

Evaluation of the Veterans Homelessness Prevention Demonstration

VHPD BASELINE INTERVIEW

Interviewer: Please fill out any blanks on this page before you begin the interview. CATI will already have filled in the site and R ID number [delete if CATI fills it all in]

Interviewer Name: _____

| VHPD Site | R ID Number | Interview Date | Start Time | End Time |
|--|--------------------|-----------------------|-------------------|-----------------|
| 1 - Utica/NY 2 - Tampa/FL 3 - Austin/TX 4 - San Diego/CA 5 - Tacoma/WA | _____ | __ / __ / __ | __: __ | __: __ |

Instructions to interviewer are in **pink**

Instructions pertaining to CATI programming are in **yellow**

Hi, my name is _____. I am calling from Silber & Associates, a research firm based in Baltimore. I am calling to ask you some questions about your situation now that you have begun to participate in the Veterans Homelessness Prevention Demonstration (VHPD). Thank you for allowing your local VHPD program to send us your name and contact information, and for taking the time to speak with me today. We will be talking for about 25-30 minutes. As you may remember, your VHPD program told you that someone would be contacting you shortly to hear about how things have been going for you and what brought you to the program.

HUD, the VA, and the Department of Labor, the federal partners sponsoring VHPD, are very interested in helping veterans avoid homelessness. They hope to learn from your experiences with the Veterans Homelessness Prevention Program about the ways the program might be able to help you deal with the situation you are in. I'll ask you a series of questions about your living situation (housing, who lives with you), income and employment, housing cost, health and well-being, and ways you think your military experiences may be affecting your living situation. You will probably have answered many of the same questions for your VHPD program and the local VA Medical Center, but please bear with us as the information you give us will be used to understand in greater depth the situation that some veterans may find themselves in, where they are in danger of losing their housing or may already have lost it.

Your participation in this study will help the federal partners to improve programs for veterans like you across the country. Your participation is voluntary; you may stop the interview at any time. If any question makes you feel uncomfortable, you can refuse to answer that question. The information you provide will be kept confidential and only used for this study to the extent allowed by the Privacy Act of 1974. The collection of this information has been approved by the Office of Management and Budget. Right now, let me verify a few things:

1. I'm going to be asking you questions that refer to your local VHPD program.

These questions will work best if I can use the names that you call the agencies that are part of the program. Could you please tell me what you call:

- a. The VA medical center where you may get health care _____
- b. The program that provides rent assistance and other help with housing and benefits _____
- c. The Worksource Center that you may use for help finding work or improving your job situation _____

CATI will insert appropriate name as follows: 1a for PN-VA; 1b for PN-HL; 1c for PN-DOL.

2. What is the address where you are currently living?

Street _____

City _____ Zip code _____

3. Is that the address we should use to send you the \$30 as a token of appreciation for your participation?

- Yes 1
- No 0

3a. If no, to what address should we send payment

Street _____
 City _____ Zip code _____

4. When were you discharged from the military, Reserves, or National Guard?

___/___/___ date, in MM/YYYY (SKIP TO A1)

- DON'T KNOW (ASK 4a)..... 7
- REFUSED (ASK 4a)..... 8

4a. Can you give me a range? Was it:

- Less than 1 month ago..... 1
- 1 to 3 months ago..... 2
- 4 to 6 months ago..... 3
- 7 up to 12 months ago..... 4
- 12 or more months ago..... 5
- Don't Know..... 7
- Refused..... 8

SECTION A. HOUSING AT VHPD PROGRAM ENTRY AND HOUSING HISTORY

I'd like to ask you a few questions first about your living situation.

A1 Thinking about where you live now, is that your own place—that is, a house or apartment that you rented, and the lease was in your name or you and your spouse/partner's names jointly?

- YES (ASK A1a)..... 1
- NO (SKIP TO A2)..... 0
- DON'T KNOW (SKIP TO A2)..... 7
- REFUSED (SKIP TO A2)..... 8

A1a. Do you own that place, or do you rent it?

- Own it (SKIP TO A4)..... 1
- Rent it (SKIP TO A4)..... 2
- DON'T KNOW (SKIP TO A4)..... 7
- REFUSED (SKIP TO A4)..... 8

- A2. Is it someone else's place, for instance, the place of your parents, other relatives, or friends?
- YES (ASK A4)..... 1
 NO (SKIP TO A3)..... 0
 DON'T KNOW (SKIP TO A3)..... 7
 REFUSED (SKIP TO A3)..... 8

A3 Could you tell me, then, which one of the following best describes your living situation now? I'll start reading some possibilities—stop me when I read the one that best describes your currently living situation [INTERVIEWER: READ OPTIONS UNTIL R INDICATES THE RIGHT ONE, AND MARK THAT ANSWER]

| | |
|---|----|
| An emergency shelter or domestic violence shelter | 01 |
| A voucher hotel or motel (paid for by a homeless or government program) | 02 |
| Housing paid for by the VA's Grant & Per Diem program | 03 |
| A transitional housing program | 04 |
| Anywhere not meant for habitation—e.g., a car, truck, RV, or trailer; an abandoned building, in parks, on the streets, in camping grounds, anywhere outside | 05 |
| A hotel or motel you paid for yourself | 06 |
| A VA residential drug or alcohol treatment program—only for vets | 07 |
| A residential drug or alcohol treatment program for anyone—not just for vets | 08 |
| A VA hospital | 09 |
| Any other hospital—i.e., not a hospital run by the VA | 10 |
| Jail or prison | 11 |
| A permanent housing program for people with disabilities who have been homeless, with services and caseworkers to help you keep your housing | 12 |
| OTHER → SPECIFY: _____ | 13 |
| Don't Know | 97 |
| Refused | 98 |

