

Appendix C.
Follow Up Survey Instrument

Evaluation of the Rapid Re-Housing for Families Demonstration Program Follow up Survey—
DRAFT

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INTRODUCTION

Hi, my name is _____. I am calling from Abt Associates Inc., a research firm based in Massachusetts. You may remember that while you were enrolled in [Program Name], you were told that HUD was studying the type of assistance you were receiving, sometimes referred to as Rapid Rehousing. At the time, you agreed to participate in the study and you were told that someone would be contacting you a year after you left the program to hear about how things have been going for you. HUD is very interested in how the Rapid Rehousing Program may have helped you deal with the situation you were in. I am calling to ask you some questions about your situation since you left _____ [Program Name] in [Month/Year of Program Exit].

I'd like to remind you that your participation is completely voluntary, and all of your answers will be kept confidential. Nothing you say can be traced back to you, nor can your participation affect any housing subsidy you may be receiving. Your name will never be linked to your answers.

If you are still willing to participate in the interview, I'll ask you a series of questions about who lives with you, your neighborhood, housing, employment, and health. Your participation in this study will help HUD to improve programs for families like yours across the country. At the end of your interview, we will verify your address so we can send you \$25 for your participation.

Intro Q1. Is it okay to proceed with the interview? It will take about 25 minutes.

- YES 1
- THIS IS NOT A GOOD TIME 2
[End Interview and reschedule for another time.]
- NOT INTERESTED 3
[End Interview, and thank person for their time.]

Thank you for agreeing to continue with the interview. I'd like to start by asking you about the people in your family. First, I'll ask you about people in your family who live with you now. Then, I will ask about those who are part of your family but do not live with you now.

SECTION A. HOUSEHOLD COMPOSITION

A1. How many **adults**, that is, people who are 18 years old or older, in your family are **living with you right now**?

NUMBER OF ADULTS..... _____
REFUSED..... -2
DON'T KNOW -1

CAPI: IF GREATER THAN 0 GO TO A1a; ELSE SKIP TO A2

A1a. Please tell me the first names of the **adults** in your family **who live with you right now. Do not include yourself.** By adult, I mean people who are 18 years old or older.

A1a1. _____
A1a2. _____

CAPI: LOOP UNTIL NAMES COLLECTED FOR NUMBER OF ADULTS REPORTED IN A1a

A2. How many **children** in your family are **living with you right now**? By children I mean people 17 years old or younger.

NUMBER OF CHILDREN..... _____
REFUSED..... -2
DON'T KNOW -1

CAPI: IF GREATER THAN 0 GO TO A2a; ELSE SKIP TO A3

A2a. Please tell me the first names of the **children** in your family **who live with you right now.** By children I mean people 17 years old or younger.

A2a1. _____
A2a2. _____
A2a3. _____

CAPI: LOOP UNTIL NAMES COLLECTED FOR NUMBER OF CHILDREN REPORTED IN A2

A3. Do you have a spouse, partner, or significant other who is not living with you right now?

YES 1
NO 2
DON'T KNOW -1
REFUSED..... -2

CAPI: IF "YES" GO TO A3a; ELSE GO TO A4.

A3a. What is the first name of your spouse/partner/significant other who is part of your family **but is not living with you right now**?

NAME _____
(spouse or partner who is part of family but not living with Respondent right now)

A4. Do you have any of your own children who are part of your family but are not living with you right now? By children I mean people 17 years old or younger. Please do not include children 18 years old or older.

YES 1
NO 2
DON'T KNOW -1
REFUSED -2

CAPI: IF "YES" GO TO A4a; ELSE SKIP TO A5

A4a. How many of your own children are not living with you now? By children I mean people 17 years old or younger. **Please do not include children 18 years old or older.**

NUMBER OF CHILDREN _____
DON'T KNOW -1
REFUSED -2

CAPI: IF GREATER THAN 0 GO TO A4b; ELSE SKIP TO A5

A4b. Now, can you please tell the first name(s) of any of your children who are part of your family **but are not living with you right now**. By children I mean people 17 years old or younger. **Please do not include children 18 years old or older. Do not include yourself.**

A4b1. _____
A4b2. _____
A4b3. _____

CAPI: LOOP UNTIL NAMES COLLECTED FOR NUMBER OF CHILDREN REPORTED IN A4a

A5. Has your household remained the same during the past year, that is, are all the people who lived with you were getting help from the RRHP [PROGRAM NAME] last year, living with you now?

YES 1
NO 2
DON'T KNOW -1
REFUSED -2

CAPI: IF "NO" GO TO A5a; ELSE SKIP TO A6

A5a. Please describe the change in your household composition since last year: (CIRCLE ALL THAT APPLY)

GOT MARRIED/PARTNER MOVED IN 1
GOT DIVORCED/SEPARATED/PARTNER MOVED OUT 2
MOVED INTO HOUSE OF FAMILY OR FRIEND..... 3
MOVED OUT OF HOUSE THAT YOU PREVIOUSLY SHARED
WITH ANOTHER FAMILY OR FRIEND..... 4
HAD A BABY 5
BROUGHT BACK CHILD(REN) WHO HAD BEEN LIVING OUTSIDE
THE HOME 6
CHILD(REN) WHO HAD BEEN LIVING WITH RESPONDENT LEFT
THE HOME 7
SOMEONE IN THE HOUSEHOLD DIED 8
SOMEONE IN THE HOUSEHOLD MOVED TO AN INSTITUTIONAL
SETTING 9
OTHER (SPECIFY _____)..... 10
DON'T KNOW -1
REFUSED..... -2

Now, I would like to ask you some questions about you and the family members who are living with you now. Let's start with you and then move to the adult(s) with you. **[COMPLETE THE ROSTER FIRST FOR RESPONDENT, THEN FOR FAMILY MEMBERS LIVING IN CURRENT UNIT. CAPI WILL INCLUDE A CHECK THAT EVERYONE NAMED IN A1a AND A2a IS ASKED ABOUT IN ROSTER. MORE COLUMNS WILL BE ADDED AS NEEDED. SKIP ADULTS IF A1 = 0 AND SKIP CHILDREN IF A2 = 0]**

