not enough staff

**Section J: Coordinated Entry**

- 1. Have you used Coordinated Entry? For example, have you been told to call 211, talk to an outreach worker, or visited a Hub/Housing Resource Center to access housing or services?**  
 Yes  No  Don't know  Refuse