- A4 How long have you been living where you are living now?
- Less than 1 month..... 1
 1 to 3 months..... 2
 4 to 6 months..... 3
 7 to 12 months..... 4

| | |
|---------------------|---|
| 1 year or more..... | 5 |
| Don't Know..... | 7 |
| Refused..... | 8 |

A5. [ASK IF A1 = 1 OR A2 = 1, ELSE SKIP TO BOX 1] Can you tell me about the house, apartment, or living space you live in now. Overall, how would you describe the condition of your current house, apartment, or 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..... | 7 |
| REFUSED..... | 8 |

BOX 1

€ 01 R Still in the military 12 months ago
 (Date given in 4 is less than 12 months ago OR 4a = 1, 2, 3, or 4)
 → [GO TO A6]

€ 02 R left the military 12 months or more ago
 (Date given in 4 is more than 12 months ago OR 4a = 5, 7, 8)
 → [GO TO A6]

A6 Including the place you are living now, how many different places have you lived [CATI INSERT "since you left the military" IF BOX 1 = 1. CATI INSERT "during the past 12 months, since [INSERT MONTH AND YEAR]" IF BOX 1 = 2]?

| | |
|--|---|
| 1 place—just the place I am living now (skip to Box 2) | 1 |
| | 1 |
| 2 places | 2 |
| 3 places..... | 3 |
| 4 places..... | 4 |
| 5 or more places..... | 5 |
| Don't Know..... | 7 |
| Refused..... | 8 |

A6a. Other than the place you are living now, we'd like to know all the types of places you lived or stayed [CATI INSERT "since you left the military" IF BOX 1 = 1. CATI INSERT "during the past 12 months, since [INSERT MONTH AND YEAR]" IF BOX 1 = 2]. During that time, did you live or stay in any of the following places? [READ RESPONSES AND MARK "YES" OR "NO" FOR ALL THAT APPLY.]

- A6a1. In my own place (lease was in your name or you owned it).....Y/N/DK/Ref
- A6a2. In someone else's place (relative, partner, or friend)Y/N/DK/Ref

- A6a3. In a shelter for homeless people/victims of domestic violence
Y/N/DK/Ref
- A6a4. In my car/truck, abandoned building, somewhere outside, or a place
not meant for habitation.....Y/N/DK/Ref
- A6a5. In a hospital, treatment program, jail, prison, other institution
.....Y/N/DK/Ref
- A6a6. Some other type of place.....Y/N/DK/Ref

BOX 2

€ 01 R HAS ALREADY INDICATED THAT S/HE HAS BEEN HOMELESS AT SOME POINT
[IF (A3=01, 02, 03, 04, 05, 06)
→ [GO TO A8]

€ 02 R HAS NOT YET INDICATED THAT S/HE HAS BEEN HOMELESS AT SOME POINT
[If the above condition is not met] → [GO TO A7]

A7. Have you ever been homeless—that is, living or sleeping in an emergency shelter, transitional housing program, your car or truck, anywhere outside, or in another place not meant for human habitation.

- YES (ask A8)..... 1
- NO (SKIP TO SECTION B)..... 0
- Don't Know (SKIP TO SECTION B)..... 7
- Refused (SKIP TO SECTION B)..... 8

A8 How often have you been homeless in your lifetime—that is, living or sleeping in an emergency shelter, transitional housing program, your car or truck, anywhere outside, or in another place not meant for human habitation?

- Once 1
- Twice..... 2
- Three times..... 3
- Four or more times..... 4
- Don't Know..... 7
- Refused..... 8

A9 How old were you the first time you were homeless? [INTERVIEWER if R uncertain, read "by homeless, I mean living or sleeping in an emergency shelter, transitional housing program, your car or truck, anywhere outside, or in another place not meant for human habitation"]

- Eleven or younger..... 0

| | |
|-------------------|---|
| 12-15 | 1 |
| 16-17 | 2 |
| 18-19 | 3 |
| 20-24 | 4 |
| 25-34 | 5 |
| 35 or older | 6 |
| Don't Know | 7 |
| Refused | 8 |

A10 Altogether, would you say you have been homeless for at least 12 months, adding up the time from different episodes?

Yes.....1
 No.....0
 DON'T KNOW 997
 REFUSED 998

SECTION B. HOUSEHOLD COMPOSITION

Now I'd like to ask you some questions about the people you have lived or stayed with [CATI INSERT "since you left the military" IF BOX 1 = 1. CATI INSERT "during the past 12 months" IF BOX 1 = 2].

