

DVHF – Baseline Interview (Time 1)

1. Participant ID#: _____

2. Name of organization serving this participant:

LifeWire	1
Lower Valley Crisis and Support Services	2
New Beginnings	3
YWCA of Yakima	4

3. Please indicate what month was six months ago. Month: _____

H1. [INTERVIEWER: INDICATE HERE WHETHER PARTICIPANT IS STAYING IN THE AGENCY'S RESIDENTIAL SHELTER OR TRANSITIONAL HOUSING:

Yes, staying at agency's residential shelter	1
Yes, staying in transitional housing	2
Yes, staying in another agency's residential shelter	3
No	0
Not Applicable	88

Thank you very much for taking part in this study. Now that we have gone over the consent form and the contact sheet, I want to let you know about some of the questions we'll be asking. We want to get to know a little bit more about you and your experiences relating to housing as well as the abuse you may have experienced. Before we get into the interview, I have a few some general questions to get an idea of who is taking part in this study.

DEMOGRAPHICS

D1. What is your age?

Years: _____

D2. What is your race or ethnic background? [INTERVIEWER: PLEASE MAKE SURE TO CHECK ALL THAT APPLY]

	Yes	No
African American/Black		
African		
Asian/Asian American		
Cambodian		
Chinese		
Japanese		
Korean		
Filipin@		
Indian		
Vietnamese		
Hispanic/Latin@		
Native American/Native Alaskan		
Native Hawaiian/Pacific Islander		
Middle Eastern		
White/Anglo-American		
Other: _____		
Declined to answer		99

D3. How would you describe your gender?

Female	1
Male	2
Transgender	3
Transgendered Female-to-Male	4
Transgendered Male-to-Female	5
Genderqueer	6
Gender Nonconforming	7
None of these describe me accurately - I identify as:	8
Declined to answer	99

D4. How would you describe your sexual orientation?

Heterosexual	1
Lesbian/Gay	2
Bisexual	3
None of these describe me accurately - I identify as:	4
Declined to answer	99

D5. What is your primary language?

English	1
Spanish	2
Tagalog	3
Russian	4
Alaskan Native (Please specify: _____)	5
Other (Please specify: _____)	6
Declined to answer	99

D5a. How well do you speak English?

Not at all	1
Not well	2
Okay	3
Very well	4
Declined to answer	99

D5b. How well do you read English?

Not at all	1
Not well	2
Okay	3
Very well	4
Declined to answer	99

D6. Just a reminder that this interview is completely confidential and we will not tell anyone what you say in this interview. These questions just help us understand who is in the study and how different people may need different things from their communities. Are you a U.S. citizen?

SKIP TO D7 →	Yes	1
GO TO D6a →	No	0
SKIP TO D7 →	Declined to answer	99

D6a. IF NO, do you have work authorization or a work permit?

SKIP TO D7 →	Yes	1
GO TO D6b →	No	0
	Not Applicable	88
SKIP TO D7 →	Declined to answer	99

D6b. If NO, are you in the process of obtaining work authorization or a work permit?

Yes	1
No	0
Not Applicable	88
Declined to answer	99

D7. Do you have a criminal charge that would show up on a background check?

Yes	1
No	0
Declined to answer	99

D8. Do you consider yourself to have a disability?

GO TO D8a & D8b →	Yes	1
SKIP TO HOUSING SECTION →	No	0
SKIP TO HOUSING SECTION →	Declined to answer	99

D8a. If YES, what is your disability? [INTERVIEWER: please check all that apply]

	Yes (1)	No (0)	n/a (88)	Declined (99)
Developmental Disability				
Intellectual Disability				
Traumatic Brain Injury				
Blind or Visually Impaired				
Deaf or hard of Hearing				
Physical or Mobility Disability				
Chronic Medical Condition				
Environmental/Chemical Sensitivity				
Mental or Emotional Health				

D8b. Would you say any of these interfere with your daily functioning?

Yes	1
No	0
Not Applicable	88
Declined to answer	99

ABUSER DEMOGRAPHICS

I will be asking some questions later in the interview about the person who abused you but I want to first ask you some basic questions about them.

AB1. Can I please get their first name, or nickname, so I can refer to them by that?

ABUSER'S NAME: _____

AB2. How do they identify their gender:

Female	1
Male	2
Transgender	3
Transgendered Female-to-Male	4
Transgendered Male-to-Female	5
Genderqueer	6
Gender Nonconforming	7
None of these describe me accurately – they identify as:	8
Declined to answer	99

AB3. Has (A) _____ ever been or is (A) currently in the military, including national guard?

They are currently in the military/national guard.	1
They were formerly in the military/national guard.	2
They have never been in the military/national guard.	0
Declined to answer	99

AB4. What is your current relationship with (A) now?

MARRIED.....	1
MARRIED, SEPARATED.....	2
DIVORCED.....	3
GIRL/BOYFRIEND.....	4
EX-GIRLFRIEND/EX-BOYFRIEND.....	5
DATING, BUT NOT GIRL/BOYFRIEND.....	6
FRIENDS.....	7
OTHER_____	8
Declined to answer	9

AB4a. So to be clear, are you currently in a romantic or intimate relationship with (A)_____?

Not in a relationship	1
In a relationship	2
Declined to answer	99

AB5. How long have you been in or were you in a relationship with (A) _____?

NUMBER OF YEARS: _____
NUMBER OF MONTHS: _____
NUMBER OF DAYS: _____
Declined to Answer (99): _____

AB5a. (ONLY ASKED IF NO LONGER IN A RELATIONSHIP) How long ago did the relationship with (A) _____ end?

NUMBER OF YEARS: _____
NUMBER OF MONTHS: _____
NUMBER OF DAYS: _____
Not applicable (88): _____
Declined to Answer (99): _____

CURRENT & RECENT HOUSING

Now I have some questions regarding your housing situation now and in the past
f

[Source: From the Family Options Study]

First I would like to ask about your housing before you came to _____ [NAME OF ORGANIZATION]. What best describes your current living situation OR your living situation right before you began staying at _____ [ORG]?

[INTERVIEWER: NO NEED TO LIST ALL OF THE ITEMS, CHECK THE ITEM THAT BEST FITS THE SURVIVOR'S RESPONSE. MAKE SURE TO PROBE:

- IF THE SURVIVOR SAYS THEY ARE/WERE LIVING WITH A PARTNER TO DETERMINE IF IT IS/WAS WITH ABUSER.
- IF THE SURVIVOR IS IF THE SURVIVOR IS/WAS STAYING WITH SOMEONE ELSE TO FIND OUT IF THEY CONTRIBUTED TO RENT.
- IF THE SURVIVOR WAS STAYING IN A HOTEL/MOTEL, FIND OUT IF THEY WERE PAYING FOR IT THEMSELVES OR IF THEY WERE USING VOUCHERS.
- IF THEY SAID THEY WERE HOMELESS TO DETERMINE IF THEY WERE LIVING OUT OF A CAR, IN AN ABANDONED BUILDING SOMEWHERE, OUTSIDE SOMEWHERE, ETC.]