	RESPONDENT	ADULT FAMILY MEMBER 1 (A1a1)	CHILD FAMILY MEMBER 2 (A2a1)	CHILD FAMILY MEMBER 3 (A2a2)
A6. What is [A1a1/A2a1]'s relationship to you?		HUSBAND OR WIFE 1 LOVER/PARTNER 2 CHILD 3 STEP-CHILD 4 FOSTER CHILD 5 CHILD OF LOVER/PARTNER 6 SON- OR DAUGHTER-IN-LAW 7 MOTHER OR FATHER 8 STEP-PARENT 9 MOTHER- OR FATHER-IN-LAW OR PARTNER'S PARENT 10 GRANDPARENT 11 BROTHER OR SISTER 12 BROTHER- OR SISTER-IN-LAW 13 GRANDCHILD 14 OTHER RELATIVE 15 DON'T KNOW -1 REFUSED -2	HUSBAND OR WIFE 1 LOVER/PARTNER 2 CHILD 3 STEP-CHILD 4 FOSTER CHILD 5 CHILD OF LOVER/PARTNER 6 SON- OR DAUGHTER-IN-LAW 7 MOTHER OR FATHER 8 STEP-PARENT 9 MOTHER- OR FATHER-IN-LAW OR PARTNER'S PARENT 10 GRANDPARENT 11 BROTHER OR SISTER 12 BROTHER- OR SISTER-IN-LAW 13 GRANDCHILD 14 OTHER RELATIVE 15 DON'T KNOW -1 REFUSED -2	HUSBAND OR WIFE 1 LOVER/PARTNER 2 CHILD 3 STEP-CHILD 4 FOSTER CHILD 5 CHILD OF LOVER/PARTNER 6 SON- OR DAUGHTER-IN-LAW 7 MOTHER OR FATHER 8 STEP-PARENT 9 MOTHER- OR FATHER-IN-LAW OR PARTNER'S PARENT 10 GRANDPARENT 11 BROTHER OR SISTER 12 BROTHER- OR SISTER-IN-LAW 13 GRANDCHILD 14 OTHER RELATIVE 15 DON'T KNOW -1 REFUSED -2
A7. Is [R/A1a1/A2a1] male or female?	MALE 1 FEMALE 2 DON'T KNOW -1 REFUSED -2	MALE 1 FEMALE 2 DON'T KNOW -1 REFUSED -2	MALE 1 FEMALE 2 DON'T KNOW -1 REFUSED -2	MALE 1 FEMALE 2 DON'T KNOW -1 REFUSED -2
A8. What is [R/A1a1/A2a1]'s Age right now?	____ years old DON'T KNOW -1 REFUSED -2	____ years old DON'T KNOW -1 REFUSED -2	____ years old DON'T KNOW -1 REFUSED -2	____ years old DON'T KNOW -1 REFUSED -2

	RESPONDENT	ADULT FAMILY MEMBER 1 (A1a1)	CHILD FAMILY MEMBER 2 (A2a1)	CHILD FAMILY MEMBER 3 (A2a2)
A9. Does [R/A1a1/A2a1] have any disabilities that require any special housing features such as wheelchair access?	YES 1 NO 2 DON'T KNOW -1 REFUSED -2	YES 1 NO 2 DON'T KNOW -1 REFUSED -2	YES 1 NO 2 DON'T KNOW -1 REFUSED -2	YES 1 NO 2 DON'T KNOW -1 REFUSED -2
A10. ASK IF [A2a1] IS 15 OR UNDER: Was there any time in the past year when [CHILD] did not live with you?			YES 1 NO 2 DON'T KNOW -1 REFUSED -2	YES 1 NO 2 DON'T KNOW -1 REFUSED -2
A11. ASK IF [A2a1] IS 15 OR UNDER: Please tell me all of the different places that [A2a1] has lived when s/he did not live with you. Did [A2a1] live ... [MARK ALL THAT APPLY.]			With his/her other parent 1 With your Own parents or in-laws 2 With other relatives 3 In foster care 4 → How long in foster care? _____ months/days Other: _____ 5 DON'T KNOW -1 REFUSED -2	With his/her other parent 1 With your Own parents or in-laws 2 With other relatives 3 In foster care 4 → How long in foster care? _____ months/days Other: _____ 5 DON'T KNOW -1 REFUSED -2
A12. ASK IF [A2a1] IS 5 YEARS OLD OR OLDER. Did [A2a1] attend school during the school year? Is [A2a1] currently attending school?			YES 1 NO 2 DON'T KNOW -1 REFUSED -2	YES 1 NO 2 DON'T KNOW -1 REFUSED -2

Now I'd like to ask you about your spouse/partner/significant other OR children who are part of your family but who are not with you now. [Next, complete the roster for people mentioned in A3 and A4b, spouse/partner/significant other OR children who R considers part of the family but who are not living with R. MORE COLUMNS WILL BE ADDED AS NEEDED. SKIP ADULTS IF A3 = "NO" AND SKIP CHILDREN IF A4A = 0]

