

## Attachment B: Interview Questions

### 6.14.12 FYSB Pilot Study Computer Assisted Personal Interview

Question Label: INTRO

[This is an INTRO question. Are you able to conduct the survey with the respondent now? ]

Choice Label: INTRO

[Yes, continue] [OK]

[No, trying to schedule it later] [02]

[Refused completely to cooperate] [03]

-----

Message to Interviewer: RESPID

[Please enter the 6 digit RESPONDENT ID#]

Question Label: RESPID

[]

Message to Interviewer: LOCATION

[Please select the city you are interviewing in]

Question Label: LOCATION

[]

Choice Label: LOCATION

[Omaha] [01]

[New York City] [02]

[Washington, D.C.] [03]

[Boston] [04]

[Port Saint Lucie] [05]

[Austin] [06]

[Tucson] [07]

[San Diego] [08]

[Seattle] [09]

[Minneapolis] [10]

[Chicago] [11]

-----

Message to Interviewer: INTID

[Please enter your two digit interviewer ID #]

Question Label: INTID

[]

Message to Interviewer: DATE

[Please enter today's date:]

Question Label: DATE

[]

Message to Interviewer: INTCK1

[Does the respondent show...]

Question Label: INTCK1

[]

Choice Label: INTCK1

[Visible Evidence of Substance Use] [1]

[Visible Evidence of Mental Illness] [2]

[Neither Visible Evidence of Substance Use or Mental Illness] [3]

-----  
Question Label: INSTRUCT

[Now I am going to begin the interview and I will be asking you questions about yourself and your life. There are no right or wrong answers to the questions and you can choose to skip any questions that you do not want to answer. As a reminder, I am audio recording this interview, so please try to speak loudly and clearly. If you have any questions, please feel free to ask me. Let's get started.... ]

Message to Interviewer: COG1

[Please say the following to the respondent:]

Question Label: COG1

["I am going to name three objects. Please wait until I say all three words, and then repeat them. Remember what they are because I am going to ask you to name them again in a few minutes. Please repeat these words for me: APPLE TABLE PENNY ]

Choice Label: COG1

[R correctly repeated all 3 words] [1]

[R incorrectly repeat all 3 words] [0]

-----  
Question Label: COG2

["What year is this?" ]

Choice Label: COG2

[R correctly identified the year.] [1]

[R incorrectly identified the year.] [0]

-----  
Question Label: COG3

[What month is this? ]

Choice Label: COG3

[R correctly identified the month.] [1]

[R incorrectly identified the month.] [0]

-----  
Question Label: COG4

[What is the day of the week? ]

Choice Label: COG4

[R correctly identified the day.] [1]

[R incorrectly identified the day.] [0]

-----  
Question Label: COG5

[What were the three objects I asked you to remember? ]

\*SL COG5

[OBJECT 1 ]

Choice Label: COG5

[R correctly identified object 1.] [1]

[R incorrectly identified object 1.] [0]

-----  
Question Label: COG6

[]

\*SL COG6

[OBJECT 2 ]

Choice Label: COG6

[R correctly identified object 2.] [1]

[R incorrectly identified object 2.] [0]

-----

Question Label: COG7

[]

\*SL COG7

[OBJECT 3 ]

Choice Label: COG7

[R correctly identified object 3.] [1]

[R incorrectly identified object 3.] [0]

-----

Question Label: SCORE

[This question computes the number of points. ]

Question Label: SCR2

[Can you tell me, how old are you? ]

Question Label: SCR1

[Do you consider yourself to be homeless? ]

Choice Label: SCR1

[Yes] [1]

[No] [5]

[DK/refusal] [9]

-----

Question Label: S3Q12

[Do you identify as ]

Choice Label: S3Q12

[Female] [1]

[Male] [2]

[Transgendered] [3]

[Something else [Please Specify]:] [4]

-----

Question Label: SCR3

[Have you left home and feel that you cannot return there? ]

Choice Label: SCR3

[Yes] [1]

[No] [0]

[DK/REF] [8]

-----

Question Label: SCR4

[Have you left home and chosen not to return there? ]

Choice Label: SCR4

[Yes] [1]

[No] [0]

[DK/REF] [8]

-----

Question Label: SCORE2

[This sums the left home and cannot return question AND the left home and choose not to return there question. ]

Question Label: SCR5

[Do you currently have a steady place to stay in a house, trailer, mobile home, or apartment--not including homeless shelters, transitional housing, or treatment programs? ]

Choice Label: SCR5

[Yes] [1]

[No] [5]  
[DK/REF] [8]

-----  
Question Label: SCRN6

[Are you currently "doubling up" or staying rent-free in the home of a friend, family member, or someone else? ]

Choice Label: SCRN6

[Yes] [1]  
[No] [5]  
[DK/REF] [8]

-----  
Question Label: S1INTRO

[The next set of questions are about your use of services and your service needs. ]

Question Label: S1Q1A

[Now I am going to read you a list of things that people sometimes need. Right now, do you need ]

\*SL S1Q1A

[Legal help? ]

Choice Label: S1Q1A

[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S1Q1B

[]

\*SL S1Q1B

[Help with domestic violence problems? ]

Choice Label: S1Q1B

[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S1Q1C

[]

\*SL S1Q1C

[Job training or help finding a job? ]

Choice Label: S1Q1C

[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S1Q1D

[]

\*SL S1Q1D

[Help with education? ]

Choice Label: S1Q1D

[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S1Q1E

[]

\*SL S1Q1E

[Treatment for use of alcohol or other drugs? ]

Choice Label: S1Q1E

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q1F

[]

\*SL S1Q1F

[Services for emotional or psychiatric problems? ]

Choice Label: S1Q1F

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q1G

[]

\*SL S1Q1G

[Meals served at soup kitchens? ]

Choice Label: S1Q1G

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q1H

[]

\*SL S1Q1H

[Bagged meals to be picked up and taken with you? ]

Choice Label: S1Q1H

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q1I

[]

\*SL S1Q1I

[Medical services? ]

Choice Label: S1Q1I

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q1J

[]

\*SL S1Q1J

[Prescription medications? ]

Choice Label: S1Q1J

[Yes] [1]

[No] [5]  
[DK/REF] [9]

-----  
Question Label: S1Q1JA

[]

\*SL S1Q1JA

[Non-prescription medications? ]

Choice Label: S1Q1JA

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q1K

[]

\*SL S1Q1K

[Help with transportation? ]

Choice Label: S1Q1K

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q1M

[]

\*SL S1Q1M

[A place to rest, study, or hang out during the day? ]

Choice Label: S1Q1M

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q1N

[]

\*SL S1Q1N

[A phone? ]

Choice Label: S1Q1N

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q1O

[]

\*SL S1Q1O

[A mailing address? ]

Choice Label: S1Q1O

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q1P

[]

\*SL S1Q1P  
[Clothing? ]  
Choice Label: S1Q1P  
[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S1Q1Q  
[]

\*SL S1Q1Q  
[Laundry facilities? ]  
Choice Label: S1Q1Q  
[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S1Q1R  
[]

\*SL S1Q1R  
[Shower facilities? ]  
Choice Label: S1Q1R  
[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S1Q1L  
[]

\*SL S1Q1L  
[Anything else? ]  
Choice Label: S1Q1L  
[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S1Q1LO  
[You said that you needed something else right now. Can you tell me what else you need? ]  
Choice Label: S1Q1LO  
[Please specify:] [0]

-----  
Question Label: S1Q2A  
[Next I am going to read you a list of things that may prevent people from accessing services. For each one, please tell me whether or not this has ever prevented you from accessing services. ]

\*SL S1Q2A  
[Lack of transportation? ]  
Choice Label: S1Q2A  
[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S1Q2B

[]

\*SL S1Q2B

[You didn't know what services were offered? ]

Choice Label: S1Q2B

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q2C

[]

\*SL S1Q2C

[You didn't have time? ]

Choice Label: S1Q2C

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q2D

[]

\*SL S1Q2D

[You didn't want to be judged? ]

Choice Label: S1Q2D

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q2DA

[]

\*SL S1Q2DA

[You felt embarrassed? ]

Choice Label: S1Q2DA

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q2E

[]

\*SL S1Q2E

[You didn't like the staff? ]

Choice Label: S1Q2E

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q2F

[]

\*SL S1Q2F

[You didn't like the other clients? ]

Choice Label: S1Q2F

[Yes] [1]



[No] [5]  
[DK/REF] [9]

-----  
Question Label: S1Q2G  
[]

\*SL S1Q2G  
[You didn't want to be identified? ]

Choice Label: S1Q2G  
[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Message to Interviewer: S1Q5  
[INTERVIEWER: Don't worry about typing this answer if it is long. The audio recording will be transcribed later, just write "See audio file" in the response box.]

