Before beginning this survey, remember:

- **Take your time & validate the person’s humanity.**
  Introductions are really important. Introduce yourself without rushing & explain what you are doing. Be polite and respectful of their space. Use non-threatening body language.

- **Share the importance of the survey.**
  If the respondent is not familiar with your work, share the importance of their participation in your survey.

- **Respect the person’s choice to participate.**
  If an individual does not wish to speak to you, thank them and move on. Do not insist on having them complete a survey.

- **Preface sensitive questions and give them an option to skip**
  When asking sensitive questions, let them know the “next few questions are sensitive in nature, but they are not meant to make you feel uncomfortable.” Give them the option of skipping questions whenever they are not comfortable with them.

- **Think of homelessness as an experience not an identity.**
  Avoid using terms like “homeless person” which reduce the person to that identity (in this case a homeless identity) and instead use words such as “experiencing homelessness.” Remember anyone can fall into homelessness on any given day, all it takes is not having a place to sleep one night.

**Introduction:**

My name is [interviewer name] and this is my partner [partner name] and we are students at Regents School of Austin. I have a 15-minute survey that I would like to complete with you if you don’t mind. The answers will help us determine the impact of Community First village.

The survey is in three parts: life before Community First, life after, and other general questions. Most questions require choosing the best option from a provided scale. Some questions require a worded answer. Some questions are of a personal nature, but know you can refuse or skip any questions. Please answer as honestly as you feel comfortable doing. The information collected will go directly to Mobile Loaves and Fishes.

If you do not understand a question, let me know and I will be happy to clarify. Do you have any questions before we get started?
Life on the Street

1. How old were you when you became homeless?

_____________________________________________________________________

2. How long did you live on the street?
   □ Less than a month
   □ 1-6 months
   □ 7-11 months
   □ 1-2 years
   □ More than 2 years

3. How many different periods of time did you live on the street?
   □ 1
   □ 2-3
   □ 4-6
   □ 7-9
   □ 10+

4. Can you rate the healthiness of your diet, 1-5, when you were on the streets?
   □ 1 - Excellent
   □ 2 - Very Good
   □ 3 - Good
   □ 4 - Fair
   □ 5 - Poor

5. What was your favorite food while on the street?

_____________________________________________________________________

6. While on the streets, how many meals did you have on an average day?
   □ Less than 1 meal
   □ 1 meal
   □ 2 meals
   □ 3 meals
   □ More than 3 meals
7. On a scale of 1-5, how easy was it for you to get food while you lived on the streets?
   - 1 - Very easy
   - 2 - Easy
   - 3 - Neutral
   - 4 - Difficult
   - 5 - Very difficult

8. Where did you sleep while living on the streets?

____________________________________________________________________________

9a. Did you consume alcohol while on the streets?
   - Yes
   - No

9b. If yes, how many times a week would you consume alcohol while you were living on the street?
   - Less than once per week
   - 1-2 times per week
   - 3-5 times per week
   - Once daily
   - Multiple times per day

10a. Did you take drugs while on the streets?
   - Yes
   - No

10b. If yes, how many times a week would you take drugs while you were living on the street?
   - Less than once per week
   - 1-2 times per week
   - 3-5 times per week
   - Once daily
   - Multiple times per day
11a. How many times were you cited for a crime during your last year on the street?

☐ 0 times
☐ 1-2 times
☐ 3-5 times
☐ 6-8 times
☐ 9+ times

11b. Did any of those citations result in jail time?

☐ Yes
☐ No

11c. If so, how much time did you spend in jail?

____________________________________________________________________________

12a. How many times did you go to the hospital for an ailment while you were on the street?

☐ 0 times
☐ 1-2 times
☐ 3-5 times
☐ 6-8 times
☐ 9+ times

12b. Are you still suffering from the same ailment?

☐ Yes
☐ No

13. Rate your happiness level while you were on the street on a scale of 1-5.

☐ 1 - Extremely happy
☐ 2 - Very happy
☐ 3 - Moderately happy
☐ 4 - Slightly happy
☐ 5 - Not happy at all

14a. Did you ever feel depressed while you lived on the streets?

☐ Yes
☐ No
14b. Would you care to share details?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

15a. How much money did you make per month when you were on the streets?

☐ None
☐ $0-400
☐ $401-700
☐ $701-1,000
☐ $1,001-1,300
☐ $1,301 or more

15b. Where did your income come from living on the streets? Check all that apply.

☐ Family
☐ Charity
☐ Work
☐ Panhandling
☐ SSI, SSDI
☐ Retirement
☐ VA Benefits
☐ Other _________________________________________________________________
Life in Community First! Village

1. How old were you when you moved to the Community First Village?

__________________________________________________________________________

2. How long have you lived in the community?
   - 1-3 weeks
   - 1 month
   - 2 months
   - 3-4 months
   - 5-6 months
   - More than 6 months

3a. Can you rate the healthiness of your diet, 1-5, now that you live in Community First Village?
   - 1 – Excellent
   - 2 – Very Good
   - 3 – Good
   - 4 – Fair
   - 5 – Poor

3b. What is your favorite food now?