	FAMILY MEMBER 5 (A3)	FAMILY MEMBER 6 (A4b1)	FAMILY MEMBER 7 (A4b2)	FAMILY MEMBER 8 (A4b3)
A13. What is [A3a/A4b1's] relationship to you?	HUSBAND OR WIFE 1 LOVER/PARTNER 2 CHILD 3 STEP-CHILD 4 FOSTER CHILD 5 CHILD OF LOVER/PARTNER 6 DON'T KNOW -1 REFUSED -2	HUSBAND OR WIFE 1 LOVER/PARTNER 2 CHILD 3 STEP-CHILD 4 FOSTER CHILD 5 CHILD OF LOVER/PARTNER 6 DON'T KNOW -1 REFUSED -2	HUSBAND OR WIFE 1 LOVER/PARTNER 2 CHILD 3 STEP-CHILD 4 FOSTER CHILD 5 CHILD OF LOVER/PARTNER 6 DON'T KNOW -1 REFUSED -2	HUSBAND OR WIFE 1 LOVER/PARTNER 2 CHILD 3 STEP-CHILD 4 FOSTER CHILD 5 CHILD OF LOVER/PARTNER 6 DON'T KNOW -1 REFUSED -2
A14. Is [A3a/A4b1] male or female?	MALE 1 FEMALE 2 DON'T KNOW -1 REFUSED -2	MALE 1 FEMALE 2 DON'T KNOW -1 REFUSED -2	MALE 1 FEMALE 2 DON'T KNOW -1 REFUSED -2	MALE 1 FEMALE 2 DON'T KNOW -1 REFUSED -2
A15. What is [A3a/A4b1]'s age right now?	___ years old DON'T KNOW -1 REFUSED -2	___ years old DON'T KNOW -1 REFUSED -2	___ years old DON'T KNOW -1 REFUSED -2	___ years old DON'T KNOW -1 REFUSED -2
A16. Does [A3a/A4b1] have any disabilities that require any special housing features such as wheelchair access?	YES 1 NO 2 DON'T KNOW -1 REFUSED -2	YES 1 NO 2 DON'T KNOW -1 REFUSED -2	YES 1 NO 2 DON'T KNOW -1 REFUSED -2	YES 1 NO 2 DON'T KNOW -1 REFUSED -2
A17. ASK IF [A4b1] IS 15 OR UNDER: How long has it been since [A5b1] lived with you?		_____ Year(s) _____ Month(s) DON'T KNOW -1 REFUSED -2 [A5b1] has never lived with R -3	_____ Year(s) _____ Month(s) DON'T KNOW -1 REFUSED -2 [A5b2] has never lived with R -3	_____ Year(s) _____ Month(s) DON'T KNOW -1 REFUSED -2 [A5b3] has never lived with R -3

	FAMILY MEMBER 5 (A3)	FAMILY MEMBER 6 (A4b1)	FAMILY MEMBER 7 (A4b2)	FAMILY MEMBER 8 (A4b3)
A18. ASK IF [A3a/A4b1] IS 15 OR UNDER: Please tell where the [A3a/A4b1] is currently living, while not with you.		With his/her other parent..... 1 With your own parents or in-laws2 With other relatives3 In foster care4 → How long has [E5a2] been in foster care? _____months/years/days Other: _____5	With his/her other parent 1 With your own parents or in-laws.....2 With other relatives3 In foster care4 → How long has [E5a3] been in foster care? _____months/years/days Other: _____5	With his/her other parent1 With your own parents or in-laws2 With other relatives3 In foster care4 → How long has [E5a4] been in foster care? _____months/years/days Other: _____5
A19. ASK IF [A3a/A4b1] IS 15 OR UNDER. Have you done anything to try to get [A3a/A4b1] to move back in with you?		YES..... 1 NO.....2 DON'T KNOW-1 REFUSED-2	YES.....1 NO2 DON'T KNOW-1 REFUSED-2	YES1 NO2 DON'T KNOW -1 REFUSED -2
A20. ASK IF [A3a/A4b1] IS 15 OR UNDER: What would you say has been the total amount of time [A3a/A4b1] has spent living apart from you?		_____ Year(s) _____ Month(s)	_____ Year(s) _____ Month(s)	_____ Year(s) _____ Month(s)

SECTION B. CURRENT HOUSING

B1 Which one of the following best describes your current living situation?

<i>Would you say you live in...</i>	YES	NO	REF	DK
B1a. A house or apartment that you rent. That is the lease is in your name, or you and your spouse/partner's names jointly. This does not include your parent's or guardian's home or apartment	1	2	-2	-1
B1b. A house or apartment that you own. That is the mortgage is in your name. This does not include your parent's or guardian's home or apartment	1	2	-2	-1
B1c. Your partner's (boy/girlfriends/fiancé, significant other's) place. Your name is NOT on the lease.	1	2	-2	-1
B1d. A friend or relative's house or apartment, and you are paying part of the rent [PROBE: THIS INCLUDES YOUR PARENT'S or GUARDIAN'S HOUSE OR APARTMENT OR OTHER FRIEND OR RELATIVE'S APARTMENT]	1	2	-2	-1
B1e. A friend or relative's house or apartment, but you are not paying part of the rent [PROBE: THIS INCLUDES YOUR PARENT'S or GUARDIAN'S HOUSE OR APARTMENT OR OTHER FRIEND OR RELATIVE'S APARTMENT]	1	2	-2	-1

**CAPI: IF B1a, B1b, B1c, B1d, or B1e =Yes SKIP TO B2;
 Otherwise, continue down B1f through B1q until a yes response is reached.**

B1f. A permanent housing program with services to help you keep your housing (on site or coming to you)	1	2	-2	-1
B1g. A transitional housing program	1	2	-2	-1
B1h. A voucher hotel or motel	1	2	-2	-1
B1i. A hotel or motel you pay for yourself	1	2	-2	-1
B1j. A residential drug or alcohol treatment program	1	2	-2	-1
B1k. Jail or prison	1	2	-2	-1
B1l. A domestic violence shelter	1	2	-2	-1
B1m. An emergency shelter	1	2	-2	-1
B1n. A car or other vehicle	1	2	-2	-1
B1o. An abandoned building	1	2	-2	-1
B1p. Anywhere outside [PROBE: STREETS, PARKS, ETC.] IF YES: SKIP TO B4	1	2	-2	-1
B1q. OTHER → SPECIFY: _____ IF YES: SKIP TO B4	1	2	-2	-1

Don't Know.....-1
 Refused-2

B2 Is this the same unit you lived in while you were receiving rental assistance from [name of program]?

- YES 1
- NO 2
- Don't Know..... -1
- Refused -2

CAPI: IF B2 IS "NO" GO TO B2a; ELSE SKIP TO B3

B2a. How long have you lived in this unit?

