




[Tip: In approaching homeless youth, walk slowly up to them, smile, shake their hand, and introduce yourself]

Interviewer: "Hi, my name is [say your name]. What is your name? Nice to meet you, [say their name]. I am volunteering with the Los Angeles Homeless Services Authority (LAHSA), which works with many community organizations—including [name of partnering youth agency]—to help those in need of safe and stable housing. Today we are conducting the Youth Count, which includes doing a brief survey that will help us better understand the housing and service needs of young people in the community, and bring additional resources to help youth."

"The survey takes about 15-20 minutes. The results of this Youth Count survey will be used to improve the quality and variety of housing and services available for unsheltered youth in LA County. **If you decide to participate, pass the prescreening and are eligible, and complete the survey,** I'll be providing a ten-dollar gift card to either McDonald's or Subway, depending on your preference. Your answers are completely confidential and any question refused will not result in denial of any kind of services. Do you have any questions? [pause and wait for any questions]"

"Would you like to take this survey?" Yes No →  → Go to STAFF USE ONLY

[Tip: Fill in the bubble or square answer choices completely and within the bubble or square (for example, →). Cross out mistakes (for example, ✖).


PRESCREENING

Interviewer: "Thank you for your willingness to participate in our survey. Before beginning the actual survey, however, we would like to ask you a few prescreening questions to determine whether you are eligible to take this survey. We prescreen in order to ensure that we capture information and experiences from unsheltered youth who are in need of stable and permanent housing. If you do not pass this prescreening, you will not be able to take the survey and receive the ten-dollar gift card. Do you have any questions? [pause and wait for any questions] Please feel free to ask any questions at any time during the survey."

"Have you taken the Youth Count survey this week?" Yes →  → Go to STAFF USE ONLY No

1. How old are you? Question Logic: If 25 years old or older, let them know they are not eligible and go to Staff Use Only.

2. Where have you spent most of your nights in the last 30 days? Question Logic: If answer is from first column (first box), go to Staff Use Only. If answer is from second or third column (second box), go to DEMOGRAPHICS.

<ul style="list-style-type: none"> <input type="radio"/> Emergency shelter <input type="radio"/> Hotel or motel <input type="radio"/> Transitional housing <input type="radio"/> Youth shelter <input type="radio"/> Hospital, substance abuse or psychiatric treatment facility <input type="radio"/> Jail or prison <input type="radio"/> Safe haven <input type="radio"/> Your own apartment or home <input type="radio"/> Apartment or home of a friend or family <input type="radio"/> With someone unknown because you needed a place to stay <input type="radio"/> Foster care or group home <input type="radio"/> Decline/Don't know 	<ul style="list-style-type: none"> <input type="radio"/> Street, sidewalk, or alley <input type="radio"/> Bus or train stop/station, transit center or airport <input type="radio"/> Campground or woods <input type="radio"/> Park, beach, or riverbed <input type="radio"/> Under bridge or overpass <input type="radio"/> Other outdoor location 	<ul style="list-style-type: none"> <input type="radio"/> Abandoned building or parking lot <input type="radio"/> Car or truck <input type="radio"/> Van <input type="radio"/> RV or camper <input type="radio"/> Outdoor encampment or tent <input type="radio"/> Unconverted garage, attic, or basement <input type="radio"/> Other makeshift shelter not meant for human habitation
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DEMOGRAPHICS

Interviewer: “Great, now that we know you are eligible, let’s proceed with the survey. First, I would like to ask you some basic demographic questions about yourself. Remember, like I had mentioned before, your answers are completely confidential and any question refused will not result in denial of any kind of services. Some of the survey questions will be sensitive, would you like to move to a more private space before we begin? [*once settled, then begin*] Let’s begin! [*start on question 3 and ask questions in chronological order for the entire survey*]”

[**Tip:** In asking questions, be alert of possible question logic. For questions that have logic, “Question Logic” will be in red]

