

Section I: Residency

- 1. Where were you living at the time you most recently became homeless? (Shade 1)
a. City of Seattle
b. King County
c. Snohomish County
d. Pierce County
e. Other:
2. Are you originally from the city of Seattle?
3. If not, why did you move to Seattle?
4. How long have you lived in Seattle?
5. Immediately before you became homeless, where were you living?
6. A home owned or rented by you or your partner
7. A home owned or rented by friends/relatives
8. Subsidized housing or permanent supportive housing
9. Hospital or treatment facility
10. Jail
11. Prison

Section G: Causes and Barriers to Housing

- 1. What do you think is the primary event or condition that led to your homelessness?
2. What would help you obtain permanent housing?
3. Are you currently on probation?
4. Were you involved with the criminal justice system prior to experiencing homelessness?
5. How many times have you been in jail, _____ or prison _____ in the last 12 months?
6. What kind of crime was committed?
7. Drug-related crime
8. Sex crime
9. Property crime
10. Violent crime
11. Decline to state

Section H: Health

- 1. Have you ever been diagnosed with ...
a. Diabetes
b. Cancer
c. Post-Traumatic Stress Disorder (PTSD - flashbacks, anxiety)
d. Bipolar Disorder
e. Depression
f. Schizophrenia
g. Any other psychiatric or emotional conditions (OCD)
h. A physical disability (including vision and hearing)
i. Traumatic brain injury
2. Does it keep you from holding a job, living in stable housing or taking care of yourself?
3. Do you regularly use?
4. If you live with a spouse, a significant other or parent, do any conditions prevent them from maintaining work or housing?
5. Have you experienced domestic violence/abuse?
6. Do you receive any disability benefits such as?
7. Since you became homeless this last time, have you needed medical care and been unable to receive it?

Section I: Services and Assistance

- 1. Are you currently using any type of shelter services?
2. If not, why?
3. Are you currently receiving any of the following forms of Government assistance?
4. If safe, affordable housing was available, would you move inside?
5. Have you had a coordinated assessment?
6. With your current income, how much could you pay in rent/utilities each month?
7. Are you currently using any of the following services?
8. Since you became homeless this last time, have you needed dental care and been unable to receive it?
9. Where do you usually get medical care?
10. How many times have you been to the ER or hospital this past year?
11. Times
12. Times