Years _____
 Months _____

B2b. How many different places have you lived in during the past year? _____

B2c. Why did you move out of the place you lived in at the end of the [program name]?
 SELECT ALL THAT APPLY – AND RANK AS MAJOR/MINOR REASON.

	Major Reason	Minor Reason
BECAUSE THAT WAS PART OF THE PROGRAM'S DESIGN01	1	2
TO GET BETTER SCHOOLS FOR MY CHILDREN02	1	2
CHANGE IN MARITAL / ROMANTIC STATUS03	1	2
BETTER TRANSPORTATION04	1	2
WANTED A BETTER, APARTMENT/HOUSE05	1	2
WANT A BIGGER APARTMENT/HOUSE06	1	2
TO GET OR CHANGE JOB / TO BE NEAR MY JOB.....07	1	2
TO GET AWAY FROM DRUGS AND GANGS OR OTHER UNSAFE ACTIVITIES08	1	2
TO BE NEAR MY FAMILY09	1	2
DID NOT GET ALONG WITH LANDLORD10	1	2
CHANGE IN RENT/UNIT TOO EXPENSIVE11	1	2
UTILITIES WERE TOO EXPENSIVE.....12	1	2
UNIT FAILED SECTION 8 SPECTION13	1	2
GOT A SECTION 8 SUBSIDY14	1	2
MOVED INTO PUBLIC HOUSING15	1	2
PERSONAL SAFETY/DOMESTIC VIOLENCE16	1	2
OTHER: (SPECIFY): _____95		
DON'T KNOW -1		
REFUSED -2		

B3. IF B2 = NO: Was there ever a time during the past year (that is, since MONTH/YEAR) when you did not have your own place to stay?

IF B2 = YES: was there ever a time during the past year that you temporarily left your own place (other than for vacation).

- YES 1
- NO 2
- DON'T KNOW -1
- REFUSED -2

CAPI: IF B3 = YES GO TO B4; ELSE SKIP TO B6

B4. During the past year, when you did not have your own place to stay, we would like to know about any places where you stayed. Did you...

	YES	NO	REF	DK
B4a. Stay with a relative?	1	2	7	8
B4b. Stay with a friend?	1	2	7	8
B4c. Stay in a shelter?*	1	2	7	8
B4d. Stay on the street?	1	2	7	8

*INTERVIEWER: A SHELTER IS A HOMELESS SHELTER, EMERGENCY SHELTER, OR DOMESTIC VIOLENCE SHELTER]

CAPI: ASK ONLY IF BASED ON A2a/A4b ABOVE RESPONDENT HAS CHILDREN AGES 17 OR YOUNGER, OTHERWISE SKIP TO B6

B5. During the time when you did not have your own place to stay in the past year, did LIST EACH CHILD'S NAME FROM A2a AND A4b... live with you ..

- All of the time 1
- Part of the time..... 2
- Not at all..... 3
- DON'T KNOW -1
- REFUSED -2

REPEAT FOR ALL CHILDREN.

B6. IF B2 = YES; Did you ever receive help from an agency to pay your rent so you could stay in your own place?

- YES 1
- NO 2
- DON'T KNOW -1
- REFUSED -2

B7. IF B6 =YES: How much and how many times did you receive help?

Total \$ amount _____
Total number of times received assistance _____
DON'T KNOW -1
REFUSED -2

B8. I have some questions about the house/apartment/living space you live in now. Overall, how would you describe the condition of your current house/apartment/living space? Would you say it was in excellent, good, fair, or poor condition?

EXCELLENT 1
GOOD 2
FAIR 3
POOR 4
DON'T KNOW -1
REFUSED -2

B9. Excluding kitchens, bathrooms and hallways, how many rooms does the unit have? _____

DON'T KNOW -1
REFUSED -2

B10. IF B1a = YES i.e. FOR RENTERS: How satisfied are you with building maintenance? Are you:

Completely satisfied 1
Partly satisfied 2
Dissatisfied 3
DON'T KNOW -1
REFUSED -2
Not applicable -3

B11. Now I am going to ask you some questions about problems that people have in some homes/apartments/ living spaces. Since you moved in to your current unit, have you had any of the following housing quality issues:

	Yes	No	Did not live there during relevant time	REF	DK
B11a. Did water ever leak into your housing unit directly from the outside —for example, through the roof, outside walls, basement or any closed windows or skylights?	1	2	-3	-2	-1
B11b. Now about water leaks from INSIDE. Did water leak in -- from broken pipes or water heaters, backed up plumbing, or other equipment failure inside the unit?	1	2	-3	-2	-1
B11c. How about the floors in this housing unit. Are any holes in the floors big enough for someone to catch their foot on? (ABOUT 4 INCHES ACROSS; ABOUT THE HEIGHT OF A SOUP CAN)	1	2	-3	-2	-1
B11d. People sometimes have problems with cracks or holes in their home's floors, walls, or ceilings -- not little hairline cracks or nail holes, but OPEN cracks or holes. In the INSIDE walls or ceilings of this housing unit, are there any open holes or cracks wider than the edge of a dime ?	1	2	-3	-2	-1
B11e. Do the walls on the inside of this housing unit have any areas of peeling paint or broken plaster that are bigger than 8 inches by 11 inches? (THE SIZE OF A STANDARD BUSINESS LETTER)	1	2	-3	-2	-1
B11f. Have you ever seen signs of mice or rats inside your housing unit ? (EXCLUDE RATS/MICE KEPT AS PETS OR SNAKE FOOD OR OTHERWISE DELIBERATELY BROUGHT INSIDE)	1	2	-3	-2	-1
B11g. Does this housing unit have a complete kitchen for exclusive use of the unit? (To have complete kitchen facilities, the unit must have a sink, refrigerator, and (range, cookstove, microwave, or built-in cooking burners) in the kitchen	1	2	-3	-2	-1
B11h. Does this unit have complete plumbing facilities that are for exclusive use of the unit? (To have complete plumbing facilities, the unit must have exclusive use of hot and cold running water, a toilet, and a bathtub/shower in the bathroom).	1	2	-3	-2	-1
B11i. Last winter, for any reason, was your housing unit so cold for 24 hours or more that it was uncomfortable?	1	2	-3	-2	-1
B11i1. IF YES: Did that happen more than once?			-3	-2	-1
B11j. Is all the electrical wiring in the finished areas of this home concealed in the walls?	1	2	-3	-2	-1
B11k. Have the fuses blown or breakers been tripped more than twice in the past year?	1	2	-3	-2	-1
B11l. Has the toilet been broken for at least 6 hours more than once?	1	2	-3	-2	-1
B11m. Is the main source of heat for your unit an UNVENTED room heaters burning kerosene, gas, or oil?	1	2	-3	-2	-1