B1. Please tell me all the people you live with now. [Mark all that apply]

- B1a. You live by yourself, no one else lives with you (enter "1" in B1k1 and "0" in B1k2 and skip to Box 3)...
y/n/dk/r
- B1b. Your children (if asked, "including someone else's children you are responsible for")Y/N/DK/Ref
B1b1. (ASKI IF B1b = Y) How Many? _____
- B1c. Someone else's children (not your responsibility).....Y/N/DK/Ref
B1c1. (ASK IF B1c = Y) How Many? _____
- B1d. Your spouseY/N/DK/Ref
- B1e. Your boy/girlfriend/partnerY/N/DK/Ref
- B1f. Your parent(s) or your spouse/partner/boy/girlfriend's parent(s)
Y/N/DK/Ref
- B1g. Other relatives of yours or your spouse/partner/boy/girlfriend's
Y/N/DK/Ref
- B1h. FriendsY/N/DK/Ref
- B1i. RoommatesY/N/DK/Ref
- B1j. Lodger(s), Boarder(s), anyone else.....Y/N/DK/Ref

B1k. How many adults and how many children would that be, in total, counting yourself?

B1k1. Number of adults (18 and older) _____

B1k2. Number of children (17 and younger) _____

BOX 3

€ 01 R is currently living with at least 1 child for whom s/he has responsibility
[B1b=Y]
→ [GO TO B2]

€ 02 R is not currently living with any children for whom s/he has responsibility
[(B1b = N, DK or Ref) OR (B1k2 = 0)]
→ [GO TO SECTION C]

B2. Thinking about the children **who live with you now** and for whom you have responsibility, how many of them are

B2a. Aged 0 (newborn) through 5?

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

B2b. Aged 6 through 17?

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

B2c. Adults—that is, aged 18 or older?

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

SECTION C. EDUCATION AND TRAINING

C1. At the time you began to fill out your application for [PN-HL], What was the highest level of education you had completed?

8th grade or less..... 0
9th, 10th, or 11th grade, did not complete GED or get high school diploma ..1
Completed GED2
High school diploma3
Some college or a 2-year degree4
Finished 4-year degree5
Master's degree or equivalent6
Other.....7
Don't Know-1
Refused-2

C2. At the time you began to fill out your application for [PN-HL], did you have any type of vocational license or certification from a training or educational program?

| | |
|-----------------|---|
| YES..... | 1 |
| NO..... | 0 |
| DON'T KNOW..... | 7 |
| REFUSED..... | 8 |

C3. Are you now participating in any additional schooling or training program that (has) lasted at least two weeks that was designed to help you find a job, improve your job skills, or learn a new job? [INTERVIEWER: if R is usually in school or training but at time of interview is not—e.g., because no summer school is offered—record answer as “yes,]]

| | |
|-----------------|---|
| YES..... | 1 |
| NO..... | 0 |
| DON'T KNOW..... | 7 |
| REFUSED..... | 8 |

C4. What kind of schooling or training is that? [MARK ALL THAT APPLY]

- D5a. Regular schooling leading to a degree (AA, BA, etc.).....Y/N/DK/Ref
- D5b. Regular schooling leading to a vocational or professional license or certification.....Y/N/DK/Ref
- D5c. General equivalency diploma (GED).....Y/N/DK/Ref
- D5d. English as a second language (ESL).....Y/N/DK/Ref
- D5e. Computer training.....Y/N/DK/Ref
- D5f. Apprenticeship / on-the-job training.....Y/N/DK/Ref
- D5g. Vocational rehabilitation.....Y/N/DK/Ref
- D5h. OTHERY/N/DK/Ref

C5. Did [] help you get that schooling / training? [Insert each program name in turn]

- D6a. [PN-HL]Y/N/DK/Ref
- D6b. [PN-VA]Y/N/DK/Ref
- D6c. [PN-DOL]Y/N/DK/Ref
- D6d. [Another agency]Y/N/DK/Ref

C6. Is the Post 9/11 GI Bill helping to pay your tuition and/or other school costs?

| | |
|-----------------|---|
| YES..... | 1 |
| NO..... | 0 |
| DON'T KNOW..... | 7 |
| REFUSED..... | 8 |

SECTION D. INCOME AND EMPLOYMENT

- D1. Have you or anyone in your household received any income from any source in past 30 days?
- YES (ASK D2)..... 1
 NO (SKIP TO D3)..... 0
 REFUSED (SKIP TO D3)..... 7
 DON'T KNOW (SKIP TO D3)..... 8

- D2. In the past 30 days, have you or anyone in your household received any income from ... ?

By adding "or anyone in your household," can drop old E4.

| | NO | YES | DK | Ref |
|---|----|-----|----|-----|
| D2a. Income from a job | 0 | 1 | -2 | -1 |
| D2b. Unemployment Insurance | 0 | 1 | -2 | -1 |
| D2c. Supplemental Security Income (SSI) | 0 | 1 | -2 | -1 |
| D2d. Social Security Disability Income (SSDI) | 0 | 1 | -2 | -1 |
| D2e. Temporary Assistance for Needy Families (TANF) (or use local program name) | 0 | 1 | -2 | -1 |
| D2f. General Assistance (GA) or General Relief | 0 | 1 | -2 | -1 |
| D2g. Money from family or friends | 0 | 1 | -2 | -1 |
| D2h. Other source | 0 | 1 | -2 | -1 |

- D3. In the past 30 days, did the Post 9/11 GI Bill, an education or training allowance from the VA, or a scholarship or grant provide you with income or resources that you could use to cover expenses?

