

# FOLLOW-UP SURVEY

This survey explores your experiences since exiting the Transitional Living Program (TLP). The survey asks questions about your housing situation, general attitudes and beliefs, health issues, and activities. The survey should last approximately 20 minutes and is completely voluntary. You can choose not to answer any question.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The information provide in the survey will remain strictly confidential.

***NOTE: Distinguish throughout between 6- and 12-month follow-ups especially where questions ask “In the last 6 months...” or “In the last 12 months” or “Since you left the TLP” or “Since your previous Followup Report. Distinguish caregivers, e.g., “After you left the TLP.”***

## ***Questions about your housing and experience in and goals for participating in this Transitional Living Program...***

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**F1. Where do you currently live?** *(Please check the one response that best describes your living situation.)*

Living independently—that is, living alone paying for my own private room, apartment or housing, and not living with family .....[ ] 01

In a private room, apartment or house, with a roommate/roommates, and paying for my share of the rent.....[ ] 02

With friend(s) without a written agreement (like a signed lease) and not paying rent or not paying rent regularly.....[ ] 03

With my parents or other family members.....[ ] 04

In a foster home with a foster family.....[ ] 05

- In another type of foster care placement besides a family home, such as a group home.....[ ] 06
  - In a shelter.....[ ] 07
  - In a transitional living program different from this one.....[ ] 08
  - In a formal, supervised or partially supervised non-foster care group home or  
halfway house.....[ ] 09
  - On the streets or in other places that are not meant for sleeping—such as an abandoned  
building, bus terminal, or car.....[ ] 10
  - In an educational institute (residential college, etc.).....[ ] 11
  - In a correctional facility/jail or detention center.....[ ] 12
  - In a residential treatment facility as part of a substance abuse recovery plan..... [ ] 13
  - In a mental health hospital or psychiatric residential treatment facility.....[ ] 14
  - With a non-foster care unrelated adult but not in a “host home” or not in a residential setting  
where an adult is responsible to be present at all hours and provide supervision.....[ ] 15
  - In a non-foster care “host home” where an adult is responsible to be present at all hours  
and provide supervision.....[ ] 16
  - In a military setting (base, camp, deployment or combat zone).....[ ] 17
  - In another living situation (*Please specify*).....[ ] 94
- 
- Don't know.....[ ] XX

**F2. Do you expect to remain in this housing situation for the next 6 months?**

- Yes.....[ ] 01
- No.....[ ] 02

**F3. In the past six months, have you been homeless (so, have you ever: slept outside or in a place that was not meant for sleeping, such as a bus terminal or abandoned building, slept in an emergency shelter for homeless people, or had to stay with friends or other people because you had no other place to stay)?**

- No, I have not been homeless over the past 6 months.....[ ] 01
- Yes, I have been homeless over the past 6 months.....[ ] 02

**F3a. If yes, in the past six months, about how many nights have you been homeless in total?**

- About 1-3 nights.....[ ] 01
- About a week (7 nights) .....[ ] 02

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More than a week, but less than a month.....[ ] 03

About a month.....[ ] 04

More than a month.....[ ] 05

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**F4. In the past six months, what kinds of services have you received (if any) and by whom?**

	F3a. Service received?			F3b. Service provided by...	
	Yes	No	Don't Know	TLP you exited	Another program or agency
Counseling/therapy/support groups (not family)					
Counseling/therapy/support groups with family members					
Peer-to-peer counseling					
Physical/mental healthcare					
Educational services/tutoring/GED prep.					
Vocational training					
Life-skills training/Learning to live independently					
Counseling/education on safe sex/prevention/abstinence					
Financial planning/money management assistance					
Employment service/career planning/job-coaching					
Substance abuse treatment					
Parenting education/child care/pregnancy supports					
Legal services					
Family reunification supports/assistance					
Mentoring					
Organized recreational activities such as an after school or community athletic or arts program					
Transitional, exit care, or aftercare planning					
Voluntary participation in organized activities intended to help others or the community					
Other services ( <i>Please specify</i> ) _____					

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**F5. Knowing what you know now, if you had to decide all over again whether to join the TLP, what would you decide? (Check one response.)**

Would definitely join.....[ ] 01

Would likely join.....[ ] 02

Not sure.....[ ] 03

Would definitely not join.....[ ] 04

**Questions about your attitudes and beliefs and people in your life...**

**F6. Rate the following as true for you.**

	1.Not at all true	2.Not very true	3.Sort of true	4.Very true
I can always manage to solve difficult problems if I try hard enough				
If someone opposes me, I can find ways to get what I want				
It is easy for me to stick to my aims and accomplish my goals				
I know how to handle unexpected situations well				
I can solve most problems if I invest the necessary effort				
I can remain calm when facing difficulties because I can rely on my coping abilities				
When I am confronted with a problem, I can usually find one and sometimes more than one solution				
If I am in trouble, I can usually think of something to do				
No matter what comes my way, I am usually able to handle it				

**F7. Rate each of the following as true for you.**

	1.Not at all true	2.Not very true	3. Sort of true	4.Very true
I often think I am a failure (a "loser")				
I often feel ashamed of myself				

	1. Not at all true	2. Not very true	3. Sort of true	4. Very true
I wish I had more to be proud of				
I am happy with myself as a person				
I am the kind of person I want to be				
I like being just the way I am				
I am as good a person as I want to be				

**F8. In your life, are there adults who...**

	Yes	No
...pay attention to what's going on in your life?		
...say something nice to you if you do something good?		
...you can talk to about personal problems?		
...you can talk to about your goals and help you reach them?		
...you can go to if you are really upset about something?		
...care about what happens to you?		

