### Data Dictionary Codebook

| # | Variable / Field Name | Field Label | Field Attributes (Field Type, Validation, Choices, Calculations, etc.) |
|---|-----------------------|-------------|---------------------------------------------------------------------|
|   | Instrument: **Approach** *(approach)*                                           |
| 1 | record_id             | Record ID   | text                                                                 |
| 2 | consent_pro           | Who is providing verbal consent? | radio, Required  
1. Leah Fraimow-Wong  
2. Daniel Haro  
4. Matthew Lennon  
5. Senta Wiederholt  
6. Gray Kelsey  
3. Other |
| 3 | other_consent_pro     | If "Other," please record your name, first and last. | text, Required  
3. Other |
| 4 | start_lang            | English or Spanish approach script? | radio  
1. English  
2. Spanish |
| 5 | start_text | descriptive |
|---|---|---|
| **Show the field ONLY if:**  
[start_lang] = '1' | **Hi, are you Mr./Ms. (Last Name)?**  
I'm (Name), and I'm a research assistant here in the emergency room. We're doing a survey with people here today about housing and other social needs. It takes about 10 to 15 minutes to complete. Can I tell you more about it?  
**IF YES:**  
Thanks for your interest! This is a survey that can be done by yourself or with me. It includes some sensitive questions about you and your experiences with housing and social services, and the information you give will be combined with other patients' answers to help us better understand this community's housing concerns.  
If you participate, we'll also look at your medical records for information important to the study. No one but our researchers will see your information unless required by law.  
If you feel uncomfortable at any point, you can decide to skip a question or stop doing the survey. There's no cost to you, and you won't be paid. There's no direct benefit to you. Your participation is voluntary; you can choose not to participate. Your choice will not change the care you receive. Do you have any questions?  
Is it ok to continue?  
**IF PATIENT AGREES:**  
Great! Because we're asking you personal questions and looking at your health information, we have to ask for your signed permission. This document explains what information we can see and who can see it. If you are ok with this, I will have you initial in three locations, sign, and date.  
**EXPLAIN THE FORM.**  
Thank you! Before you start, I want to say that a few of the questions may be repetitive. This is on purpose and should not take much extra time! |
Hola, eres el Señor/Señora (Apellido)?

Soy (Nombre), y soy asistente de investigación aquí en la sala de emergencias. Estamos haciendo una encuesta con personas aquí hoy sobre vivienda y otras necesidades sociales. Tarda de 10 a 15 minutos en completarse. ¿Puedo contarte más sobre eso?

IF YES:
¡Gracias por tu interés! Esta es una encuesta que puedes hacer usted mismo o conmigo. Incluye algunas preguntas delicadas sobre usted y sus experiencias con la vivienda y los servicios sociales, y la información que tu brinde se combinará con las respuestas de otros pacientes para ayudarnos a comprender mejor las inquietudes sobre la vivienda de esta comunidad.

Si participa, también revisaremos sus registros médicos para obtener información importante para el estudio. Nadie más que nuestros investigadores verán su información a menos que lo requiera la ley.

Si en cualquier momento no se siente a gusto, puedes decidir usted saltarse una pregunta o dejar de hacer la encuesta. No hay costo para usted, y no recibirá ningún pago. No hay beneficio directo para ti. Tu participación es voluntaria; puedes elegir no participar. Su elección no cambiará la atención que recibe. ¿Tiene usted alguna pregunta?

¿Está bien continuar?

IF PATIENT AGREES:
¡Excelente! Porque le estamos haciendo preguntas personales y mirando su información de salud, debemos solicitar su permiso firmado. Este documento explica qué información podemos ver y quién puede verla. Si estás de acuerdo con esto, te pediré que inicies en tres lugares, firma y fecha.

EXPLAIN THE FORM.