	Yes (1)	No (0)	REF (77)	DK (99)
H2a. A house or apartment that you owned or rented.				
H2b. _____ (A's) place, and paying part of the rent.				
H2c. _____ (A's) place, but not paying part of the rent.				
H2d. At a boy/girlfriend's/fiancé's/significant other's place who is not _____ (A), and paying part of the rent.				
H2e. At a boy/girlfriend's/fiancé's/significant other's place who is not _____ (A), but not paying part of the rent.				
H2f. A friend or relative's house or apartment, and paying part of the rent.				
H2g. A friend or relative's house or apartment but not paying part of the rent.				
If H2a through H2g = YES SKIP to H3. Otherwise, continue down H2h through H2r until a yes response is reached.				

	Yes (1)	No (0)	REF (77)	DK (99)
H2h. A permanent housing program with services to help you keep your housing (on site or coming to you). [IF YES: SKIP TO H3]				
H2i. A transitional housing program. [IF YES: SKIP TO H3]				
H2j. A voucher hotel or motel. [IF YES: SKIP TO H3]				
H2k. A hotel or motel you paid for yourself. [IF YES: SKIP TO H3]				
H2l. A residential drug or alcohol treatment program. [IF YES: SKIP TO H3]				
H2m. Jail or prison. [IF YES: SKIP TO H3]				
H2n. A domestic violence shelter. [IF YES: SKIP TO H3]				
H2o. An emergency shelter other than a domestic violence shelter. [IF YES: SKIP TO H3]				
H2p. A car or other vehicle. [IF YES: SKIP TO H3]				
H2q. An abandoned building. [IF YES: SKIP TO H3]				
H2r. Anywhere outside [PROBE: STREETS, PARKS, ETC.] [IF YES: SKIP TO H3]				
H2r. OTHER -> SPECIFY: _____ [IF YES: SKIP TO H3]				

[SOURCE FOR H3 & H3: FAMILY OPTIONS STUDY]

H3. How many other adults, that is, people who are 18 years old or older, are **living with you right now OR right before you came to shelter?**

NUMBER OF ADULTS: _____

H4. How many children are **living with you right now**, whether they are your own children or someone else's? By children I mean people 17 years old or younger.

NUMBER OF CHILDREN: _____

CHILDREN

Now I'd like to talk a little about any children you may be responsible for.

CH1. How many children under the age of 18 are you parenting or currently responsible for?

NUMBER OF CHILDREN: _____

[INTERVIEWER: If no children, skip to WELL-BEING SECTION.]

CH2. What are the names and ages of the children under the age of 18 are you parenting or currently responsible for?

	b. What is their age?	c. Do they live with you at least 50% of the time or more? (Y/N)
CH2.1a. Child 1 Name: _____	b. Age: _____	
CH2.2a. Child 1 Name: _____	b. Age: _____	
CH2.3a. Child 1 Name: _____	b. Age: _____	
CH2.4a. Child 1 Name: _____	b. Age: _____	
CH2.5a. Child 1 Name: _____	b. Age: _____	

[SOURCE: LIFEWIRE]

CH3. Have any of your children had to change schools because of your moving in the last 6 months? I don't mean natural moves from junior high to high school, for example, but moves related to you moving.

No, in the same school as before	0
Yes, moved to a new school	1

[SOURCE: SHARE STUDY]

CH4. In the last 6 months, has Child Welfare opened a case against you about one or more of your children?

Go to 4a →	Yes	1
Go to CH5 →	No	0
	Declined to Answer	99

4a. (IF YES) Have any of your children been removed from the home in the last 6 months?

Yes	1
No	0
Not Applicable	88
Declined to Answer	99

CH5. In the last 6 months, have any of your children been returned to your care after having been removed by child welfare?

Yes	1
No	0
Declined to Answer	99

FINANCES

Now I have some questions about work and money.

[Source for Questions 1-5: CAP]

F1. In the last 6 months, have you been employed?

GO TO F1a, F1b, & F1c →	Yes	1
SKIP TO F2 →	No	0
	Declined to Answer	99

F1a. What's your employment status right now? Would you say:

Employed, working 40 or more hours per week	1
Employed, working 30 - 40 hours per week	2
Employed, working less than 30 hours per week	3
Not employed, looking for work	4
Not employed, NOT looking for work	5
Retired	6
Disabled, not able to work	7
Not Applicable	88
Declined to answer	99

F1b. How many jobs do you currently work?

Number of Jobs: _____

F1c. What is your current job (or current primary job if more than one job):

Personal Care and Service	1
Food Preparation and Serving	2
Healthcare Support (health aide, nurse aide, etc.)	3
Healthcare Practitioner	4
Social Services	5
Housekeeping	6
Grounds and Maintenance	7
Farmworker	8
Fishing and Forestry	9
Office and Administrative Support	10
Production	11
Sales	12
Construction	13
Legal	14
Computer and Mathematical	15
Management	16
Education	17
Installation, Maintenance, and Repair	18
Architecture and Engineering	19
Business and Financial Operations	20
Transportation	21
Other (please specify): _____	22
Not Applicable	88
Declined to answer	99

F2. Do any of your current jobs provide you with:

		Yes (1)	No (0)	No, but I have this (2)	n/a (88)
a.	Health insurance for yourself				
b.	Health insurance for your children				
c.	Paid sick days				
d.	Paid vacation days				

[SOURCE: CAP]

F3. [ASK EVERYONE, EVEN IF UNEMPLOYED] Using this card #1, how do you feel about your current employment situation? Would you say:

Extremely happy	1
Happy	2
Mostly satisfied	3
Mixed (equally satisfied and unsatisfied)	4
Mostly dissatisfied	5
Unhappy	6
Terrible	7
Declined to answer	99

F4. What was your total *household income* last year?

Less than \$25,000	1
\$25,000 to \$34,999	2
\$35,000 to \$49,999	3
\$50,000 to \$74,999	4
\$75,000 to \$99,999	5
\$100,000 to \$149,999	6
\$150,000 or more	7
Declined to answer	99

F4a. And what percentage of that income did you personally bring into the household?

0	1
1-24%	2
25-50%	3
51-75%	4
76-99%	5
I brought in all of it	6
Declined to answer	99

F4b. How much are you currently earning or bringing in each month?

0\$/month	0
1\$ to \$99/month	1
\$100 to \$500/month	2
\$501 to \$1,000/month	3
\$1,000 to \$1,500/month	4
\$1,501 to \$2,000/month	5
\$2,001 to \$2,500/month	6
\$2,501 to 3,000/month	7
1,001 to \$3,500/month	8
\$3,501 to 4,000/month	9
\$4,001 or more/month	10
Declined to answer	99

F4c. Of the following, how much does each of the following contribute to your monthly earnings?