Question Label: S1Q5  
[Could you please tell me in your own words, what is the most important service or support in your community that you use right now? ]  
Choice Label: S1Q5  
[] [1]  
[Don't Know] [8]  
[Refuse] [9]

-----  
Message to Interviewer: S1Q6  
[INTERVIEWER: Don't worry about typing this answer if it is long. The audio recording will be transcribed later, just write "See audio file" in the response box.]

Question Label: S1Q6  
[What is the most important service or support that you are lacking right now in your community? ]  
Choice Label: S1Q6  
[] [1]  
[Don't Know] [8]  
[Refuse] [9]

-----  
Message to Interviewer: S1Q3  
[INTERVIEWER: Don't worry about typing this answer if it is long. The audio recording will be transcribed later, just write "See audio file" in the response box.]

Question Label: S1Q3  
[In your own words, could you tell me what service agencies could do to make your life easier on any given day? ]  
Choice Label: S1Q3  
[] [1]  
[Don't Know] [8]  
[Refuse] [9]

-----  
Question Label: S1QLOC  
[]  
Question Label: S1Q7C  
[Next I am going to read you a list of service providers in the area. For each one, please tell me whether you have ever accessed services there. Have you ever accessed services from... ]  
\*SL S1Q7C

[The 37th Street Residential Salvation Army or the Salvation Army Transitional Housing? ]

Choice Label: S1Q7C

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q7D

[Have you ever accessed services from... ]

\*SL S1Q7D

[The Lydia House at the Open Door Mission? ]

Choice Label: S1Q7D

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q7E

[Have you ever accessed services from... ]

\*SL S1Q7E

[The Stephen Center? ]

Choice Label: S1Q7E

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q7F

[Have you ever accessed services from... ]

\*SL S1Q7F

[The Stephen Center Transitional Living Program? ]

Choice Label: S1Q7F

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q7H

[Have you ever accessed services from... ]

\*SL S1Q7H

[Safe Haven? ]

Choice Label: S1Q7H

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q7J

[Have you ever accessed services from... ]

\*SL S1Q7J

[Heartland Family Services (On 42nd Street)? ]

Choice Label: S1Q7J

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q7K

[Have you ever accessed services from... ]

\*SL S1Q7K

[Heartland Family Services Transitions (in Council Bluffs)? ]

Choice Label: S1Q7K

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q7L

[Have you ever accessed services from... ]

\*SL S1Q7L

[Heartland Family Services Heartland Homes (in Council Bluffs)? ]

Choice Label: S1Q7L

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q7Q

[Have you ever accessed services from... ]

\*SL S1Q7Q

[The Micah House (in Council Bluffs)? ]

Choice Label: S1Q7Q

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q7S

[Have you ever accessed services from... ]

\*SL S1Q7S

[Children's Square (in Council Bluffs)? ]

Choice Label: S1Q7S

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q7T

[Have you ever accessed services from... ]

\*SL S1Q7T

[The Child Institute Crisis Center? ]

Choice Label: S1Q7T

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q7V

[Have you ever accessed services from... ]

\*SL S1Q7V

[Park Avenue Community Meal First Baptist Church? ]

Choice Label: S1Q7V

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q7W

[Have you ever accessed services from... ]

\*SL S1Q7W

[In Common Community Meal? ]

Choice Label: S1Q7W

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q7X

[Have you ever accessed services from... ]

\*SL S1Q7X

[Holy Family Church (on 17th and Iazard)? ]

Choice Label: S1Q7X

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q7B

[Have you ever accessed services from... ]

\*SL S1Q7B

[The Sienna House (on Nicholas Street)? ]

Choice Label: S1Q7B

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q7G

[Have you ever accessed services from... ]

\*SL S1Q7G

[The Shelter (Catholic Charities)? ]

Choice Label: S1Q7G

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q7U

[Have you ever accessed services from... ]

\*SL S1Q7U

[The Phoenix House? ]

Choice Label: S1Q7U

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q7Y

[Have you ever accessed services from... ]

\*SL S1Q7Y

[Bethlehem House Maternity Group Home? ]

Choice Label: S1Q7Y

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q7MALE

[Have you ever accessed services from... ]

\*SL S1Q7MALE

[The Francis House (on 17th Street)? ]

Choice Label: S1Q7MALE

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q7M

[Have you ever accessed services from... ]

\*SL S1Q7M

[The Omaha Home for Boys- Jacob's Place (on 42nd Street)? ]

Choice Label: S1Q7M

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q7R

[Have you ever accessed services from... ]

\*SL S1Q7R

[Mohm's Place- Joshua House (in Council Bluffs)? ]

Choice Label: S1Q7R

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q7O

[Have you ever accessed services from... ]

\*SL S1Q7O

[The Open Door Mission? ]

Choice Label: S1Q7O

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q8

[Have you ever utilized any services from Youth Emergency Services (sometimes called "YES")? ]

Choice Label: S1Q8

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q9

[What is the main reason that you did not access services from Youth Emergency Services? ]

Choice Label: S1Q9

[Wasn't aware of their services] [1]

[Lack of transportation] [2]

[Didn't need the services that they provide] [3]

[Dislike one or more staff members] [4]

[Dislike other clients at the agency] [5]

[Embarrassment] [6]

[Scheduling Conflicts] [7]

[[IF VOL: Other Reason please specify]] [8]

[DK/REF] [9]

-----

Question Label: S1Q10AA

[Have you ever used the short term emergency shelter at Youth Emergency Services? ]

Choice Label: S1Q10AA

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q10A

[Next I am going to list some services that the short term emergency shelter at YES provides. For each one, could you please tell me whether or not you have ever used that particular service at YES short term emergency shelter? ]

\*SL S1Q10A

[Meals? ]

Choice Label: S1Q10A

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q10B

[]

\*SL S1Q10B

[Sleeping quarters? ]

Choice Label: S1Q10B

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q10C

[]

\*SL S1Q10C

[Television and computer privileges? ]

Choice Label: S1Q10C

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q10D

[]

\*SL S1Q10D

[Laundry facilities? ]

Choice Label: S1Q10D

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q10F

[]

\*SL S1Q10F

[Individual time with youth workers, counselors, or advocates? ]

Choice Label: S1Q10F

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q11AA

[Have you ever used Youth Street Outreach services from Youth Emergency Services? ]

Choice Label: S1Q11AA

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q11A

[Next I am going to list some services that Youth Street Outreach at YES provides. Have you ever... ]

\*SL S1Q11A

[Gotten information from a Youth Street Outreach worker? ]

Choice Label: S1Q11A

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q11B

[]

\*SL S1Q11B

[Gotten emergency supplies from a Youth Street Outreach worker? ]

Choice Label: S1Q11B

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q11C

[]

\*SL S1Q11C

[Been invited to the YES Drop-In Center by a Youth Street Outreach worker? ]

Choice Label: S1Q11C

[Yes] [1]

[No] [5]  
[DK/REF] [9]

-----  
Question Label: S1Q12AA

[Have you ever used the Maternity Group Home at Youth Emergency Services? ]

Choice Label: S1Q12AA

[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S1Q12A

[Next I am going to list some services that the Maternity Group Home at YES provides. For each one, could you please tell me whether or not you have ever used that particular service at the YES Maternity Group Home? ]

\*SL S1Q12A

[Housing? ]

Choice Label: S1Q12A

[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S1Q12B

[]

\*SL S1Q12B

[Life skills training? ]

Choice Label: S1Q12B

[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S1Q12C

[]

\*SL S1Q12C

[Mental health counseling? ]

Choice Label: S1Q12C

[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S1Q12D

[]

\*SL S1Q12D

[Case management? ]

Choice Label: S1Q12D

[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S1Q12E

[]



\*SL S1Q12E

[Medical screening or referral? ]

Choice Label: S1Q12E

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q12F

[]

\*SL S1Q12F

[Pregnancy or parenting instruction? ]

Choice Label: S1Q12F

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q13AA

[Have you ever used the Transitional Living Program at Youth Emergency Services? ]

Choice Label: S1Q13AA

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q13A

[Have you ever used any of the following services from the Transitional Living Program at Youth Emergency Services? ]

\*SL S1Q13A

[Housing ]

Choice Label: S1Q13A

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q13B

[]

\*SL S1Q13B

[Life skills training ]

Choice Label: S1Q13B

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q13C

[]

\*SL S1Q13C

[Mental health counseling ]

Choice Label: S1Q13C

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q13D

[]

\*SL S1Q13D

[Case management ]

Choice Label: S1Q13D

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q13E

[]

\*SL S1Q13E

[Medical screening or referral ]

Choice Label: S1Q13E

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q14AA

[Have you ever used the Drop-In Center at Youth Emergency Services? ]

Choice Label: S1Q14AA

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q14A

[Next I am going to list some services that the Drop In Center at YES provides. For each one, could you please tell me whether or not you have ever used that particular service at the drop in center. ]

\*SL S1Q14A

[Meals? ]