¡Gracias! Antes de comenzar, quiero decir que algunas de las preguntas pueden ser repetitivas. ¡Esto es a propósito y no debería tomar mucho tiempo extra!
| Column | Description | Details |
|--------|-------------|--------|
| 7      | consent     | Did the patient agree to do the surveys? By answering "Yes" to this question, you confirm that you have covered the required elements of informed consent, that the patient has had the chance to ask questions, that all their questions have been answered to their satisfaction, and that they freely agree to participate in this study. You also confirm that the patient agrees to the use, release, and disclosure of their protected health information as specified in their signed and dated authorization. | Yes, Required |
| 8      | approach_complete | Section Header: Form Status Complete? | Dropdown |
| 9      | surv_lang   | Which language would you like to take the survey in? | Radio, Required |
| 10     | pra_start   | Section Header: Personal Characteristics/ Características Personales Please click the "Now" button on the right to record the current time. | Text (datetime_seconds_mdy), Required |
| 11     | pra_start_sp| Por favor haga clic en el botón "Now" a la derecha para registrar la hora actual. | Text (datetime_seconds_mdy), Required |
| 12     | race        | What is your race or ethnicity? Select all that apply. | Checkbox, Required |

Custom alignment: RH
Stop actions on 0
| Field | Description | Code | Options |
|-------|-------------|------|---------|
| race_sp | ¿Cuál es su raza o etnia? Marque todo lo que sea aplicable. | [surv_lang] = '2' | Negro/ Afro Americano, Blanco, De Medio Oriente/ Norteafricano, Hispano, latino o de origen español, Asiático, Nativo de Hawaii, De las Islas del Pacifico, Indio de los Estados Unidos/ Nativo de Alaska, Otro, Prefiero no responder a esta pregunta |
| race_oth | Please describe "Other." Please enter 99 if you choose not to answer this question. | [race(19)] = '1' | |
| race_oth_sp | Por favor describe "Otro." Por favor, escriba 99 si decide no responder a esta pregunta. | [race_sp(19)] = '1' | |
| farm_work | At any point during the past 2 years, has seasonal or migrant farm work been your or your family's main source of income? | [surv_lang] = '1' | Yes, No, I choose not to answer this question |
| farm_work_sp | En cualquier momento en los últimos 2 años, ¿el trabajo agrícola ha sido el ingreso principal de su familia? | [surv_lang] = '2' | Sí, No, Prefiero no responder a esta pregunta |
| vet | Have you been discharged from the armed forces of the United States? | [surv_lang] = '1' | Yes, No, I choose not to answer this question |
| Field | Description | Conditions | Data Type | Required |
|-------|-------------|------------|-----------|----------|
| vet_sp | ¿Ha servido en las fuerzas Armadas de los Estados Unidos? | [surv_lang] = '2' | radio | Required |
| lang | What language are you most comfortable speaking? | [surv_lang] = '1' | radio | Required |
| lang_sp | ¿Con cuál idioma se siente más cómodo hablando? | [surv_lang] = '2' | radio | 1. Inglés 2. Español 3. Idioma aparte del Inglés o Español 99. Prefiero no responder a esta pregunta |
| lang_oth | Please describe "Other." Please enter 99 if you choose not to answer this question. | [lang] = '3' | text | Custom alignment: RH |
| lang_oth_sp | Por favor describe "Otro." Por favor, escriba 99 si decide no responder a esta pregunta. | [lang_sp] = '3' | text | Required |
| fam_home | Section Header: Family & Home/ Familia y Hogar | [surv_lang] = '1' | text | Custom alignment: RH |
| fam_home_sp | ¿Cuántos miembros de su familia principal viven con usted? (incluido usted mismo) Por favor, escriba 99 si decide no responder a esta pregunta. | [surv_lang] = '2' | text | Custom alignment: RH |
| house_tdy_pra | What is your housing situation today? | [surv_lang] = '1' | radio | 1. I have housing 2. I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park) 99. I choose not to answer this question |
| 27 | house_tdy_pra_sp | ¿Cuál es su situación actualmente de su vivienda? | radio |
|----|-----------------|------------------------------------------------|-------|
|    | Show the field ONLY if: [surv_lang] = '2' | | 1 | Tengo vivienda |
|    | | | 2 | No tengo vivienda (viviendo con otros, en un hotel, en un albergue, viviendo en la calle, en una playa, en un carro, o en un parque) |
|    | | | 99 | Prefiero no responder a esta pregunta |

| 28 | house_worried | Are you worried about losing your housing? | radio, Required |
|----|---------------|------------------------------------------|----------------|
|    | Show the field ONLY if: [surv_lang] = '1' | | 1 | Yes |
|    | | | 0 | No |
|    | | | 2 | N/A (not applicable) |
|    | | | 99 | I choose not to answer this question |