B12. Which of the following statements best describes how satisfied you are with your neighborhood? Would you say you are...

- Very satisfied 1
- Somewhat satisfied 2
- In the middle 3
- Somewhat dissatisfied 4
- Very dissatisfied 5
- DON'T KNOW -1
- REFUSED -2

B13. Now I would like to ask you about problems that occur in some neighborhoods. In your neighborhood, how big of a problem is...

		Big problem	Small Problem	No Problem	REF	DK
B13a.	Litter or trash on the streets or sidewalk?	1	2	3	-2	-1
B13b.	People drinking in public?	1	2	3	-2	-1
B13c.	Abandoned buildings?	1	2	3	-2	-1
B13d.	Groups of people just hanging out?	1	2	3	-2	-1
B13e.	Police not coming when called?	1	2	3	-2	-1
B13f.	People using or selling illegal drugs?	1	2	3	-2	-1
B13g.	Fighting in which a weapon was used?	1	2	3	-2	-1
B13h.	Violent arguments between neighbors?	1	2	3	-2	-1
B13i.	Gang fights?	1	2	3	-2	-1
B13j.	Sexual assaults or rapes?	1	2	3	-2	-1
B13k.	Robberies or muggings?	1	2	3	-2	-1

SECTION C. INCOME AND EMPLOYMENT

C1. Have you received any income from any source in past 30 days?

- YES 1
- NO 2
- DON'T KNOW -1
- REFUSED -2

CAPI: IF C1 = "NO" SKIP TO C3; ELSE GO TO C2.

C2. In the past 30 days, have you received any income from ... (IF YES:) How much did you receive in the past 30 days?

		NO	YES	AMOUNT
C2a.	Income from a job	1	2	\$ _____
C2b.	Unemployment Insurance	1	2	\$ _____
C2c.	Supplemental Security Income (SSI)	1	2	\$ _____
C2d.	Social Security Disability Income (SSDI)	1	2	\$ _____
C2e.	Veteran's disability payment	1	2	\$ _____
C2f.	Private disability insurance	1	2	\$ _____
C2g.	Worker's compensation	1	2	\$ _____
C2h.	Temporary Assistance for Needy Families (TANF) (or use local program name)	1	2	\$ _____
C2i.	General Assistance (GA) (or use local program name)	1	2	\$ _____
C2j.	Retirement income from Social Security	1	2	\$ _____
C2k.	Veteran's pension	1	2	\$ _____
C2l.	Pension from a former job	1	2	\$ _____
C2m.	Child support	1	2	\$ _____
C2n.	Alimony or other spousal support	1	2	\$ _____
C2o.	Other source	1	2	\$ _____

C3. IF OTHER PERSONS 15 OR OLDER IN THE HOUSEHOLD, BASED ON A8, ASK: Did any other persons who live with you in your unit receive any income in the past 30 days?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

IF NO, SKIP TO C4

C3a. If YES, How many other persons who live with you in your unit received any income?

C3b. What is the total income received by other persons in your household in the past 30 days? _____

IF DON'T KNOW, OR REFUSED, Ask in ranges:

- Under \$100 1
- \$100 - < \$200 2
- \$200 - < \$300 3
- \$300-<\$400 4

- C3c. Did any of these persons contribute any money toward rent?
- YES 1
 - NO 2
 - DON'T KNOW -1
 - REFUSED -2

IF NO, DON'T KNOW OR REFUSED SKIP TO C5

- C3d. What is the total amount these other persons paid toward your rent in the past 30 days? _____

IF DON'T KNOW, OR REFUSED, Ask in ranges:

- Under \$100 1
- \$100 - < \$200 2
- \$200 - < \$300 3
- \$300-<\$400 4

SKIP TO C5

- C4. Did any other persons who do not live with you contribute any money toward your rent in the past 30 days?

- YES 1
- NO 2
- DON'T KNOW -1
- REFUSED -2

IF NO, DON'T KNOW OR REFUSED SKIP TO C5

- C4a. What is the total amount these other persons paid toward your rent in the past 30 days? _____

IF DON'T KNOW, OR REFUSED, Ask in ranges:

- Under \$100 1
- \$100 - < \$200 2
- \$200 - < \$300 3
- \$300-<\$400 4

C5. In the past 30 days, did you or anyone in your household receive (or are you on) any of the following benefits: ... (IF YES:) How much did you receive in the past 30 days? JUST ASK AMOUNT FOR THE MARKED ONES.

	NO	YES	Amount of monthly assistance
c5a. Food Stamps (officially called Supplemental Nutrition Assistance Program (SNAP))	1	2	\$ _____
c5b. Medicaid health insurance program (or use local name)	1	2	
c5c. Medicare health insurance program (or use local name)	1	2	
c5d. State Children's Health Insurance Program (or use local name)	1	2	
c5e. WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)	1	2	\$ _____
c5f. Veteran's Administration (VA) Medical Services	1	2	
c5g. TANF Child Care services (or use local name)	1	2	
c5h. TANF transportation services (or use local name)	1	2	
c5i. Other TANF-funded services (or use local name)	1	2	
c5j. Health Insurance from work			
c5k. Health insurance from a place you used to work			
c5l. Health insurance you pay for yourself			
c5m. Other source	1	2	\$ _____
c5n. Temporary rental assistance	1	2	\$ _____

Now I'd like to ask a few questions about any jobs you may have.