**F9. What is your current marital status? (Check one response.)**

Married.....[ ] 01

Not married.....[ ] 02

**F10. How many children do you have (even if they don't live with you)?** \_\_\_\_\_

**F10a. If you have children, how many of them currently live with you?** \_\_\_\_\_

**F11. Are you currently pregnant or expecting to become a father in the next 9 months?**

Yes.....[ ] 01

No.....[ ] 02

**Questions about your health status and healthcare...**

**F12. During the last 6 months since you left the TLP**

**(a) did you have any of the following health needs? (Count any situation where you thought you should see a doctor, nurse, or other health professional.) (Check all that apply.)**

**And during the last 6 months since you left the TLP,**

**(b) did you receive services/care for health needs you have identified? (Check all that apply.)**

	a. Did you have any of the following health needs?		b. Did you receive services/care for this health need?	
	Yes	No	Yes	No
I was physically sick				
I was injured				
I needed mental health care or counseling				
I had a chronic (on-going) health problem (such as asthma or diabetes)				
I needed dental care				
I needed prescription medicines				
I used preventive health care/had a regular check-up by a doctor				
I needed prenatal services or care for my child				
I had another healthcare need <i>(Please specify)</i> _____				

**F13. During the past 4 weeks, how much of the time...**

	All of the time	Most of the time	A good bit of the time	Some of the time	A little bit of the time	None of the time
...have you been a very nervous person?						
...have you felt calm and peaceful?						
...have you felt downhearted and blue?						

	All of the time	Most of the time	A good bit of the time	Some of the time	A little bit of the time	None of the time
...were you a happy person?						
...have you felt so down in the dumps that nothing could cheer you up?						

**F14. Do you have health insurance?**

- Yes, through state or hospital “free care” such as a free or low cost clinic that doesn’t require insurance.....[ ] 01
- Yes, through a private insurance company.....[ ] 02
- Yes, through my employer.....[ ] 03
- No.....[ ] 04
- Don’t know.....[ ] XX

**Questions about things you do/your activities...**

**F15. Have you ever voted in a national, state or local election?**

- Yes.....[ ] 01
- No.....[ ] 02

**F16. Do you belong to a church, synagogue, temple, mosque, tribal spiritual group, or other religious group?**

- Yes.....[ ] 01
- No.....[ ] 02

**F17. Do you participate in any school-related extracurricular activities, such as school sports teams, band, or clubs?**

- Yes.....[ ] 01
- No.....[ ] 02

**F18. Do you participate in any out-of-school organizations or clubs, such as Boy or Girl Scouts, or community service groups?**

- Yes.....[ ] 01



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No.....[ ] 02

**F19. Do you volunteer regularly to help local community organizations or groups?**

Yes.....[ ] 01

No.....[ ] 02

**F20. Since exiting the TLP, have you ever...?**

	Yes	No
1. Skipped a full day of school or work without a real excuse?		
2. Intentionally damaged or destroyed property that did not belong to you?		
3. Stolen something?		
4. Helped in a gambling operation?		
5. Hurt someone badly enough to need medical attention?		
6. Sold illegal drugs?		

**F21. How many times in the past month did you use any of the following drugs?**

	I have never used	None in the past month	Once or twice	3-5 times	More than 10 times
Alcohol					
Marijuana (pot, weed)					
Inhalants (glue, gas, aerosol spray)					
Medicine not prescribed for you					
Incorrectly using too much or too little of your own prescription medication(s)					
Cocaine or crack					
Methamphetamines ("speed," "crystal meth")					
Heroin					
Ecstasy or "club" drugs					

	I have never used	None in the past month	Once or twice	3-5 times	More than 10 times
Psychedelic drugs like LSD or mescaline					
Some other drug <i>(Please write its name)</i>					

**F22. Have you ever had any type of sex with a male or female partner?**

Yes.....[ ] 01

No **GO TO QUESTION F14b**.....[ ] 02

**F22a. If yes, the very last time you had any type of sex with a male or female partner, was a condom used?**

Yes.....[ ] 01

No.....[ ] 02

Don't know.....[ ] 03

**F22b. If yes, in the past 12 months, did you receive anything in exchange for having sexual relations, such as money, food, drugs or shelter?**