| 29 | house_worried_sp | ¿Le preocupa que pudiera perder su vivienda? | radio, Required |
|----|-----------------|------------------------------------------|----------------|
|    | Show the field ONLY if: [surv_lang] = '2' | | 1 | Sí |
|    | | | 0 | No |
|    | | | 2 | N/A (no aplica) |
|    | | | 99 | Prefiero no responder a esta pregunta |

| 30 | street | What address do you live at? | text, Required, Identifier |
|----|--------|----------------------------|-----------------------------|
|    | Show the field ONLY if: [surv_lang] = '1' | Street number and name. Please enter 99 if N/A or if you choose not to answer this question. | |

| 31 | street_sp | ¿Cuál es su dirección de hogar? | text, Required, Identifier |
|----|-----------|-------------------------------|-----------------------------|
|    | Show the field ONLY if: [surv_lang] = '2' | Número y nombre de la calle. Por favor, escriba 99 si no corresponde o si decide no responder a esta pregunta. | |

| 32 | city_state | City and state | text, Required, Identifier |
|----|------------|----------------|-----------------------------|
|    | Show the field ONLY if: [surv_lang] = '1' | Please enter 99 if you choose not to answer this question. | |

| 33 | city_state_sp | Ciudad y estado | text, Required, Identifier |
|----|---------------|-----------------|-----------------------------|
|    | Show the field ONLY if: [surv_lang] = '2' | Por favor, escriba 99 si decide no responder a esta pregunta. | |

| 34 | zip_code | Zip Code | text (zipcode), Required, Identifier |
|----|---------|---------|--------------------------------------|
|    | Show the field ONLY if: [surv_lang] = '1' | Please enter 99999 if N/A or if you choose not to answer this question. | |

