

File: _____

Date: _____

Location: _____

APPENDIX B:
**HOMELESS PARTICIPANT
SURVEY**

Thank you for helping us with this research.

Please answer all the questions the best you can. If any questions don't make sense, please ask for help. If there are any questions you don't want to answer, put an "X" through them. Please note there are questions on both sides of each page.

Remember: All your answers are confidential.

SECTION 1: PERSONAL INFORMATION

P.1 Please indicate if you are:

Male ____ Female ____ Transgendered ____ Intersexed ____

P.2 How old are you? _____

P.3 Where were you born? City _____ Country _____

P.4 If you were born outside of Canada, when did you move to Canada?
Year _____

P.5 Do you identify with a particular ethnic or cultural group? (i.e. Italian, Afro-Canadian, Jewish Canadian, Scottish, etc.)

Please list as many groups as you want.

P.6 Do you consider yourself to be Aboriginal or First Nations (i.e. status Indian, non-status Indian, Inuit or Métis)?

Yes ____ No ____ Not sure ____ Choose not to answer ____

P.8 How would you describe your sexuality?

Straight ____ Lesbian ____ Gay ____ Bisexual ____

Two-Spirited ____ Transgendered ____ Transsexual ____

Not sure ____ Refuse to answer ____

P.9 What is your immigration status?

Canadian ____ Landed Immigrant ____

Refugee ____ Status not known ____

Justice Issues

J.1 Do you think the **police in your city** do a good job, an average job or a poor job:

	Good job	Average job	Poor job	Don't know
a) ... of enforcing the law?	1	2	3	4
b) ... of promptly responding to calls?	1	2	3	4
c) ... of being approachable and easy to talk to?	1	2	3	4
d) ... of ensuring the safety of the citizens in your area?	1	2	3	4
e) ... of treating people fairly?	1	2	3	4

Contact With The Police

CP.1 During the past 12 months, did you come into contact with the police:

	Never	Once	2-5 Times	More than 5 times	More than once a month
a) ... as a victim of crime?	1	2	3	4	5
b) ... as a witness to a crime?	1	2	3	4	5
c) ... when they stopped to help you?	1	2	3	4	5
d) ... when you were making money (such as panhandling or squeegeeing)?	1	2	3	4	5

(CP.1 continued from previous page)

	Never	Once	2-5 Times	More than 5 times	More than once a month
e) ... because you were being arrested?	1	2	3	4	5
f) ... because they asked you to "move on"?	1	2	3	4	5
g) ... because they gave you a ticket?	1	2	3	4	5
h) ... because they asked you for identification?	1	2	3	4	5
i) ... because you are homeless?	1	2	3	4	5
j) Other (please specify)					

CP.2 In the past year, have you spent any time in jail?

Yes _____ No _____ Choose not to answer _____

CP.2 a) If yes, how many times? _____

CP.2 b) If yes, how long, in **weeks** _____ or **months** _____

Earning Income

We would now like to ask you questions about how you earn money. This involves both regular jobs and other things you might do to earn money.

Remember: all of your answers shall remain confidential.

I.1 In the past 30 days, have you received:

	Yes	No
a) Wages or salary from paid work	1	2
b) Welfare (social assistance, income support)	1	2
c) Family or disability benefits	1	2
d) EI (employment insurance)	1	2
e) Pension	1	2
f) Personal needs allowance (from a shelter)	1	2
g) Money from parents, caregivers or family members	1	2
h) Money from friends	1	2
j) Money from your partner	1	2

I.2 Do you currently have a paying job (with salary or hourly wage)?

Yes ____ No ____ Not sure ____ Choose not to answer ____

I.2 a) If yes, what is the job? _____

I.2 b) If yes, how many hours per week do you spend working there? ____

I.3 People also do other things to make money. In the past month, have you done any of the following activities to make money? Please make a selection for each activity.