C6. Last week, did you do any work for pay?

- YES (SKIP TO C9) 1
- NO 2
- DON'T KNOW -1
- REFUSED -2

C7. What is the main reason that you did not work for pay last week?

- RETIRED 01
- DISABLED 02
- UNABLE TO WORK 03
- HAS JOB BUT TEMPORARILY ABSENT 04
- COULDN'T FIND ANY WORK 05
- CHILD CARE PROBLEMS 06
- FAMILY RESPONSIBILITIES 07
- CHILD WITH DISABILITIES THAT REQUIRES FULL TIME ATTENTION ... 08
- IN SCHOOL OR OTHER TRAINING 09
- WAITING FOR A NEW JOB TO BEGIN 10
- OTHER (SPECIFY): _____ 95
- DON'T KNOW -1
- REFUSED -2

C8. Have you been doing anything to find work during the past four weeks?

- YES 1
- NO 2
- RETIRED 3
- DISABLED 4
- UNABLE TO WORK 5
- DON'T KNOW -1
- REFUSED -2

SKIP TO D1

C9. When did you first start working at your job?

- ___/___/___ Month/Year
- DON'T KNOW -1
 - REFUSED -2

C10. Through your employer, are you eligible for any of the following benefits? By eligible we mean the benefit is available for you now, even if you have decided to not receive it or have not needed it.

	YES	NO	REF	DK
C10a. Health insurance?	1	2	-2	-1
C10b. Sick leave?	1	2	-2	-1
C.10c. Paid vacation?	1	2	-2	-1

SECTION D. HOUSING COSTS

Now I'd like to talk about how much you pay each month for housing.

D1. IF RENTERS BASED ON B1a= yes, or B1c=yes, or B1d=yes, or B1i=yes: ALL OTHERS SKIP TO D4.

In the month just past, what did you and the family you headed pay in rent? We are interested only in knowing the amount of the rent payment that you or the family you head paid, not any amount that may have been paid by other people or by a government agency and not including any utilities that you pay for directly to the utility company.

PER MONTH: \$___ __ __ __ .00 (FOUR DIGITS, ROUNDED TO DOLLAR)

(EXPECTED RANGE = \$1-3000)

SKIP TO D1b

- DON'T KNOW (ASK D1a) -1
- REFUSED (ASK D1a) -2

D1a. Can you give me a range? Is your monthly rent payment:

- Between 0 and \$200 per month..... 1
- Between \$201 and \$400..... 2
- Between \$401 and \$600..... 3
- Between \$601 and \$800..... 4
- More than \$800 per month 5
- DON'T KNOW -1
- REFUSED..... -2

D1b. What is the total contract rent that is paid to the landlord? That is the rent including any amount you and your household pay and including any amounts paid by other people or by a government agency.

PER MONTH: \$__ __ __ __ .00 (FOUR DIGITS, ROUNDED TO DOLLAR)

(EXPECTED RANGE = \$1-3000)

SKIP TO D2

- DON'T KNOW (ASK D1c)..... -1
- REFUSED (ASK D1c) -2

D1c. Can you give me a range? Is the total monthly rent payment:

- Between 0 and \$200 per month..... 1
- Between \$201 and \$400..... 2
- Between \$401 and \$600..... 3
- Between \$601 and \$800..... 4
- More than \$800 per month 5
- DON'T KNOW -1
- REFUSED..... -2

D2. Are you paying lower rent because you receive assistance from the government, or some other program to pay part of your rent?

- YES (ASK D3)..... 1
- NO (SKIP TO D5)..... 2
- DON'T KNOW (SKIP TO D5)..... -1
- REFUSED (SKIP TO D5) -2

D3. Is this assistance: public housing, a Section 8 Voucher, Project-based Section 8 or some other type of assistance?

- PUBLIC HOUSING..... 1
- A SECTION 8 VOUCHER 2
- PROJECT BASED SECTION 8 3
- OTHER (SPECIFY): _____ 95
- DON'T KNOW -1
- REFUSED..... -2

SKIP TO D5

D4. IF OWNERS: (IF THE ANSWER TO B1b = YES. ALL OTHERS SKIP TO E1) In the month just past, what did you and the family you headed pay for your mortgage? We are interested only in knowing the amount of the mortgage payment that you or the family you head paid, not any amount that may have been paid by other people or by a government agency.

PER MONTH: \$__ __ __ __ .00 (FOUR DIGITS, ROUNDED TO DOLLAR)

(EXPECTED RANGE = \$0-3000)

SKIP TO D5

DON'T KNOW (ASK D4a)-2
 REFUSED (ASK D4a)-1

D4a. Can you give me a range? Is your monthly mortgage payment:

Between 0 and \$200 per month 1
 Between \$201 and \$400..... 2
 Between \$401 and \$600..... 3
 Between \$601 and \$800..... 4
 More than \$800 per month 5
 DON'T KNOW-1
 REFUSED-2

D5. Did you pay for any utilities that are not included as part of the RENT/MORTGAGE that you pay? By utilities, I mean electricity, heat, gas, and water, but NOT telephone and cable services.

YES 1
 NO 2
 DON'T KNOW-1
 REFUSED-2

D6. What is the total amount of all utility payments that you and the family you head pay in a **typical** month—that is **not** a month with unusually high or low heat or air conditioning bills?

MONTHLY UTILITIES: \$__ __ __ __ .00 (FOUR DIGITS, ROUNDED TO DOLLAR)

(EXPECTED RANGE: \$0-1000)

SKIP TO E1

DON'T KNOW (ASK D6a)-1
 REFUSED (ASK D6a)-2

D6a. Can you tell me the range for your monthly utility payment? Was it...

