

Appendix C.
Tracking Survey Instrument

The Impact of Housing and Services Interventions for Homeless Families Tracking Interview—DRAFT

Introduction

Hello, my name is []. I work for a company called Abt Associates. You might remember that I met with you back in [MONTH/YEAR of RA]/MONTH/YEAR OF LAST TRACKING INTERVIEW at [INSERT LOCATION WHERE INTERVIEWER LAST MET WITH RESPONDENT]. At that time I talked to you about a study that we are doing to find out about what kind of housing is best for families who become homeless. Abt is an independent research company and we are helping the U.S. Department of Housing and Urban Development (HUD) to do this study. When we talked back in [MONTH/YEAR OF RA/MONTH/YEAR OF LAST TRACKING INTERVIEW], I mentioned that I'd be getting in touch with you again to find out about your housing experiences. I'd like to ask you some questions now. The survey will take about 10 minutes to complete. You can stop the interview at any time. You can choose not to answer any question. The information you provide will be kept confidential and only used for this study. The collection of this information has been approved by the Office of Management and Budget. At the end of the interview, you will be paid \$10, in appreciation for your time.

Section A: Current Housing, Homelessness since previous interview, housing program participation

First, I'd like to ask about where you are living/staying right now.

- A1. Can you please confirm the address of where you are living/staying now? [CAPI: PRE-FILL WITH ADDRESS WHERE INTERVIEW IS TAKING PLACE. INTERVIEWER; CONFIRM THAT INFORMATION IS CORRECT AND UPDATE AS NEEDED]

A1a. Is there a complex/building name? _____

A1b. Is there an apartment number? _____

A1c. What city do you live in? _____

A1d. What state do you live in? _____

A1e. What is the zip code? _____

- A2. Is the place where you live now called the [INSERT NAME OF PROGRAM TO WHICH THE FAMILY WAS RANDOMLY ASSIGNED/ USE ALTERNATIVE NAMES IF PROGRAM IS KNOWN BY MORE THAN ONE NAME]? **CAPI ONLY ASK FOR SAMPLE ASSIGNED TO TH INTERVENTION.**

YES..... 1 SKIP TO A4
 NO..... 2
 REFUSED..... 7
 DON'T KNOW..... 8

- A3. Which of the following best describes your current living situation?

<i>Would you say you are living/staying in...</i>	Y E S	N O	R E F	D K
CAPI: SKIP TO A4 WHEN YES RESPONSE IS GIVEN				
A3a. A house or apartment that you own or rent. THIS DOES NOT INLCUDE YOUR PARENT'S or GUARDIAN'S HOME OR APARTMENT	1	2	7	8
A3b. Your partner's (boy/girlfriends/fiancé, significant other's) place.	1	2	7	8
A3c. A friend or relative's house or apartment, and 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	7	8

<i>Would you say you are living/staying in...</i>		Y E S	N O	R E F	D K
CAPI: SKIP TO A4 WHEN YES RESPONSE IS GIVEN					
A3d.	A friend or relative's house or apartment, but 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	7	8
A3e.	A permanent housing program with services to help you keep your housing (on site or coming to you) IF YES: COLLECT NAME OF PROGRAM _____ THEN SKIP TO A3	1	2	7	8
A3f.	A transitional housing program IF YES COLLECT NAME OF PROGRAM: _____ THEN SKIP TO A4	1	2	7	8
A3g.	A domestic violence shelter IF YES: SKIP TO A4	1	2	7	8
A3h.	An emergency shelter IF YES COLLECT NAME OF PROGRAM: _____ THEN SKIP TO A4	1	2	7	8
A3i.	A voucher hotel or motel IF YES: SKIP TO A4	1	2	7	8
A3j.	A hotel or motel you pay for yourself IF YES: SKIP TO A4	1	2	7	8
A3k.	A residential drug or alcohol treatment program IF YES: SKIP TO A4	1	2	7	8
A3l.	Jail or prison IF YES: SKIP TO A4	1	2	7	8
A3m.	A car or other vehicle IF YES: SKIP TO A4	1	2	7	8
A3n.	An abandoned building IF YES: SKIP TO A4	1	2	7	8
A3o.	Anywhere outside [PROBE: STREETS, PARKS, ETC.] IF YES: SKIP TO A4	1	2	7	8
A3p.	OTHER → SPECIFY: _____ IF YES: SKIP TO A4	1	2	7	8

