### Section C: Accommodation

1. Where were you staying on the morning of Tuesday, January 25th? (Shade 1)
   - Backyard or storage structure
   - Mobile/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
   - Public facility (train station, transit center, bus depot, jail)
   - Outdoor, streets/parks
   - Van
   - Automobile/car
   - Camper/RV
   - Abandoned building/squat
   - Tent
   - Encampment
   - Other:

2. Are any of your children under 18 currently living with you? (Shade 1)
   - Yes
   - No
   - Refuse
   - Don't know

3. How many people in your household, including yourself? # people

4. How are they related to you? (Shade all that apply)
   - Child
   - Spouse
   - Non-married partner
   - Other family member
   - Other non-family member

5. What age are they? (Shade 1)
   - Under 18
   - 18-24
   - 25 or older

6. Are you currently pregnant? (Shade 1)
   - Yes
   - No
   - Refuse
   - Don't know

7. What race or races do you identify with? (Shade all that apply)
   - White
   - Black, African American, or African American
   - Hispanic/Latin(a)(o)(x)
   - Asian or Asian American
   - American Indian, Alaska Native, or Indigenous
   - Native Hawaiian or Pacific Islander
   - Don't know

8. What ethnicity do you identify with? (Shade all that apply)
   - Hispanic/Latin(a)(o)(x)
   - Non-Hispanic/Latin(a)(o)(x)
   - Other non-family member
   - Don't know

9. What gender do you identify with? (Shade all that apply)
   - Male
   - Female
   - Other:

### Section D: Household Members

1. How many people are in your household, including yourself?

2. Do you have any children under age 18? (Shade 1)
   - Yes
   - No
   - Don't know
   - Refuse

3. Are any of your children under age 18 currently living with you? (Shade 1)
   - All
   - Some
   - None
   - Don't know
   - Refuse

4. Are you living alone or with other household members? (Shade 1)
   - Alone (Please skip to Section E)
   - No
   - Refuse
   - Don't know

5. How long have you been homeless this current time? (Shade 1)
   - 1 time
   - 2 times
   - 3 times
   - 4 times
   - 5 times
   - 6 or more times
   - Refuse

6. In addition to right now, how long would you say you have stayed in these kinds of places (total) in the past 3 years? (Shade 1)
   - Days
   - Weeks
   - Months
   - Years

7. How old were you the first time you experienced homelessness? (Shade 1)
   - 0-7 years
   - 8-17 years
   - 18-24 years
   - 25-39 years
   - 40-49 years
   - 50-64 years
   - 65 or older
   - Refuse

8. How are they related to you? (Shade all that apply)
   - Child
   - Spouse
   - Non-married partner
   - Other family member
   - Other non-family member
   - Don't know

9. 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
**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

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
   - Contra Costa County
   - Marin County
   - Other County in CA
   - Oakland

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
   - Emeryville
   - Oakland
   - Pleasanton
   - Piedmont
   - San Leandro
   - Newark
   - Livermore
   - Other: __________
   - Refuse

5. What is your current employment status? (Shade all that apply)
   - Not employed - Looking for work
   - Employed part time
   - Employed full time

6. If you are not employed, what is keeping you from employment? (Shade all that apply)
   - Illness or injury
   - Need childcare
d

**Section F: Prevention**

1. Was the primary cause of homelessness (identified in the prior question) related to the COVID-19 pandemic or a California Wildfire? (Shade 1)
   - Yes
   - No
   - Refuse

2. What barriers, if any, prevent you from using shelter services? (Shade all that apply)
   - Need clothing/shower facilities
   - Criminal record
   - Germs
   - Hours of operation
   - Fear of losing personal belongings
   - Don’t accept my gender or sexual orientation
   - Don’t accept my pet
   - Racially unwelcome
   - Too crowded
   - Too many rules

**Section G: Income and Employment**

1. What is your current employment status? (Shade all that apply)
   - Not employed
   - Employed part time
   - Employed full time

2. If you are not employed, what is keeping you from employment? (Shade all that apply)
   - Illness or injury
   - Need childcare
   - No job
   - Need clothing/shower facilities
   - No access to technology
   - No photo ID/Social Security card
   - Disability
   - Alcohol/drug use
   - Lack of confidence
   - Need education/training
   - No permanent address
   - Mental health needs
   - No transportation

3. What could have prevented you from experiencing homelessness? (Shade all that apply)
   - Loss of subsidy or other housing financial support
   - Physical health needs
   - Traumatic brain injury
   - Physical disability
   - A developmental disability
   - A physical disability (including vision or hearing loss)
   - PTSD
   - Any psychiatric or emotional conditions (depression, schizophrenia)
   - Any chronic health problem or medical condition (diabetes, cancer).
   - Substance use
   - Not Applicable

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)
   - Substance use
   - Mental health needs
   - Physical disability
   - PTSD
   - HIV/AIDS
   - Other: __________

**Section H: Health and Housing**

1. Have you received a COVID-19 vaccine? (Shade)
   - Yes
   - No
   - Don’t know

2. Do you experience any of the following:
   - Loss of subsidy or other housing financial support
   - Being homeless?
   - Family/domestic violence
   - Divorce/Separation/Break-up
   - Need clothing/shower facilities
   - Need education/training

3. Does it keep you from holding a job or living in stable housing or taking care of yourself? (Shade)
   - Yes
   - No
   - Refuse

4. What barriers, if any, prevent you from using shelter services? (Shade all that apply)
   - Need clothing/shower facilities
   - Criminal record
   - Germs
   - Hours of operation
   - Fear of losing personal belongings
   - Don’t accept my gender or sexual orientation
   - Don’t know what shelter services are available

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, 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.? (Shade all that apply)
   - 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
   - Social Security
   - Child support
   - Employment assistance
   - Legal assistance
   - Mental health services
   - Employment assistance
   - Transportation assistance
   - Alcohol/drug counseling
   - Rent assistance
   - Family counseling
   - Food assistance
   - Landlord mediation
   - Benefits/income
   - Mortgage support
   - Other: __________
   - Refuse
   - Help paying health care bills/insurance
   - Refuse
   - Stopped using supports and services
   - Refuse
   - Job loss
   - Other: __________
   - Refuse
   - Don’t accept my gender or sexual orientation
   - Don’t accept my pet
   - Racially unwelcome
   - Too crowded
   - Too many rules
   - Refuse
   - Not enough staff
   - Refuse
   - Not employed - Looking for work
   - Employed part time