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https://redcap.alamedahealthsystem.org/redcap_v7.3.6/Design/data_dictionary_codebook.php?pid=56
| Field       | Description                                                                 | Type     | Validation | Display   |
|------------|------------------------------------------------------------------------------|----------|------------|-----------|
| zip_code   | Código postal. Por favor, escribe 99 si no corresponde o si decide no responder a esta pregunta. | text     | Required, Identifier |           |
| highest_edu| Section Header: Money & Resources/ Dinero y Recursos. What is the highest level of school that you have finished? | radio    | Required   |           |
|             | 1. Less than a high school degree                                             |          |            |           |
|             | 2. High school diploma or GED                                                 |          |            |           |
|             | 3. More than high school                                                     |          |            |           |
|             | 99. I choose not to answer this question                                      |          |            |           |
| highest_edu_sp| ¿Cuál es el nivel escolar más alto que ha completado?                     | radio    | Required   |           |
|             | 1. Escuela primaria                                                          |          |            |           |
|             | 2. Preparatoria                                                              |          |            |           |
|             | 3. Colegio, Universidad, o colegio técnico                                    |          |            |           |
|             | 99. Prefiero no responder a esta pregunta                                     |          |            |           |
| work_now   | What is your current work situation?                                         | radio    | Required   |           |
|             | 1. Unemployed and seeking work                                               |          |            |           |
|             | 2. Part-time or temporary work                                               |          |            |           |
|             | 3. Full-time work                                                            |          |            |           |
|             | 4. Otherwise unemployed but not seeking work (ex. student, retired, disabled, unpaid primary caregiver) |          |            |           |
|             | 99. I choose not to answer this question                                      |          |            |           |
| work_now_sp| ¿Cuál es su situación laboral actualmente?                                   | radio    | Required   |           |
|             | 1. Desempleado y buscando empleo                                             |          |            |           |
|             | 2. Trabajo tiempo parcial o temporal (no agrícola)                           |          |            |           |
|             | 3. Trabajo tiempo completo                                                   |          |            |           |
|             | 4. Desempleado (ej. estudiante, jubilado, incapacitado, cuidador principal no remunerado) |          |            |           |
|             | 99. Prefiero no responder a esta pregunta                                     |          |            |           |
| work_oth   | Please describe above answer. Please enter 99 if you choose not to answer this question. | text     | Required   |           |
| Field          | Description                                                                 | Validation | Options                                              |
|---------------|-----------------------------------------------------------------------------|------------|------------------------------------------------------|
| work_oth_sp   | Show the field ONLY if: [work_now_sp] = '4'                                 | text, Required |                                                      |
| insurance     | Show the field ONLY if: [surv_lang] = '1'                                   | radio, Required | 1: None/ uninsured<br>2: Medicaid (Medi-Cal)<br>3: CHIP Medicaid<br>4: Medicare<br>5: Other public insurance (not CHIP)<br>6: Other public insurance (CHIP)<br>7: Private insurance<br>99: I choose not to answer this question |
| insurance_sp  | Show the field ONLY if: [surv_lang] = '2'                                   | radio, Required | 1: Ninguno/ no asegurado<br>2: Medicaid (Medi-Cal)<br>3: CHIP Medicaid<br>4: Medicare<br>5: Otra aseguranza pública (No CHIP)<br>6: Otra aseguranza pública (CHIP)<br>7: Aseguranza privada<br>99: Prefiero no responder a esta pregunta |
| income        | Show the field ONLY if: [surv_lang] = '1'                                   | text (number), Required |                                                      |
| income_sp     | Show the field ONLY if: [surv_lang] = '2'                                   | text (number), Required |                                                      |
| needs_food    | Section Header: In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Select all that apply. Actualmente o el año pasado, ¿usted o alguna persona en su hogar tuvieron que privarse de algo que realmente se necesitaba? Marque todo lo que sea aplicable. Food/ Alimentos | radio (Matrix), Required | 1: Yes/ Sí<br>0: No<br>99: I choose not to answer this question/ Prefiero no responder a esta pregunta |
| Field           | Description                                                                 | Type                  | Options                      |
|-----------------|-----------------------------------------------------------------------------|-----------------------|------------------------------|
| needs_utilities | Utilities/ Servicios públicos                                                | radio (Matrix), Required | 1: Yes/ Sí, 0: No, 99: I choose not to answer this question/ Prefiero no responder a esta pregunta |
| needs_med       | Medicine or any healthcare (medical, dental, mental health, vision)/ Medicina o cualquier cuidado de salud (medico, dental, salud mental, vision) | radio (Matrix), Required | 1: Yes/ Sí, 0: No, 99: I choose not to answer this question/ Prefiero no responder a esta pregunta |
| needs_phone     | Phone/ Teléfono                                                             | radio (Matrix), Required | 1: Yes/ Sí, 0: No, 99: I choose not to answer this question/ Prefiero no responder a esta pregunta |
| needs_clothing  | Clothing/ Ropa                                                              | radio (Matrix), Required | 1: Yes/ Sí, 0: No, 99: I choose not to answer this question/ Prefiero no responder a esta pregunta |
| needs_child     | Child care/ Cuidado infantil                                                | radio (Matrix), Required | 1: Yes/ Sí, 0: No, 99: I choose not to answer this question/ Prefiero no responder a esta pregunta |
| needs_oth       | Other/ Otro                                                                 | radio (Matrix), Required | 1: Yes/ Sí, 0: No, 99: I choose not to answer this question/ Prefiero no responder a esta pregunta |

53 needs_oth_pra
Show the field ONLY if:
[needs_oth] = '1' and [surv_lang] = '1'

Please describe "Other."
*Please enter 99 if you choose not to answer this question.*
text, Required
| Field                  | Description                                                                                                           | Validation Rule                                                                                       |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| needs_oth_pra_sp      | Show the field ONLY if: [needs_oth] = '1' and [surv_lang] = '2'                                                     | Por favor describe "Otro."                                                                           |
|                       |                                                                                                                        | *Por favor, escribe 99 si decide no responder a esta pregunta.*                                     |
| transport_pra         | Show the field ONLY if: [surv_lang] = '1'                                                                             | Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Select all that apply. |
|                       |                                                                                                                        | *Yes, it has kept me from medical appointments or from getting my medications*                       |
|                       |                                                                                                                        | *Yes, it has kept me from non-medical meetings, appointments, work, or from getting things I need*   |
|                       |                                                                                                                        | *No*                                                                                                   |
|                       |                                                                                                                        | *I choose not to answer this question*                                                                 |
| transport_pra_sp      | Show the field ONLY if: [surv_lang] = '2'                                                                             | ¿La falta de transportación le ha impedido ir a citas médicas, a reuniones, al trabajo, o conseguir cosas necesarias para la vida diaria? Marque todas las que aplican. |
|                       |                                                                                                                        | Sí, me ha impedido ir a citas médicas o a recoger mis medicamentos                                     |
|                       |                                                                                                                        | Sí, me ha impedido ir a reuniones o citas no médicas, al trabajo, o conseguir cosas que necesito       |
|                       |                                                                                                                        | No                                                                                                     |
|                       |                                                                                                                        | Prefiero no responder a esta pregunta                                                                    |
### Social & Emotional Health / Salud Social y Emocional