- YES..... 1
 USUALLY YES, BUT NO CLASSES RIGHT NOW..... 2
 NO..... 0
 REFUSED..... 7
 DON'T KNOW..... 8

- D4. What was your household's total income in the past 30 days?

PER MONTH: \$ _____.00 (FOUR DIGITS, ROUNDED TO DOLLAR) (SKIP TO D5)

(EXPECTED RANGE = \$1-3000)

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

D4a. [ASK IF D4 = -1 or -2], Can you give me range? Was your total household income last month:

- Under \$500..... 1

| | |
|---------------------------------|---|
| \$500 - < \$750..... | 2 |
| \$750 - < \$1000..... | 3 |
| \$1000 - < \$1500..... | 4 |
| \$1500 - < \$2000..... | 5 |
| More than \$2000 per month..... | 6 |
| DON'T KNOW..... | 7 |
| REFUSED..... | 8 |

D5. In the past 30 days, did you or anyone in your household receive (or are you on) any of the following benefits:

| | NO | YES | DK | REF |
|---|----|-----|----|-----|
| D5a. Food Stamps (officially called Supplemental Nutrition Assistance Program (SNAP)) | 0 | 1 | -1 | -2 |
| D5b. Medicaid health insurance program (Medi-Cal for San Diego) | 0 | 1 | -1 | -2 |
| D5c. Medicare health insurance program | 0 | 1 | -1 | -2 |
| D5d. State Children's Health Insurance Program | 0 | 1 | -1 | -2 |
| D2e. Veterans pension/payment from the VA | 0 | 1 | -2 | -1 |
| D5f. Temporary rental assistance from VHPD | 0 | 1 | -1 | -2 |
| D5g. Temporary rental assistance from some other program | 0 | 1 | -1 | -2 |
| D5h. Other source | 0 | 1 | -1 | -2 |

D6. Did _____ help you access those benefits? [Insert each program name in turn]

| | |
|---------------------------|------------|
| D6a. [PN-HL] | Y/N/DK/Ref |
| D6b.[PN-VA] | Y/N/DK/Ref |
| D6c.[PN-DOL] | Y/N/DK/Ref |
| D6c. [other agency] | Y/N/DK/Ref |

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

D7. Last week, did you do any work for pay?

| | |
|--------------------------------------|---|
| YES (SKIP TO Box 4, check "2") | 1 |
| NO (ASK D8)..... | 0 |
| DON'T KNOW (ASK D8)..... | 7 |
| REFUSED (ASK D8)..... | 8 |

D8. Have you been doing anything to find work during the past four weeks?

| | |
|-----------|---|
| YES | 1 |
|-----------|---|

| | |
|-----------------|---|
| NO..... | 0 |
| DON'T KNOW..... | 7 |
| REFUSED..... | 8 |

D9. What is the **main reason** that you did not work for pay or look for work last week? [Mark only one-- INTERVIEWER: Allow R to respond spontaneously and Mark ONLY ONE response. If R mentions multiple response options, INTERVIEWER repeat response options that the R indicated "Would that be... (response A, response B, response C)? And ask them to choose the main reason]

| | |
|--|----|
| Unable to work because of housing problems..... | 01 |
| Unable to work for health reasons related to military service..... | 02 |
| Unable to work for health reasons unrelated to military service..... | 03 |
| Has job but temporarily absent/seasonal work..... | 04 |
| Couldn't find any work..... | 05 |
| Couldn't find a job that pays enough..... | 06 |
| Child care problems..... | 07 |
| Family responsibilities..... | 08 |
| In school or other training..... | 09 |
| Waiting for a new job to begin..... | 10 |
| Had enough money from other sources..... | 11 |
| Retired..... | 12 |
| Disabled..... | 13 |
| Other (specify): _____..... | 95 |
| DON'T KNOW..... | 97 |
| REFUSED..... | 98 |

D10. Did any VHPD staff – for example, your caseworker(s) – refer you to [PN-DOL] to help you find work?

| | |
|-----------------|---|
| YES..... | 1 |
| | |
| NO..... | 0 |
| DON'T KNOW..... | 7 |
| REFUSED..... | 8 |

D11. Do you have a disability that limits or prevents you from working?

| | |
|-------------------------------|---|
| YES (ASK D11a)..... | 1 |
| | |
| NO (SKIP TO D12)..... | 0 |
| DON'T KNOW (SKIP TO D12)..... | 7 |
| REFUSED (SKIP TO D12)..... | 8 |

D11a. Is this disability related to your military service?

| | |
|---------------------------|---|
| YES (ASK D12)..... | 1 |
| | |
| NO (ASK D12)..... | 0 |
| DON'T KNOW (ASK D12)..... | 7 |
| REFUSED (ASK D12)..... | 8 |