A4. How long have you lived in this place? You can tell me this answer in days, weeks, or months, whichever is easiest for you. [INTERVIEWER/CAPI: RECORD NUMBER OF DAYS, WEEKS, MONTHS. IF 0, RECORD THAT AS WELL.

NUMBER OF DAYS _____
 NUMBER OF WEEKS _____
 NUMBER OF MONTHS _____
 REFUSED.....-2
 DON'T KNOW.....-1

A5. Now, thinking about the time between [MONTH/YEAR of RA OR MM/YYYY OF LAST TRACKING INTERVIEW] when we last spoke and today. What would you say is the total number of days, weeks, or months that you have been homeless? *By homeless, I mean times when you didn't have a regular place to live and you were living in a homeless shelter or temporarily in an institution because you had nowhere else to go. Homeless can also include living in a place not typically used for sleeping such as on the street, in a car, in an abandoned building, or in a bus or train station. Please **do not include** any times when you may have stayed with friends or relatives because you did not have your own place to stay. Please **do not include** times when you lived in a transitional housing program or permanent housing program.*

[INTERVIEWER/CAPI: RECORD NUMBER OF DAYS, WEEKS, MONTHS, YEARS. IF 0, RECORD THAT AS WELL.

NUMBER OF DAYS _____
NUMBER OF WEEKS _____
NUMBER OF MONTHS _____
REFUSED.....-2
DON'T KNOW.....-1

A6. Again, please think about the time between [MONTH/YEAR of RA OR MM/YYYY OF LAST TRACKING INTERVIEW] when we last spoke and today. Have you participated in any [housing program /other housing programs that we have not talked about already]? This could be a housing program where you lived or a program that helped you pay the rent in your own apartment or house. CAPI: SELECT HOUSING PROGRAM UNLESS ANSWER TO A2 IS YES OR A3= A3e=YES,A3f=YES, A3g=YES, OR A3h=YES.

YES..... 1
NO..... 2 SKIP TO B1
REFUSED..... 7
DON'T KNOW..... 8

A7. Please tell me the name(s) of any other housing programs you have participated in since MONTH/YEAR of RA OR MM/YYYY OF LAST TRACKING INTERVIEW]. Also, please tell how long you participated in the program. You can either tell me the month and year when you started the program and the month and year when you stopped the program, or you can tell me how long you participated in the program, in days, weeks, or months, whichever is easiest for you.

Program Name	Date started CAPI if A7b, A8b, A9b... and A7c, A8c, A9c... are completed, then A7d, A8d, A9d... is blank. If A7d, A8d, A9d is completed then A7b, A8b, and A9c are to be left blank	Date stopped	Total time in program (in weeks, months, or days)
A7a	A7b	A7c	A7d INTERVIEWER: RECORD THE NUMBER OF DAYS, WEEKS, MONTHS, ENTER 0 IF 0. ___ NUMBER OF DAYS ___ NUMBER OF WEEKS ___ NUMBER OF MONTHS
A8a	A8b	A8c	A8d INTERVIEWER: RECORD THE NUMBER OF DAYS, WEEKS, MONTHS, ENTER 0 IF 0. ___ NUMBER OF DAYS ___ NUMBER OF WEEKS ___ NUMBER OF MONTHS
A9a	A9b	A9c	A9d INTERVIEWER: RECORD THE NUMBER OF DAYS, WEEKS, MONTHS, ENTER 0 IF 0. ___ NUMBER OF DAYS ___ NUMBER OF WEEKS ___ NUMBER OF MONTHS
A10a	A10b	A10c	A10d INTERVIEWER: RECORD THE NUMBER OF DAYS, WEEKS, MONTHS, ENTER 0 IF 0. ___ NUMBER OF DAYS ___ NUMBER OF WEEKS ___ NUMBER OF MONTHS

Section B: Family Composition

Now I'd like to ask you about the people in your family. I'll ask you about people who are living with you now and your spouse/partner or children who are in your family but are not staying with you now.