#### How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)

| radio, Required | 1 | Less than once a week |
|-----------------|---|-----------------------|
| 2               | 1 or 2 times a week |
| 3               | 3 to 5 times a week |
| 4               | More than 5 times a week |
| 99              | I choose not to answer this question |

#### ¿Con qué frecuencia convive o conversa con personas por las que se preocupa y son cercanas a usted? (Por ejemplo: conversar con amigos por teléfono, visitar a amigos o familiares, asistir a la iglesia o reuniones)

| radio, Required | 1 | Menos de una vez por semana |
|-----------------|---|-----------------------------|
| 2               | 1 o 2 veces por semana |
| 3               | De 3 a 5 veces por semana |
| 4               | Más de 5 veces por semana |
| 99              | Prefiero no responder a esta pregunta |

#### Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?

| radio, Required | 1 | Not at all |
|-----------------|---|------------|
| 2               | A little bit |
| 3               | Somewhat |
| 4               | Quite a bit |
| 5               | Very much |
| 99              | I choose not to answer this question |

#### Estrés es cuando alguien se siente tenso, nervioso o no puede dormir en la noche porque su mente está preocupada. ¿Usted se siente estresado?

| radio, Required | 1 | Para nada |
|-----------------|---|-----------|
| 2               | Un poquito |
| 3               | Algunas veces |
| 4               | Bastante |
| 5               | Mucho |
| 99              | Prefiero no responder a esta pregunta |

#### In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correction facility?

| radio, Required | 1 | Yes |
|-----------------|---|-----|
| 0               | No |
| 99              | I choose not to answer this question |

#### En el último año, ¿ha pasado más de 2 noches seguidas en una cárcel, una prisión, un centro de detención, o en un centro correccional juvenil?

| radio, Required | 1 | Sí |
|-----------------|---|----|
| 0               | No |
| 99              | Prefiero no responder a esta pregunta |
| Field       | Description                                                                 | Type               | Required                  | Custom Alignment |
|-------------|-----------------------------------------------------------------------------|--------------------|---------------------------|------------------|
| pra_end_ahc_start | Show the field ONLY if: [surv_lang] = '1'                                    | text               | Required                  | RH               |
| pra_end_ahc_start_sp | Show the field ONLY if: [surv_lang] = '2'                                    | text               | Required                  | RH               |
| house_tdy_ahc         | Show the field ONLY if: [surv_lang] = '1'                                    | radio, Required    |                           | RH               |
| house_tdy_ahc_sp       | Show the field ONLY if: [surv_lang] = '2'                                    | radio, Required    |                           | RH               |

**Section Header: Housing Instability & Food Insecurity/ Inestabilidad de vivienda & Inseguridad alimentaria**

What is your housing situation today?

- 1. I have a steady place to live.
- 2. I have housing today, but I am worried about losing it in the future.
- 3. I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park).
- 99. I choose not to answer this question.

¿Cuál es su situación de vivienda hoy?