D12. Have you worked for pay since leaving the military, Reserves, or National Guard?

| | |
|---------------------------------|---|
| YES (ASK D13)..... | 1 |
| NO (SKIP TO BOX 4)..... | 0 |
| DON'T KNOW (SKIP TO BOX 4)..... | 7 |
| REFUSED (SKIP TO BOX 4)..... | 8 |

D13. [ASK IF D12 = 1; CATI INSERT "Since you left the military" IF BOX 1 = 1. CATI INSERT "During the past 12 months" IF BOX 1 = 2], how much of the time have you had a job or done some work for pay?

| | |
|---------------------------------------|---|
| All or almost all of the time..... | 5 |
| Most of the time..... | 4 |
| About half of the time..... | 3 |
| Some of the time..... | 2 |
| Almost none or none of the time | 1 |
| DON'T KNOW..... | 7 |
| REFUSED..... | 8 |

D14. Were you working for pay at the time you began filling out your application for [PN-HL]?

| | |
|-----------------|---|
| YES..... | 1 |
| NO..... | 0 |
| DON'T KNOW..... | 7 |
| REFUSED..... | 8 |

BOX 4

€ 01 R DID NOT WORK FOR PAY LAST WEEK, OR ANSWERED DON'T KNOW OR REFUSED TO D7

(D7 = 0, 7, 8)
→ [GO TO SECTION E]

€ 02 R WORKED FOR PAY LAST WEEK

(D7 = 1)
→ [GO TO D15]

D15. About how long have you been working at that job?

| | |
|------------------------|----|
| Number of months _____ | |
| Number of years _____ | |
| DON'T KNOW..... | -1 |
| REFUSED..... | -2 |

D15a. [ASK IF D15 = 2 MONTHS OR LESS OR IF D15 = -1 or -2] Did _____ help you get that job? [Insert each program name in turn, record answer]

| | |
|----------------------|------------|
| D15b1.[PN-HL] | Y/N/DK/Ref |
| D15b2.[PN-VA] | Y/N/DK/Ref |
| D15b3.[PN-DOL] | Y/N/DK/Ref |

D15b4.[other agency]Y/N/DK/Ref

D16. How many hours per week do you usually work at your main job? By main job, I mean the one at which you usually work the most hours.)

NUMBER OF HOURS _____ (SKIP TO D17).....1-84
DON'T KNOW (ASK D16a).....97
REFUSED (ASK D16a).....98

D16a. Do you usually work 35 hours or more per week at your main job?

YES.....1
NO.....0
DON'T KNOW.....7
REFUSED.....8

D17. [ASK IF D15 IS LESS THAN 1 YEAR] [CATI INSERT "Since you left the military" IF BOX 1 = 1. CATI INSERT "During the past 12 months" IF BOX 1 = 2], how much of the time have you had a job or done some work for pay?

All or almost all of the time.....5
Most of the time.....4
About half of the time.....3
Some of the time.....2
Almost none or none of the time1
DON'T KNOW.....7
REFUSED.....8

SECTION E: HOUSING COSTS

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

BOX 5

€ 01 R LIVES IN HIS/HER OWN PLACE

[(A1 = 1)]

→[GO TO E2]

€ 03 R ANSWERED DON'T KNOW OR REFUSED TO BEING IN HIS/HER OWN PLACE

[(A1 = 1 AND A1a = 7, 8) OR (A1 = 7 OR 8)]

→ [GO TO E1]

€ 04 OTHERWISE (STAYING WITH SOMEONE ELSE, HOMELESS, INSTITUTIONALIZED)

[(A1 = 0)]

→ [GO TO SECTION F]

E1. Are you living in your own place now?

YES (ASK E1a).....1
NO (SKIP TO SECTION F).....0

DON'T KNOW (SKIP TO SECTION F)..... 7
 REFUSED (SKIP TO SECTION F)..... 8

E1a. Do you rent it or do you own it?

Rent it (ASK E2)..... 1
 Own it (ASK E2)..... 2
 DON'T KNOW (SKIP TO SECTION F)..... 7
 REFUSED (SKIP TO SECTION F)..... 8

E2. What is the total rent or mortgage on the place you are staying—the rent on the lease or the monthly mortgage payment, not just what you and your household pay?

PER MONTH: \$__ __ __ __ .00 (FOUR DIGITS, ROUNDED TO DOLLAR) (SKIP TO E3)

(EXPECTED RANGE = \$1-3000)

DON'T KNOW (ASK E2a).....-2
 REFUSED (ASK E2a).....-1

E2a. Can you give me a range? Is the full monthly rent or mortgage payment:

Under \$500 per month..... 1
 \$500 - < \$750..... 2
 \$750 - < \$1000..... 3
 \$1000 - < \$1500..... 4
 \$1500 - < \$2000..... 5
 More than \$2000 per month..... 6
 DON'T KNOW..... 7
 REFUSED..... 8

E3. In the month just past, what did you and your family pay in rent or for your mortgage? We are interested only in knowing the amount of the rent payment that you and your family 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) (SKIP TO E4)

