



## Qualifying Questions

Q1. Interviewer's Name

Q2. Site/Region where the survey is being conducted

(Note: please enter the 7 digit zip-code)

Q3.

We are conducting a survey of women today. We are researchers from the University of Southern California (USC) and the Downtown Women's Center. We will use the results of the survey to help service providers and elected officials

design programs that are sensitive to the needs of women in Los Angeles.

We have a small gift for completing the survey. We also have a flyer with all of the existing services for women in this area, which you can take whether you complete a survey or not.

The survey will take about 15-25 minutes and is completely confidential. Your name will not be asked. If you would like to receive the results of the survey, your name and contact number can be listed on a separate sheet of paper.

Some of the questions are very personal. You do not have to answer any questions that make you uncomfortable, just let your interviewer know if you do not wish to answer.

If you wish to participate, please begin with the next question.

**Q4. Have you already completed this survey today?**

- Yes
- No

**Q5. Are you currently homeless?**

(Homelessness defined as "lacking a fixed, regular, and adequate nighttime residence")

- Yes
- No

Q6. Are you over the age of 18?

- Yes
- No

Q7. Do you identify as male?

- Yes
- No

Q8.

Are you unaccompanied? (living without a partner or children)

- Yes
- No

Q9.

**NOTE TO INTERVIEWER: Some of these questions are very personal, and some are related to traumatic events that many women experience.**

*Participant answers will not be shared with anyone. Government agencies and housing providers will only see the total results of the survey, not individual responses. Also please remember, you can tell me that you do not want to answer any question that makes you uncomfortable.*

## **End - Ineligible**

Q10. (For interviewer: Explain that the person is not eligible, thank them for her interest and offer an informational brochure)

I'm sorry, but you are not eligible for the survey at this time. Thank you for your interest. Please feel free to take an informational brochure if you'd like.

## **Demographics**

Q11. How old are you? (in years, only input numbers)

Q12. Are you of Hispanic, Latinx, or Spanish origin?

- Yes  
 No

Q13. What is your race? Please click all that apply

- African-American/Black  
 Native Hawaiian or Other Pacific Islander  
 Native American  
 Asian  
 White  
 Decline to State  
 Unknown  
 Mixed Race  
  Other:

Q14. What gender do you identify with? (Please only select one)

- Male  
 Female  
 Gender Non-conforming  
 I don't know  
 Decline to state

Q15. (For interviewer: Explain that the person is not eligible, thank them for her interest and offer an informational brochure)

I'm sorry, but you are not eligible for the survey at this time. Thank you for your interest. Please feel free to take an informational brochure if you'd like.

Q16. Do you identify as transgender?

- Yes
- No
- Decline to State
- I don't know

Q17. Which of the following best represents your sexual orientation (Please only select one)

- Straight (not gay, lesbian, or bisexual)
- Gay
- Lesbian
- Bisexual
- Unsure/Questioning
- Other:
- I don't know
- Decline to state

Q18. Do you have any children?

Yes

No

Q19. If **YES** (*you have children*), how many?

Q20. If **YES**, please write their corresponding ages in the text boxes below. (in years, only numbers)

Child 1

Child 2

Child 3

Child 4

Child 5

Child 6

Child 7

Child 8

Child 9

Child 10

Child 11

Child 12

Q21. What is the highest level of education you have completed?

- Less than 1st grade
- 1st - 8th grade
- Some high school
- 12th grade - no diploma
- High School Graduate - diploma or equivalent (e.g. GED)
- Some College
- College Graduate
- Post Graduate

Q22. Which of the following would best describe your employment situation? (Please select all that apply)

- Disabled or on disability
- Retired
- Full-time (more than 30 hours)
- Part-time (29 hours or less)
- Seasonal work (recurring temporary work)
- Temporary work (limited contract with termination date)
- Self-employed
- Unemployed; actively looking for work
- Unemployed; not actively looking for work
- Unemployed; student
- None of the above
- Declined
- Don't know

Q23. Do you receive income?

- Yes
- No

Q24. If **YES** (*you receive income*), what are your sources of income (Mark all that apply)

- General Relief (GR)
- SSI (Supplemental Security Income)

- SSDI (Social Security Disability Income)
- Food Stamps (Cal Fresh)
- SNAP (Supplemental Nutrition Assistance Program)
- CalWORKs (California Work Opportunity and Responsibility to Kids)
- WIC (Women, Infants and Children benefits)
- Work, on-the-books
- Work, off-the-books
- VA (Veteran's Administration benefits or pension)
- Recycling
- Panhandling
- Pension
- Social Security/Retirement
- CAPI (Cash Assistance Program for Immigrants)
- Other:
- Refused to answer

Q25. If **YES** (*you receive income*), could you give your best estimate of how much your total monthly income is? (total from all the sources mentioned in Q19)

(Note: Input income rounded to the nearest dollar, for example \$250 or \$189 etc....)