3. What are your initials? [*Need to record all initials*]

First	Middle	Last

4. What is your date of birth? [*Need to record exact DOB*]

M	M	D	D	Y	Y	Y	Y

5. What is your gender identity?

- Male
- Female
- Transgender
- Decline/Don’t know

6. Are you Hispanic or Latino?

- Yes
- No
- Decline/Don’t know

7. What is your race? You can select one or more races.

Read each category and choose ALL that apply

- American Indian or Alaska Native
- Asian
- Black or African American
- White
- Native Hawaiian or Other Pacific Islander
- Multiple/Mixed Race
- Other → specify:

8. Are you enrolled in any education program right now?

- High School
- GED Prep
- Trade/technical/vocational program
- Community College
- Four year college or university

- Other → specify:
- None

9. How would you describe your current employment situation? *Wait for response and choose ALL that apply*

- Full-time (more than 35 hours)
- Part-time (35 hours or less)
- Seasonal
- Temporary
- Unemployed; actively looking for work
- Unemployed; not actively looking for work
- None of the above

10. Are you currently receiving any of the following forms of government assistance? *Read each category and choose ALL that apply*

ALL that apply

- CalWorks/TANF
- CAPI – Cash Assistance Program for Immigrants
- Child support or survivor benefits
- State children’s health insurance
- Food Stamps/EBT Card/CalFresh
- GR/GA – General Relief or Assistance
- Health Way LA
- Medicaid/Medi-Cal
- Medicare
- SSI/SSDI/Disability
- Unemployment
- Veterans Disability
- Veteran’s Medical Center/Veteran Benefits
- Veteran’s Pension
- WIC – Women, Infants, and Children
- None at this time

11. Do you have any other sources of income?

- Yes → specify:
- No
- Decline/Don’t know

----[Go to **Question Logic** above question 12 on next page]----

Question Logic: Skip Qs 12, 13, and 14 if 17 years old or younger and go to LIVING section.

12. Which of the following best represents your sexual orientation?

- Straight
- Gay or Lesbian
- Bisexual
- Unsure/Questioning
- Decline/Don't know

13. Have you served on active duty in the U.S. Armed Forces (i.e., Army, Air Force, Navy, Marines Corps, or Coast Guard)?

- Yes
- No
- Decline/Don't know

14. Were you called into active duty as a member of the National Guard or as a Reservist?

- Yes
- No
- Decline/Don't know

-----[Go to LIVING section]-----

LIVING

Interviewer: "Thank you for answering those demographic questions about yourself. Now, I would like to ask you questions about your past and current living situations. Let's begin! [start on question 15]"

15. How long have you been living in Los Angeles County? *Fill in "Always lived in LA County" if respondent has lived in LA County their entire life*

Day(s)	<input type="text"/>	<input type="radio"/> Always lived in LA County
Week(s)	<input type="text"/>	
Month(s)	<input type="text"/>	
Year(s)	<input type="text"/>	

16. Is this the first time you have been homeless?

- Yes
- No
- Decline/Don't know

17. How long have you been homeless this time?

Day(s)	<input type="text"/>
Week(s)	<input type="text"/>
Month(s)	<input type="text"/>
Year(s)	<input type="text"/>

18. Including yourself, how many adults, youth, and children who you consider to be in your household are sleeping in the same location with you tonight?

Adults (Over 24)	<input type="text"/>	Adults (18-24)	<input type="text"/>	Children (Under 18)	<input type="text"/>
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19. How old were you the first time you were homeless?

Age

20. In the past 3 years, how many times have you (and/or your family) been housed and then homeless again? Indicate the number of episodes.

- 1 time (Skip to Q21)
- 2-3 times (Skip to Q21)
- 4 or more times
- Decline/Don't know (Skip to Q21)

20a. In the past 3 years, have you been homeless for one year or longer in total?

- Yes
- No
- Decline/Don't know

-----[Go to question 21 on next page]-----

21. In the past 6 months, have you lived with anyone else in any of the following situations, and if so, how many? Read each category, if "Yes," then ask, "How many?" If "No," then write in zero in the box.