	Never	A few times	Few times a month	Once a week	Few times a week	Daily
a) Panhandle	1	2	3	4	5	6
b) Squeegee	1	2	3	4	5	6
c) Street prostitution/ sex trade	1	2	3	4	5	6
d) Theft/ B&E, 'jacking'	1	2	3	4	5	6
e) Sell drugs	1	2	3	4	5	6
f) Sell stolen goods	1	2	3	4	5	6
g) Bottle picking	1	2	3	4	5	6
h) Research studies	1	2	3	4	5	6
i) Odd jobs	1	2	3	4	5	6
j) Scamming	1	2	3	4	5	6
k) Selling your stuff	1	2	3	4	5	6
l) Other (please specify)						

The Places That You Stay

T.1 In the past month, how many places have you stayed at night? Please check all that apply.

Location	Never	Once	2-5 Times	More than 5 times	Most of the time
a) Homeless shelter					
b) Squat					
c) In a park					
d) On the streets					
e) Own rented apartment/house					
f) Couch surfing/ friends' places					
g) Hostel					
h) Transitional housing					
i) Motel/hotel					
j) Jail					
k) Hospital					
l) Other (please specify)					

T.2 Do you regularly live with anyone? A partner, friend or others you share a sleeping space with?

Yes ____ No ____ Don't know ____ Choose not to answer ____

T.2 a) If yes, how many people? ____

T.2 b) Are these people usually (check more than one):

Your friends ____

Your partner ____

Family ____

Strangers ____

T.3) In the past month, where do you spend most of your time during the day? Please check all that apply.

Location	Never	Less than once a week	Once a week	Several times a week	Once every day	More than once a day
a) By myself						
b) With close friends						
c) With my partner						
d) At an agency for people who are homeless						
e) In my own place/ apartment						
f) In places where there are lots of strangers (5 or more people close by)						
g) In parks						
h) In stores or malls						
i) Walking in areas that are crowded						
j) Walking in areas that are pretty empty						
k) Public places like a library or cafe						
l) Other (please specify)						

T.4 Last winter (January or February), during the day, did you spend most of your time...

	When doing things outdoors	When doing things indoors	When sleeping during the day	Not applicable
a) By yourself	1	2	3	4
b) With boyfriend/ girlfriend	1	2	3	4
c) With one or more friends	1	2	3	4
d) In places where there are lots of strangers (five or more people close by)	1	2	3	4
e) Other (please specify)				

T.5 If you did *any* of the following things yesterday, how many people were usually sitting or standing close to you (within two feet)?

Activity	By myself	With 1 other person	With less than 5 people	With more than 5 people	Not applicable
a) On a bus or streetcar	1	2	3	4	5
b) Panhandling/ making money	1	2	3	4	5
c) Sitting on the street	1	2	3	4	5
d) Sitting in a park	1	2	3	4	5
e) Sitting in a café or library	1	2	3	4	5
f) Going to a drop-in	1	2	3	4	5
g) Going to a group meeting	1	2	3	4	5
h) Other (please specify)					

SECTION 2: YOUR HEALTH

H.1 In general, how would you describe your health?

Excellent ____

Very good ____

Good ____

Fair ____

Poor ____

Very poor ____

Not sure ____

H.2 Compared to one year ago, how would you say your health is now?

Much better ____

Somewhat better ____

About the same ____

Somewhat worse ____

Much worse ____

Not sure, don't pay attention ____

H.3 How often are you able to:

	Never	Less than once a week	Once a week	Several times a week	Once every day	More than once a day
a) Wash your hands	1	2	3	4	5	6
b) Wash your clothes	1	2	3	4	5	6
c) Eat on a clean surface	1	2	3	4	5	6
d) Take a shower	1	2	3	4	5	6
e) Brush your teeth	1	2	3	4	5	6

H.4 In the past month, how often have you:

	Never	Less than once a week	Once a week	Several times a week	Once every day	More than once a day
a) Gone without food	1	2	3	4	5	6
b) Had a poor sleep	1	2	3	4	5	6
c) Slept in overcrowded places	1	2	3	4	5	6
d) Felt very stressed	1	2	3	4	5	6
e) Spent the day in overcrowded places	1	2	3	4	5	6
f) Eaten food in overcrowded places	1	2	3	4	5	6
g) Felt unsafe	1	2	3	4	5	6
h) Felt relaxed	1	2	3	4	5	6