Choice Label: S1Q14A

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q14B

[]

\*SL S1Q14B

[Shower facilities? ]

Choice Label: S1Q14B

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q14C

[]

\*SL S1Q14C

[Laundry facilities? ]

Choice Label: S1Q14C

[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S1Q14D

[]  
\*SL S1Q14D  
[Computer access? ]  
Choice Label: S1Q14D  
[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S1Q14E

[]  
\*SL S1Q14E  
[Education planning? ]  
Choice Label: S1Q14E  
[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S1Q14F

[]  
\*SL S1Q14F  
[Job searching? ]  
Choice Label: S1Q14F  
[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S1Q14G

[]  
\*SL S1Q14G  
[Crisis intervention? ]  
Choice Label: S1Q14G  
[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S1Q14H

[]  
\*SL S1Q14H  
[Advocacy or problem solving? ]  
Choice Label: S1Q14H  
[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S1Q14I

[]

\*SL S1Q14I

[Talking to staff for emotional support? ]

Choice Label: S1Q14I

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q14J

[]

\*SL S1Q14J

[Talking to a nurse for basic health counseling? ]

Choice Label: S1Q14J

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q14K

[]

\*SL S1Q14K

[Talking to a nurse for parenting classes? ]

Choice Label: S1Q14K

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q14L

[]

\*SL S1Q14L

[HIV or STD testing? ]

Choice Label: S1Q14L

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q14M

[]

\*SL S1Q14M

[Pregnancy testing? ]

Choice Label: S1Q14M

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S1Q8F

[Overall, how satisfied or dissatisfied are you with the services that you have received from Youth  
Emergency Services? Would you say... ]

Choice Label: S1Q8F

[Very Satisfied] [1]

[Satisfied] [2]

[Neither Satisfied nor Dissatisfied] [3]

[Dissatisfied] [4]

[Very Dissatisfied] [5]

[DK/REF] [9]

-----  
Question Label: S1Q15

[In your own words, can you tell me about which services at YES you use the most often and why? ]

Choice Label: S1Q15

[] [1]

[Don't Know] [8]

[Refuse] [9]

-----  
Question Label: S1Q16

[Are there services at Youth Emergency Services that you know of and need but choose not to use? ]

Choice Label: S1Q16

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Message to Interviewer: S1Q17

[INTERVIEWER: Don't worry about typing this answer if it is long. The audio recording will be transcribed later, just write "See audio file" in the response box.]

Question Label: S1Q17

[Can you talk more about why you don't access those services at Youth Emergency Services? ]

Choice Label: S1Q17

[] [1]

[No] [5]

[Refuse] [9]

[Don't Know] [8]

-----  
Message to Interviewer: S1Q18

[INTERVIEWER: Don't worry about typing this answer if it is long. The audio recording will be transcribed later, just write "See audio file" in the response box.]

Question Label: S1Q18

[What are some things that Youth Emergency Services could do to make services more useful and accessible to you? ]

Choice Label: S1Q18

[] [1]

[Don't Know] [8]

[Refuse] [9]

-----  
Message to Interviewer: S1Q19

[INTERVIEWER: Don't worry about typing this answer if it is long. The audio recording will be transcribed later, just write "See audio file" in the response box.]

Question Label: S1Q19

[Can you please talk about any challenges that you have ever had in terms of accessing services in Omaha, Nebraska? ]

Choice Label: S1Q19

[] [1]

[Don't Know] [8]

[Refuse] [9]

-----  
Question Label: S2INTRO

[Next I am going to ask you some questions about yourself, your life, and your past experiences. ]

Question Label: S2Q1

[Where did you sleep last night? ]

Choice Label: S2Q1

[At A Shelter] [1]

[At A Family Member's House or Apartment] [2]

[At A Friend's House or Apartment] [3]

[At A Camp or Abandoned Building] [4]

[On the Street] [5]

[Somewhere else? [IF YES; Where?]] [6]

[Don't Know/Refused] [9]

-----  
Question Label: S2Q2

[Now, I want you to think about the first time you ran away from home, or were kicked out of your home, or left home and were on your own. How old were you? ]

Question Label: S2Q3

[Who were you living with when you left home for the first time? ]

Choice Label: S2Q3

[Parent or parents] [1]

[Another relative or relatives] [2]

[Foster Home] [3]

[Group Home] [4]

[Somewhere else [PLEASE SPECIFY]:] [5]

-----  
Question Label: S2Q4A

[Now I am going to list a few reasons that young people may have left home. For each one, please tell me whether or not it was a reason that you left home for the first time. ]

\*SL S2Q4A

[Your drug or alcohol use was causing problems? ]

Choice Label: S2Q4A

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S2Q4C

[]

\*SL S2Q4C

[Your caretaker's drug or alcohol use was causing problems? ]

Choice Label: S2Q4C

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S2Q4D

[]

\*SL S2Q4D

[The people you were living with told you to leave? ]

Choice Label: S2Q4D

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S1Q4DA

[]

\*SL S1Q4DA

[You were being physically abused or beaten? ]

Choice Label: S1Q4DA

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S2Q4E

[]

\*SL S2Q4E

[You were being sexually abused? ]

Choice Label: S2Q4E

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S2Q4F

[]

\*SL S2Q4F

[Is there any other reason you left home the first time? ]

Choice Label: S2Q4F

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S2Q4FO

[You said that there was another reason that you are homeless right now. Can you tell me what that is? ]

Choice Label: S2Q4FO

[] [1]

-----  
Question Label: SEL1

[]

Choice Label: SEL1

[Your drug or alcohol use was causing problems] [1]

[Your caretaker's drug or alcohol use was causing problems] [2]

[The people you were living with asked you to leave] [3]

[You were being physically abused or beaten] [4]

[You were being sexually abused] [5]

[The other reason: <S2Q4FO>] [6]

[DK/REF] [9]

-----  
Question Label: S2Q5

[What is the main reason you left home for the first time? ]

Choice Label: S2Q5

[Your drug or alcohol use was causing problems] [1]

[Your caretaker's drug or alcohol use was causing problems] [2]

[The people you were living with told you to leave] [3]

[You were being physically abused or beaten] [4]

[You were being sexually abused] [5]

[The other reason: <S2Q4FO>] [6]

[DK/REF] [9]

-----  
Question Label: S2Q5E

[Have you ever been kicked out of your home by a parent or other adult in charge? ]

Choice Label: S2Q5E

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S2Q5F

[How many times have you been kicked out? ]

Message to Interviewer: S2Q5C

[INTERVIEWER: Don't worry about typing this answer if it is long. The audio recording will be transcribed later, just write "See audio file" in the response box.]

Question Label: S2Q5C

[Can you take a few minutes and tell me more details about your experiences leaving home? We're interested in things like your life circumstances, feelings, who you turned to for help, and how long you were homeless for the first time. ]

Choice Label: S2Q5C

[] [1]

[Don't Know] [8]

[Refuse] [9]

-----  
Question Label: S2Q5D

[How many times have you been homeless, throughout your entire life? For example, being homeless for two weeks last year, becoming housed again for most of the year, and then becoming homeless again would count as 2 times. ]

Choice Label: S2Q5D

[1 Time] [1]

[2 Times] [2]

[3 Times] [3]

[4 Times] [4]

[5 Times] [5]

[More than 5 times] [6]

[DK/REF] [9]

-----  
Message to Interviewer: S2Q5Z

[INTERVIEWER: Don't worry about typing this answer if it is long. The audio recording will be transcribed later, just write "See audio file" in the response box.]

Question Label: S2Q5Z

[Can you please take a few minutes to tell me about the events that led you to become homeless the most recent time? We are interested in things like your life circumstances, your feelings, and where you got help. ]



Choice Label: S2Q5Z

[1]

[Don't Know] [8]

[Refuse] [9]

-----  
Question Label: S2Q6A

[Thinking about your entire life, for how long in total have you been homeless? You may answer in days, weeks, months, OR years. ]

\*SL S2Q6A

[DAYS]

Question Label: S2Q6B

\*SL S2Q6B

[WEEKS]

Question Label: S2Q6C

\*SL S2Q6C

[MONTHS]

Question Label: S2Q6D

\*SL S2Q6D

[YEARS]

Question Label: S2Q6

[Could you go home to live now, if you wanted to? ]

Choice Label: S2Q6

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S2Q7

[What is the main reason you cannot go home? ]

Choice Label: S2Q7

[1]

-----  
Question Label: S2Q9A

[Please indicate whether any of the following are reasons that you do not currently have a place to live. ]

\*SL S2Q9A

[Your drug or alcohol use was causing problems? ]

Choice Label: S2Q9A

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S2Q9B

\*SL S2Q9B

[Your caretaker's drug or alcohol use was causing problems? ]

Choice Label: S2Q9B

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S2Q9C

[]