- 1. Tengo un lugar estable para vivir.
- 2. Tengo vivienda hoy, pero me preocupa perderla en el futuro.
- 3. No tengo un lugar estable para vivir (Me estoy quedando temporalmente con otros, en un hotel, en un refugio, viviendo afuera en la calle, en una playa, en un automóvil, en un edificio abandonado, en una estación de autobuses o de tren, o en un parque).
- 99. Prefiero no responder a esta pregunta.
| 67 | house_problems | Think about the place you live. Do you have problems with any of the following? Select all that apply. |
|----|----------------|--------------------------------------------------------------------------------------------------|
|    |                | checkbox, Required                                                                                 |
| 1  | house_problems__1 | Pests such as bugs, ants, or mice                                                               |
| 2  | house_problems__2 | Mold                                                                                             |
| 3  | house_problems__3 | Lead paint or pipes                                                                               |
| 4  | house_problems__4 | Lack of heat                                                                                     |
| 5  | house_problems__5 | Oven or stove not working                                                                        |
| 6  | house_problems__6 | Smoke detectors missing or not working                                                           |
| 7  | house_problems__7 | Water leaks                                                                                      |
| 8  | house_problems__8 | None of the above                                                                                 |
| 99 | house_problems__99 | I choose not to answer this question                                                              |
Piensa en el lugar donde vives. ¿Tiene problemas con alguno de los siguientes? Marque todo lo que corresponda.

- Plagas como insectos, hormigas o ratones
- Molde
- Pintura o tubos con plomo
- Falta de calentón
- Horno o estufa que no funciona
- Detectores de humo que faltan o no funcionan
- Fugas de agua
- Ninguna de las respuestas
- Prefiero no responder a esta pregunta

Some people have made the following statements about their food situation. Please answer whether the statements were OFTEN, SOMETIMES, or NEVER true for you and your household in the last 12 months.

- Within the past 12 months, you worried that your food would run out before you got money to buy more.