__________________________________________________________________________

3c. Have your eating habits changed since moving to Community First Village?
   - Yes
   - No

3d. If yes, do you feel that it is a positive change? Why or why not?
   - Yes
   - No
4a. Do you consume alcohol now?
   □ Yes
   □ No

4b. How many times a week do you consume alcohol now?
   □ Less than once per week
   □ 1-2 times per week
   □ 3-5 times per week
   □ Once daily
   □ Multiple times per day

4c. Do you have a desire to be alcohol free? Why or why not?
   □ Yes
   □ No

____________________________________________________________________________

5a. Do you take drugs now that you live in Community First?
   □ Yes
   □ No

5b. If yes, how many times a week do you take drugs while you are living at Community First?
   □ Less than once per week
   □ 1-2 times per week
   □ 3-5 times per week
   □ Once daily
   □ Multiple times per day

5c. Do you have a desire to be drug free? Why or why not?
   □ Yes
   □ No

____________________________________________________________________________
8a. How many times have you been cited for a crime after you moved to Community First Village?
- □ 0 times
- □ 1-2 times
- □ 3-5 times
- □ 6-8 times
- □ 9+ times

8b. If cited, were you cited for a misdemeanor or a felony?
- □ Misdemeanor
- □ Felony
- □ Both

8c. Would you care to share details?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

8d. Did any of those citations result in jail time?
- □ Yes
- □ No

8e. If so, how much time did you spend in jail?
____________________________________________________________________________

9a. How many times have you been to the hospital for an ailment since you have moved to Community First?
- □ 0 times
- □ 1-3 times
- □ 4-6 times
- □ 7-9 times
- □ 10+ times
9b. Are you still suffering from the same ailment?
   □ Yes
   □ No

10a. How much has your circle of friends changed since you have moved to Community First?
   □ 1 - Not at all different
   □ 2 - Slightly different
   □ 3 - Somewhat different
   □ 4 - Very different
   □ 5 - Extremely different

10b. How easy has it been to make new friends at Community First?
   □ Very easy
   □ Easy
   □ Neutral
   □ Difficult
   □ Very difficult

11a. Have you made contact with your family now that you have moved to Community First?
   □ Yes
   □ No

11b. If yes, who? Check all that apply.
   □ Parents
   □ Siblings
   □ Cousins
   □ Aunts/uncles
   □ Spouses
   □ Other: _________________________________________________________________

11c. If not, would you like to make contact? With who and why?
   □ Yes
   □ No

_____________________________________________________________________________
12. Rate your happiness level now on a scale of 1-5.
   □ 1 - Extremely happy
   □ 2 - Very happy
   □ 3 - Moderately happy
   □ 4 - Slightly happy
   □ 5 - Not happy at all

13a. Have you felt depressed now that you have moved to Community First Village?
   □ Yes
   □ No

13b. Would you care to share details?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

14. How easy has the transition been to Community First Village?
   □ 1 – Very easy
   □ 2 – Easy
   □ 3 – Neutral
   □ 4 – Difficult
   □ 5 – Very difficult

15a. How much money do you make per month now that you live in Community First?
   □ None
   □ $0-400
   □ $401-700
   □ $701-1,000
   □ $1,001-1,300
   □ $1,301 or more
15b. Where does your income come from now that you live at Community First? Check all that apply.

- Family
- Charity
- Work
- Panhandling
- SSI, SSDI
- Retirement
- VA Benefits
- Other _________________________________________________________________

15c. Did you receive any income from working with the Micro-Businesses at Community First Village?

- Yes
- No

15d. If yes, from where do you receive your income?

- Genesis gardens worker
- Workshop
- Art house
- Street Vendor
- Other _________________________________________________________________
1a. Are you a veteran?
   □ Yes
   □ No

1b. If yes, how many years did you serve for?
   □ Less than a year
   □ 1-2 years
   □ 3-4 years
   □ 5-6 years
   □ 7 or more years

1c. Did military service affect your homelessness? Explain.
   _____________________________________________
   _____________________________________________
   _____________________________________________
   _____________________________________________

2a. Rank the list, 1-5, on what you value most, 1 being the most valued to 5 being the least valued.
   □ Food
   □ Housing
   □ Friends
   □ Family
   □ Health

2b. Please indicate if there is anything that you value highly that was not included in the previous list.
   _____________________________________________
3. What level of schooling did you complete?
   □ K - 5th
   □ 6th - 8th grade
   □ 9th - 12th grade
   □ 1 - 2 years of college
   □ 4 year college graduate

4. Did you grow up with both parents present?
   □ Yes
   □ No

5. Were your parents married growing up?
   □ Yes
   □ No

6. Did you have brothers and sisters growing up?
   □ Yes
   □ No

7. Who were you the closest to growing up and why?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

8. What is your most prized possession and why?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
9. Would you mind sharing how you became homeless?

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

10. As a child, what did you want to be when you grew up?

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

11. Is there in anything about Community First Village that you would like to change?
   □ Yes
   □ No

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

12. Is there anything that you would like to share that we didn’t ask you?

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________