Tent	
Car	
Van	
RV/Camper	
Make-shift shelter	

None of the above
 Decline/Don't know

Interviewer: "For these next few questions, I will be asking you regarding where you spent most of your nights in the last 30 days. You said during the prescreening that you spent most of your nights in the last 30 days at [refer to question 2 on page 1]. I would like you to refer to this place when answering these next few questions."

22. In what city was this place located?

City

22a. In what neighborhood was this place located?

Neighborhood

22b. Near what intersection was this place located? Please be as specific as possible in giving us the name of the place or describing the crossing streets where the place is.

Intersection

23. Is this location in a public place or visible from the street?

- Yes
 No
 Decline/Don't know

Interviewer: "Thank you for your answers. Now, I would like to ask you some questions about where you were last housed and what led to your loss of housing. Let's begin this next set of questions!"

24. Before the last time you lost your housing, where were you living?

- Los Angeles County
- Southern California (Kern, Imperial, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, or Ventura) (Skip to Q25)
- Other County in California (Skip to Q25)
- Out of state (Skip to Q25)
- Foreign country (Skip to Q25)
- Decline/Don't know (Skip to Q25)

24a. In what city were you living?

City

24b. In what neighborhood or zip code were you living?

Neighborhood

24c. Near what intersection were you living?

Intersection

25. What led you to leave home or to lose your housing?

Wait for response(s) and choose ALL that apply

- Ran away from your family home, group home, or foster home
- Violence at home between family members
- Differences in religious beliefs with parents/guardians/caregivers
- Kicked out of home due to sexual orientation/gender identity
- Left or aged out of foster care
- Break-up, divorce, or separation
- Child support issues
- Conflicts with family or household members
- Death, illness of family member
- Domestic violence with your partner
- Family homelessness
- No friends or family available
- Eviction or foreclosure
- Unemployment or financial reasons
- Medical, physical disability or illness
- Substance abuse
- Mental health issues
- Release from hospital, treatment facility, or other institution
- Release from jail or prison
- Recent immigration
- Other → specify:
- Decline/Don't know

--[Go to FOSTER CARE/JUSTICE SYSTEM section on next page]--

FOSTER CARE/JUSTICE SYSTEM

Interviewer: "Great, you're doing a good job. Now, I would like to ask you questions about whether you were involved in the foster care or justice system."

26. Have you ever been involved in the foster care system? For example, being taken out of your home and placed with other family, foster family, in a group home.

- Yes
- No
- Unsure

27. Have you ever been involved in any of the following?

Read each category and choose ALL that apply

- The justice system before you were 18 years old (Go to Q27a)
- The adult justice system (jail or prison) (Go to Q27a)
- The adult probation system (Go to Q27a)
- None of the above (Skip to HEALTH)
- Decline/Don't know (Skip to HEALTH)

27a. In the last 12 months, have you been released from a correctional institution such as juvenile detention, jail, or prison?

- Yes
- No (Skip to HEALTH)

27b. Were you released as an AB 109 probationer? AB 109

is an early release program that changes eligibility for state prison, and is also known as Public Safety Realignment.

- Yes
- No
- Decline/Don't know

-----[Go to HEALTH section]-----

HEALTH

Interviewer: "Let's move on to some questions about your health. Do you have any questions so far? [pause and wait for any questions]. Let's move on!"

28. Do you have, have you ever had, or has a healthcare provider ever told you that you have any of the following health conditions? *Read each category and choose ALL that apply*

- HIV/AIDS-related illness
- Ongoing alcohol abuse
- Ongoing drug abuse
- Serious and long continuing mental illness (e.g., depression, bipolar disorder, or schizophrenia)
- Physical disability
- Physical illness (chronic or ongoing)
- Severe depression (chronic or ongoing)
- Post-traumatic stress disorder (PTSD)
- Traumatic brain injury (TBI)
- Developmental disability
- None of the above
- Decline/Don't know

29. Do you have ongoing health problems or medical conditions, such as diabetes, cancer, or heart disease?

- Yes → specify:
- No
- Decline/Don't know

30. Did you indicate a disability or medical condition in Q28 or Q29?

- Yes (Ask Q30a-c)
- No (Skip to Question Logic after 30c)

30a. Is your medical condition or disability permanent or long-term?