B1. The last time we talked, [MM/YYYY of RA or MM/YYYY OF LAST TRACKING INTERVIEW] [LIST FIRST NAMES AND CURRENT AGES OF PEOPLE LIVING WITH RESPONDENT AT TIME OF LAST INTERVIEW] were living with you/staying with you: Can you please tell me if each of them are staying with you now? If not, please tell me where they are currently staying, and how long they've been staying there.

LINES WILL BE ADDED TO THE TABLE AS NEEDED.

List of family members with Respondent at last interview	B2. Is [B1a...B1e] staying with you now?	B3. IF NO TO B2 FOR ANY FAMILY MEMBER ASK: How long has it been since [B1a] lived/stayed with you?	B4. IF NO TO B2 FOR ANY FAMILY MEMBER ASK: Where is [B1a] living/staying now?
B1a.	YES (SKIP TO NEXT PERSON).....1 NO (ASK B4).....2	____ Days ____ Weeks ____ Months	IF B1a is an ADULT >15? A place of his/her own.....1 With friends or relatives.....2 DK.....8 IF B1a is a CHILD <15? With child's other parent.....1 With your own parents or in-laws.....2 With other relatives.....3 In foster care.....4 → How long in foster care? _____ Other:5
B1b	YES (SKIP TO NEXT PERSON).....1 NO (ASK B4).....2	____ Days ____ Weeks ____ Months	IF B1b is an ADULT >15? A place of his/her own.....1 With friends or relatives.....2 DK.....8 IF B1b is a CHILD <15? With child's other parent.....1 With your own parents or in-laws.....2 With other relatives.....3 In foster care.....4 → How long in foster care? _____ Other:5
B1c	YES (SKIP TO NEXT PERSON).....1 NO (ASK B4).....2	____ Days ____ Weeks ____ Months	IF B1c is an ADULT >15? A place of his/her own.....1 With friends or relatives.....2 DK.....8 IF B1c is a CHILD <15? With child's other parent.....1 With your own parents or in-laws.....2 With other relatives.....3 In foster care.....4 → How long in foster care? _____ Other:5

List of family members with Respondent at last interview	B2. Is [B1a...B1e] staying with you now?	B3. IF NO TO B2 FOR ANY FAMILY MEMBER ASK: How long has it been since [B1a] lived/stayed with you?	B4. IF NO TO B2 FOR ANY FAMILY MEMBER ASK: Where is [B1a] living/staying now?
B1d	YES (SKIP TO NEXT PERSON).....1 NO (ASK B4).....2	___ Days ___ Weeks ___ Months	IF B1d is an ADULT >15? A place of his/her own.....1 With friends or relatives.....2 DK.....8 IF B1d is a CHILD <15? With child's other parent.....1 With your own parents or in-laws.....2 With other relatives.....3 In foster care.....4 → How long in foster care? _____
B1e	YES (SKIP TO NEXT PERSON).....1 NO (ASK B4).....2	___ Days ___ Weeks ___ Months	IF B1e is an ADULT >15? A place of his/her own.....1 With friends or relatives.....2 DK.....8 IF B1e is a CHILD <15? With child's other parent.....1 With your own parents or in-laws.....2 With other relatives.....3 In foster care.....4 → How long in foster care? _____

B5. Are there any other people are **living with you right now** whom we haven't talked about?

- YES..... 1
- NO..... 2 **SKIP TO C1**
- REFUSED..... 7
- DON'T KNOW..... 8

B5a. How many other people who we haven't talked about yet, but are **living with you right now** are adults, 18 years old or older? How many are children, 17 years old or younger?

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

B6. Please tell me the first names of the **adults** who are living with you now whom we haven't talked about. By adults I mean people 18 years old or older. Do not include yourself.