\*SL S2Q9C

[The people you were living with told you to leave? ]

Choice Label: S2Q9C

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S2Q9D

[]

\*SL S2Q9D

[You were being physically abused or beaten? ]

Choice Label: S2Q9D

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S2Q9DD

[]

\*SL S2Q9DD

[You were being sexually abused? ]

Choice Label: S2Q9DD

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S2Q9E

[]

\*SL S2Q9E

[You had a romantic relationship breakup? ]

Choice Label: S2Q9E

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S2Q9G

[]

\*SL S2Q9G

[You became sick or disabled? ]

Choice Label: S2Q9G

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S2Q9H

[]

\*SL S2Q9H

[You were released from an in-patient mental health treatment facility? ]

Choice Label: S2Q9H

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S2Q9I

[]

\*SL S2Q9I

[You were released from an in-patient drug or alcohol treatment program? ]

Choice Label: S2Q9I

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S2Q9J

[]

\*SL S2Q9J

[You were released from a hospital? ]

Choice Label: S2Q9J

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S2Q9K

[]

\*SL S2Q9K

[You were released from a jail or prison? ]

Choice Label: S2Q9K

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S2Q10A

[Have any of the following things happened to you while you were homeless? ]

\*SL S2Q10A

[Been beaten up? ]

Choice Label: S2Q10A

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S2Q10B

[]

\*SL S2Q10B

[Been robbed? ]

Choice Label: S2Q10B

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S2Q10C

[]

\*SL S2Q10C

[Been sexually assaulted or raped? ]

Choice Label: S2Q10C

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S2Q10D

[]

\*SL S2Q10D

[Been threatened with a weapon? ]

Choice Label: S2Q10D

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S2Q10E

[]

\*SL S2Q10E

[Been assaulted or wounded with a weapon? ]

Choice Label: S2Q10E

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S2Q11

[Thinking about your four closest friends, how many of these friends are primarily from when you lived at home? ]

Choice Label: S2Q11

[One] [1]

[Two] [2]

[Three] [3]

[Four] [4]

[[IF VOL: DON'T READ] Don't have any friends] [5]

[DK/REF] [9]

-----  
Question Label: S2Q12

[Thinking about your four closest friends, how many of these friends are primarily from when you were homeless? ]

Choice Label: S2Q12

[One] [1]

[Two] [2]

[Three] [3]

[Four] [4]

[DK/REF] [9]

-----  
Question Label: S2Q12A

[Are there people in your life that you can count on to give you help and aid? People who may lend you money, give you food, or give you a place to stay without asking for anything in return? ]

Choice Label: S2Q12A

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S2Q12B

[Thinking about those people, who is the most likely to provide you with help and aid? ]

Choice Label: S2Q12B

[Parents] [1]

[Other relatives] [2]

[Friends that you met while you were homeless] [3]

[Friends that you met before you were homeless] [4]

[Someone else [Please Specify]:] [5]

[[IF VOL: DON'T READ] Nobody] [6]

[DK/REF] [9]

-----

Question Label: S2Q13A

[Have you ever stayed in any of the following places? ]

\*SL S2Q13A

[A foster home ]

Choice Label: S2Q13A

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S2Q13B

[]

\*SL S2Q13B

[A group home ]

Choice Label: S2Q13B

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S2Q13C

[]

\*SL S2Q13C

[A jail, prison, or a juvenile detention center ]

Choice Label: S2Q13C

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S2Q13D

[]

\*SL S2Q13D

[An in-patient mental health facility ]

Choice Label: S2Q13D

[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S2Q13E

[]

\*SL S2Q13E

[An in-patient drug or alcohol treatment facility ]

Choice Label: S2Q13E

[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S2Q14A

[Have you ever, while you were homeless, slept or rested in any of the following locations? ]

\*SL S2Q14A

[A homeless shelter, emergency shelter, or transitional shelter ]

Choice Label: S2Q14A

[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S2Q14B

[]

\*SL S2Q14B

[A hotel or motel you paid for yourself ]

Choice Label: S2Q14B

[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S2Q14C

[]

\*SL S2Q14C

[A welfare or voucher hotel ]

Choice Label: S2Q14C

[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S2Q14D

[]

\*SL S2Q14D

[A car or any other vehicle, including abandoned vehicles ]

Choice Label: S2Q14D

[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S2Q14E

[]

\*SL S2Q14E

[A bus station, airport, subway station, or train station ]

Choice Label: S2Q14E

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S2Q14F

[]

\*SL S2Q14F

[A place of business, such as an all-night restaurant or library ]

Choice Label: S2Q14F

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S2Q14G

[]

\*SL S2Q14G

[An abandoned building ]

Choice Label: S2Q14G

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S2Q14H

[]

\*SL S2Q14H

[A public restroom, such as one in a park ]

Choice Label: S2Q14H

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S2Q14J

[]

\*SL S2Q14J

[A homeless camp ]

Choice Label: S2Q14J

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S2Q14I

[]

\*SL S2Q14I

[Anywhere outside, such as a street, park, or bench ]

Choice Label: S2Q14I

[Yes] [1]

[No] [5]  
[DK/REF] [9]

-----  
Question Label: S3Q1

[What is your age? ]

Question Label: S3Q2

[Which of the following describes your race? You can choose as many as apply. ]

Choice Label: S3Q2

[American Indian or Alaska Native] [1]

[Asian] [2]

[Black or African American] [3]

[Hispanic or Latino] [4]

[Native Hawaiian or Other Pacific Islander] [5]

[White] [6]

[DK/REF] [9]

-----  
Question Label: S3Q3

[Are you now going to, or on vacation from, regular school (like junior high school, high school, or college)? ]

Choice Label: S3Q3

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S3Q4

[Do you have a high school diploma or GED? ]

Choice Label: S3Q4

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S3Q5

[What is the last grade that you completed? ]

Choice Label: S3Q5

[5th grade or less] [1]

[6th grade] [2]

[7th grade] [3]

[8th grade] [4]

[9th grade] [5]

[10th grade] [6]

[11th grade] [7]

[DK/REF] [9]

-----  
Question Label: S3Q6

[Has anyone, like a teacher, counselor, doctor, or some other professional, ever told you that you have a learning disability? ]

Choice Label: S3Q6

[Yes] [1]

[No] [5]

[DK/REF] [9]



-----  
Question Label: S3Q7

[Have you ever enlisted in the military? ]

Choice Label: S3Q7

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S3Q8

[Do you have a full-time job working 35 hours or more per week? ]

Choice Label: S3Q8

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S3Q9

[Do you have a part-time job working fewer than 35 hours per week? ]

Choice Label: S3Q9

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: SA8A

[Next I am going to ask you about ways that people sometimes get money. In the past 30 days, did you... ]

\*SL SA8A

[Ask parents, relatives, or caretakers for money? ]

Choice Label: SA8A

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: SA8B

[]

\*SL SA8B

[Receive an allowance? ]

Choice Label: SA8B

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: SA8C

[]

\*SL SA8C

[Borrow money? ]

Choice Label: SA8C

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: SA8D

[]

\*SL SA8D

[Do chores or odd jobs for money? ]

Choice Label: SA8D

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: SA8E

[]

\*SL SA8E

[Sell blood, plasma, or bone marrow for money? ]

Choice Label: SA8E

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: SA8G

[]

\*SL SA8G

[Receive state vouchers or public assistance, like welfare or food stamps? ]

Choice Label: SA8G

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: SA8H

[]

\*SL SA8H

[Steal money or things from a store or place of business? ]

Choice Label: SA8H

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: SA8I

[]

\*SL SA8I

[Panhandle or ask for spare change? ]

Choice Label: SA8I

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: SA8J

[]

\*SL SA8J

[Break in and take things or money from a house or car? ]

Choice Label: SA8J

[Yes] [1]

[No] [5]  
[DK/REF] [9]

-----  
Question Label: SA8K  
[]

\*SL SA8K  
[Sell drugs for money? ]  
Choice Label: SA8K  
[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S3Q10  
[Now I have a few questions about things you may do on a day to day basis. Do you have a driver's license? ]  
Choice Label: S3Q10  
[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S3Q10A  
[When was the last time you drove a car? ]  
Choice Label: S3Q10A  
[Within the last week] [1]  
[Within the last month] [2]  
[Within the last year] [3]  
[More than one year ago] [4]  
[DK/REF] [9]

-----  
Question Label: S3Q10B  
[When was the last time you went to a movie? ]  
Choice Label: S3Q10B  
[Within the last week] [1]  
[Within the last month] [2]  
[Within the last year] [3]  
[More than one year ago] [4]  
[DK/REF] [9]

-----  
Question Label: S3Q10C  
[Do you have a library card? ]  
Choice Label: S3Q10C  
[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S3Q10D  
[When was the last time you checked a book out of a library? ]  
Choice Label: S3Q10D  
[Within the last week] [1]  
[Within the last month] [2]  
[Within the last year] [3]

