

2022 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 _____
- What gender do you identify with? (Shade all that apply)
 Male Female Transgender
 A gender not singularly female or male *
 Questioning Don't know Refuse
- What ethnicity do you identify with?
 Hispanic/Latin(a)(o)(x) Non-Hispanic/Latin(a)(o)(x)
 Don't know Refuse
- What race or races do you identify with? (Shade all that apply)
 White Black, African American, or African
 Asian or Asian American
 American Indian, Alaska Native, or Indigenous
 Native Hawaiian or Pacific Islander
 Don't know 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
- Do you have a pet (currently living with you)?
 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
- Is anyone else in your household a Veteran?
 Yes No Don't know Refuse

* (e.g., non-binary, gender fluid, agender, culturally specific gender)

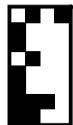
Section C: Accommodation

- Where were you staying on the morning of Tuesday, January 25th? (Shade 1)
 Backyard or storage structure
 Motel/hotel paid for by a voucher/agency
 A place in a house not normally used for sleeping (kitchen, foyer, hallway) or unconverted garage
 Emergency shelter
 Transitional housing (Skip to question 2)
 Public facility (train station, transit center, bus depot)
 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 25th. 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 ___
5. How are they related to you?						
Child	<input type="radio"/>					
Spouse	<input type="radio"/>					
Non-married partner	<input type="radio"/>					
Other family member	<input type="radio"/>					
Other non-family member	<input type="radio"/>					
6. How old are they?						
Under 18	<input type="radio"/>					
18 - 24	<input type="radio"/>					
25 or older	<input type="radio"/>					
7. What gender do they identify with? (Shade all that apply)						
Male	<input type="checkbox"/>					
Female	<input type="checkbox"/>					
A gender not singularly female or male*	<input type="checkbox"/>					
Transgender	<input type="checkbox"/>					
Questioning	<input type="checkbox"/>					
Don't know	<input type="checkbox"/>					
8. What ethnicity do they identify with?						
Hispanic/Latin(a)(o)(x)	<input type="radio"/>					
Non-Hispanic/Latin(a)(o)(x)	<input type="radio"/>					
Don't know	<input type="radio"/>					
9. What race or races do they identify with? (Shade all that apply)						
White	<input type="checkbox"/>					
Black, African American, or African	<input type="checkbox"/>					
Asian or Asian American	<input type="checkbox"/>					
American Indian, Alaska Native, or Indigenous	<input type="checkbox"/>					
Native Hawaiian or Pacific Islander	<input type="checkbox"/>					
Don't know	<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
A home owned or rented by friends/relatives
Hospital or treatment facility
Subsidized housing or permanent supportive housing
Juvenile justice facility
Foster care placement
Jail or prison
Motel/hotel
Other:
Refuse
2. At the time you most recently became homeless, what county were you living in? (Shade 1)
Alameda County
San Francisco
Marin County
Santa Clara County
San Mateo County
Contra Costa County
Other County in CA
Out of State
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 were you living in when you went homeless? (Shade 1)
Albany
Fremont
Piedmont
Berkeley
Hayward
Pleasanton
Alameda City
Livermore
San Leandro
Dublin
Newark
Union City
Emeryville
Oakland
Unincorporated area
Refuse
None/Other

Section F: Prevention

- 1. What is the primary event or events that led to you currently being homeless? (Shade all that apply)
Eviction/Foreclosure/Rent increase
Family or friends couldn't let me stay or argument with family/friend/roommate
Family/domestic violence
Divorce/Separation/Break-up
Death of someone close to me
Job loss
Other money issues including medical bills, etc.
Loss of subsidy or other housing financial support
COVID-19 related issue
Racial bias/racism
Aging out of foster care
Incarceration
Mental health needs
Substance use
Physical health needs
Stopped using supports and services
Other:
Don't know

- 2. Was the primary cause of homelessness (identified in the prior question) related to the COVID-19 pandemic or a California Wildfire? (Shade 1)
COVID-19
CA Wildfire
Neither
Refuse