Yes.....[ ] 01

No.....[ ] 02

Don't know.....[ ] 03

**F23. Did any of your caregivers ever sexually molest you, that is, touch you in a sexual way?**

Yes.....[ ] 01

No.....[ ] 02

**F24. Did any of your caregivers ever physically harm you (not including sexual abuse)?**

Yes.....[ ] 01

No.....[ ] 02

**E25. Did any of your caregivers ever emotionally abuse you (but not sexually), such as making serious threats or using words to humiliate you?**

Yes.....[ ] 01

No.....[ ] 02

- E26. Did any of your caregivers ever neglect your basic needs for food or safety?**  
Yes.....[ ] 01  
No.....[ ] 02

- F27. In the past 12 months, have you ever gone to court for any criminal offense by either a civilian or military court other than minor traffic violations?**  
Yes.....[ ] 01  
No.....[ ] 02

- F27a. If yes, were you convicted of a criminal offense?**  
Yes.....[ ] 01  
No.....[ ] 02

- F28. Have you ever spent a night or more in jail, a correctional facility or a juvenile detention center?**  
Yes.....[ ] 01  
No.....[ ] 02

**Questions about your finances, employment and education...**

- F29. Which option best describes your current employment situation? (Check one response.)**  
Employed full-time.....[ ] 01  
Employed part-time.....[ ] 02  
Employed seasonally/sporadically.....[ ] 03  
Not employed, looking for work.....[ ] 04  
Not employed, in school.....[ ] 05  
Not employed, unable to work, **PLEASE ANSWER QUESTION 29a**.....[ ] 06

- F29a. If you answered “Not employed, unable to work”, why are you unable to work?**  
Physical or other type of disability.....[ ] 01  
Other (please describe)\_\_\_\_\_ [ ] 02

**F30. [If answer to F29 is employed full- or part-time or seasonally] Last month, before taxes were taken out, what was your ...**

30a. What was your hourly pay rate? .....\$ \_\_\_\_\_

30b. How many hours did you work last month? .....# hours \_\_\_\_\_

30c. What was your total monthly income? .....\$ \_\_\_\_\_

**F31. At the end of the month do you usually have... (Check one response.)**

Some money left over.....[ ] 01

Just enough to make ends meet .....[ ] 02

Not enough to make ends meet.....[ ] 03

**F32. Do you currently have a savings account?**

Yes.....[ ] 01

No.....[ ] 02

**F33. What government support services do you currently receive? (Check all that apply.)**

Public assistance (TANF, Welfare).....[ ] 01

WIC/food stamps.....[ ] 02

Social security.....[ ] 03

Unemployment insurance, workers' compensation, disability insurance.....[ ] 04

Receive services, but I'm not sure what they are.....[ ] 05

I don't receive government support services.....[ ] 06

Other (Please specify).....[ ] 94?

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**F34. Have you ever served on active duty in the U.S. Military or National Guard?**

Yes.....[ ] 01

No.....[ ] 02

**F35. What is the highest level of education you have completed? (Check one response.)**

8th grade or less .....[ ] 01

Some high school, no diploma.....[ ] 02

High school diploma.....[ ] 03

High school equivalency, or GED.....[ ] 04

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- Vocational or trade school after high school.....[ ] 05
- Some college.....[ ] 06
- Associate's degree (Community or two-year college).....[ ] 07
- Four-year college degree or higher.....[ ] 08

**F36. Are you currently enrolled in school or some other education program (such as vocational training or GED prep)?**

- Yes.....[ ] 01
- No.....[ ] 02

**F36a. If yes, is this full- or part-time?**

- Full-time.....[ ] 01
- Part-time.....[ ] 01

**F36b. If yes, what kind of education program is this? (Check one response.)**

- High school.....[ ] 01
- GED or alternative high-school equivalency program.....[ ] 01
- Vocational school.....[ ] 01
- 2-year college.....[ ] 01
- 4-year college.....[ ] 01
- Other (Please specify).....[ ] 94

\_\_\_\_\_

**F37. Our records show your current contact information is as follows:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Email \_\_\_\_\_

**F37a. If that information is not correct, could you please provide the correct information?**

Name \_\_\_\_\_  
Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

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We may want to contact you when you complete the program for a follow-up survey. You may want to provide contact information for parents, guardians, relatives, or other people who know how to get in touch with you in the future. The purpose of collecting this information is to be able to reach you in the future. We will NOT discuss or share any of your personal information with anyone you may have listed as a contact. Your personal information will be strictly confidential.

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**F38. Could you provide the name and contact information for someone who does not live with you and will always know how to contact you?**

Yes.....[ ] 01

No.....[ ] 02

Name of additional contact \_\_\_\_\_

Additional contact's relationship to you \_\_\_\_\_

Email of additional contact \_\_\_\_\_

Address of additional contact \_\_\_\_\_

Cell phone number of additional contact \_\_\_\_\_

Home phone number of additional contact \_\_\_\_\_