- B6a. _____
- B6b. _____

B7. Please tell me the first names of the **children** who are living with you now whom we haven't talked about. By children I mean people 17 years old or younger. **Please do not include children 18 years old or older.** Do not include yourself.

- B7a. _____
- B7b. _____
- B7c. _____
- B7d. _____

ADD MORE LINES AS NEEDED

Now I have some questions about these family members. Let’s start with the adults. **MORE COLUMNS WILL BE ADDED AS NEEDED**
THESE ITEMS ARE ONLY COLLECTED FOR FAMILY MEMBERS WHO HAVE JOINED THE FAMILY SINCE THE BASELINE INTERVIEW
(WERE NOT WITH THE FAMILY AT THE BASELINE INTERVIEW)

	FAMILY MEMBER 1 (B6a)	FAMILY MEMBER 2 (B6b)	FAMILY MEMBER 3 (B7a)	FAMILY MEMBER 4 (B7b)
B8. What is [B6a/B7a]’s relationship to you?	HUSBAND OR WIFE.....1	HUSBAND OR WIFE.....1	HUSBAND OR WIFE.....1	HUSBAND OR WIFE.....1
	LOVER/PARTNER.....2	LOVER/PARTNER.....2	LOVER/PARTNER.....2	LOVER/PARTNER.....2
	CHILD.....3	CHILD.....3	CHILD.....3	CHILD.....3
	STEP-CHILD4	STEP-CHILD4	STEP-CHILD4	STEP-CHILD4
	FOSTER CHILD.....5	FOSTER CHILD.....5	FOSTER CHILD.....5	FOSTER CHILD.....5
	CHILD OF LOVER/PARTNER.....6	CHILD OF LOVER/PARTNER.....6	CHILD OF LOVER/PARTNER.....6	CHILD OF LOVER/PARTNER.....6
	SON- OR	SON- OR	SON- OR	SON- OR
	DAUGHTER-IN-LAW.....7	DAUGHTER-IN-LAW.....7	DAUGHTER-IN-LAW.....7	DAUGHTER-IN-LAW.....7
	MOTHER OR FATHER.....8	MOTHER OR FATHER.....8	MOTHER OR FATHER.....8	MOTHER OR FATHER.....8
	STEP-PARENT.....9	STEP-PARENT.....9	STEP-PARENT.....9	STEP-PARENT.....9
	MOTHER- OR FATHER-IN-LAW	MOTHER- OR FATHER-IN-LAW	MOTHER- OR FATHER-IN-LAW	MOTHER- OR FATHER-IN-LAW
	OR PARTNER’S PARENT.....10	OR PARTNER’S PARENT.....10	OR PARTNER’S PARENT.....10	OR PARTNER’S PARENT.....10
	GRANDPARENT.....11	GRANDPARENT.....11	GRANDPARENT.....11	GRANDPARENT.....11
	BROTHER OR SISTER.....12	BROTHER OR SISTER.....12	BROTHER OR SISTER.....12	BROTHER OR SISTER.....12
	BROTHER- OR	BROTHER- OR	BROTHER- OR	BROTHER- OR
SISTER-IN-LAW.....13	SISTER-IN-LAW.....13	SISTER-IN-LAW.....13	SISTER-IN-LAW.....13	
GRANDCHILD.....14	GRANDCHILD.....14	GRANDCHILD.....14	GRANDCHILD.....14	
OTHER RELATIVE.....15	OTHER RELATIVE.....15	OTHER RELATIVE.....15	OTHER RELATIVE.....15	
B9. Is [B6a/B7a] male or female?	MALE.....1	MALE.....1	MALE.....1	MALE.....1
	FEMALE.....2	FEMALE.....2	FEMALE.....2	FEMALE.....2
	REFUSED.....7	REFUSED.....7	REFUSED.....7	REFUSED.....7
	DON’T KNOW.....8	DON’T KNOW.....8	DON’T KNOW.....8	DON’T KNOW.....8
B10. What is [B6a/B7a]’s Date of Birth?	____/____/____ MM DD YYYY	____/____/____ MM DD YYYY	____/____/____ MM DD YYYY	____/____/____ MM DD YYYY
B11. ASK IF B7a is 15 or OLDER. Is [B7a] currently working for pay?	YES.....1	YES.....1	YES.....1	YES.....1
	NO.....2	NO.....2	NO.....2	NO.....2
	REFUSED.....7	REFUSED.....7	REFUSED.....7	REFUSED.....7
	DON’T KNOW.....8	DON’T KNOW.....8	DON’T KNOW.....8	DON’T KNOW.....8