- Monthly Income \$
- Refuse to answer
- I don't know

Q26. Have you ever been denied benefits before?

- Yes
- No

Q27. Have you ever been unable to apply for benefits before?

- Yes
- No

Q28. Do currently receive benefits or have you received them in the past?

- Yes
- No

Q29. If **YES** (*you currently receive benefits or have you received them in the past*), have they ever been terminated?

- Yes
- No

Q30. If you are looking for work, are any of the below barriers to you finding employment? (check all that apply)

- access to showers/hygiene care
- access to housing
- training or work experience
- Other:

Q31. Have you ever served in the U.S. military?

- Yes
- No

Q32. If **YES** (you have served in the U.S. military), do you prefer VA (Veteran Affairs) services or non-VA (Veteran Affairs) services?

- VA services
- Non-VA services
- No preference
- I don't know

Q33. If **YES** (you have served in the U.S. military), are you currently receiving benefits from the VA (Veteran Affairs)?

- Yes
- No
- I don't know

Refused

Q34. If **YES** (you have served in the U.S. military), are you accessing any of the below services? (Please select all that apply)

- HUD-VASH (Housing & Urban Development-Veterans Administration Supportive Housing) voucher
- SSVF (Supportive Services for Veteran Families)
- Other housing assistance
- Benefits assistance
- I don't know
- Other:

## II. ACCESS

Q35. Is this the first time you are homeless?

- Yes
- No
- I don't know
- Prefer not to answer

Q36. How old were you the first time you became homeless?  
(Please write in text box below)

- Age (in number)
- I don't know
- Prefer not to answer

Q37. How long have you been homeless this time?

- Day(s)
- Week(s)
- Month(s)
- Year(s)

Q38. In the past year, including this time, how many separate times have you experienced homelessness on the street, in a vehicle, or in shelters?

*(e.g. if the respondent has been housed once in the past year and they were homeless before and after, two separate episodes or experiences of homelessness took place)*

*(If the response to previous question was **1 year or greater**, select 1 time and continue to next question)*

- 1 time
- 2 to 3 times
- 4 or more times
- Refused
- Don't know

Q39. In the past three years, including this time, how many separate times have you experienced homelessness on the street, in a vehicle, or in shelters?

*(If the response to previous question was **3 years or greater**, select 1 time and continue to the next question)*

- 1 time
- 2 to 3 times
- 4 or more times
- Refused
- Don't know

Q40. Where did you live before you became homeless for the first time?

(Select your last lived location even if it wasn't your primary residence for the majority of your life. *Only mark **one**.*)

- Los Angeles
- Southern CA (Riverside, San Diego, Ventura, Orange)
- Other city in CA
- Out of State

Out of Country

Other:

Prefer not to answer

Q41. Do you live in this area?  
(Area the survey is being conducted)

Yes

No

I don't know

Prefer not to answer

Q42. If **NO**, what area of Los Angeles do you currently live in?

Q43. In the past 12 months, have you lived in any of the following places?

|                      | Past 12 months        |                       |
|----------------------|-----------------------|-----------------------|
|                      | Yes                   | No                    |
| Emergency Shelter    | <input type="radio"/> | <input type="radio"/> |
| Transitional Housing | <input type="radio"/> | <input type="radio"/> |
| The streets          | <input type="radio"/> | <input type="radio"/> |

|  | Past 12 months        |                       |
|--|-----------------------|-----------------------|
|  | Yes                   | No                    |
| With family and friends (e.g. couch surfing) | <input type="radio"/> | <input type="radio"/> |
| Hotel or motel                               | <input type="radio"/> | <input type="radio"/> |

#### Q44.

At any time in your lifetime, have you lived in any of the following places?

|  | In my lifetime        |                       |
|--|-----------------------|-----------------------|
|  | Yes                   | No                    |
| Emergency Shelter                            | <input type="radio"/> | <input type="radio"/> |
| Transitional Housing                         | <input type="radio"/> | <input type="radio"/> |
| The streets                                  | <input type="radio"/> | <input type="radio"/> |
| With family and friends (e.g. couch surfing) | <input type="radio"/> | <input type="radio"/> |
| Hotel or motel                               | <input type="radio"/> | <input type="radio"/> |

Q45. Have you ever looked for or applied for affordable housing?  
(i.e. Section 8, public housing, etc.)

