

2022 San Luis Obispo County Housing Survey

Interview Date: _____ Neighborhood or City: _____

Refusals: _____ (tally)
 Interviewer's Name: _____
 Site: _____

Shade Circles Like This--> ●
 Not Like This--> ○

Section A: Demographics

- What are your initials?
 First _____ Middle _____ Last _____
- What is your birth date?
 Month _____ Day _____ Year _____
- What gender do you identify with? (Shade all that apply)
 Male Female Transgender
 A gender not singularly female or male*
 Questioning Don't know Refuse
- What ethnicity do you identify with?
 Hispanic/Latin(a)(o)(x) Non-Hispanic/Non-Latin(a)(o)(x)
 Don't know Refuse
- What race or races do you identify with? (Shade all that apply)
 White Black, African American, or African
 Asian or Asian American
 American Indian, Alaska Native, or Indigenous
 Native Hawaiian or Pacific Islander
 Don't know Refuse
- Do you consider yourself...?
 Straight Lesbian Bisexual Gay
 Queer Other: _____ Refuse
- Are you currently pregnant?
 Yes No Don't know Refuse
- Have you ever been in foster care?
 Yes No Don't know Refuse
- Do you have a pet (currently living with you)?
 Yes No Refuse

Section B: Veteran Status

- Have you served in the U.S. Armed Forces? (Army, Navy, Air Force, Marine Corps, or Coast Guard)
 Yes No Don't know Refuse
- Were you ever called into active duty as a member of the National Guard or as a Reservist?
 Yes No Don't know Refuse
- Is anyone else in your household a Veteran?
 Yes No Don't know Refuse

*(e.g., non-binary, gender fluid, agender, culturally specific gender)

Section C: Accommodation

- Where were you staying on the night of Tuesday, February 22nd? (Shade 1)
 Backyard or storage structure
 Motel/hotel paid for by a voucher/agency
 A place in a house not normally used for sleeping (kitchen, foyer, hallway) or unconverted garage
 Emergency shelter
 Transitional housing (Skip to question 2)
 Public facility (train station, transit center, bus depot)
 Outdoors/streets/parks
 Van C6
 Automobile/car
 Camper/RV
 Abandoned building/squat
 Tent
 Encampment
 Other: _____
- 1a. How many people, including yourself, usually stay inside your tent, car, van, or RV/camper?
 # people _____
- Is this the first time you have been homeless?
 Yes No Refuse
- How long have you been homeless this current time? (Shade 1)
 7 days or less 4-6 months More than 1 year
 8-30 days 7-11 months Refuse
 1-3 months 1 year
- How many different times have you been homeless in the past 3 years, including this current time? (Shade 1)
 1 time 3 times 5 times
 2 times 4 times 6 or more times
 Refuse
- Have you been living in an emergency shelter and/or on the streets (including bus stations, underpasses, encampments, abandoned buildings, etc.) for the past year (12 months) or more?
 Yes No Refuse
- In addition to right now, how long would you say you have stayed in these kinds of places (total) in the past 3 years?
 Days _____ Weeks _____ Months _____ Years _____
- How old were you the first time you experienced homelessness?
 0-17 years 25-39 years 50-64 years
 18-24 years 40-49 years 65 or older
 Refuse

Section D: Household Members

- How many people are in your household, including yourself? _____ D1
 - Do you have any children under age 18? Yes No Don't know Refuse
 - Are any of your children under 18 currently living with you? All Some None Don't know Refuse
 - Do you live alone or with other household members? With other household members Alone ==> Please skip to Section E
- I am going to ask you a few questions about the people in your household that were staying with you on night of Tuesday, February 22nd. I'll ask about each person, one at a time. In order for us to keep track of who we are talking about I am going to ask you for the first and last initial of each person.

What are their initials?	(A) F ___ L ___	(B) F ___ L ___	(C) F ___ L ___	(D) F ___ L ___	(E) F ___ L ___	(F) F ___ L ___
5. How are they related to you?						
Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-married partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other non-family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. How old are they?						
Under 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 - 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 or older	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. What gender do they identify with? (Shade all that apply)						
Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A gender not singularly female or male*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Questioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. What ethnicity do they identify with?						
Hispanic/Latin(a)(o)(x)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Hispanic/Non-Latin(a)(o)(x)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. What race or races do they identify with? (Shade all that apply)						
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black, African American, or African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Asian American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian, Alaska Native, or Indigenous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section E: Residency

1. Immediately before you became homeless, what type of place were you living in? (Shade 1)

- A home owned or rented by you or your partner
 A home owned or rented by friends/relatives
 Hospital or treatment facility
 Subsidized housing or permanent supportive housing
 Juvenile justice facility
 Foster care placement
 Jail or prison
 Motel/hotel
 Other:
 Refuse

2. How long have you lived in San Luis Obispo County? (Shade 1)

- Less than 6 months
 6 months to 1 year
 1-4 years
 5-9 years
 10+ years
 Refuse