- Algunas personas han hecho las siguientes declaraciones sobre su situación alimentaria. Por favor, responda si las declaraciones fueron FRECUENTES, A VECES o NUNCA verdad para usted y su hogar en los últimos 12 meses.
| Field | Description | Spanish Description | Code Label | Options |
|-------|-------------|---------------------|------------|---------|
| food_worried_sp | En los últimos 12 meses, le preocupaba que su comida se acabado antes de que tenga dinero para comprar más. | En los últimos 12 meses, le preocupaba que su comida se acabó antes de que tenga dinero para comprar más. | radio, Required | 1 Con frecuencia, 2 A veces, 3 Nunca, 99 Prefiero no responder a esta pregunta |
| food_ran_out | Within the past 12 months, the food you bought just didn't last and you didn't have money to get more. | En los últimos 12 meses, la comida que compró simplemente no duró y no tenía dinero para obtener más. | radio, Required | 1 Con frecuencia, 2 A veces, 3 Nunca, 99 Prefiero no responder a esta pregunta |
| transport_ahc | In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? | En los últimos 12 meses, ¿la falta de transporte lo mantuvo alejado de citas médicas, reuniones, trabajo o de obtener las cosas necesarias para la vida diaria? | radio, Required | 1 Sí, 0 No, 99 Prefiero no responder a esta pregunta |
| utilities_threat | In the past 12 months, has the electric, gas, oil, or water company threatened to shut off services in your home? | En los últimos 12 meses, ¿la compañía de electricidad, gas, petróleo o agua ha amenazado con cerrar los servicios en su hogar? | radio, Required | 1 Sí, 0 No, 2 Ya apagó, 99 Prefiero no responder a esta pregunta |
| Field | Description | Requirements |
|-------|-------------|--------------|
| ahc_safety_text | Because violence and abuse happen to a lot of people and affects their health, we are asking the following questions. | descriptive |
| ahc_safety_text_sp | Debido a que la violencia y el abuso le ocurren a mucha gente y afectan su salud, nos hacemos las siguientes preguntas. | descriptive |
| abuse_phys | How often does anyone, including family, physically hurt you? | radio, Required |
| abuse_phys_sp | ¿Con qué frecuencia alguien, incluida la familia, lo lastima físicamente? | radio, Required |
| abuse_belittle | How often does anyone, including family, insult or talk down to you? | radio, Required |
| abuse_belittle_sp | ¿Con qué frecuencia alguien, incluida la familia, le insulta o le critica? | radio, Required |
| Question | Translation | Options | Notes |
|----------|-------------|---------|-------|
| 85 | abuse_threats | How often does anyone, including family, threaten you with harm? | radio, Required | 1 | Never |
| | | | | 2 | Rarely |
| | | | | 3 | Sometimes |
| | | | | 4 | Fairly often |
| | | | | 5 | Frequently |
| | | | | 99 | I choose not to answer this question |
| 86 | abuse_threats_sp | ¿Con qué frecuencia alguien, incluida la familia, lo amenaza con daño? | radio, Required | 1 | Nunca |
| | | | | 2 | Raramente |
| | | | | 3 | A veces |
| | | | | 4 | Bastante |
| | | | | 5 | Frecuentemente |
| | | | | 99 | Prefiero no responder a esta pregunta |
| 87 | abuse_curse | How often does anyone, including family, scream or curse at you? | radio, Required | 1 | Never |
| | | | | 2 | Rarely |
| | | | | 3 | Sometimes |
| | | | | 4 | Fairly often |
| | | | | 5 | Frequently |
| | | | | 99 | I choose not to answer this question |
| 88 | abuse_curse_sp | ¿Con qué frecuencia alguien, incluida la familia, grita o maldice? | radio, Required | 1 | Nunca |
| | | | | 2 | Raramente |
| | | | | 3 | A veces |
| | | | | 4 | Bastante |
| | | | | 5 | Frecuentemente |
| | | | | 99 | Prefiero no responder a esta pregunta |
| 89 | decision_making | Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? | radio, Required | 1 | Yes |
| | | | | 0 | No |
| | | | | 99 | I choose not to answer this question |
| Field          | Description                                                                                                                                                                                                 | Type          | Options                                                                                          |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------|
| decision_making_sp  | Debido a una condición física, mental o emocional, ¿tiene serias dificultades para concentrarse, recordar o tomar decisiones?                                                                  | radio, Required | 1 Sí 0 No 99 Prefiero no responder a esta pregunta                                               |
| daily_life      | Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?                                                               | radio, Required | 1 Yes 0 No 99 I choose not to answer this question                                               |
| daily_life_sp   | Debido a una condición física, mental o emocional, ¿tiene dificultades para hacer mandados solo, como visitar el consultorio de un médico o ir de compras?                                                      | radio, Required | 1 Sí 0 No 99 Prefiero no responder a esta pregunta                                               |
| ahc_subs_use_text | The next questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances are prescribed by a doctor (like pain medications), but only count those if you have taken them for reasons or in doses other than prescribed. One question is about illicit or illegal drug use, but we only ask in order to identify community services that may be available to help you. | descriptive   |                                                                                                 |
| ahc_subs_use_text_sp | Las siguientes preguntas se relacionan con su experiencia con el alcohol, cigarrillos y otras drogas. Algunas de las sustancias son recetadas por un médico (como medicamentos para el dolor), pero solo cuéntelas si las ha tomado por razones o en dosis distintas a las recetadas. Una pregunta es acerca del uso ilícito o ilegal de drogas, pero solo preguntamos para identificar los servicios comunitarios que pueden estar disponibles para ayudarlo. | descriptive   |                                                                                                 |
| etoh            | How many times in the past 12 months have you had 5 or more drinks in a day (males) or 4 or more drinks in a day (females)? One drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits. | radio, Required | 1 Never 2 Once or twice 3 Monthly 4 Weekly 5 Daily or almost daily 99 I choose not to answer this question |
96 etoh_sp
Show the field ONLY if:
[surv_lang] = '2'
¿Cuántas veces en los últimos 12 meses ha bebido 5 o más bebidas en un día (hombres) o 4 o más bebidas en un día (mujeres)?
Una bebida es 12 onzas de cerveza, 5 onzas de vino o 1.5 onzas de espíritus de 80 pruebas.
radio, Required
1 Nunca
2 Una o dos veces
3 Mensual
4 Semanal
5 Diariamente o casi a diario
99 Prefiero no responder a esta pregunta

97 drugs_rx
Show the field ONLY if:
[surv_lang] = '1'
How many times in the past year have you used prescription drugs for non-medical reasons?
radio, Required
1 Never
2 Once or twice
3 Monthly
4 Weekly
5 Daily or almost daily
99 I choose not to answer this question