[More than one year ago] [4]  
[DK/REF] [9]

-----  
Question Label: S3Q10E  
[When was the last time you played sports? ]  
Choice Label: S3Q10E  
[Within the last week] [1]  
[Within the last month] [2]  
[Within the last year] [3]  
[More than one year ago] [4]  
[DK/REF] [9]

-----  
Question Label: S3Q10F  
[When was the last time you applied for a job? ]  
Choice Label: S3Q10F  
[Within the last week] [1]  
[Within the last month] [2]  
[Within the last year] [3]  
[More than one year ago] [4]  
[DK/REF] [9]

-----  
Question Label: PREGINTR  
[Next I'm going to ask you a little bit about romantic relationships and children. ]  
Question Label: S3Q11  
[Are you currently in a romantic relationship with another person? ]  
Choice Label: S3Q11  
[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Message to Interviewer: S3Q12B  
[INTERVIEWER: Don't worry about typing this answer if it is long. The audio recording will be transcribed later, just write "See audio file" in the response box.]  
Question Label: S3Q12B  
[Earlier I asked about your gender identity and you responded that you identify as <S3Q12>. Could you please tell me more about your gender identity? We are interested in things like how you would describe your gender identity, whether you identify as male to female transgender or as female to male transgender, whether you have ever done anything medically concerning your gender identity, and in what gender you choose to present yourself as in your daily life. ]  
Choice Label: S3Q12B  
[] [1]

-----  
Question Label: S3Q13  
[Have you ever been pregnant? ]  
Choice Label: S3Q13  
[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S3Q14

[Are you currently pregnant? ]

Choice Label: S3Q14

[Yes] [1]

[No] [5]

[Refuse] [9]

[Don't Know/Unsure] [8]

-----

Question Label: S3Q15

[Thinking about your entire life, how many times have you been pregnant? ]

Choice Label: S3Q15

[0 times] [00]

[1 time] [01]

[2 times] [02]

[3 times] [03]

[4 times] [04]

[5 times] [05]

[6 times] [06]

[7 times] [07]

[8 times] [08]

[9 times] [09]

[10 times] [10]

[11 times] [11]

[12 times] [12]

[13 times] [13]

[14 times] [14]

[15 times] [15]

-----

Question Label: S3Q15A

[Thinking about your entire life, how many times have you been pregnant (including your current pregnancy)? ]

Choice Label: S3Q15A

[1 time] [01]

[2 times] [02]

[3 times] [03]

[4 times] [04]

[5 times] [05]

[6 times] [06]

[7 times] [07]

[8 times] [08]

[9 times] [09]

[10 times] [10]

[11 times] [11]

[12 times] [12]

[13 times] [13]

[14 times] [14]

[15 times] [15]

-----

Question Label: S3Q16

[How many times have you had an abortion? ]

Choice Label: S3Q16

- [0 times] [00]
- [1 time] [01]
- [2 times] [02]
- [3 times] [03]
- [4 times] [04]
- [5 times] [05]
- [6 times] [06]
- [7 times] [07]
- [8 times] [08]
- [9 times] [09]
- [10 times] [10]
- [11 times] [11]
- [12 times] [12]
- [13 times] [13]
- [14 times] [14]
- [15 times] [15]

-----

Question Label: S3Q17

[How many times have you given birth by vaginal or cesarean delivery? ]

Choice Label: S3Q17

- [0 times] [00]
- [1 time] [01]
- [2 times] [02]
- [3 times] [03]
- [4 times] [04]
- [5 times] [05]
- [6 times] [06]
- [7 times] [07]
- [8 times] [08]
- [9 times] [09]
- [10 times] [10]
- [11 times] [11]
- [12 times] [12]
- [13 times] [13]
- [14 times] [14]
- [15 times] [15]

-----

Question Label: S3Q18

[Are all of the children you have given birth to still under your care? ]

Choice Label: S3Q18

- [Yes] [1]
- [No] [5]
- [DK/REF] [9]

-----

Question Label: S3Q19

[How many of the children you have given birth to are still under you care? ]

Choice Label: S3Q19

- [0 children] [00]
- [1 child] [01]
- [2 children] [02]

- [3 children] [03]
- [4 children] [04]
- [5 children] [05]
- [6 children] [06]
- [7 children] [07]
- [8 children] [08]
- [9 children] [09]
- [10 children] [10]
- [11 children] [11]
- [12 children] [12]
- [13 children] [13]
- [14 children] [14]
- [15 children] [15]

-----  
Question Label: S3Q20A

[Thinking about the child/children you gave birth to who are not currently under your care, have any of these children ever been... ]

\*SL S3Q20A

[Given up for adoption at birth? ]

Choice Label: S3Q20A

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S3Q20B

[]

\*SL S3Q20B

[Given up for adoption later in their life ]

Choice Label: S3Q20B

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S3Q20C

[]

\*SL S3Q20C

[Taken from your care against your wishes ]

Choice Label: S3Q20C

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S3Q20D

[]

\*SL S3Q20D

[In the custody of another family member or relative (who is not the child's other parent) ]

Choice Label: S3Q20D

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S3Q21

[Are you currently caring for children who are younger than 18? ]

Choice Label: S3Q21

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S3Q22

[Do you have any biological children? ]

Choice Label: S3Q22

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S3Q23A

[Thinking about your biological children, have any of your biological children ever... ]

\*SL S3Q23A

[Been given up for adoption at birth? ]

Choice Label: S3Q23A

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S3Q23B

[]

\*SL S3Q23B

[Been given up for adoption later in life? ]

Choice Label: S3Q23B

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S3Q23C

[]

\*SL S3Q23C

[Taken from your care against your wishes? ]

Choice Label: S3Q23C

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S3Q23D

[]

\*SL S3Q23D

[In the custody of another family member or relative (who is not the child's other parent)? ]

Choice Label: S3Q23D

[Yes] [1]

[No] [5]

[DK/REF] [9]



-----  
Question Label: S4Q0

[Now I will read a list of statements describing you. For each statement, please tell me if you strongly agree, agree, disagree, or strongly disagree. You feel that you are a person of worth, at least of an equal level with others. Do you... ]

Choice Label: S4Q0

[Strongly agree] [1]

[Agree] [2]

[Disagree] [3]

[Strongly Disagree] [4]

[DK/REF] [9]

-----  
Question Label: S4Q0A

[You feel that you have a number of good qualities. Do you... ]

Choice Label: S4Q0A

[Strongly agree] [1]

[Agree] [2]

[Disagree] [3]

[Strongly Disagree] [4]

[DK/REF] [9]

-----  
Question Label: S4Q0B

[All in all, you are inclined to feel that you are a failure. Do you... ]

Choice Label: S4Q0B

[Strongly agree] [1]

[Agree] [2]

[Disagree] [3]

[Strongly Disagree] [4]

[DK/REF] [9]

-----  
Question Label: S4Q0C

[You are able to do things as well as most other people. Do you... ]

Choice Label: S4Q0C

[Strongly agree] [1]

[Agree] [2]

[Disagree] [3]

[Strongly Disagree] [4]

[DK/REF] [9]

-----  
Question Label: S4Q0D

[You feel that you do not have much to be proud of. Do you... ]

Choice Label: S4Q0D

[Strongly agree] [1]

[Agree] [2]

[Disagree] [3]

[Strongly Disagree] [4]

[DK/REF] [9]

-----  
Question Label: S4Q0E

[You take a positive attitude towards yourself. Do you... ]

Choice Label: S4Q0E

[Strongly agree] [1]

[Agree] [2]

[Disagree] [3]

[Strongly Disagree] [4]

[DK/REF] [9]

-----

Question Label: S4Q0F

[On the whole, you are satisfied with yourself. Do you... ]

Choice Label: S4Q0F

[Strongly agree] [1]

[Agree] [2]

[Disagree] [3]

[Strongly Disagree] [4]

[DK/REF] [9]

-----

Question Label: S4Q0G

[You certainly feel useless at times. Do you... ]

Choice Label: S4Q0G

[Strongly agree] [1]

[Agree] [2]

[Disagree] [3]

[Strongly Disagree] [4]

[DK/REF] [9]

-----

Question Label: S4Q0H

[You wish you could have more respect for yourself. Do you... ]

Choice Label: S4Q0H

[Strongly agree] [1]

[Agree] [2]

[Disagree] [3]

[Strongly Disagree] [4]

[DK/REF] [9]

-----

Question Label: S4Q0I

[At times you think you are no good at all. Do you... ]

Choice Label: S4Q0I

[Strongly agree] [1]

[Agree] [2]

[Disagree] [3]

[Strongly Disagree] [4]

[DK/REF] [9]

-----

Question Label: S4Q0J

[You really want to get out of street life. Do you... ]

Choice Label: S4Q0J

[Strongly agree] [1]