- Yes
- No
- I don't know
- Prefer not to answer

Q46. If **NO** (you ever looked for or applied for affordable housing), why not?

Q47. If **YES** (you have looked for or applied for affordable housing), are you in the Coordinated Entry System (CES)?

- Yes
- No
- I don't know
- Prefer not to answer

Q48. Where do you currently sleep most frequently?

- My apartment/home/SRO (Single Room Occupancy hotel)
- Shelter
- Streets
- Car/van/RV (recreational vehicle)
- Subway/Bus
- Bench/Riverbed
- Couch surfing
- I don't know
- Prefer not to answer
- Other:

Q49. Do you prefer accessing services (i.e. housing, shelter, healthcare services, etc.) in a mixed gender or a women-only environment?

- Mixed Gender  
 Women-Only  
 Either, no preference  
 I don't know  
 Prefer not to answer

Q50.

At any time in the past 12 months, have you experienced any of the following?

|  | In the past 12 months |                       |
|--|-----------------------|-----------------------|
|  | Yes                   | No                    |
| Divorce  | <input type="radio"/> | <input type="radio"/> |
| Separation from partner or spouse                                      | <input type="radio"/> | <input type="radio"/> |
| Change in children's custody   | <input type="radio"/> | <input type="radio"/> |
| Interaction with the Department of Children and Family Services (DCFS) | <input type="radio"/> | <input type="radio"/> |
| Loss of income (government benefits, work, other)                      | <input type="radio"/> | <input type="radio"/> |
| Loss of shelter due to time-limit                                      | <input type="radio"/> | <input type="radio"/> |
| Lived in affordable/low-income/government-assisted housing (Section 8) | <input type="radio"/> | <input type="radio"/> |
| Been evicted from my housing   | <input type="radio"/> | <input type="radio"/> |
| Abandoned my housing   | <input type="radio"/> | <input type="radio"/> |
| Physical health problems (i.e. heart problems, difficult breathing)    | <input type="radio"/> | <input type="radio"/> |

|   | In the past 12 months |                       |
|---|-----------------------|-----------------------|
|   | Yes                   | No                    |
| Abused/was addicted to/self-medicated with drugs and/or alcohol                 | <input type="radio"/> | <input type="radio"/> |
| Recovery from drug and/or alcohol abuse   | <input type="radio"/> | <input type="radio"/> |
| Served time in jail or prison   | <input type="radio"/> | <input type="radio"/> |
| Domestic violence/Interpersonal violence (inter-family and/or partner violence) | <input type="radio"/> | <input type="radio"/> |
| Victim of crime   | <input type="radio"/> | <input type="radio"/> |
| Sexual assault  | <input type="radio"/> | <input type="radio"/> |
| Human trafficking   | <input type="radio"/> | <input type="radio"/> |

Q51. If **YES** to "Abandoned my housing in the past 12 months", select why below (select all that apply)

- Incarceration
- Addiction treatment
- Medical needs
- Domestic violence
- I don't know
- Refuse to answer
- Other:

Q52. If **YES** to "Served time in jail or prison in the past 12 months", did you lose your housing or shelter because you were in jail/prison?

- Yes  
 No  
 I don't know  
 Refuse to answer

Other:

### Q53.

At any time in your life (besides the last 12 months), have you experienced any of the following?

|   | In the past 12 months |                       |
|---|-----------------------|-----------------------|
|   | Yes                   | No                    |
| Divorce   | <input type="radio"/> | <input type="radio"/> |
| Separation from partner or spouse   | <input type="radio"/> | <input type="radio"/> |
| Change in children's custody  | <input type="radio"/> | <input type="radio"/> |
| Interaction with the Department of Children and Family Services (DCFS)          | <input type="radio"/> | <input type="radio"/> |
| Loss of income (government benefits, work, other)                               | <input type="radio"/> | <input type="radio"/> |
| Loss of shelter due to time-limit   | <input type="radio"/> | <input type="radio"/> |
| Lived in affordable/low-income/government-assisted housing (Section 8)          | <input type="radio"/> | <input type="radio"/> |
| Been evicted from my housing  | <input type="radio"/> | <input type="radio"/> |
| Abandoned my housing  | <input type="radio"/> | <input type="radio"/> |
| Physical health problems (i.e. heart problems, difficult breathing)             | <input type="radio"/> | <input type="radio"/> |
| Abused/was addicted to/self-medicated with drugs and/or alcohol                 | <input type="radio"/> | <input type="radio"/> |
| Recovery from drug and/or alcohol abuse   | <input type="radio"/> | <input type="radio"/> |
| Served time in jail or prison   | <input type="radio"/> | <input type="radio"/> |
| Domestic violence/Interpersonal violence (inter-family and/or partner violence) | <input type="radio"/> | <input type="radio"/> |