Employment:	\$	_____
Family/Friends:	\$	_____
_____ (abuser):	\$	_____
Child Support:	\$	_____
Social Services:	\$	_____
SSI/SSDI:	\$	_____
Other (please specify):		_____
_____ :	\$	_____
_____ :	\$	_____

F5. Using Card #1 again, how do you feel about the amount of money you live on?

Extremely happy	1
Happy	2
Mostly satisfied	3
Mixed (equally satisfied and unsatisfied)	4
Mostly dissatisfied	5
Unhappy	6
Terrible	7
Declined to answer	99

F6. Now I have a couple questions about transportation. Do you have regular access to a car?

GO TO F7 →	Yes	1
GO TO F6a →	No	0
GO TO F7 →	Declined to answer	99

F6a. If no, would it be helpful to have a car or are you fine without one?

It would be helpful.	1
I am fine without one.	0
Not applicable	88
Declined to answer	99

F7. Do you have a valid drivers license?

GO TO F8 →	Yes	1
GO TO F7a →	No	0
GO TO F8 →	Declined to answer	99

F7a. If no, would it be helpful to have a valid drivers license or are you fine without one?

I want one.	1
I am fine without one.	0
n/a	88
Ref to answer	99

F8. Are you attending school or working on a degree right now?

Yes	1
No	0
Declined to answer	99

F9. Please specify what is the highest level of school you have completed so far.

8th grade or less	1
Between 9th - 12th grade	2
High school graduate	3
GED	4
Vocational school/training certificate	5
Some college	6
Associate's degree	7
Bachelor's degree	8
Advanced degree	9
Declined to answer	99

F10. Have you been or are you currently in the military, including National Guard?

I am currently in the military/National Guard.	1
I was formerly in the military/National Guard.	2
I have never been in the military/National Guard.	0
Declined to answer	99

F11. Are you receiving any housing benefits available to people who have been in the military?

Yes	1
No	0
Declined to answer	99

[SOURCE: BARRERA ECONOMIC HARDSHIP SCALE; INABILITY TO MAKE ENDS MEET SUBSCALE]

F12. Think over the **last 6 months**. [INTERVIEWERS: PLEASE READ ALL RESPONSES]
Generally, at the end of each month did you end up with:

More than enough money left	5
Some money left	4
Just enough money left	3
Somewhat short of money	2
Very short of money	1

F13. Again, think back over the **last 6 months** and tell us how much difficulty you have had with paying your bills. Using this card (#2), would you say you had:

A great deal of difficulty	4
Quite a bit of difficulty	3
Some difficulty	2
A little difficulty	1
No difficulty at all	0
Not Applicable	8

[SOURCE: REVISED ADEQUACY OF FINANCIAL SUPPORT, MOWBRAY (1999)]

F14. Using the same card (#2), please rate the degree of difficulty you have had paying for the following **over the past 6 months**.

		A great deal of difficulty (4)	Quite a bit of difficulty (3)	Some difficulty (2)	A little bit of difficulty (1)	No difficulty at all (0)	I did not have these bills (88)
a.	Food						
b.	Rent/mortgage						
c.	Utilities						
d.	Medical expenses						
e.	Transportation to get to places you needed to go						
f.	Transportation to visit friends and family						
g.	Social activities						
h.	To pay debts						
i.	Childcare						
j.	Anything else?						

For the next few questions I want you to think about the **next six months**.

[SOURCE for F15 & F16: HOUSING INSTABILITY INDEX]

Now I have a couple of questions about your future housing.

[INTERVIEWER: MARK "N/A" FOR F14 AND F15 IF SURVIVOR IS CURRENTLY STAYING IN SHELTER.]

F15. How likely is it, do you think, that you will be able to pay for your housing (e.g. rent/mortgage) this month? Would you say, very unlikely, unlikely, likely, or very likely?

Very Unlikely	1
Unlikely	2
Likely	3
Very Likely	4
Don't Know	77
Not Applicable	88
Declined to Answer	99

F16. Do you expect to stay in your current housing situation for **the next 6 months**?

Yes	1
No	0
Don't Know	77
Not Applicable	88
Declined to Answer	99

[SOURCE for F17 & F18: BARRERA ECONOMIC HARDSHIP SCALE; FINANCIAL STRAIN SUBSCALE]

F17. Choosing from the options on this card [PROVIDE CARD #3], in the **next 6 months**, how often do you think that you and your family will experience bad times such as poor housing or not having enough food?

Almost never	1
Once in awhile	2
Sometimes	3
A lot of the time (frequently)	4
Almost always	5
Don't Know	77
Declined to Answer	99

F18. Using card # 3 again, in the **next 6 months** how often do you expect that you will have to do without the basic things your family needs?

Almost never	1
Once in awhile	2
Sometimes	3
A lot of the time (frequently)	4
Almost always	5
Don't Know	77
Declined to Answer	99

RECENT HOUSING

Many of the questions that I will be asking will be about things that have happened in the last 6 months. So 6 months ago would have been _____ (enter month). Was there an important event or something significant or memorable that happened around that time – like a birthday, wedding, start of a new job – that I could refer to that will help you recall what has been going on for you since then?

Event: _____

[SOURCE: Housing Instability Index]

H5. Okay, so thinking about 6 months ago:

		Yes (1)	No (0)	n/a (88)	Ref (99)
a.	Have you had to live somewhere that you did not want to live?				
b.	Have you had difficulty paying (or were you unable to pay) for housing?				
c.	Since _____, have you had trouble getting housing?				
d.	Have you had to borrow money or ask friends/family or others for money to pay your rent/mortgage payment?				
e.	[IF RENTING] Have you had trouble with a landlord in the last 6 months?				
f.	[IF RENTING] Has your landlord threatened to evict you?				
g.	[IF RENTING] Have you been served an eviction notice?				

H6. In the last 6 months, have you been homeless or had to live with family or friends to avoid being homeless?

Yes	1
No	0
Ref to answer	99

H7. How many times have you moved in the last 6 months?

Number of times: _____

[Source: Family Options Study]

H8. Can you tell me a little about those moves, where you went when you moved?

[INTERVIEWER: NO NEED TO LIST ALL OF THE ITEMS, CHECK THE ITEM THAT BEST FITS THE SURVIVOR'S RESPONSE. MAKE SURE TO PROBE:

- IF THE SURVIVOR SAYS THEY ARE/WERE LIVING WITH A PARTNER TO DETERMINE IF IT IS/WAS WITH ABUSER.
- IF THE SURVIVOR IS IF THE SURVIVOR IS/WAS STAYING WITH SOMEONE ELSE TO FIND OUT IF THEY CONTRIBUTED TO RENT.
- IF THE SURVIVOR WAS STAYING IN A HOTEL/MOTEL, FIND OUT IF THEY WERE PAYING FOR IT THEMSELVES OR IF THEY WERE USING VOUCHERS.
- IF THEY SAID THEY WERE HOMELESS TO DETERMINE IF THEY WERE LIVING OUT OF A CAR, IN AN ABANDONED BUILDING SOMEWHERE, OUTSIDE SOMEWHERE, ETC.]