(EXPECTED RANGE = \$1-3000)

DON'T KNOW (ASK E3a).....-2
 REFUSED (ASK E3a).....-1

E3a. Can you give me a range? Is your own family's monthly rent or mortgage payment:

Under \$500 per month..... 1
 \$500 - < \$750..... 2
 \$750 - < \$1000..... 3

| | |
|---------------------------------|---|
| \$1000 - < \$1500..... | 4 |
| \$1500 - < \$2000..... | 5 |
| More than \$2000 per month..... | 6 |
| DON'T KNOW..... | 7 |
| REFUSED..... | 8 |

E4. Do you receive any assistance to pay rent from the government or from some other program?

| | |
|------------------------------|---|
| YES (ASK E5)..... | 1 |
| NO (SKIP TO E6)..... | 0 |
| DON'T KNOW (SKIP TO E6)..... | 7 |
| REFUSED (SKIP TO E6)..... | 8 |

E5. In the last 12 months, has there been a time when you were unable to pay rent or mortgage? [INTERVIEWER—if asked, clarify—“by two weeks after it was due”]

| | |
|------------------------------|---|
| YES (ASK E5a)..... | 1 |
| NO (SKIP TO E6)..... | 0 |
| DON'T KNOW (SKIP TO E6)..... | 7 |
| REFUSED (SKIP TO E6)..... | 8 |

E5a. How often did this happen?

| | |
|--------------------------|---|
| Once | 1 |
| Twice | 2 |
| Three or more times..... | 3 |
| DON'T KNOW..... | 7 |
| REFUSED..... | 8 |

E6. Do you pay for any utilities that are not included as part of the rent or mortgage that you pay? By utilities, I mean electricity, heating oil, gas or propane, and water, but NOT telephone and cable services.

| | |
|-------------------------------------|---|
| YES (ASK E7)..... | 1 |
| NO (SKIP TO SECTION F)..... | 0 |
| DON'T KNOW (SKIP TO SECTION F)..... | 7 |
| REFUSED (SKIP TO SECTION F)..... | 8 |

E7. In the last 12 months, has there been a time when you were unable to pay utility bills—that is, electricity, heating oil, gas or propane, and water, but NOT telephone and cable services. [INTERVIEWER—if asked, clarify—“by two weeks after it was due”]

| | |
|-------------------------------------|---|
| YES (ASK E7a)..... | 1 |
| NO (SKIP TO SECTION F)..... | 0 |
| DON'T KNOW (SKIP TO SECTION F)..... | 7 |

REFUSED (SKIP TO SECTION F)..... 8

E7a. How often did this happen?

Once.....1
Twice.....2
Three or more times.....3
DON'T KNOW.....7
REFUSED.....8

SECTION F: FAMILY HEALTH AND WELL-BEING

F1. 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..... 7
REFUSED..... 8

F2. Please tell me whether you are experiencing any of the following problems at this time (read and check all that apply)

F2a. Serious depression, anxiety, and/or tensionY/N/DK/Ref
F2b. Being easily startled, not being able to relax your guardY/N/DK/Ref
F2c. Trouble understanding, concentrating, or rememberingY/N/DK/Ref
F2d. Trouble controlling anger or violent behaviorY/N/DK/Ref
F2e. Symptoms of post-traumatic stress disorder (PTSD)Y/N/DK/Ref
F2f. Trouble with use of alcohol or drugsY/N/DK/Ref
F2g. Problems dealing with the results of head injury/traumatic brain injury (TBI)
Y/N/DK/Ref
F2h. Experiencing serious thoughts of suicideY/N/DK/Ref
F2i. OTHER..... 95

F3. Has [redacted] been helping you with any of these health problems? [Insert each program name]

F3a. [PN-HL]Y/N/DK/Ref
F3b. [PN-VA]Y/N/DK/Ref
F3c. [PN-DOL]Y/N/DK/Ref
F3d. [other agency]Y/N/DK/Ref

F4. Do you have health insurance that helps pay for health care when you need it?

| | |
|-------------------------------------|---|
| YES (ASK F4a)..... | 1 |
| NO (SKIP TO SECTION G)..... | 0 |
| DON'T KNOW (SKIP TO SECTION G)..... | 7 |
| REFUSED (SKIP TO SECTION G)..... | 8 |

F4a. Is your health insurance from the VA or the military, or is it some other kind of health insurance?

| | |
|--|---|
| VA or military (e.g., CHAMPUS) | 1 |
| Some other type of health insurance..... | 2 |
| DON'T KNOW | 7 |
| REFUSED | 8 |

SECTION G: VETERAN STATUS/MILITARY EXPERIENCE

G1. Have you ever been on active-duty military services in the Armed Forces of the United States or ever been in the United States military Reserves or the National Guard? Active duty does not include training in the reserves or National Guard.

| | |
|---|---|
| Yes, on active duty in the Armed Forces of the US in the past, but not now..... | 2 |
| Yes, active duty, in the Reserves or National Guard only..... | 1 |
| No..... | 0 |
| DON'T KNOW..... | 7 |
| REFUSED..... | 8 |