|                   | In the past 12 months |                       |
|-------------------|-----------------------|-----------------------|
|                   | Yes                   | No                    |
| Victim of crime   | <input type="radio"/> | <input type="radio"/> |
| Sexual assault    | <input type="radio"/> | <input type="radio"/> |
| Human trafficking | <input type="radio"/> | <input type="radio"/> |

Q54. If **YES** to "Abandoned my housing in my lifetime", select why below (select all that apply)

- Incarceration  
 Addiction treatment  
 Medical needs  
 Domestic violence  
 I don't know  
 Refuse to answer  
  Other:

Q55. If **YES** to "Served time in jail or prison in my lifetime", did you lose your housing or shelter because you were in jail/prison?

- Yes  
 No  
 I don't know  
 Refuse to answer  
  Other:

Q56. In your opinion, which top 3 resources have most improved in your community within the last **3** years? (*Select your top 3 choices*)

- Access to public transportation
- Affordability of housing
- Availability of shelter beds/emergency shelter (including domestic violence shelters)
- Availability of community centers
- Availability of free or low cost food
- Access to affordable, healthy foods
- Community relationships (friends and/or family live in the area)
- Employment opportunities
- Membership in community organizations
- Park and open space
- Availability in social services
- Restrooms/showers
- I don't know
- Prefer not to answer
- Other:

Q57. In your opinion, which top three resources are currently most needed in order to improve your community? (*Please select your top 3 choices*)

- Housing
- Shelter beds/Emergency shelter
- Childcare services

- Educational programs
- Domestic violence counseling
- Employment and training opportunities
- Legal assistance
- Health care
- Mental health care
- Drug or alcohol recovery programs
- Parks and community gardens
- Enrichment activities (music, art, theatre)
- Access to affordable, healthy foods
- Housing and program staff trainings (trauma, conflict resolution, mental health)
- Trauma-informed resources and services
- Police trainings (trauma, crimes against women, mental health, gender identity)
- Restrooms/showers
- Homeless services available at night
- I don't know
- Prefer not to answer
- Other:

Q58. Which of the following services are hard to access? (Mark all that apply)

- Housing
- Shelter beds/Emergency shelter
- Childcare services
- Educational programs
- Domestic violence counseling
- Employment and training opportunities
- Legal assistance
- Health care

- Mental health care
- Drug or alcohol recovery programs
- Parks and community gardens
- Enrichment activities (music, art, theatre)
- Access to affordable, healthy foods
- Housing and program staff trainings (trauma, conflict resolution, mental health)
- Trauma-informed resources and services
- Police trainings (trauma, crimes against women, mental health, gender identity)
- Restrooms/showers
- Homeless services available at night
- I don't know
- Prefer not to answer
- Other:

## Q59.

Do you believe that any of the providers of the following services are not understanding of your trauma history? (Mark all that apply)

- Street outreach/case management
- Housing
- Shelter beds/Emergency shelter
- Childcare services
- Educational programs
- Domestic violence counseling
- Employment and training opportunities
- Legal assistance
- Health care
- Mental health care

- Drug or alcohol recovery programs
- Parks and community gardens
- Enrichment activities (music, art, theatre)
- Access to affordable, healthy foods
- Housing and program staff trainings (trauma, conflict resolution, mental health)
- Trauma-informed resources and services
- Police trainings (trauma, crimes against women, mental health, gender identity)
- Restrooms/showers
- Homeless services available at night
- I don't know
- Prefer not to answer
- Other:

Q60. In the past year, have you been approached by a street outreach worker/case manager?

- Yes
- No
- I don't know
- Prefer not to answer

Q61. If **YES** (you been approached by a street outreach worker/case manager in the past year), did the outreach worker/case manager help you access any services?

- Yes

- No
- I don't know
- Prefer not to answer

Q62. If **YES**, which of the following services did the outreach worker/case manager help you access (Mark all that apply):

- Housing
- Emergency shelter
- Employment and training opportunities
- Healthcare
- I don't know
- Prefer not to answer

Other:

Q63. After 5 PM, are you able to receive the resources you need?