		Indicate the total number of times having moved in last 6 months
a.	A house or apartment that you owned or rented.	
b.	_____ (A's) place.	
c.	A boy/girlfriend's/fiancé, significant other's (who is not A) place.	
d.	A friend or relative's house or apartment, <u>and paying part of the rent.</u>	
e.	A friend or relative's house or apartment <u>but not</u> paying part of the rent.	
f.	A permanent housing program with services to help you keep your housing (on site or coming to you).	
g.	A transitional housing program.	
h.	A voucher hotel or motel.	
i.	A hotel or motel you paid for yourself.	
j.	A residential drug or alcohol treatment program.	
k.	Jail or prison.	
l.	A domestic violence shelter.	
m.	An emergency shelter other than a domestic violence shelter.	
n.	A car or other vehicle	
o.	An abandoned building.	
p.	Anywhere outside [PROBE: STREETS, PARKS, ETC.]	
q.	Back to the home you were living in	
r.	OTHER -> SPECIFY: _____	

[Source: Family Options Study, modified with 4 added items]

QUESTIONS ON HOUSING BARRIERS

H9. There are many things that can make finding a place to live difficult. I'm going to read a list of reasons why some people might have trouble finding housing. Using this card (#4), please tell me if you think this has been a big problem, a small problem, or not a problem at all for you and your family **over the last 6 months**.

When trying to find a place to live,		Big problem (3)	Small problem (2)	Not a problem at all (1)	DK (77)	Ref to Ans (99)
a.	Not having enough income to pay rent is a..,					
b.	Inability to pay a security deposit or first/last month's rent is a.....					
c.	Lack of transportation to look for housing is a.....					
d.	Poor credit history is a.....					
e.	Discrimination is a.....					
f.	Not being currently employed is a.....					
g.	No rent history at all is a.....					
h.	Recently moved to a community and no local rent history is a.....					
i.	No reference from past landlord(s) is a.....					
j.	A past eviction(s) is a.....					
k.	Problems with past landlord(s) is a.....					
l.	Past lease violations is a.....					
m.	Having problems with police is a.....					
n.	Having a criminal record or background is a.....					
o.	Having a felony drug record is a.....					
p.	Having three or more children in the household is a					
q.	Having teenagers in the household is a.....					
r.	Someone in the household under 21 is a.....					
s.	Someone in the household that has a disability is a.....					
t.	Owing back rent on a previous residence is a.....					
u.	Having unpaid utility debts is a.....					
v.	Immigration status is a.....					
w.	Having pets that some properties may not accept is a.....					
x.	Other reason not listed: _____					

HISTORY OF HOMELESSNESS

A big reason we are doing this study is to see what communities need to do to reduce homelessness, so I'd like to ask you a few questions about any experiences you may have had with homelessness in your lifetime. By homeless, I mean times when you didn't have a regular place to stay and you were living in a homeless shelter or temporarily in a n institution because you had nowhere else to go. Homeless can also include living in a place not typically used for sleeping such as on the street, in a car, in an abandoned building, or in a bus or train station. Please do not include any times when you may have stayed with friends or relatives because you did not have your own place to stay.

[Source: Adapted from Center for Mental health Services and the Center for Substance Abuse Treatment (CMHS/CSAT) Homeless families Evaluation Homelessness History Module.]

H10. How many times have you been homeless in your lifetime?

[INTERVIEWER: IF SURVIVOR IS CURRENTLY HOMELESS MAKE SURE TO INCLUDE IN YOUR COUNT.]

[go to question H12] →	NEVER	0
[continue to H11] →	ONCE	1
	TWICE	2
	THREE TIMES	3
	FOUR TIMES	4
	FIVE OR MORE TIMES	5
	Don't Know	77
	Declined to Answer	99

H11. Altogether, what would you say is the total number of days, weeks, months, or years that you have been homeless in your life.

NUMBER OF YEARS: _____
 NUMBER OF MONTHS: _____
 NUMBER OF DAYS: _____
 Don't know (77): _____
 Not applicable (88): _____
 Declined (99): _____

H11a. Of the times you were homeless, how many of those times were you between 12 and 17 years old?

NEVER [go to question H11c)	0
ONCE	1
TWICE	2
THREE TIMES	3
FOUR TIMES	4
FIVE OR MORE TIMES	5
Don't Know	77
Not Applicable	88
Declined	99

H11b. At any of the times when you were homeless between the ages of 12 and 17 years old were you:

		Yes (1)	No (0)	n/a (88)	Ref (99)
a.	With your parents/guardians				
b.	On your own				
c.	Anywhere else: _____				

H11c. Of the times you were homeless, how many of those times were you under the age of 12 years old?

NEVER [go to question H12)	0
ONCE	1
TWICE	2
THREE TIMES	3
FOUR TIMES	4
FIVE OR MORE TIMES	5
Don't know	77
Not Applicable	88
Declined	99

H11d. At any of the times when you were homeless under the age of 12 years old were you (check all that apply):

	Yes (1)	No (0)	n/a (88)
With your parents/guardians	1		
On your own	2		
Anywhere else: _____	3		

[Source: Lifewire Interview]

H12. Were you ever in foster care before the age of 18?

Go to H12a →	Yes	1
Go to H13 →	No	0
	Declined to Answer	99

H12a. How long were you in foster care?

NUMBER OF YEARS: _____
 NUMBER OF MONTHS: _____
 NUMBER OF DAYS: _____
 Don't Know (77): _____
 Not Applicable (88): _____
 Declined to Answer (99): _____

[Source: Adapted from Center for Mental health Services and the Center for Substance Abuse Treatment (CMHS/CSAT) Homeless families Evaluation Homelessness History Module.]

H13. As an adult have you ever stayed with family or friends because you couldn't find or afford a place of your own? [PROMPT IF NEEDED: BY AS AN ADULT WE MEAN SINCE YOU TURNED 18]

Go to H14 →	Yes	1
Skip to Abuse Section →	No	0
	Declined to Answer	99

H14. As an adult, in the last five years (or since you turned 18), what is the total number of days, weeks, months, or years that you have spent living with family or friends because you couldn't find or afford a place of your own? [PROMPT IF NEEDED: BY AS AN ADULT, WE MEAN SINCE YOU TURNED 18.]