- Yes
- No

30b. Does your disability or medical condition require you to seek help or assistance in order to live independently?

- Yes
- No

30c. Would your disability or medical condition be improved if stable housing was provided?

- Yes
- No

Question Logic: Skip ABUSE/DOMESTIC VIOLENCE section on next page if 17 years old or younger and go to HOUSEHOLD section.

ABUSE/DOMESTIC VIOLENCE

Interviewer: “At this moment now, I would like to ask you two very personal, sensitive questions concerning whether you’ve experienced abuse and/or domestic violence. Remember, your answers are completely confidential and any question refused will not result in denial of any kind of services. Considering the sensitive nature of these questions, would you like to move to a more private space before we begin? [*once settled, then begin*] Let’s start.”

31. Have you ever been physically or sexually abused by a relative or another person you have lived with, such as a spouse, intimate partner, brother or sister, or parent?

- Yes
- No
- Decline/Don’t know

32. Have you experienced dating violence or stalking?

- Yes
- No
- Decline/Don’t know

-----[Go to HOUSEHOLD section]-----

HOUSEHOLD



Interviewer: “Thank you for sharing those intimate details. For this next set of questions, I will be asking about people in your household. A household is a person living alone or living with others or a group people who live together and normally buy and prepare their food together. Once again, your answers are completely confidential and information you give us about people in your household will absolutely in no way affect you or them in any way. The reason we ask questions about people in your household is to better understand how unsheltered youth are experiencing homelessness.”


33. Other than yourself, are there other people in your household? Yes No → Go to question 44.

	Person 1	Person 2	Person 3	Person 4
34. What are the initials or nicknames of 4 people in your household, starting from oldest to youngest? <i>Write in the reported initials for each person in the boxes to the right</i> ✍️				

[Tip: In asking the following questions and recording respondent’s answers, first ask the questions for person 1 down the table, then for person 2, then for person 3, and finally for person 4. In other words, go down the questions in the first column for each person separately]

35. How is [initials of person] related to you?	<input type="radio"/> Child <input type="radio"/> Spouse <input type="radio"/> Other family <input type="radio"/> Non-married partner <input type="radio"/> Other/Non-Family	<input type="radio"/> Child <input type="radio"/> Spouse <input type="radio"/> Other family <input type="radio"/> Non-married partner <input type="radio"/> Other/Non-Family	<input type="radio"/> Child <input type="radio"/> Spouse <input type="radio"/> Other family <input type="radio"/> Non-married partner <input type="radio"/> Other/Non-Family	<input type="radio"/> Child <input type="radio"/> Spouse <input type="radio"/> Other family <input type="radio"/> Non-married partner <input type="radio"/> Other/Non-Family
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	Person 1	Person 2	Person 3	Person 4
<p>Write in the reported initials for each person [refer to question 34] in the boxes to the right </p>				
<p>36. In the past 6 months, have you lived with [initials of person] in any of the following situations? <i>Read each category and choose ALL that apply</i></p>	<input type="checkbox"/> Tent <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> RV/Camper <input type="checkbox"/> Make-shift shelter <input type="checkbox"/> None of the above	<input type="checkbox"/> Tent <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> RV/Camper <input type="checkbox"/> Make-shift shelter <input type="checkbox"/> None of the above	<input type="checkbox"/> Tent <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> RV/Camper <input type="checkbox"/> Make-shift shelter <input type="checkbox"/> None of the above	<input type="checkbox"/> Tent <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> RV/Camper <input type="checkbox"/> Make-shift shelter <input type="checkbox"/> None of the above
<p>37. How old is [initials of person]? <i>Write in the reported age in the boxes to the right </i></p>				
<p>38. What is [initials of person] gender identity?</p>	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender <input type="radio"/> Decline or Don't know	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender <input type="radio"/> Decline or Don't know	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender <input type="radio"/> Decline or Don't know	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender <input type="radio"/> Decline or Don't know
<p>39. Is [initials of person] Hispanic or Latino?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Decline or Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Decline or Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Decline or Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Decline or Don't know
<p>40. What is [initials of person] race? You can select one or more races. <i>Read each category and choose ALL that apply</i></p>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Multiple or Mixed Race <input type="checkbox"/> Other → specify: _____	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Multiple or Mixed Race <input type="checkbox"/> Other → specify: _____	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Multiple or Mixed Race <input type="checkbox"/> Other → specify: _____	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Multiple or Mixed Race <input type="checkbox"/> Other → specify: _____