- Always
- Often
- Sometimes
- Never
- I don't know
- Prefer not to answer

Q64. How difficult is it for you to find a safe and clean **restroom** when you need it?

- Always
- Often
- Sometimes
- Never
- I don't know
- Prefer not to answer

Q65. How difficult is it for you to find a safe and clean **shower** when you need it?

- Always
- Often
- Sometimes
- Never
- I don't know
- Prefer not to answer

Q66. Do you feel like you have a social support network? (i.e. friends, family, or other people you can turn to in times of need or crisis)

- Yes
- No
- I don't know
- Prefer not to answer

Q67. How often is it hard for you to **pay for the very basics** like food, clothing, housing/shelter, and medical care?

- Always
- Often
- Sometimes
- Never
- I don't know
- Prefer not to answer

Q68. In the past 12 months, how often were you worried or stressed about having enough money to pay for the basics like food, clothing, housing/shelter, and medical care?

- Always
- Often
- Somtimes
- Never
- I don't know
- Prefer not to answer

## Services

Q69. Where do you most frequently receive services?

- LA: Antelope Valley (for example, 93536, 93543, 93550–93553, 93590–93592)
- LA: San Fernando Valley (for example, 91340, 91341, 91605, 91331)
- LA: San Gabriel Valley (for example, 91775-91778)
- LA: Metro LA (Downtown, Hollywood, etc.)
- LA: Skid Row
- LA: West LA
- LA: South LA
- LA: East LA
- LA: South Bay/Harbor
- Southern CA (Riverside, San Diego, Ventura, Orange)
- Other city in CA
- Out of State
- Out of County
- I don't know
- Prefer not to answer
- Other:

**Q70. What have been the greatest barriers to **accessing permanent housing**? (*mark all that apply*)**

- Lack of Public transportation
- Lack of Housing and housing affordability
- Lack of Shelters . (e.g. available spots, time limits, waitlists)
- Lack of Case management services
- Lack of Social services
- Lack of Medical services
- Lack of Mental health services
- Lack of Substance abuse services
- Lack of Community centers
- Availability of free, low-cost, and/or nutritious foods and drinks

- Community relationships (friends and/or family who live downtown)
- Lack of Employment training opportunities
- Educational opportunities
- Lack of Computer classes/Internet access
- I don't know
- Prefer not to answer
- Other:

**Q71. What have been the greatest barriers to **shelters**? (*mark all that apply*)**

- Lack of Public transportation
- Lack of Housing and housing affordability
- Lack of Shelters . (e.g. available spots, time limits, waitlists)
- Lack of Case management services
- Lack of Social services
- Lack of Medical services
- Lack of Mental health services
- Lack of Substance abuse services
- Lack of Community centers
- Availability of free, low-cost, and/or nutritious foods and drinks
- Community relationships (friends and/or family who live downtown)
- Lack of Employment training opportunities
- Educational opportunities
- Lack of Computer classes/Internet access
- I don't know
- Prefer not to answer
- Other:

## Q72. Have you lived in emergency or transitional housing?

- Yes
- No
- I don't know
- Prefer not to answer

## Q73. What was/were true for you when you lived in emergency or transitional housing? (*Check all that apply*)

- The staff made me feel welcome
- The staff treated me with respect
- The space felt comfortable
- I felt safe in the shelter
- The food in the shelter was nutritious
- The shelter was clean
- The restrooms were not easily accessible during the night
- There were bedbugs or other infestations
- None of these choices were true for me
- The staff made me feel unwelcome
- The staff did not treat me with respect
- The space was uncomfortable
- I felt unsafe in the shelter
- The food in the shelter was not nutritious
- The shelter was filthy
- The restrooms were easily accessible during the night
- I have never lived in emergency or transitional housing
- I don't know
- Prefer not to answer

Other:

Q74. In the past 12 months, has it been difficult for you to maintain and/or store your personal possessions?

- Yes
- No
- I don't know
- Prefer not to answer

Q75. How would you rate the following areas of your health in general?

|                 | Excellent             | Very Good             | Good                  | Fair                  | Poor                  |
|-----------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Physical Health | <input type="radio"/> |
| Dental          | <input type="radio"/> |
| Vision          | <input type="radio"/> |
| Hearing         | <input type="radio"/> |
| Mental Health   | <input type="radio"/> |

Q76. Do you currently have any of the following disabilities?