G2. Did you serve in the theatre of operations for any of the following military conflicts? That is, did you serve *within the geographic proximity of the military conflict*. We'll ask next if you were exposed to conflict itself?

| | |
|---|------------|
| G2a. World War II..... | Y/N/DK/Ref |
| G2b. Korean War | Y/N/DK/Ref |
| G2c. Vietnam War..... | Y/N/DK/Ref |
| G2d. Persian Gulf War (Operation Desert Storm)..... | Y/N/DK/Ref |
| G2e. Afghanistan (Operation Enduring Freedom)..... | Y/N/DK/Ref |
| G2f. Iraq (Operation Iraqi Freedom)..... | Y/N/DK/Ref |
| G2g. Iraq (Operation New Dawn) | Y/N/DK/Ref |
| G2h. Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)..... | Y/N/DK/Ref |

G3. During your military service, were you ever in or exposed to combat?

| | |
|------------------------------|---|
| Yes (ask G3a)..... | 1 |
| No (SKIP TO G4)..... | 0 |
| DON'T KNOW (SKIP TO G4)..... | 7 |
| REFUSED (SKIP TO G4)..... | 8 |

G3a. Were you ever exposed to unfriendly or friendly fire?

| | |
|---------------------------|---|
| Yes, a lot (ASK G3b)..... | 2 |
|---------------------------|---|

Yes, a little (ASK G3b)..... 1
 No (ASK G3b)..... 0
 DON'T KNOW (ASK G3b)..... 7
 REFUSED (ASK G3b)..... 8

G3b. During your military service, how many times were you deployed to serve in combat?

0-1
 deployments 1
 2-3
 deployments..... 2
 More than 3
 deployments..... 3
 DON'T
 KNOW..... 7
 REFUSED..... 8

G4. In total, how many years of active duty military service did you serve?

_____ years
 DON'T KNOW..... 7
 REFUSED..... 8

G5. When you were discharged from military service, did you receive:

An honorable discharge..... 1
 A general discharge, under honorable conditions..... 2
 A general discharge, under other than honorable conditions..... 3
 A bad conduct discharge..... 4
 A dishonorable discharge..... 5
 An uncharacterized or other discharge..... 6
 DON'T KNOW..... 7
 REFUSED..... 8

G6. Think of the greatest challenges you faced when re-entering civilian life after you left the military. Was _____ a challenge? [INSERT EACH OPTION BELOW IN TURN]

G6a. Finding a job, or getting your old job back..... Y/N/DK/Ref
 G6b. Not being able to adjust to working in civilian jobs..... Y/N/DK/Ref
 G6c. Finding an affordable place to live Y/N/DK/Ref
 G6d. Dealing with physical illnesses and conditions Y/N/DK/Ref
 G6e. Getting through physical therapy/rehabilitation Y/N/DK/Ref

- G6f. Getting used to my new physical limitationsY/N/DK/Ref
- G6g. Letting down my guard, learning to relate to the world without constant vigilance / expectation of dangerY/N/DK/Ref
- G6h. Dealing with emotional problemsY/N/DK/Ref
- G6i. Getting used to living with my family again.....Y/N/DK/Ref
- G6j. Finding my place—seemed like there was no place for me anymore, I couldn't reconnectY/N/DK/Ref
- G6k. Lack of social supportsY/N/DK/Ref
- G6l. Something else [SPECIFY:_____]......Y/N/DK/Ref
- G6m. No challenges, haven't had any problems [SKIP TO G7].....0

G6n. Of the challenges you just indicated, which would you say were the top three challenges you faced when re-entering civilian life after you left the military?

[INDICATE TOP THREE CHALLENGES FROM LIST ABOVE (G6a-G6l)]

- DON'T KNOW..... 98
- REFUSED..... 99

G7. After leaving the military, what period of time did you find the hardest to get through?

- Right after being discharged..... 4
- About six months to a year after being discharged..... 3
- More than a year after being discharged..... 2
- No time was hard, haven't had any problems..... 1
- DON'T KNOW..... 7
- REFUSED..... 8

G8. Do you think that anything about your military service increased the chances that you would have some trouble keeping your housing, decreased those chances, or had no effect on your chances of keeping your housing?

- Increased my chances of losing my housing (ask G8a)..... 3
- Had no effect (SKIP TO H1)..... 2
- Decreased my chances of losing my housing (ask G8a)..... 1
- DON'T KNOW (SKIP TO H1)..... 7
- REFUSED (SKIP TO H1)..... 8

G8a. In what ways do you think your military experience might have [CATI INSERT "increased" IF G8=3 AND "decreased" IF G8 = 1] increased/decreased your chances of losing your housing?

SECTION H: DEMOGRAPHICS

I have a few more questions about you.

