Deployment

2019 King County Youth and Young Adult Housing Survey

Location

Refuse

Neighborhood or City: _____ **Interview Date:** _____

Interview Location: _____ Source: ○ Street ○ Survey Site

Interviewer Name: _____

Shade Circles Like This--> ●

Not Like This--> ⊗ ✓

Demographics

1. What are your initials?

First _____ Middle _____ Last _____

2. What is your birth date?

Month _____ Day _____ Year _____

3. Which of the following best represents how you think of your gender? (shade all that apply)

☐ Male ☐ Female ☐ Transgender
☐ Don't identify as male, female, or transgender
☐ Agender ☐ Gender non-conforming ☐ Gender-queer
☐ Non-binary ☐ Other not listed ☐ Refused

4. Are you Hispanic/Latino?

○ Yes ○ No ○ Don't know/refused

5. Which racial group do you identify with most? (Shade all that apply)

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Pacific Islander
☐ White

6. Which of the following best represents how you think of your sexual orientation? (shade all that apply)

☐ Bisexual ☐ Straight
☐ Lesbian or Gay ☐ Other: _____
☐ Pansexual ☐ I don't know/questioning
☐ Queer ☐ Refused

7. Are you currently pregnant, or is your partner or spouse currently pregnant?

○ Yes ○ No ○ Don't know

8. Have you ever been in foster care?

○ Yes ○ No ○ Don't know

9. Have you served in the U.S. Armed Forces? (Army, Navy, Air Force, Marine Corps, or Coast Guard)

○ Yes ○ No ○ Don't know

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Housing

10. Where will you stay tonight? (Shade 1)

○ Your home/apartment ○ A friend's home/apartment
○ Drug/alcohol treatment/detox center ○ Hospital
○ Jail/juvenile detention/prison ○ Foster care placement
○ Couchsurfing ==> Please skip to Q16

○ Motel/hotel ○ Camper/RV
○ Emergency shelter ○ Van
○ Transitional housing ○ Automobile/car
○ Public facility ○ Backyard or storage structure
○ Outdoors/streets/parks ○ Other: _____
○ Tent ○ Don't know
○ Authorized encampment/Village

11. Is this the first time that you have been living on the streets,or in a vehicle, tent, shelter, or transitional housing program?

○ Yes ○ No ○ Don't know ○ Does not apply to me

12. Including this time, how many separate times have you been living on the streets, or in a vehicle, a tent, or a shelter in the past THREE years, that is, since January 2015? Was it 4 or more times, or less than 4 times?

○ Less than 4 times ○ 4 or more times ○ Don't know

13. If you add up all the times you have been living on the streets, or in a vehicle, tent, or shelter in the last 3 years, about how long have you been staying in these types of places in total? Your best guess is fine.

Days_____ Weeks _____ Months_____ Years_____

○ Don't know

14. How old were you the first time you stayed in these types of places?

○ 0-17 years ○ 18-24 years

15. Do you live alone?

○ No ○ Yes ==> Please skip to Q17

16. Who will you be staying with tonight? (shade all that apply and write how many)

	How many people? (ex. 2 parents)
○ Parent or legal guardian(s)	
○ Other adult family member(s)	
○ Sibling(s) under the age of 18	
○ My own child(ren) under 18	
○ Friends	
○ Roomates	
○ Other: _____	

17. Can you live where you are staying tonight for the next month?

○ No ○ Don't know ○ Yes ==> Please skip to Q19

18. How long have you been without a stable place to stay?

○ 7 days or less ○ 1-3 months ○ 7-11 months ○ More than 1 year
○ 8-30 days ○ 4-6 months ○ 1 year

19. Do you feel safe where you stayed last night? ○ Yes ○ No ○ Don't know

20. Please shade all the places you have you stayed in the last 3 months.

☐ Your home
☐ A friend's/relative's home
☐ Jail/juvenile detention/prison
☐ Abandoned/foreclosed building/squat
☐ Drug/alcohol treatment/detox center
☐ Subsidized housing/permanent supportive housing
☐ Car/truck/RV
☐ Outside/tent
☐ Hotel/motel
☐ Foster care
☐ Hospital
☐ Authorized encampment/village
☐ Transitional living program
☐ Overnight shelter
☐ Military base/active duty
☐ Other: _____

Employment and Education

21. What is your employment status?

○ Employed full-time ○ Employed part-time ○ Employed seasonally/sporadically
○ Unempoyed and looking for work ○ Unemployed and not looking for work
○ Unemployed and unable to work (underage/disabled/other)

22. Are you currently enrolled in school?

○ Yes ○ No

Health

23. Do you experience any of the following:		**24. Does it keep you from holding a job, living in stable housing or taking care of yourself?**
a. Any chronic health problem or medical condition(diabetes, cancer)	○ Yes ○ No ○ Refuse	○ Yes ○ No ○ Refuse
b. Post-Traumatic Stress Disorder (PTSD)	○ Yes ○ No ○ Refuse	○ Yes ○ No ○ Refuse
c. Any psychiatric or emotional conditions (depression, schizophrenia)	○ Yes ○ No ○ Refuse	○ Yes ○ No ○ Refuse
d. A physical disability	○ Yes ○ No ○ Refuse	○ Yes ○ No ○ Refuse
e. A traumatic brain injury to your brain from a bump, blow or wound to the head?	○ Yes ○ No ○ Refuse	○ Yes ○ No ○ Refuse
f. Drug or alcohol abuse (including prescription drugs not prescribed for you)	○ Yes ○ No ○ Refuse	○ Yes ○ No ○ Refuse
g. An AIDS or an HIV related illness?	○ Yes ○ No ○ Refuse	○ Yes ○ No ○ Refuse
h. An intellectual disability or memory impairment?	○ Yes ○ No ○ Refuse	○ Yes ○ No ○ Refuse

25. Are you currently experiencing domestic violence or abuse?

○ Yes ○ No ○ Decline to state

If you don't have anywhere to stay tonight, ask staff for the green piece of paper.

Thank you for filling out this survey!