NUMBER OF YEARS: _____
 NUMBER OF MONTHS: _____
 NUMBER OF DAYS: _____
 Don't Know (77): _____
 Not Applicable (88): _____
 Declined to Answer (99): _____

ABUSE

Okay, thank you for answering all of those questions about housing and money. Another reason we are doing this study is to help communities do a better job at keeping families safe. The next set of question I will be asking will be about (A)_____ and what has happened in your relationship.

[SOURCE: CAP]

AB6. How long ago did the violence begin?

NUMBER OF YEARS: _____
NUMBER OF MONTHS: _____
NUMBER OF DAYS: _____
Declined to Answer (99): _____

AB7. [ASK IF THEY HAVE HAD A JOB IN THE LAST 6 MONTHS] Have you lost your job in the last 6 months?

GO TO AB8a →	Yes	1
SKIP TO AB9 →	No	0
	Not Applicable	88
	Declined to Answer	99

AB7a. Was this related to the abuse?

Yes	1
No	0
Not Applicable	88
Declined to Answer	99

[SOURCE: SHARE STUDY]

AB8. [ASK IF THEY HAVE HAD A JOB IN THE LAST 6 MONTHS] In the past 6 months, did you have to take time off from work?

GO TO AB7a →	Yes	1
SKIP TO AB8 →	No	0
	Not Applicable	88
	Declined to Answer	99

AB8a. How many of these missed work days were related to the abuse?

NONE	0
ONE DAY	1
2 – 4 DAYS	2
5-7 DAYS	3
MORE THAN 1 WEEK	4
MORE THAN 1 MONTH	5
Don't Know	77
Not Applicable	88
Declined to Answer	99

AB9. In the past 6 months have you been enrolled in school?

GO TO AB9a →	Yes	1
SKIP TO AB10 →	No	0
	Not Applicable	88
	Declined to Answer	99

ABa. [ASK IF THEY WERE IN SCHOOL IN THE LAST 6 MONTHS] In the past 6 months, did you have to take time off from school?

GO TO AB9b →	Yes	1
SKIP TO AB10 →	No	0
	Not Applicable	88
	Declined to Answer	99

AB9b. How many of these missed school days were related to the abuse?

NONE	0
ONE DAY	1
2 – 4 DAYS	2
5-7 DAYS	3
MORE THAN 1 WEEK	4
MORE THAN 1 MONTH	5
Don't Know	77
Not Applicable	88
Declined to Answer	99

[SOURCE: COMMUNITY COMPOSITE SCALE]

AB10. Now I would like to know about some of (A)_____’s behaviors toward you during the past 6 months. After I ask you each question, please tell me, to the best of your recollection, what statement on this card (*Hand participant card #5.*) gives the best summary of how frequently, if at all, each thing happened in the last **6 months** (since event: _____).

0	NEVER
1	ONCE
2	SEVERAL TIMES
3	ONCE A MONTH
4	ONCE A WEEK
5	DAILY
6	Not in the last 6 months, but it has happened in the past
99	Declined to Answer

How often, if at all, did (A)_____....

a.	Tell you that you weren’t good enough	
b.	Keep you from receiving medical care	
c.	Follow you	
d.	Turn family/friends/children against you	
e.	Lock you in the bedroom	
f.	Slap you	
g.	Force you to take part in unwanted sexual activity	
h.	Tell you that you were ugly	
i.	Try to keep you from seeing or talking to family	
j.	Throw you	
k.	Hang around outside your house	
l.	Blame you for causing their violent behavior	
m.	Harass you over the telephone or through text, tweet or similar?	
n.	Shake you	
o.	Harass you at work	
p.	Push/grab/shove you	
q.	Use a knife, gun, or other weapon	
r.	Become upset if dinner or housework were not done	
s.	Tell you that you were crazy	
t.	Tell you that no one would ever want you	
u.	Take your wallet and left you stranded	
v.	Hit or try to hit you with something	
w.	Not want you to socialize with female friends	
x.	Refuse to let you work outside the home	
y.	Kick you, bite you, or hit you with a fist	
z.	Try to convince friends, family, or children that you were crazy	
aa.	Tell you that you were stupid	
bb.	Beat you up	
cc.	Demanded sex whether you wanted to or not	
dd.	Forced sexual activity	

[SOURCE: REPRODUCTION COERCION SCALE (McCauley, et al., 2016)]

AB11. Using the same card (#5) for these next questions, in the past 6 months, how often has _____ (A) done the following:

0	NEVER
1	ONCE
2	SEVERAL TIMES
3	ONCE A MONTH
4	ONCE A WEEK
5	DAILY
6	Not in the last 6 months, but it has happened in the past
99	Declined to Answer

How often, if at all, did (A)_____....

a.	Tell you not to use any birth control (like the pill, shot ring, etc.)?	
b.	Take your birth control (like pills) away from you or kept you from going to the clinic to get birth control?	
c.	Make you have sex without a condom so you would get pregnant?	
d.	Take off the condom while you were having sex, so you would get pregnant?	
e.	Put holes in the condom or break the condom on purpose so you would get pregnant?	

[SOURCE: ITEMS TAKEN FROM THE SCALE OF ECONOMIC ABUSE (ADAMS, 2008)]

AB12. Now I am going to go through a list of things some people do to hurt their partner or ex-partner financially. Using this card (#6) could you tell me, to the best of your recollection, how frequently, (A)_____ has done any of the following things in the last 6 months?

0	NEVER
1	HARDLY EVER
2	SOMETIMES
3	OFTEN
4	QUITE OFTEN
5	Not in the last 6 months, but it has happened in the past
8	Not Applicable
9	Declined to Answer

Economic Control Subscale		
a.	Steal the car keys or take the car so you couldn't go look for a job or go to a job interview.....	
b.	[ASK IF CURRENTLY EMPLOYED] Do things to keep you from going to your job.....	
c.	[ASK IF NOT EMPLOYED] Do things to keep you from getting a job.....	
d.	Beat you up if you said you needed to go to work.....	
e.	Threaten you to make you leave work.....	
f.	Demand that you quit your job.....	
g.	Do things to keep you from having money of your own.....	
h.	Take your paycheck, financial aid check, tax refund check, disability payment or other support payments from you.....	
i.	Decide how you could spend money rather than letting you spend it how you saw fit.....	
j.	Demand to know how money was spent.....	
k.	Demand that you give him receipts and/or change when you spent money...	
l.	Keep you from having the money you needed to buy food, clothes or other necessities.....	
m.	Hid money so that you could not find it.....	
n.	Keep you from having access to your bank accounts.....	
o.	Keep financial information from you.....	
p.	Make important financial decisions without talking with you about it first.....	
q.	Make you ask him for money.....	
r.	Threaten you or beat you up for paying the bills or buying things that were needed.....	

[Scale of Economic Abuse, continued]

AB12. [cont.] Continuing using this card (#6), how frequently, (A)_____ has done any of the following things in the last 6 months?