[Agree] [2]

[Disagree] [3]

[Strongly Disagree] [4]

[DK/REF] [9]

-----  
Question Label: S4Q0K

[You love the freedom of not living with your parents. Do you... ]

Choice Label: S4Q0K

[Strongly agree] [1]

[Agree] [2]

[Disagree] [3]

[Strongly Disagree] [4]

[DK/REF] [9]

-----  
Question Label: S4Q0L

[You were happier at home than you are now. Do you... ]

Choice Label: S4Q0L

[Strongly agree] [1]

[Agree] [2]

[Disagree] [3]

[Strongly Disagree] [4]

[DK/REF] [9]

-----  
Question Label: S4Q0M

[No one would want to live in the home you came from. Do you... ]

Choice Label: S4Q0M

[Strongly agree] [1]

[Agree] [2]

[Disagree] [3]

[Strongly Disagree] [4]

[DK/REF] [9]

-----  
Question Label: S4Q0N

[If someone offered you a good place to live, with parents and rules, you would go there to get off the streets. Do you... ]

Choice Label: S4Q0N

[Strongly agree] [1]

[Agree] [2]

[Disagree] [3]

[Strongly Disagree] [4]

[DK/REF] [9]

-----  
Question Label: S4Q0O

[You are doing things you need to do to get out of street life. Do you... ]

Choice Label: S4Q0O

[Strongly agree] [1]

[Agree] [2]

[Disagree] [3]

[Strongly Disagree] [4]

[DK/REF] [9]

-----  
Question Label: S4Q0P

[Life out here is better than you thought it would be. Do you... ]

Choice Label: S4Q0P  
[Strongly agree] [1]  
[Agree] [2]  
[Disagree] [3]  
[Strongly Disagree] [4]  
[DK/REF] [9]  
-----

Question Label: S4Q0Q  
[You are afraid you would get beat up if you went home. Do you... ]  
Choice Label: S4Q0Q  
[Strongly agree] [1]  
[Agree] [2]  
[Disagree] [3]  
[Strongly Disagree] [4]  
[DK/REF] [9]  
-----

Question Label: S4Q1A  
[Next I am going to read you several statements about how you may have felt during the past week. For each one, please tell me how often you have felt this way during the past 7 days. ]  
\*SL S4Q1A  
[You felt bothered by things that don't usually bother you. In the past week, would you say... ]  
Choice Label: S4Q1A  
[0 days] [1]  
[1-2 days] [2]  
[3-4 days] [3]  
[5-7 days] [4]  
[DK/REF] [5]  
-----

Question Label: S4Q1B  
[]  
\*SL S4Q1B  
[You did not feel like eating; your appetite was poor. ]  
Choice Label: S4Q1B  
[0 days] [1]  
[1-2 days] [2]  
[3-4 days] [3]  
[5-7 days] [4]  
[DK/REF] [5]  
-----

Question Label: S4Q1C  
[]  
\*SL S4Q1C  
[You felt that you could not shake off the blues even with help from your family or friends. ]  
Choice Label: S4Q1C  
[0 days] [1]  
[1-2 days] [2]  
[3-4 days] [3]  
[5-7 days] [4]  
[DK/REF] [5]  
-----

Question Label: S4Q1D

[]

\*SL S4Q1D

[You felt you were just as good as other people ]

Choice Label: S4Q1D

[0 days] [1]

[1-2 days] [2]

[3-4 days] [3]

[5-7 days] [4]

[DK/REF] [5]

-----

Question Label: S4Q1E

[]

\*SL S4Q1E

[You had trouble keeping your mind on what you were doing ]

Choice Label: S4Q1E

[0 days] [1]

[1-2 days] [2]

[3-4 days] [3]

[5-7 days] [4]

[DK/REF] [5]

-----

Question Label: S4Q1F

[]

\*SL S4Q1F

[You felt depressed. ]

Choice Label: S4Q1F

[0 Days] [1]

[1-2 days] [2]

[3-4 days] [3]

[5-7 days] [4]

[DK/REF] [5]

-----

Question Label: S4Q1G

[]

\*SL S4Q1G

[You felt that everything you did was an effort. ]

Choice Label: S4Q1G

[0 days] [1]

[1-2 days] [2]

[3-4 days] [3]

[5-7 days] [4]

[DK/REF] [5]

-----

Question Label: S4Q1H

[]

\*SL S4Q1H

[You felt hopeful about the future. ]

Choice Label: S4Q1H

[0 days] [1]

[1-2 days] [2]  
[3-4 days] [3]  
[5-7 days] [4]  
[DK/REF] [5]

-----  
Question Label: S4Q1I

[]

\*SL S4Q1I

[You thought your life had been a failure. ]

Choice Label: S4Q1I

[0 days] [1]  
[1-2 days] [2]  
[3-4 days] [3]  
[5-7 days] [4]  
[DK/REF] [5]

-----  
Question Label: S4Q1J

[]

\*SL S4Q1J

[You felt fearful. ]

Choice Label: S4Q1J

[0 days] [1]  
[1-2 days] [2]  
[3-4 days] [3]  
[5-7 days] [4]  
[DK/REF] [5]

-----  
Question Label: S4Q1K

[]

\*SL S4Q1K

[Your sleep was restless. In the past week, would you say... ]

Choice Label: S4Q1K

[0 days] [1]  
[1-2 days] [2]  
[3-4 days] [3]  
[5-7 days] [4]  
[DK/REF] [5]

-----  
Question Label: S4Q1L

[]

\*SL S4Q1L

[You were happy. ]

Choice Label: S4Q1L

[0 days] [1]  
[1-2 days] [2]  
[3-4 days] [3]  
[5-7 days] [4]  
[DK/REF] [5]

-----  
Question Label: S4Q1M

[]

\*SL S4Q1M

[You talked less than usual. ]

Choice Label: S4Q1M

[0 days] [1]

[1-2 days] [2]

[3-4 days] [3]

[5-7 days] [4]

[DK/REF] [5]

-----  
Question Label: S4Q1N

[]

\*SL S4Q1N

[You felt lonely. ]

Choice Label: S4Q1N

[0 days] [1]

[1-2 days] [2]

[3-4 days] [3]

[5-7 days] [4]

[DK/REF] [5]

-----  
Question Label: S4Q1O

[]

\*SL S4Q1O

[People were unfriendly. ]

Choice Label: S4Q1O

[0 days] [1]

[1-2 days] [2]

[3-4 days] [3]

[5-7 days] [4]

[DK/REF] [5]

-----  
Question Label: S4Q1P

[]

\*SL S4Q1P

[You enjoyed life. ]

Choice Label: S4Q1P

[0 days] [1]

[1-2 days] [2]

[3-4 days] [3]

[5-7 days] [4]

[DK/REF] [5]

-----  
Question Label: S4Q1Q

[]

\*SL S4Q1Q

[You had crying spells. ]

Choice Label: S4Q1Q

[0 days] [1]

[1-2 days] [2]

[3-4 days] [3]  
[5-7 days] [4]  
[DK/REF] [5]

-----  
Question Label: S4Q1R

[]  
\*SL S4Q1R  
[You felt sad. ]  
Choice Label: S4Q1R  
[0 days] [1]  
[1-2 days] [2]  
[3-4 days] [3]  
[5-7 days] [4]  
[DK/REF] [5]

-----  
Question Label: S4Q1S

[]  
\*SL S4Q1S  
[You felt that people disliked you. ]  
Choice Label: S4Q1S  
[0 days] [1]  
[1-2 days] [2]  
[3-4 days] [3]  
[5-7 days] [4]  
[DK/REF] [5]

-----  
Question Label: S4Q1T

[]  
\*SL S4Q1T  
[You could not get going. ]  
Choice Label: S4Q1T  
[0 days] [1]  
[1-2 days] [2]  
[3-4 days] [3]  
[5-7 days] [4]  
[DK/REF] [5]

-----  
Question Label: S4Q2A

[Here are a few questions about how you are feeling. How often do you... ]  
\*SL S4Q2A  
[Feel angry? ]  
Choice Label: S4Q2A  
[Most of the time] [1]  
[Some of the time] [2]  
[None of the time] [3]  
[DK/REF] [4]

-----  
Question Label: S4Q2B

[]  
\*SL S4Q2B



[Feel quick tempered? ]

Choice Label: S4Q2B

[Most of the time] [1]

[Some of the time] [2]

[None of the time] [3]

[DK/REF] [4]

-----

Question Label: S4Q2C

[]

\*SL S4Q2C

[Feel mad? ]

Choice Label: S4Q2C

[Most of the time] [1]

[Some of the time] [2]

[None of the time] [3]

[DK/REF] [4]

-----

Question Label: S4Q2D

[]

\*SL S4Q2D

[Feel like hitting someone? ]

Choice Label: S4Q2D

[Most of the time] [1]

[Some of the time] [2]