Between 0 and \$100 per month 1
 Between \$101 and \$200 2
 Between \$201 and \$300..... 3

Between \$301 and \$400.....	4
Between \$401 and \$500.....	5
More than \$500 per month	6
DON'T KNOW	-1
REFUSED.....	-2

SECTION E. HOUSING BARRIERS

E1. Next, I'd like to ask about things that make it difficult at times for some people to keep a place of their own to live. I'll read a list of reasons why some people might have trouble keeping housing. Please tell me if you think this is a big problem, a small problem, or not a problem at all for you and your family.

	Big problem	Small Problem	No Problem	REF	DK
E1a. Not having enough income to pay rent	1	2	3	-2	-1
E1b. Not being currently employed	1	2	3	-2	-1
E1c. Family violence	1	2	3	-2	-1
E1d. Your having problems with police or a criminal record or background	1	2	3	-2	-1
E1e. Another family member having problems with police or a criminal record or background	1	2	3	-2	-1
E1f. Your having a drug problem or a felony drug record	1	2	3	-2	-1
E1g. Another family member with a drug problem or a felony drug record	1	2	3	-2	-1
E1h. Having three or more children in the household	1	2	3	-2	-1
E1i. Having teenagers in the household	1	2	3	-2	-1
E1j. Having an adult in the household that is frequently sick.	1	2	3	-2	-1
E1k. Having an adult in the household that has a physical disability that requires specific housing modifications.	1	2	3	-2	-1
E1l. Having an adult in the household that has a mental disability.	1	2	3	-2	-1
E1m. Having an adult in the household with HIV/AIDS	1	2	3	-2	-1
E1n. Having a child in the household that is frequently sick.	1	2	3	-2	-1
E1o. Having a child in the household that has a physical disability that requires specific housing modifications.	1	2	3	-2	-1
E1p. Having a child in the household that has a mental disability.	1	2	3	-2	-1

SECTION F. EDUCATION

F1. When you entered <PROGRAM NAME>, what is the highest grade or year of regular school that you have completed and gotten credit for?

- GRADE (1-12): _____
- FIRST YEAR OF COLLEGE 13
- SECOND YEAR OF COLLEGE 14
- THIRD YEAR OF COLLEGE 15
- FOURTH YEAR OF COLLEGE 16
- FIFTH YEAR OF COLLEGE 17
- SIXTH YEAR OF COLLEGE 18
- SEVENTH YEAR OF COLLEGE 19
- EIGHTH YEAR OF COLLEGE OR MORE 20
- DON'T KNOW -1
- REFUSED -2

F2. Did you have (a high school diploma or) a GED? [PROBE FOR GED VS. HIGH SCHOOL DIPLOMA]

- GED 1
- HIGH SCHOOL DIPLOMA 2
- BOTH 3
- NEITHER 4
- DON'T KNOW -1
- REFUSED -2

F3. Now I would like to ask you about any regular school or any training you may have had since you entered/ the Rapid Rehousing Program (this is since, DATE OF ENTRY). Have you participated in any additional regular schooling or in some other type of schooling or training program that lasted at least two weeks that was designed to help you find a job, improve your job skills, or learn a new job?

- YES 1
- NO 2
- DON'T KNOW -1
- REFUSED -2

IF NO, DON'T KNOW, OR REFUSED SKIP TO G1.

F4. What kind of schooling or training was that? [INTERVIEWER: CHECK ALL THAT APPLY]

- REGULAR SCHOOLING 1
- GENERAL EQUIVALENCY DIPLOMA (GED) 2
- ENGLISH AS A SECOND LANGUAGE 3
- COMPUTER TRAINING 4
- WORK STUDY PROGRAM 5
- OTHER (SPECIFY) _____ 95

NO OTHER MENTIONS..... 96
 DON'T KNOW -1
 REFUSED..... -2

F5. Did you get the training while you were in the program, after, or both?

TAKEN DURING THE <PROGRAM NAME> TIME 1
 TAKEN SINCE PROGRAM EXIT..... 2
 BOTH..... 3

SECTION G. FOOD SECURITY/HUNGER

G1. Now I am going to read you three statements that people have made about their food situation. Please tell me whether the statement was often, sometimes, or never true for you and the other members of your household in the last 12 months.

		Often true	Sometimes true	Never true	REF	DK
G1a.	We worried whether our food would run out before we got money to buy more.	1	2	3	-2	-1
G1b.	The food we bought just didn't last, and we didn't have money to get more.	1	2	3	-2	-1
G1c.	We couldn't afford to eat balanced meals.	1	2	3	-2	-1

G2. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

YES 1
 NO 2
 DON'T KNOW -1
 REFUSED..... -2

IF NO, DON'T KNOW OR REFUSED SKIP TO G4

G3. How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

ALMOST EVERY MONTH..... 1
 SOME MONTHS BUT NOT EVERY MONTH 2
 ONE OR TWO MONTHS 3
 DON'T KNOW -1
 REFUSED..... -2

G4. In the last 12 months, did you ever eat less than you thought you should because there wasn't enough money to buy food?

- YES 1
- NO 2
- DON'T KNOW -1
- REFUSED -2

G5. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

- YES 1
- NO 2
- DON'T KNOW -1
- REFUSED -2

SECTION H. FAMILY WELL-BEING

ASK IF A2>1, ELSE H2.

H1. About how many days per week do you and your (child/children) all eat dinner together?

- NUMBER OF DAYS: _____
- DON'T KNOW -1
- REFUSED -2

ASK IF HAVE ANY CHILDREN BETWEEN AGES 6– 18 BASED ON RESPONSES TO A8; ELSE SKIP TO I1.

H2. Now I'd like to ask you about your involvement in your children's schooling. In the past 12 months, have you or another adult who lives with you gone to any events at your (child/ren)'s school such as general meeting school, like a back-to-school night, parent/teacher organization meeting, a school play or sports event?