0	NEVER
1	HARDLY EVER
2	SOMETIMES
3	OFTEN
4	QUITE OFTEN
5	Not in the last 6 months, but it has happened in the past
8	Not Applicable
9	Declined to Answer

Economic Exploitation Subscale		
s.	Take money from your purse, wallet or bank account without your permission and/or knowledge.....	
t.	Force you to give him money or let him use your checkbook, ATM card or credit card.....	
u.	Steal your property.....	
v.	Pay bills late or not pay bills that were in your name or in both of your names.....	
w.	Build up debt under your name by doing things like use your credit card or run up the phone bill.....	
x.	Refuse to get a job so you had to support your family alone.....	
y.	Gamble with your money or your shared money.....	
z.	Have you ask your family or friends for money but not let you pay them back.....	
aa.	Convince you to lend him money but not pay it back.....	
bb.	Pawn your property or your shared property.....	
cc.	Spend the money you needed for rent or other bills.....	

SOCIAL SUPPORT

[SOURCE FOR 9-19: SOCIAL SUPPORT, MODIFIED (BOGAT ET AL, 1983; BEEBLE ET AL, 2009; SULLIVAN & BYBEE, 1999; THERAN ET AL, 2006)]

Thank you for answering all of those questions. Now I'd like to switch gears and ask you some questions about people who are a part of your life who provide you with help or support. I'll have you use this card (#7) for the following questions.

SS1. The first questions are about companionship. In general, how do you feel about the amount of companionship that you have? By companionship I mean people you feel comfortable being around, people you enjoy spending time with. Do you feel:

1	Terrible
2	Unhappy
3	Mostly dissatisfied
4	Equally dissatisfied and satisfied
5	Mostly satisfied
6	Pleased
7	Extremely pleased

SS2. In general, how do you feel about the quality of companionship that you have? Do you feel:

1	Terrible
2	Unhappy
3	Mostly dissatisfied
4	Equally dissatisfied and satisfied
5	Mostly satisfied
6	Pleased
7	Extremely pleased

SS3. Now, how do you feel about the amount of advice and information you receive? Meaning, advice and information about personal matters (such as problems with your kids, friends, or partner, or dealing with a personal situation). Do you feel:

1	Terrible
2	Unhappy
3	Mostly dissatisfied
4	Equally dissatisfied and satisfied
5	Mostly satisfied
6	Pleased
7	Extremely pleased

SS4. In general, how do you feel about the quality of advice and information you receive? Do you feel:

1	Terrible
2	Unhappy
3	Mostly dissatisfied
4	Equally dissatisfied and satisfied
5	Mostly satisfied
6	Pleased
7	Extremely pleased

The next two questions have to do with another type of support called “practical assistance.” This would be people you can count on to help you get things or do things, or people you can count on to do a favor for you (for example, take you someplace you need to go, watch your kids, loan or give you money or something you need, etc.).

SS5. How do you feel about the amount of practical assistance that you receive? Do you feel:

1	Terrible
2	Unhappy
3	Mostly dissatisfied
4	Equally dissatisfied and satisfied
5	Mostly satisfied
6	Pleased
7	Extremely pleased

SS6. In general, how do you feel about the quality of practical assistance that you receive? Do you feel:

1	Terrible
2	Unhappy
3	Mostly dissatisfied
4	Equally dissatisfied and satisfied
5	Mostly satisfied
6	Pleased
7	Extremely pleased

SS7. The next two questions are about “emotional support” or people you can count on to listen to you when you want to talk about something personal, or people who make you feel cared about.

How do you feel about the amount of emotional support that you receive? Do you feel:

1	Terrible
2	Unhappy
3	Mostly dissatisfied
4	Equally dissatisfied and satisfied
5	Mostly satisfied
6	Pleased
7	Extremely pleased

SS8. In general, how do you feel about the quality of emotional support that you receive? Do you feel:

1	Terrible
2	Unhappy
3	Mostly dissatisfied
4	Equally dissatisfied and satisfied
5	Mostly satisfied
6	Pleased
7	Extremely pleased

SS9. Now, for the last question in this section, how do you feel overall about the amount and quality of support you receive from others?

1	Terrible
2	Unhappy
3	Mostly dissatisfied
4	Equally dissatisfied and satisfied
5	Mostly satisfied
6	Pleased
7	Extremely pleased

MENTAL HEALTH SYMPTOMOLOGY & SUBSTANCE ABUSE

[SOURCE: CAGE-AID]

Now I would like to ask some questions about alcohol and drug use. People use alcohol or drugs for a variety of reasons, and these questions help us to know how different people cope with different things in their lives. Remember that if you do not want to answer any of the questions in the interview, we can just move on, but I just want to remind you that everything you tell me is completely confidential – just between us.

MH1. Do you drink alcohol?

GO TO MH1a through MH1d →	Yes	1
SKIP TO MH2→	No	0

MH1a. In the last 6 months, have you felt you ought to cut down on your drinking?

Yes	1
No	0
Not Applicable	88

MH1b. In the last 6 months, have people annoyed you by criticizing your drinking?

Yes	1
No	0
Not Applicable	88

MH1c. In the last 6 months, have you felt bad or guilty about your drinking?

Yes	1
No	0
Not Applicable	88

MH1d. In the last 6 months, have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?

Yes	1
No	0
Not Applicable	88

MH2. Do you use drugs, other than prescription medications and over the counter drugs OR have you used prescription drugs more than in the prescribed amount or frequency?

GO TO MH2a through MH2d →	Yes	1
SKIP TO MH3→	No	0

MH2a. In the last 6 months, have you felt you ought to cut down on your drug use?

Yes	1
No	0
Not Applicable	88

MH2b. In the last 6 months, have people annoyed you by criticizing your drug use?

Yes	1
No	0
Not Applicable	88

MH2c. In the last 6 months, have you felt bad or guilty about your drug use?

Yes	1
No	0
Not Applicable	88

MH2d. In the last 6 months, have you ever used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?

Yes	1
No	0
Not Applicable	88

[SOURCE: GENERAL HEALTH (WARE, KOSINSKI, DEWEY, & GANDEK, 2001)]

MH3. In general, how would you rate your overall physical health? [INTERVIEWERS, READ THE RESPONSE OPTIONS ALOUD.] Would you say:

Poor	1
Fair	2
Good	3
Very Good	4
Excellent	5

[SOURCE for MH4 & MH5; PHQ-9 (KROENKE, SPITZER, & WILLIAMS, 2001)]

MH4. For these next questions, we would like to know how you have been feeling over **the past two weeks**. Using this card (#8), please tell me the number that best describes how often have you been bothered by any of the following problems.