[None of the time] [3]

[DK/REF] [4]

-----

Question Label: S4Q2E

[]

\*SL S4Q2E

[Feel hotheaded? ]

Choice Label: S4Q2E

[Most of the time] [1]

[Some of the time] [2]

[None of the time] [3]

[DK/REF] [4]

-----

Question Label: S4Q2F

[]

\*SL S4Q2F

[Feel like you are ready to fly off the handle? ]

Choice Label: S4Q2F

[Most of the time] [1]

[Some of the time] [2]

[None of the time] [3]

[DK/REF] [4]

-----

Question Label: S4Q3A

[Please indicate whether the following statement is never true, sometimes true, or always true for you? ]

\*SL S4Q3A

[You are stubborn ]  
Choice Label: S4Q3A  
[Never True] [1]  
[Sometimes True] [2]  
[Always True] [3]  
[DK/REF] [4]

-----  
Question Label: S4Q3B  
[]  
\*SL S4Q3B  
[Your moods or feelings change suddenly ]  
Choice Label: S4Q3B  
[Never True] [1]  
[Sometimes True] [2]  
[Always True] [3]  
[DK/REF] [4]

-----  
Question Label: S4Q3C  
[]  
\*SL S4Q3C  
[You talk too much ]  
Choice Label: S4Q3C  
[Never True] [1]  
[Sometimes True] [2]  
[Always True] [3]  
[DK/REF] [4]

-----  
Question Label: S4Q3D  
[]  
\*SL S4Q3D  
[You tease others a lot ]  
Choice Label: S4Q3D  
[Never True] [1]  
[Sometimes True] [2]  
[Always True] [3]  
[DK/REF] [4]

-----  
Question Label: S4Q3E  
[]  
\*SL S4Q3E  
[You have a hot temper ]  
Choice Label: S4Q3E  
[Never True] [1]  
[Sometimes True] [2]  
[Always True] [3]  
[DK/REF] [4]

-----  
Question Label: S4Q3F  
[]  
\*SL S4Q3F

[You are louder than other people ]

Choice Label: S4Q3F

[Never True] [1]

[Sometimes True] [2]

[Always True] [3]

[DK/REF] [4]

-----

Question Label: S4Q4

[Have you ever had an extremely frightening traumatic or horrible experience, like being a victim of a violent crime, being seriously injured in an accident, being sexually assaulted, seeing someone seriously injured or killed, or being a victim of a natural disaster? ]

Choice Label: S4Q4

[Yes] [1]

[No] [5]

[I don't know] [8]

[Refuse] [9]

-----

Question Label: S4Q5

[Thinking about that extremely frightening traumatic experience, did you ever relive that experience through recurrent dreams, preoccupation or flashbacks? ]

Choice Label: S4Q5

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S4Q5A

[Did you have problems with these recurrent dreams, preoccupations, or flashbacks for more than one month? ]

Choice Label: S4Q5A

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S4Q6

[Since that traumatic experience, have you ever been less interested in important things, not "with it," or unable to experience or express emotions? ]

Choice Label: S4Q6

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S4Q6A

[Were you less interested in important things, not "with it," or unable to experience or express emotions for more than one month? ]

Choice Label: S4Q6A

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S4Q7

[Since that traumatic experience, did you ever have problems sleeping, concentrating, or having a short temper? ]

Choice Label: S4Q7

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S4Q7A

[Did your problems sleeping, concentrating, or having a short temper last for more than one month? ]

Choice Label: S4Q7A

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S4Q8

[Since that traumatic experience, did you avoid any place or anything that reminded you of the original horrible event? ]

Choice Label: S4Q8

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S4Q8A

[Did you avoid any place or anything that reminded you of the original horrible event for more than one month? ]

Choice Label: S4Q8A

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S4Q13

[Have you ever tried smoking tobacco, such as cigarettes, cigars, or pipes? By saying tried, I want to know if you have ever smoked tobacco, even just once. ]

Choice Label: S4Q13

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S4Q13A

[In the past 12 months, have you smoked tobacco? ]

Choice Label: S4Q13A

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S4Q13B

[How often in the past 30 days did you smoke tobacco? ]

Choice Label: S4Q13B

[Never] [0]

[Once] [1]

[2 or 3 times] [2]  
[Once a week] [3]  
[2 or 3 times a week] [4]  
[Nearly everyday] [5]  
[Everyday] [6]  
[DK/REF] [9]

-----  
Question Label: S4Q14

[Have you ever tried drinking alcohol? By saying tried, I want to know whether you have ever had a drink of alcohol, including beer, wine, or hard alcohol. ]

Choice Label: S4Q14

[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S4Q14A

[In the past 12 months, have you drank alcohol? ]

Choice Label: S4Q14A

[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: ALCSKIP

[]

Question Label: SA12F

[During the past 12 months, how often did you have 4 or more drinks within a two hour period? ]

Choice Label: SA12F

[Everyday] [01]  
[5 to 6 days a week] [02]  
[3 to 4 days a week] [03]  
[2 days a week] [04]  
[1 day a week] [05]  
[2 to 3 days a month] [06]  
[1 day a month] [07]  
[3-11 days in the past year] [08]  
[1 or 2 days in the past year] [09]  
[Never] [10]  
[DK/REF] [99]

-----  
Question Label: SA12M

[During the past 12 months, how often did you have 5 or more drinks within a two hour period? ]

Choice Label: SA12M

[Everyday] [01]  
[5 to 6 days a week] [02]  
[3 to 4 days a week] [03]  
[2 days a week] [04]  
[1 day a week] [05]  
[2 to 3 days a month] [06]  
[1 day a month] [07]  
[3-11 days in the past year] [08]

[1 or 2 days in the past year] [09]

[Never] [10]

[DK/REF] [99]

-----

Question Label: S4Q14B

[How often in the past 30 days did you drink alcohol? ]

Choice Label: S4Q14B

[Never] [0]

[Once] [1]

[2 or 3 times] [2]

[Once a week] [3]

[2 or 3 times a week] [4]

[Nearly everyday] [5]

[Everyday] [6]

[DK/REF] [9]

-----

Question Label: S4Q15

[Have you ever smoked marijuana, which may also be known as weed, pot, or grass? ]

Choice Label: S4Q15

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S4Q15A

[In the past 12 months, have you smoked marijuana? ]

Choice Label: S4Q15A

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S4Q15B

[How often in the past 30 days did you smoke marijuana? ]

Choice Label: S4Q15B

[Never] [0]

[Once] [1]

[2 or 3 times] [2]

[Once a week] [3]

[2 or 3 times a week] [4]

[Nearly everyday] [5]

[Everyday] [6]

[DK/REF] [9]

-----

Question Label: S4Q16

[Have you ever tried methamphetamines, which can also be referred to as speed, crystal, or glass? ]

Choice Label: S4Q16

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: S4Q16A

[In the past 12 months, have you used methamphetamines? ]

Choice Label: S4Q16A

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S4Q16B

[How often in the past 30 days did you use methamphetamines? ]

Choice Label: S4Q16B

[Never] [0]

[Once] [1]

[2 or 3 times] [2]

[Once a week] [3]

[2 or 3 times a week] [4]

[Nearly everyday] [5]

[Everyday] [6]

[DK/REF] [9]

-----  
Question Label: S4Q17

[Have you ever tried inhalants, which are things that you sniff or smell to get high? ]

Choice Label: S4Q17

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S4Q17A

[In the past 12 months, have you used inhalants? ]

Choice Label: S4Q17A

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S4Q17B

[How often in the past 30 days did you use inhalants? ]

Choice Label: S4Q17B

[Never] [0]

[Once] [1]

[2 or 3 times] [2]

[Once a week] [3]

[2 or 3 times a week] [4]

[Nearly everyday] [5]

[Everyday] [6]

[DK/REF] [9]

-----  
Question Label: S4Q18

[Have you ever tried steroids? ]

Choice Label: S4Q18

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S4Q18A

[In the past 12 months, have you used steroids? ]

Choice Label: S4Q18A

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S4Q18B

[How often in the past 30 days did you use steroids? ]

Choice Label: S4Q18B

[Never] [0]

[Once] [1]

[2 or 3 times] [2]

[Once a week] [3]

[2 or 3 times a week] [4]

[Nearly everyday] [5]

[Everyday] [6]

[DK/REF] [9]

-----  
Question Label: S4Q19

[Have you ever tried cocaine or crack? ]

Choice Label: S4Q19

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S4Q19A

[In the past 12 months, have you used cocaine or crack? ]

Choice Label: S4Q19A

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----  
Question Label: S4Q19B

[How often in the past 30 days have you used cocaine or crack? ]

Choice Label: S4Q19B

[Never] [0]

[Once] [1]

[2 or 3 times] [2]

[Once a week] [3]

[2 or 3 times a week] [4]

[Nearly everyday] [5]