- YES 1
- NO 2
- DON'T KNOW -1
- REFUSED -2

ASK FOR EACH CHILD BETWEEN AGES 6– 18:

H3. Did [Child] miss more than 15 school days during the past school year?

- YES 1
- NO 2
- DON'T KNOW -1
- REFUSED -2

IF NO, DON'T KNOW OR REFUSED, SKIP TO H4

H3a. IF YES, Why?

DO NOT READ LIST. ACCEPT ONE RESPONSE ONLY PER CHILD WHO IS NOT IN SCHOOL.

- HEALTH PROBLEMS..... 1
- DROPPED OUT OF SCHOOL BECAUSE OF FINANCIAL PROBLEMS/HAD TO WORK 2
- DROPPED OUT OF SCHOOL BECAUSE DIDN'T LIKE SCHOOL 3
- EXPELLED OR SUSPENDED 4
- PARENTAL DECISION..... 5
- PREGNANCY/CHILDBIRTH 6
- GRADUATED FROM HIGH SCHOOL / EARNED GED..... 7
- INCARCERATED/IN DETENTION FACILITY/BOOT CAMP OR SIMILARLY
INSTITUTIONALIZED 8
- CHILD FACES THREAT OF VIOLENCE/GANG ACTIVITY..... 9
- LEARNING DISABILITY/REQUIRES SPECIAL SCHOOLING 10
- IN MILITARY/MILITARY TRAINING..... 11
- WANTED TO JOIN JOB CORPS/JOINED JOB CORPS 12
- HOUSING SITUATION/IN TRANSITION/PROCESS OF MOVING 13
- MENTAL HEALTH 14
- HOME SCHOOLED 15
- HEALTH PROBLEMS..... 16
- OTHER (SPECIFY) _____ 17
 - DON'T KNOW-1
 - REFUSED.....-2

H4. Have any of your children [CHILD] ever been suspended or expelled from school?

- YES 1
- NO 2
- DON'T KNOW-1
- REFUSED.....-2

IF NO, DON'T KNOW OR REFUSED, SKIP TO H6.

H5. Has this happened in the **past year**, that is since you left the RRHP in [PROGRAM EXIT DATE)?

- YES 1
- NO 2
- DON'T KNOW-1
- REFUSED.....-2

H6. Have you ever been asked by any of your children's schools [CHILD'S] to come in and talk about problems your child was having with behavior?

- YES 1
- NO 2
- DON'T KNOW-1

REFUSED.....-2

IF NO, DON'T KNOW OR REFUSED, SKIP TO H8.

H7. Has this happened in the past year, that is since you left the RRHP in [PROGRAM EXIT DATE]?

YES 1
 NO 2
 DON'T KNOW -1
 REFUSED.....-2

H8. Have any of your children ever gone to a special class for gifted students or done advanced work in any subjects?

YES 1
 NO 2
 DON'T KNOW -1
 REFUSED.....-2

IF NO, DON'T KNOW OR REFUSED, SKIP TO H10.

H9. Has this happened in the past year, that is since you left the RRHP in [PROGRAM EXIT DATE]?

YES 1
 NO 2
 DON'T KNOW -1
 REFUSED.....-2

H10. Has any of your children gone to a special class or school or gotten special help in school for...

	YES	NO	REF	DK
H10a. Learning problems	1	2	-2	-1
H10b. Behavioral or emotional problems	1	2	-2	-1

IF NO, DON'T KNOW OR REFUSED, SKIP TO I1.

H11. Has this happened in the past year, that is since you left the RRHP IN [PROGRAM EXIT DATE]?

YES 1
 NO 2
 DON'T KNOW -1
 REFUSED.....-2

SECTION I. HEALTH

11. Overall, how would you rate your health during the past month (that is the past 30 days)?

- Excellent 1
- Very good 2
- Good..... 3
- Fair 4
- Poor..... 5
- DON'T KNOW -1
- REFUSED..... -2

12. In general, has your health been better, worse or about the same in the last year, since you left the rapid rehousing program [INSERT THE PROGRAM NAME]?

- Better 1
- Worse 2
- About the same 3
- DON'T KNOW -1
- REFUSED..... -2

13. During the past 30 days, about how often did you feel...

	None of the Time	A little of the Time	Some of the Time	Most of the Time	REF	DK
I3a. Tired out for no good reason?	1	2	3	4	-2	-1
I3b. Nervous?	1	2	3	4	-2	-1
I3c. So nervous that nothing could calm you down?	1	2	3	4	-2	-1
I3d. Hopeless?	1	2	3	4	-2	-1
I3e. Restless or fidgety?	1	2	3	4	-2	-1
I3f. So restless you could not sit still?						
I3g. Depressed?						
I3h. That everything was an effort?						
I3i. So sad that nothing could cheer you up?						
I3j. Worthless?	1	2	3	4	-2	-1

14. The last set of questions asked about feelings that might have occurred during the past 30 days. Taking them altogether, do you feel better, worse or about the same in the last year, since you left the rapid rehousing program [INSERT THE PROGRAM NAME]?

- Better 1
- Worse 2
- About the same 3
- DON'T KNOW -1
- REFUSED..... -2

ASK IF BASED ON QA2 AND QA4 RESPONDENT HAS CHILDREN, OTHERWISE SKIP TO SECTION J.

15. Overall, how would you rate the health of your children during the past month (that is the past 30 days)?

- Excellent 1
- Very good 2
- Good..... 3
- Fair 4
- Poor 5
- DON'T KNOW -1
- REFUSED..... -2

16. In general, has the health of your children been better, worse or about the same in the last year, this is, since you left the rapid rehousing program [INSERT THE PROGRAM NAME]?

- Better 1
- Worse 2
- About the same 3
- DON'T KNOW -1
- REFUSED -2

SECTION J. CLOSING

That completes all the specific questions that I have. Is there anything else that you would like to tell me about your neighborhood, or experiences, or any suggestions that you might have for HUD or improving housing programs to help families avoid becoming homeless?

Please confirm your current address, so we can send you a money order for \$25. _____

Thank you for your time.