Section C: Contact Information

Thank you very much for your time today. To help us be able to get back in touch with you in the future, we would like to review the names, telephone numbers and addresses of two people we talked about last time we spoke who will always know how to reach you. This information will be kept strictly confidential and will only be used if we are unable to contact you.

- C1. When we last spoke on [RA MMYYY or Last Intw MMYYYY] you said that [CONTACT 1] was a person who would always know where you are and how to reach you. Is [CONTACT#1] still a person who does not live with you and will always know how to contact you?

Yes.....1 **SKIP TO C3**
No2
REFUSED7
DON'T KNOW8

IF NO: CONTACT #1:

- C2. Could you please tell me the name of a person who does not live with you and will always know how to contact you?

Yes.....1
No2 **SKIP TO C8**
REFUSED7
DON'T KNOW8

- C2a. What is his/her first name? _____
C2b. What is his/her middle name? _____
C2c. What is his/her last name? _____
C2d. Does his/her name have a suffix? _____

- C3. IF CONTACT #1 CONFIRMED ASK: Is [CONTACT #1]'s address still:
IF CONTACT #1 IS NEW ASK: What is (his/her) street address?

- _____
- C3a. Is there a complex/building name? _____
C3b. Is there an apartment number? _____
C3c. In what city? _____
C3d. In what state? _____
C3e. What is the zip code? _____

C4. What is (his/her) home phone number, starting with the area code?

Telephone # with area code: () -

C5. What is (his/her) cell phone number, starting with the area code?

Telephone # with area code: () -

C6. What is (his/her) email address?

C7. What is (his/her) relationship to you?

- Friend..... 1
- Relative..... 2
- OTHER (SPECIFY _____)..... 95
- REFUSED..... 97
- DON'T KNOW..... 98

CONTACT #2:

C8. When we last spoke on [RA MMYYY or Last Intw MMYYYY] you said that [CONTACT #2] was also a person who would always know where you are and how to reach you. Is [CONTACT#2] still a person who does not live with you and will always know how to contact you?

- Yes..... 1 **SKIP TO C10**
- No 2
- REFUSED 7
- DON'T KNOW 8

IF NO: CONTACT #2:

C9. Could you please tell me the name of another person who does not live with you and will always know how to contact you?

- Yes..... 1
- No 2 **SKIP TO CLOSING**
- REFUSED 7
- DON'T KNOW 8

- C9a. What is his/her first name? _____
- C9b. What is his/her middle name? _____
- C9c. What is his/her last name? _____
- C9d. Does his/her name have a suffix? _____

C10. IF CONTACT #2 CONFIRMED ASK: Is [CONTACT #2]'s address still:
IF CONTACT #2 IS NEW ASK: What is (his/her) street address?

- C10a. Is there a complex/building name? _____
- C10b. Is there an apartment number? _____
- C10c. In what city? _____
- C10d. In what state? _____
- C10e. What is the zip code? _____

C11. What is (his/her) home phone number, starting with the area code?

Telephone # with area code: (_____) _____ - _____

C12. What is (his/her) cell phone number, starting with the area code?

Telephone # with area code: (_____) _____ - _____

C13. What is (his/her) email address?

C14. What is (his/her) relationship to you?

- Friend.....1
- Relative.....2
- OTHER (SPECIFY _____).....95
- REFUSED.....97
- DON'T KNOW.....98

Thank you very much for your time today.