- Yes
- No
- I don't know
- Prefer not to answer

Prefer not to  
answer

Yes

No

I don't know

Hearing disability (deaf  
or having serious  
difficulty hearing)

Vision disability (blind  
or having serious  
difficulty seeing, even  
when wearing glasses)

Cognitive disability  
(having difficulty  
remembering,  
concentrating, or  
making decisions)

Ambulatory disability  
(having serious  
difficulty walking or  
climbing stairs)

Mental health or  
psychiatric disability  
(having a mental health  
or psychiatric  
diagnosis)

## Q77. Do you have health insurance?

- Yes
- No
- I don't know
- Prefer not to answer

## Q78. If yes, what kind of health insurance do you have?

- Medi-Cal (Medicaid)
- Medi-Care

- My Health LA
- VA (Veteran's Administration)
- Private Insurance
- I don't know
- Prefer not answer
- Other

Q79. Where do you usually go for healthcare or when you are not feeling well?

- Hospital
- Clinic
- VA
- Other:
- I do not go anywhere for healthcare
- I don't know
- Prefer not to answer

Q80. Have you ever had a mammogram or a pap smear?

- Yes
- No
- I don't know
- Prefer not to answer

Q81. Within the last 12 months, have you had an abnormal pap smear or mammogram? (pap smear or mammogram with abnormal results)

- Yes
- No
- I don't know
- Prefer not to answer

Q82. If **YES**, was it:

- Abnormal pap smear
- Abnormal mammogram
- Both
- I don't know
- Prefer not to answer

Q83. If **YES**, were you able to get follow-up treatment for the abnormal results?

- Yes
- No
- I don't know
- Prefer not to answer

Q84. If YES to abnormal results, but did not get follow-up treatment, why?

- Lack of transportation
- Lack of insurance
- Wait times too long
- Did not understand what the follow-up plan was
- I don't know
- Prefer not to answer
- Other:

Q85. Have you ever received treatment for mental health issues?

- Yes
- No
- I don't know
- Prefer not to answer
- Other:

Q86. In the past 12 months, have you ever used non-medical injection drugs or shots?

- Yes
- No
- I don't know

Prefer not to answer

Q87. Are you in recovery from substance abuse?

Yes

No

I don't know

Prefer not to answer

Other:

Q88. If **YES**, what resources do you need in order to remain in recovery? (Mark all that apply)

Housing

More substance abuse treatment options

More mental health therapy options

I don't know

Prefer not to answer

Other:

Q89. In the past 12 months, have you gone to the emergency department/room (ER)?

Yes

No

- I don't know
- Prefer not to answer

Q90. If **YES** what was the primary reason for going to the ER?

- Sudden pain
- Mental health
- Routine care
- Substance abuse
- No other option for healthcare
- I don't know
- Prefer not to answer
- Other:

Q91. In the past 12 months, how many times have you been in the ER?

- Time(s)
- I don't know
- Prefer not to answer

Q92. In the past 12 months, how many times have you been hospitalized as an in-patient, including hospitalization in a mental health hospital?

Time(s)

I don't know

Prefer not to answer

## Safety

Q93. Have you received any of the following care coordination services after a discharge from a hospital? *(Mark all that apply)*

Placement into housing

Follow-up from a doctor

Knowledge of treatment plan after a hospitalization

I have not received any care coordination services after a discharge from the hospital

I don't know

Prefer not to answer

Other:

Q94. In the past 12 months, how often did you experience violence of any type?

Always

Often

Sometimes

Never

Prefer not to answer

I don't know

Q95. In the past 12 months, have you had any interactions with the police?

- Yes  
 No  
 Prefer not to answer  
 I don't know

Q96. If **YES**, what was the context of your police interactions?  
*(Check all that apply)*

- I received a citation  
 I was arrested  
 I sought help from the police (i.e. 911, or went to Central Station at 6th and Wall)  
 I was stopped, questioned, and/or detained in my place of residence  
 I was held in custody at Central Station (6th and Wall)  
 Law enforcement did a "raid" in my building  
 I experienced an inappropriate or abusive interaction with an officer (i.e. physical force, sexual harassment)  
 I felt like I was a criminal for being homeless  
  Other:

**End**

Q97. Is there anything else you can tell us about existing housing and services for women in this area, ideas you have to improve housing and services, or other issues in the community?



Q98.

\*For interviewer\*:

***Thank you for taking the time to participate in this survey. We appreciate your input!***

Offer participant a gift and offer an informational brochure.

Powered by Qualtrics