0	NOT AT ALL
1	SEVERAL DAYS
2	MORE THAN HALF THE DAYS
3	NEARLY EVERYDAY

a.	Little interest or pleasure in doing things.....	
b.	Feeling down, depressed, or hopeless.....	
c.	Trouble falling asleep, staying asleep, or sleeping too much.....	
d.	Feeling tired or having little energy.....	
e.	Poor appetite or overeating.....	
f.	Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down.....	
g.	Trouble concentrating on things such as reading the newspaper or watching television.....	
h.	Moving or speaking so slowly that other people have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual.....	
i.	Thinking that you would be better off dead or that you want to hurt yourself in some way.....	

[**INTERVIEWER:** IF PARTICIPANT ANSWERED 1 OR HIGHER TO ANY QUESTION ABOVE; COMPLETE QUESTION 5. IF PARTICIPANT *DID NOT* ANSWER 1 OR HIGHER TO ANY QUESTION ABOVE; *SKIP* QUESTION MH5 AND MOVE ON TO MH6.]

MH5. And using this card (#9), how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	0
Somewhat difficult	1
Very difficult	2
Extremely difficult	3

[SOURCE for MH6 & MH7; GAD-7 (SPITZER, KROENKE, WILLIAMS, & LOWE, 2006)]

MH6. And again thinking about how you have been feeling over **the past two weeks**, using this card (#10) please tell me how often you been bothered by any of the following problems?

0	NOT AT ALL
1	SEVERAL DAYS
2	MORE THAN HALF THE DAYS

a.	Feeling nervous, anxious, or on edge...	
b.	Not being able to stop or control worrying.....	
c.	Worrying too much about different things.....	
d.	Trouble relaxing.....	
e.	Being so restless that it is hard to sit still.	
f.	Becoming easily annoyed or irritable....	
g.	Feeling afraid as if something awful might happen.....	

[**INTERVIEWER:** IF PARTICIPANT ANSWERED 1 OR HIGHER TO ANY QUESTION ABOVE; COMPLETE QUESTION 7. IF PARTICIPANT DID NOT ANSWER 1 OR HIGHER TO ANY QUESTION ABOVE; SKIP MH7 AND MOVE ON TO MH8.]

MH7. And using this card again (#9), how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	0
Somewhat difficult	1
Very difficult	2
Extremely difficult	3

[SOURCE: PTSD & TRAUMA (BREWIN ET AL, 2002)]

MH8. Now I'm going to mention a few reactions that sometimes happen after a traumatic event and which might or might not be some of your personal reactions to the abuse you've experienced. I'd like to know whether you have experienced any of the following **at least twice in the past week**.

		YES (1)	NO (0)
a.	Upsetting thoughts or memories about the event that have come into your mind against your will		
b.	Upsetting dreams about the event		
c.	Acting or feeling as though the event were happening again		
d.	Feeling upset by reminders of the event		
e.	Bodily reactions (such as fast heartbeat, stomach churning, sweatiness, dizziness) when reminded of the event		
f.	Difficulty falling or staying asleep		
g.	Irritability or outbursts of anger		
h.	Difficulty concentrating		
i.	Heightened awareness of potential dangers to yourself and others		
j.	Being jumpy or being startled at something unexpected		

TARGET CHILD

Thanks for answering those questions. Now I have a few questions that I'll just ask about one of your children. Although we would like to ask you information on all of your children, we think it will take too much of your time, so I want to focus on this one child for this interview and the follow-up interviews. I have randomly selected this particular child. We'll concentrate on _____ (*child's name*) for the rest of the interview.

TC1. What is _____ (*child's name*)'s race/ethnicity?

	Yes	No
African American/Black		
African		
Asian/Asian American		
Cambodian		
Chinese		
Japanese		
Korean		
Filipin@		
Indian		
Vietnamese		
Hispanic/Latin@		
Native American/Native Alaskan		
Native Hawaiian/Pacific Islander		
Middle Eastern		
White/Anglo-American		
Other: _____		
Declined to answer		99

TC2. What is their gender?

Female	1
Male	2
Transgender	3
Transgendered Female-to-Male	4
Transgendered Male-to-Female	5
Genderqueer	6
Gender Nonconforming	7
None of these describe me accurately - I identify as:	8
Declined to answer	99

TC3. How many years of school has _____ (*child's name*) finished?

Child is under 5 years old	
Kindergarten	
First Grade	
Second Grade	
Third Grade	
Fourth Grade	
Fifth Grade	
Sixth Grade	
Seventh Grade	
Eighth Grade	
Ninth Grade	
Tenth Grade	
Eleventh Grade	
Twelfth Grade	

TC4. Is _____ (*child's name*) enrolled in school? (INTERVIEWER: IF IT IS CURRENTLY SUMMER BREAK ask: Was your child enrolled in school in June?)

Yes, full-time	1
Yes, part-time	2
Child is home-schooled	3
No	0

TC5. In the last 6 months, about how many days of school has _____ (*child's name*) missed?

NUMBER OF DAYS: _____

TC5a. How many of the days missed from school were a result of domestic violence?

NUMBER OF DAYS: _____

TC6. Has _____ (*child's name*) ever repeated a grade?

Yes	1
No	0

TC7. Has _____ (*child's name*) ever been in foster care?

Yes	1
No	0

TC7a. How old were they when they started foster care?

AGE: _____

TC7b. How long were they in foster care?

NUMBER OF YEARS: _____

NUMBER OF MONTHS: _____

NUMBER OF DAYS: _____

Declined:

Don't know:

TC8. What is _____ (*Abuser's name*) relationship to _____ (*child's name*)?

Biological Parent	
Step-parent	
Other: _____	

[SOURCE: CHILD STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (GOODMAN, 1997)]

TC9. I now have some questions relating to your child's strengths and difficulties. Again, we are talking about _____ (*child's name*). For each item, use this card (#11) and tell me if each statement is Not True, Somewhat True, or Certainly True. Please think about your child's behavior over the **last six months.**, or Certainly True. Please think about your child's behavior over the **last six months.**

0	Not True
1	Somewhat True
2	Certainly True

Your child is...

a.	Considerate of other people's feelings	
b.	Restless, overactive, cannot stay still for long	
c.	Often complains of headaches, stomach-aches or sickness	
d.	Share readily with other children (for example toys, treats, pencils)	
e.	Often loses temper	
f.	Rather solitary, prefers to play alone	
g.	Generally well-behaved, usually does what adults request	
h.	Many worries or often seems worried	
i.	Helpful if someone is hurt, upset or feeling ill	
j.	Constantly fidgeting or squirming	
k.	Has at least one good friend	
l.	Often fights with other children or bullies them	
m.	Often unhappy depressed, or tearful	
n.	Generally liked by other children	
o.	Easily distracted, concentration wanders	
p.	Nervous or clingy in new situations, easily loses confidence	
q.	Kind to younger children	
r.	Often lies or cheats	
s.	Picked on or bullied by other children	
t.	Often offers to help others (parents, teachers, other children)	
u.	Thinks things out before acting	
v.	Steals from home, school or elsewhere	
w.	Gets along better with adults than with other children	
x.	Many fears, easily scared	
y.	Good attention span, sees things worked through to the end	

WELL-BEING

[SOURCE: HERTH HOPE INDEX (HHI: HERTH, 1992; PEREYRA, 1996)]

WB1. Now I'd like to go back to talking about you and how you feel like you're doing. Using this card (#12) I'd like to know how much you agree or disagree with the following statements.