- 3. What could have prevented you from experiencing homelessness? (Shade all that apply)
Mental health services
Employment assistance
Transportation assistance
Alcohol/drug counseling
Rent assistance
Family counseling
Food assistance
Conflict resolution with roommate
Adequate retirement income
Help paying health care bills/insurance
Legal assistance
Help obtaining resources after leaving hospital/jail/prison/juvenile justice facility
Landlord mediation
Benefits/income
Mortgage assistance
Child support
Other:
Refuse
Don't know

Section G: Income and Employment

- 1. What is your current employment status?
Not employed - Looking for work
Not employed - Unable to work
Not employed - Not looking for work
Employed full time
Employed part time
Employed seasonal
2. If you are not employed, what is keeping you from employment? (Shade all that apply)
Age
Disability
Criminal record
Mental health needs
No transportation
Fear of losing personal belongings
Childcare needs
No access to technology
Alcohol/drug use
Need education/training /skill development
No permanent address
No available work/jobs
No work permit
Need clothing/shower facilities
No photo ID/Social Security card
Lack of confidence
Pet care
COVID-19 issues (safety, fear, caregiving, etc.)
Risk of losing benefits if working too much.
Don't want to work
Other:

Section H: Health and Housing

- 1. Have you received a COVID-19 vaccine? Yes No Don't know Refuse
2. Do you experience any of the following:
a. Any chronic health problem or medical condition(diabetes, cancer)
b. Post-Traumatic Stress Disorder (PTSD)
c. Any psychiatric or emotional conditions (depression, schizophrenia)
d. A physical disability (including vision or hearing loss)
e. A traumatic brain injury to your brain from a bump, blow or wound to the head?
f. Drug or alcohol abuse (including prescription drugs not prescribed for you)
g. An AIDS or an HIV related illness?
h. A developmental disability?
3. Does it keep you from holding a job, living in stable housing or taking care of yourself?
Yes No Refuse

- 4. 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
Chronic health problem
Physical disability
Psychiatric or emotional condition
Drug or alcohol abuse
Traumatic brain injury
HIV/AIDS
PTSD
Other:
Refuse
5. Are you currently being abused or hurt by someone you know? That includes being kicked, hit, shoved, or beat up, threatened with a knife or gun, forced to have sex or being stalked.
Yes No Refuse
6. Were you ever, either as a child or adult, abused or hurt by someone you knew? That includes being kicked, hit, shoved, or beat up, or threatened with a knife or gun, or forced to have sex.
Yes No Refuse

Section I: Criminal Justice

- 1. Have you had interactions with the criminal justice system in the past year including probation, parole, court appearances, arrests, tickets, etc.?
Yes No Don't know Refuse

Section J: Services and Assistance

- 1. Are you currently receiving (or have you received in the last year) any of the following forms of income or benefits? (Shade all that apply)
Full time earned income/paycheck
Part time earned income/paycheck
COVID-19 related assistance including increased unemployment insurance, stimulus checks or rental assistance
General Assistance (GA)
CalWORKs/TANF
Food Stamps/SNAP/WIC/CalFresh
Social Security
SSI/SSDI/Disability
Medi-Cal/Medicare
Child support
Pension/retirement
Any VA Disability Compensation
Other Veterans benefits (GI, Health)
Not receiving any type of income or benefits currently/in last year
Don't know/Not sure if I received any income or benefits
Refuse
2. What barriers, if any, prevent you for using shelter services? (Shade all that apply)
Bugs
Can't stay with my friends
Can't stay with my partner/family
Concerns for personal safety (violence, sexual assault)
Curfews
Don't accept my gender or sexual orientation
Don't know what shelter services are available
Don't accept my pet
Far away
Germs
Hours of operation
Lack of privacy
Not enough staff
Can't use alcohol/drugs
Nowhere to store my stuff
They are full
Too crowded
Too many rules
Refuse
Racially unwelcome



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