[Everyday] [6]

[DK/REF] [9]

-----  
Question Label: S4Q20

[Have you ever tried any other illegal drugs, such as LSD, PCP, ecstasy, mushrooms, or heroin? ]

Choice Label: S4Q20

[Yes] [1]



[No] [5]  
[DK/REF] [9]

-----  
Question Label: S4Q20A

[In the past 12 months, have you used LSD, PCP, ecstasy, mushrooms, or heroin? ]

Choice Label: S4Q20A

[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S4Q20B

[How often in the past 30 days have you used LSD, PCP, ecstasy, mushrooms, or heroin? ]

Choice Label: S4Q20B

[Never] [0]  
[Once] [1]  
[2 or 3 times] [2]  
[Once a week] [3]  
[2 or 3 times a week] [4]  
[Nearly everyday] [5]  
[Everyday] [6]  
[DK/REF] [9]

-----  
Question Label: S4Q21

[Have you ever injected any type of drug with a needle or syringe? ]

Choice Label: S4Q21

[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S4Q21A

[In the past 12 months, have you injected any drugs with a needle or syringe? ]

Choice Label: S4Q21A

[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: S4Q21B

[How often in the past 30 days have you injected drugs using a needle or syringe? ]

Choice Label: S4Q21B

[Never] [0]  
[Once] [1]  
[2 or 3 times] [2]  
[Once a week] [3]  
[2 or 3 times a week] [4]  
[Nearly everyday] [5]  
[Everyday] [6]  
[DK/REF] [9]

-----  
Question Label: S5GC

[For completing this questionnaire, you have earned a \$20 gift card to Dollar General. We are planning to use gift cards in future studies, and we want to know whether there are any other gift cards that we could buy. Could you please tell me whether a Dollar General gift card is your first choice or if you can think of another gift card that you would prefer. ]

Choice Label: S5GC

[A Dollar General gift card is your first choice] [1]

[There is another gift card that you would prefer.] [2]

-----

Message to Interviewer: S5Q2

[INTERVIEWER: Don't worry about typing this answer if it is long. The audio recording will be transcribed later, just write "See audio file" in the response box.]

Question Label: S5Q2

[Is there any additional information that you would like to share with me about your life, homelessness, or street outreach programs? ]

Choice Label: S5Q2

[Yes] [1]

[No] [5]

[Refuse] [9]

-----

Question Label: SAINT1

[You are now finished with most of the interview. The last section of the interview asks questions that can be sensitive and for your privacy, I won't be asking them aloud. Instead, I will turn the computer to face you and give you a set of headphones. Please read the question on the screen, then select your response using the mousepad. After you select your response, please push the "NEXT" button. You may press the "PLAY" button for each question to hear the question and the response choices read aloud. I won't be able to see the screen, but I will still be in the room in case you have any questions. ]

Message to Interviewer: SAINT

[For the final set of questions, please give the respondent the computer and a set of earphones. Does the respondent have earphones in his or her ears and a computer screen in front of them?]

Question Label: SAINT

[]

Choice Label: SAINT

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: SA1

[Do you identify as... (Please select one response) ]

Choice Label: SA1

[Straight or Heterosexual] [1]

[Lesbian, Gay, or Homosexual] [2]

[Bisexual] [3]

[Something else (Please Specify below:)] [4]

[DK/REF] [5]

-----

Question Label: SA1A

[How many different people have you had sex with in your whole life? ]

Question Label: SA1C

[Were any of these sexual partners a steady boyfriend or girlfriend? ]

Choice Label: SA1C

[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: SA1D  
[How many of these sexual partners were a steady boyfriend or girlfriend? ]

Question Label: SA1E  
[Were any of these partners just an acquaintance or a stranger? ]  
Choice Label: SA1E  
[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: SA1F  
[How many of these partners were just an acquaintance or a stranger? ]

Question Label: SA7A  
[Now think of the people you have had sex with. Did you agree to be sexual with any of these people because you needed... ]  
\*SL SA7A  
[A place to spend the night? ]  
Choice Label: SA7A  
[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: SA7B  
[]

\*SL SA7B  
[Food? ]  
Choice Label: SA7B  
[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: SA7C  
[]

\*SL SA7C  
[Drugs? ]  
Choice Label: SA7C  
[Yes] [1]  
[No] [5]  
[DK/REF] [9]

-----  
Question Label: SA7D  
[]

\*SL SA7D  
[Protection? ]  
Choice Label: SA7D  
[Yes] [1]  
[No] [5]

[DK/REF] [9]

-----

Message to Interviewer: SA7E

[Sa7e]

Question Label: SA7E

[]

\*SL SA7E

[Money? ]

Choice Label: SA7E

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: SA1B

[In the past 12 months, how many different people have you had sex with? ]

Question Label: SA2

[Have you ever had vaginal sex? ]

Choice Label: SA2

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: SA2A

[The last time that you had vaginal sex, did you use a condom? ]

Choice Label: SA2A

[Yes] [1]

[No] [5]

[REF] [9]

[Don't Know] [8]

-----

Question Label: SA2A3

[Have you ever had oral sex? ]

Choice Label: SA2A3

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: SA2A3A

[The last time that you had oral sex, did you use a condom? ]

Choice Label: SA2A3A

[Yes] [1]

[No] [5]

[REF] [9]

[Don't Know] [8]

-----

Question Label: SA2A4

[Have you ever had anal sex? ]

Choice Label: SA2A4

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: SA2A4A

[The last time that you had anal sex, did you use a condom? ]

Choice Label: SA2A4A

[Yes] [1]

[No] [5]

[REF] [9]

[Don't Know] [8]

-----

Question Label: SA3

[Have you ever been tested for a sexually transmitted infection (STI) or HIV/AIDS? ]

Choice Label: SA3

[Yes] [1]

[No] [5]

[Don't Know] [8]

[REFUSE] [9]

-----

Question Label: SA4

[Have you ever had a Sexually Transmitted Infection? ]

Choice Label: SA4

[Yes] [1]

[No] [5]

[Don't Know] [8]

[REFUSE] [9]

-----

Question Label: SA5A

[Has a doctor or medical professional ever told you that you had HIV or AIDS? ]

Choice Label: SA5A

[Yes] [1]

[No] [5]

[Don't Know] [8]

[REFUSE] [9]

-----

Question Label: SA6

[Are you worried that you may have an STI now? ]

Choice Label: SA6

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: SA9A

[Before you were 18 years old, did an adult ever do any of the following things to you? ]

\*SL SA9A

[Hit you, beat you, kicked you, or physically hurt you? ]

Choice Label: SA9A

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: SA9B

[]

\*SL SA9B

[Called you names or said mean things to you? ]

Choice Label: SA9B

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: SA9C

[]

\*SL SA9C

[Touched you in a sexual way against your will? ]

Choice Label: SA9C

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: SA9D

[]

\*SL SA9D

[Forced you to touch someone else in a sexual way? ]

Choice Label: SA9D

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: SA9E

[]

\*SL SA9E

[Forced you to have sex? ]

Choice Label: SA9E

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: SA20

[Have you ever participated in gang activity? ]

Choice Label: SA20

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: SA20A

[Are you currently a member of a gang? ]

Choice Label: SA20A

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: SA21

[Have you ever been arrested? ]

Choice Label: SA21

[Yes] [1]

[No] [5]

[DK/REF] [9]

-----

Question Label: SA22

[How many times have you been arrested? ]

Choice Label: SA22

[1 Time] [01]

[2 Times] [02]

[3 Times] [03]

[4 Times] [04]

[5 Times] [05]

[6 Times] [06]

[7 Times] [07]

[8 Times] [08]

[9 Times] [09]

[10 or more Times] [10]

[DK/REF] [11]

-----

Question Label: SA23

[What were you arrested for? ]

Choice Label: SA23

[] [1]

[Don't Know] [8]

[Refuse] [9]

-----

Message to Interviewer: INT99

[PLEASE CLICK NEXT TO VALIDATE THE SURVEY]

Question Label: INT99

[That concludes the survey. Thank you very much for participating! ]

Choice Label: INT99

[Completed the Questionnaire] [01]

-----

Question Label: INT

[]

Choice Label: INT

[Interruption with a reschedule (to resume another time)] [70]

[Final Interruption (refusal)] [99]

[Idle Time Out] [W0]

[Double Connection at Same Time] [W1]

[Project DeActivation] [W2]

[Disconnected by Supervisor] [W3]

[(INT99) complete] [01]

[(INTRO) Yes, continue] [OK]

[(INTRO) No, trying to schedule it later] [02]

[(INTRO) Refused completely to cooperate] [03]

-----

Message to Interviewer: CB

[This is a reserved question used to re-schedule the survey with the respondent]

Question Label: CB

[What day would you like to reschedule this interview? ]

Question Label: NOTES

[NOTES ]

Choice Label: NOTES

[] [1]

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