1	STRONGLY DISAGREE
2	DISAGREE
3	NEUTRAL/MIXED
4	AGREE
5	STRONGLY AGREE

a.	I have a positive outlook toward life	
b.	I have short and/or long-range goals	
c.	I feel all alone	
d.	I can see possibilities in the midst of difficulties	
e.	I have a faith that gives me comfort	
f.	I feel scared about my future	
g.	I can recall happy/joyful times	
h.	I have deep inner strength	
i.	I am able to give and receive caring/love	
j.	I have a sense of direction	
k.	I believe that each day has potential	
l.	I feel my life has value and worth	

[SOURCE: MEASURE OF VICTIM EMPOWERMENT RELATED TO SAFETY (MOVERS), (GOODMAN ET AL, 2014)]

WB2. You may be facing a variety of different challenges to safety. When we use the word *safety* in the next set of statements, we mean safety from physical or emotional abuse by another person. Please choose from the following options (card #13) how true each of the statements are regarding how you think about your and your family's safety right now. When you are responding to these statements, it is fine to think about your family's safety along with your own if that is what you usually do.

Never true	0
Sometimes true	1
Half the time true	2
Mostly true	3
Always true	4
Refused to Answer	99

a.	I can cope with whatever challenges come at me as I work to keep safe.	
b.	I have to give up too much to keep safe.	
c.	I know what to do in response to threats to my safety.	
d.	I have a good idea about what kinds of support for safety that I can get from people in my community (friends, family, neighbors, people in my faith community , etc.)	
e.	I know what my next steps are on the path to keeping safe.	
f.	Working to keep safe creates (or will create) new problems for me.	
g.	When something doesn't work to keep safe, I can try something else.	
h.	I feel comfortable asking for help to keep safe.	
i.	When I think about keeping safe, I have a clear sense of my goals for the next few years.	
j.	Working to keep safe creates (or will create) new problems for people I care about.	
k.	I feel confident in the decisions I make to keep safe.	
l.	I have a good idea about what kinds of support for safety I can get from community programs and services.	
m.	Community programs and services provide support I need to keep safe.	

[Source: Modified Differential Emotions Scale]

WB3. Please think back to how you have felt over the last two weeks. Using this card (#14), please indicate the *greatest amount* that you have experienced each of the following feelings.

0	Not at all
1	A little bit
2	Moderately
3	Quite a bit
4	Extremely
88	Not Applicable
99	Declined to Answer

a.	What is the most amused, fun-loving, or silly you felt?	
b.	What is the most angry, irritated, or annoyed you felt?	
c.	What is the most ashamed, humiliated, or disgraced you felt?	
d.	What is the most awe, wonder, or amazement you felt?	
e.	What is the most contemptuous, scornful, or disdainful you felt?	
f.	What is the most disgust, distaste, or revulsion you felt?	
g.	What is the most embarrassed, self-conscious, or blushing you felt?	
i.	What is the most grateful, appreciative, or thankful you felt?	
j.	What is the most guilty, repentant, or blameworthy you felt?	
k.	What is the most hate, distrust, or suspicion you felt?	
l.	What is the most hopeful, optimistic, or encouraged you felt?	
m.	What is the most inspired, uplifted, or elevated you felt?	
n.	What is the most interested, alert, or curious you felt?	
o.	What is the most joyful, glad, or happy you felt?	
p.	What is the most love, closeness, or trust you felt?	
q.	What is the most proud, confident, or self-assured you felt?	
r.	What is the most sad, downhearted, or unhappy you felt?	
s.	What is the most scared, fearful, or afraid you felt?	
t.	What is the most serene, content, or peaceful you felt?	
u.	What is the most stressed, nervous, or overwhelmed you felt?	

[SOURCE: QOL (SULLIVAN & BYBEE, 1999)]

WB4. Now I would like to ask you how you feel about various parts of your life. Using this card (#1), please tell me the feelings you have in general – taking into account what has happened in the last 6 months.

As I ask each question, please tell me how you feel about the part of your life, either [INTERVIEWERS, READ RESPONSES]:

Extremely Happy	7
Happy	6
Mostly Satisfied	5
Equally Dissatisfied and Satisfied	4
Mostly Dissatisfied	3
Unhappy	2
Terrible	1
Refused to Answer	99

a.	First a very general question. How do you feel about your life overall?	
b.	In general, how do you feel about yourself?	
c.	How do you feel about your personal safety?	
d.	How do you feel about the amount of fun and enjoyment you have?	
e.	How do you feel about the responsibilities you have for members of your family?	
f.	How do you feel about the accomplishments in your life?	
g.	How do you feel about your independence or freedom - that is, how free do you feel to live the kind of life you want?	
h.	How do you feel about your emotional or psychological well-being?	
i.	How do you feel about the way you spend your spare time?	

FINAL SECTION

Thank you so much for answering all of those questions. We hope that what we learn from you and other people in similar situations will help us help communities provide more and better resources and responses. Just before we wrap up this interview, could you tell me a little about what you are hoping to get from _____ (*name of agency*)?

FS1. For example, with regard to housing, are you:

Hoping to stay in your current home or return to your current home	1
Looking for a new home	2
Not sure	77
Declined to answer	99

FS2. Okay, and do you think that the kind of help you're looking for from _____ (*name of agency*) is....

Probably brief or short-term, you just need some fairly brief or immediate help.	1
More than brief help.	2
Not sure	77
Declined to answer	99

FS3. And would you say you're looking for...

Financial help only	1
Support from staff to help you get what you need	2
Both	3
Not sure	77
Declined to answer	99

END OF INTERVIEW: Thank you again for taking the time to do this interview today – I know there was a lot to answer. Before we finish up, do you have any questions for me?

[INTERVIEWER, PLEASE RECORD ALL QUESTIONS AND ANSWER THEM TO THE BEST OF YOUR KNOWLEDGE AND ABILITY WITHIN THE FRAMEWORK OF THIS STUDY. IF THERE IS SOMETHING YOU ARE NOT SURE ABOUT, PLEASE MAKE SURE TO REFER THE SURVIVOR BACK TO THE ORGANIZATION.]

We will be contacting you again in 3 months to just do a quick check in and make sure we have up-to-date information in order to contact you for your next interview six months from now.