H.5 Last winter (January or February), how often did you:

	Never	Less than once a week	Once a week	Several times a week	Once every day	More than once a day
a) Go without food	1	2	3	4	5	6
b) Have a poor sleep	1	2	3	4	5	6
c) Sleep in overcrowded places	1	2	3	4	5	6
d) Spend the day in overcrowded places	1	2	3	4	5	6
e) Eat food in overcrowded places	1	2	3	4	5	6
f) Feel unsafe	1	2	3	4	5	6
g) Feel relaxed	1	2	3	4	5	6

H.6 How often in the past 30 days have you:

	Never	Less than once a week	Once a week	Several times a week	Once every day	More than once a day
a) Felt depressed	1	2	3	4	5	6
b) Felt happy	1	2	3	4	5	6
c) Enjoyed life	1	2	3	4	5	6
d) Felt lonely	1	2	3	4	5	6
e) Been hopeful for the future	1	2	3	4	5	6
f) Felt like doing nothing at all	1	2	3	4	5	6
g) Did not feel like eating	1	2	3	4	5	6
h) Talked less than usual	1	2	3	4	5	6
j) Had trouble getting enough sleep	1	2	3	4	5	6

H.7 Since you have been homeless, have you ever met with a professional (doctor, nurse, psychologist or social worker) because of any of the following problems?

	Yes	No, don't need to	No, but i would like to have help with this
a) Depression	1	2	3
b) Schizophrenia	1	2	3
c) Anxiety	1	2	3
d) Manic depression (bi-polar)	1	2	3
e) Difficulties with relationships	1	2	3
f) Brain injury	1	2	3
g) Attempted suicide	1	2	3
h) Trauma/assault	1	2	3
i) Alcohol or substance use	1	2	3
j) Other (please specify)			

Food

F.1 During the past month, do you feel you were regularly able to:

	Never	Less than once a week	Once a week	A couple times a week	Most days	Once every day
a) Eat breakfast	1	2	3	4	5	6
b) Eat lunch	1	2	3	4	5	6
c) Eat supper	1	2	3	4	5	6
d) Snack during the day	1	2	3	4	5	6
e) Snack during the evening	1	2	3	4	5	6
f) Drink clean water	1	2	3	4	5	6
g) Have enough food to go to work	1	2	3	4	5	6

F.2 Thinking about the past month, how often did you get one or more meals:

	Never	Less than once a week	Once a week	Several times a week	Once every day	More than once a day
a) From a shelter	1	2	3	4	5	6
b) From a soup kitchen/food bank	1	2	3	4	5	6
c) From a drop-in	1	2	3	4	5	6
d) From a mobile van	1	2	3	4	5	6
e) From a friend	1	2	3	4	5	6
f) From a stranger	1	2	3	4	5	6
g) By buying it yourself	1	2	3	4	5	6
h) Left over restaurant food	1	2	3	4	5	6

Friends

FR.1 In the past, have you ever been involved with a close group of friends that could be described as a “street family” or clique?

Yes ____ No ____ Not sure ____ Choose not to answer ____

FR.2 Do you currently hang around with a group of friends that could be described as a “street family” or clique?

Yes ____ No ____ Not sure ____ Choose not to answer ____

FR.3 From your experience, what are the benefits of this group of friends?
Do they:

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
a) Provide safety and protection	1	2	3	4	5
b) Help you make money	1	2	3	4	5
c) Share food and money	1	2	3	4	5
d) Provide emotional support	1	2	3	4	5
e) Have your back	1	2	3	4	5
f) Help you get drugs and alcohol	1	2	3	4	5
g) Act trustworthy	1	2	3	4	5
h) Give you friendship and companionship	1	2	3	4	5
i) Give you good information about staying healthy	1	2	3	4	5

THANK YOU!