3. Which city in San Luis Obispo County were you living in when you went homeless? (Shade 1)

- Arroyo Grande
 Atascadero
 Grover Beach
 Morro Bay
 Paso Robles
 Pismo Beach
 Santa Barbara County
 None/Other
 Refuse

Skip to Section F San Luis Obispo Unincorporated area

3a. Which unincorporated area of San Luis Obispo County were you living in when you went homeless? (Shade 1)

- North County
 Coast
 San Luis Obispo
 South County

Section F: Prevention

1. What is the primary event or events that led to you currently being homeless? (Shade all that apply)

- Eviction/Foreclosure/Rent increase
 Family or friends couldn't let me stay or argument with family/friend/roommate
 Family/domestic violence
 Divorce/Separation/Break-up
 Death of someone close to me
 Job loss
 Other money issues including medical bills, etc.
 Loss of subsidy or other housing financial support
 COVID-19 related issue
 Racial bias/racism
 Aging out of foster care
 Incarceration
 Mental health needs
 Substance use
 Physical health needs
 Stopped using supports and services
 Other:
 Don't know

2. Was the primary cause of homelessness (identified in the prior question) related to the COVID-19 pandemic or a California Wildfire? (Shade 1)

- COVID-19
 CA Wildfire
 Neither
 Refuse

3. What could have prevented you from experiencing homelessness? (Shade all that apply)

- Mental health services
 Employment assistance
 Transportation assistance
 Alcohol/drug counseling
 Rent assistance
 Family counseling
 Food assistance
 Conflict resolution with roommate
 Adequate retirement income
 Help paying health care bills/insurance
 Legal assistance
 Help obtaining resources after leaving hospital/jail/prison/juvenile justice facility
 Landlord mediation
 Benefits/income
 Mortgage assistance
 Child support
 Other:
 Refuse
 Don't know

Section G: Income and Employment

1. What is your current employment status?

- Not employed - Looking for work
 Not employed - Unable to work
 Not employed - Not looking for work
 Employed full time
 Employed part time
 Employed seasonal

2. If you are not employed, what is keeping you from employment? (Shade all that apply)

- Age
 Disability
 Health problems
 Criminal record
 Mental health needs
 No transportation
 Fear of losing personal belongings
 Childcare needs
 No access to technology
 Alcohol/drug use
 Need education/training /skill development
 No permanent address
 No available work/jobs
 No work permit
 Need clothing/shower facilities
 No photo ID/Social Security card
 Lack of confidence
 Pet care
 COVID-19 issues (safety, fear, caregiving, etc.)
 Risk of losing benefits if working too much.
 Don't want to work
 Other:

Section H: Health and Housing

1. Have you received a COVID-19 vaccine? Yes No Don't know Refuse

2. Do you experience any of the following:

Table with 3 columns: Question (a-h), Yes/No/Refuse, and Does it keep you from holding a job, living in stable housing or taking care of yourself? (Yes/No/Refuse)

4. If you live with a spouse, a significant other or parent, do any of the following conditions prevent them from maintaining work or housing? (Shade all that apply)

- Not Applicable
 Chronic health problem
 Physical disability
 Psychiatric or emotional condition
 Drug or alcohol abuse
 Traumatic brain injury
 HIV/AIDS
 PTSD
 Other:
 Refuse

5. Are you currently being abused or hurt by someone you know? That includes being kicked, hit, shoved, or beat up, threatened with a knife or gun, forced to have sex or being stalked.

- Yes
 No
 Refuse

6. Were you ever, either as a child or adult, abused or hurt by someone you knew? That includes being kicked, hit, shoved, or beat up, or threatened with a knife or gun, or forced to have sex.

- Yes
 No
 Refuse

Section I: Criminal Justice

1. Have you had interactions with the criminal justice system in the past year including probation, parole, court appearances, arrests, tickets, etc.?

- Yes
 No
 Don't know
 Refuse

Section J: Services and Assistance

1. Are you currently receiving (or have you received in the last year) any of the following forms of income or benefits? (Shade all that apply)

- Full time earned income/paycheck
 Part time earned income/paycheck
 COVID-19 related assistance including increased unemployment insurance, stimulus checks or rental assistance
 General Assistance (GA)
 CalWORKs/TANF
 Food Stamps/SNAP/WIC/CalFresh
 Social Security
 SSI/SSDI/Disability
 Medi-Cal/Medicare
 Child support
 Pension/retirement
 Any VA Disability Compensation
 Other Veterans benefits (GI, Health)
 Not receiving any type of income or benefits currently/in last year
 Don't know/Not sure if I received any income or benefits
 Refuse

2. What barriers, if any, prevent you for using shelter services? (Shade all that apply)

- Bugs
 Can't stay with my friends
 Can't stay with my partner/family
 Concerns for personal safety (violence, sexual assault)
 Curfews
 Don't accept my gender or sexual orientation
 Don't know what shelter services are available
 Don't accept my pet
 Far away
 Germs
 Hours of operation
 Lack of privacy
 Not enough staff
 Can't use alcohol/drugs
 Nowhere to store my stuff
 They are full
 Too crowded
 Too many rules
 Racially unwelcome
 Refuse