H1. What is your ethnic background? Are you:

| | |
|------------------------------|---|
| Hispanic or Latino, or..... | 1 |
| Not Hispanic or Latino?..... | 0 |
| DON'T KNOW..... | 7 |
| REFUSED..... | 8 |

H2. What is your race? Do you think of yourself as: (INTERVIEWER: MARK ALL THAT APPLY)

| | |
|--|------------|
| IF VOLUNTEERED: MULTIRACIAL..... | Y/N/DK/Ref |
| Alaska Native or American Indian,..... | Y/N/DK/Ref |
| Asian..... | Y/N/DK/Ref |
| Black or African American,..... | Y/N/DK/Ref |
| Native Hawaiian or Other Pacific Islander, or..... | Y/N/DK/Ref |
| White..... | Y/N/DK/Ref |
| OTHER (SPECIFY _____)..... | 96 |
| DON'T KNOW..... | 97 |
| REFUSED..... | 98 |

H3. INTERVIEWER: RECORD RESPONDENT'S GENDER:
 MALE / FEMALE[query or interviewer observation]

H4. What is your Date of Birth?

___ ___ **month**

___ ___ **date**

___ ___ ___ **year**

[CATI WILL PROMPT IF CURRENT YEAR IS GIVEN FOR BIRTH YEAR—TO ASK AGAIN FOR BIRTH YEAR—IF R CANNOT RECALL BIRTH YEAR, WILL ASK HOW OLD ARE YOU NOW?]

H5. What is your marital status?

| | |
|---------------------|---|
| Now married | 5 |
| Widowed | 4 |
| Divorced | 3 |
| Separated | 2 |
| Never married | 1 |
| DON'T KNOW..... | 7 |

SECTION I: 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 collect the names, telephone numbers and addresses of three people who will always know how to reach you. Please tell me about people who live at different addresses. This information will be kept strictly confidential and will only be used if we are unable to contact you.

- I1. Could you tell us the name of someone who does not live with you and will always know how to contact you?
- Yes..... 1
 - No 0
 - DON'T KNOW..... 7
 - REFUSED 8

CONTACT #1:

I2. What is his/her first name? _____

I2a. What is his/her middle name? _____

I2b. What is his/her last name? _____

I2c. Does his/her name have a suffix? _____

I3. What is (his/her) street address? _____

I3a. Is there a complex/building name? _____

I3b. Is there an apartment number? _____

I3c. In what city? _____

I3d. In what state? _____

I3e. What is the zip code? _____

I4. What is (his/her) home phone number, starting with the area code?

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

I5. What is (his/her) cell phone number, starting with the area code?

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

I6. What is (his/her) email address?

- I7. What is (his/her) relationship to you?
- Friend..... 1
 - Relative [SPECIFY RELATIONSHIP]..... 2
 - OTHER (SPECIFY _____)..... 95
 - DON'T KNOW..... 97
 - REFUSED 98

CONTACT #2:

18. Could you tell us the name of a second person who does not live with you and will always know how to contact you?
- Yes..... 1
 - No (SKIP TO CLOSING)..... 2
 - DON'T KNOW 7
 - REFUSED 8
19. What is his/her first name? _____
- 19a. What is his/her middle name? _____
 - 19b. What is his/her last name? _____
 - 19c. Does his/her name have a suffix? _____
110. What is (his/her) street address? _____
- 110a. Is there a complex/building name? _____
 - 110b. Is there an apartment number? _____
 - 110c. In what city? _____
 - 110d. In what state? _____
 - 110e. What is the zip code? _____
111. What is (his/her) home phone number, starting with the area code?
- Telephone # with area code: (_____) _____ - _____
112. What is (his/her) cell phone number, starting with the area code?
- Telephone # with area code: (_____) _____ - _____
113. What is (his/her) email address?
- _____
114. What is (his/her) relationship to you?
- Friend..... 1
 - Relative [SPECIFY RELATIONSHIP]..... 2
 - OTHER (SPECIFY _____)..... 95
 - DON'T KNOW 97
 - REFUSED 98

CONTACT #3:

115. Could you tell us the name of a third person who does not live with you and will always know how to contact you?
- Yes..... 1
 - No (SKIP TO CLOSING)..... 2

| | |
|-----------------------------------|---|
| DON'T KNOW (SKIP TO CLOSING)..... | 7 |
| REFUSED (SKIP TO CLOSING)..... | 8 |

- I16. What is his/her first name? _____
- I16a. What is his/her middle name? _____
- I16b. What is his/her last name? _____
- I16c. Does his/her name have a suffix? _____

- I17. What is (his/her) street address? _____
- I17a. Is there a complex/building name? _____
- I17b. Is there an apartment number? _____
- I17c. In what city? _____
- I17d. In what state? _____
- I17e. What is the zip code? _____

- I18. What is (his/her) home phone number, starting with the area code?
Telephone # with area code: (_____) _____ - _____

- I19. What is (his/her) cell phone number, starting with the area code?
Telephone # with area code: (_____) _____ - _____

- I20. What is (his/her) email address?

- I21. What is (his/her) relationship to you?
- | | |
|--|----|
| Friend..... | 1 |
| Relative [SPECIFY RELATIONSHIP _____]..... | 2 |
| OTHER (SPECIFY _____)..... | 95 |
| DON'T KNOW..... | 97 |
| REFUSED..... | 98 |

CLOSING: Thank you very much for your time today and for helping us with this study. Your answers and those of people like you will help shape programs to continue the types of help you have received from [PROGRAM NAME].