	Person 1	Person 2	Person 3	Person 4
Write in the reported initials for each person [refer to question 34] in the boxes to the right 				

Question Logic: Skip questions 41, 42, and 43 if household member is 17 years old or younger and go to question 44.

41. Which of the following best represents [initials of person] sexual orientation?	<input type="radio"/> Straight <input type="radio"/> Gay or Lesbian <input type="radio"/> Unsure or Questioning <input type="radio"/> Decline or Don't know	<input type="radio"/> Straight <input type="radio"/> Gay or Lesbian <input type="radio"/> Unsure or Questioning <input type="radio"/> Decline or Don't know	<input type="radio"/> Straight <input type="radio"/> Gay or Lesbian <input type="radio"/> Unsure or Questioning <input type="radio"/> Decline or Don't know	<input type="radio"/> Straight <input type="radio"/> Gay or Lesbian <input type="radio"/> Unsure or Questioning <input type="radio"/> Decline or Don't know
42. Has [initials of person] served on active duty in the U.S. Armed Forces (i.e., Army, Air Force, Navy, Marines Corps, or Coast Guard)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Decline or Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Decline or Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Decline or Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Decline or Don't know
43. Was [initials of person] called into active duty as a member of the National Guard or as a Reservist?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Decline or Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Decline or Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Decline or Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Decline or Don't know

Interviewer: "Thank you! We are almost finished. I just have a few more questions."

44. Are you currently receiving any of the following services? Read each category and choose ALL that apply

- Case management
- Drop-in center services
- Education/employment services
- Emergency food
- Emergency shelter
- Health care
- HIV testing
- Mental health support, services, or counseling
- Services for drug/alcohol abuse
- Other → specify:
- Not currently receiving any services (Skip to Q45)

44a. In what cities or neighborhoods do you access these services?

Cities or neighborhoods

45. How many young people do you know in LA County who are living on the street, in shelters, or are travelling without a regular place to stay?

Minors (under 18)

Young adults (18-24)

-----[Go to STAFF USE ONLY]-----

Refusals (did not want to participate)	Ineligible Individuals (did not pass PRESCREENING)	Eligible Participants (completed survey)
<ul style="list-style-type: none"> • Thank them and ask if they would like a resource card • Fill out refusal log • Do NOT fill out information below 	<ul style="list-style-type: none"> • Let them know they are not eligible to take the survey • Thank them for their willingness to participate and end survey • Ask if they would like a resource card • Fill out information below 	<ul style="list-style-type: none"> • Let them know they have completed the survey • Thank them for participating and sharing information about their homeless experience • Give them the gift-card ONLY if they completed the survey • Fill out gift-card tracking form • Fill out information below

- SPA 1
 SPA 2
 SPA 3
 SPA 4
 SPA 5
 SPA 6
 SPA 7
 SPA 8

Surveyor, what initially led you/your team to identify this young person as homeless? *Choose ALL that apply*

- Personal knowledge (either the surveyor or someone on the survey team personally knew the person)
- Physical appearance or belongings (including hygiene, clothing, belongings, etc.)
- Specific location or activities (e.g., in well-known hot spot, accessing certain services, panhandling, etc.)
- Behavior patterns or emotional cues (seeming like something is wrong or is meandering with no specific place to go)
- Other → specify:

Surveyor, did you observe/ detect signs or symptoms of the following: *Choose ALL that apply*

- Serious health conditions
 Mental illness
 Alcohol or drug abuse
 No observations

Surveyor, what is the status of the survey

- Complete
 Partial
 Incoherent
 Refusal

Census Tract

Location/ Intersection

Time

Date

Interviewer Initials

 :
 / /