98 drugs_rx_sp
Show the field ONLY if:
[surv_lang] = '2'
¿Cuántas veces en el último año ha usado medicamentos recetados por razones no médicas?
radio, Required
1 Nunca
2 Una o dos veces
3 Mensual
4 Semanal
5 Diariamente o casi a diario
99 Prefiero no responder a esta pregunta

99 drugs_illegal
Show the field ONLY if:
[surv_lang] = '1'
How many times in the past year have you used illegal drugs?
radio, Required
1 Never
2 Once or twice
3 Monthly
4 Weekly
5 Daily or almost daily
99 I choose not to answer this question
| Field | Description | Notes |
|-------|-------------|-------|
| 100   | drugsIllegalSp | ¿Cuántas veces en el último año ha usado drogas ilegales? |
|       | Show the field ONLY if: [surv_lang] = '2' | |
| 101   | ahc_end_house_start | Please click the "Now" button on the right to record the current time. |
|       | Show the field ONLY if: [surv_lang] = '1' | |
| 102   | ahc_end_house_start_sp | Por favor haga clic en el botón "Now" a la derecha para registrar la hora actual. |
|       | Show the field ONLY if: [surv_lang] = '2' | |
| 103   | drugsInj | Have you ever used any drug by injection (non-medical use only)? |
|       | Show the field ONLY if: [surv_lang] = '1' | |
| 104   | drugsInj_sp | ¿Alguna vez ha usado algún medicamento por inyección (solo para uso no médico)? |
|       | Show the field ONLY if: [surv_lang] = '2' | |
| 105   | drugsInj_when | When was the last time you injected? |
|       | Show the field ONLY if: [drugs_inj] = '1' | |
| 106   | drugsInj_when_sp | ¿Cuándo fue la última vez que le inyectaron a usted? |
|       | Show the field ONLY if: [drugs_inj_sp] = '1' | |
| Field      | Description                                                                 | Required  | Options                                      |
|------------|------------------------------------------------------------------------------|-----------|----------------------------------------------|
| eng_ability | How well do you speak English?                                               | radio     | 1. Very well, 2. Well, 3. Not well, 4. Not at all, 99. I choose not to answer this question |
| eng_ability_sp | ¿Que tan bien hablas ingles?                                               | radio     | 1. Muy bien, 2. Bien, 3. No muy bien, 4. Mal, 99. Prefiero no responder a esta pregunta |
| gender     | What is your current gender identity?                                       | radio     | 1. Female/ Woman, 2. Male/ Man, 3. Trans male/ Trans man, 4. Trans female/ Trans woman, 5. Genderqueer/ Gender non-conforming, 6. Different identity, 99. I choose not to answer this question |
| gender_sp  | ¿Cuál es su identidad preferencia de género actual?                         | radio     | 1. Mujer, 2. Hombre, 3. Hombre trans, 4. Mujer trans, 5. Genderqueer/ Gender no conformes, 6. Identidad diferente, 99. Prefiero no responder a esta pregunta |
| Field     | Question                                                                 | Radio Options                                                                 |
|-----------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| moves     | How many times have you moved in the past 12 months?                       | 0: 0, 1: 1, 2: 2, 3: 3, 4: 4 or more, 99: I choose not to answer this question |
| moves_sp  | ¿Cuántas veces se ha mudado en los últimos 12 meses?                        | 0: 0, 1: 1, 2: 2, 3: 3, 4: 4 o más, 99: Prefiero no responder a esta pregunta   |
| house_unable | During the last 12 months, was there a time when you or you and your family were not able to pay your mortgage, rent, or utility bills? | 1: Yes, 0: No, 2: Unsure, 3: I have been homeless, 99: I choose not to answer this question |
| house_unable_sp | Durante los últimos 12 meses, ¿hubo un momento en que usted o usted y su familia no pudieron pagar su hipoteca, renta o utilidades? | 1: Sí, 0: No, 2: No estoy seguro, 3: He estado sin hogar, 99: Prefiero no responder a esta pregunta |
| needs_move | During the last 12 months, did you or your children move in with other people even for a little while because you could not afford to pay your mortgage, rent, or utility bills? | 1: Yes, 0: No, 2: Unsure, 3: I have been homeless, 99: I choose not to answer this question |
| 116 | needs_move_sp |
|-----|---------------|
|     | Show the field ONLY if: [surv_lang] = '2' |

| Durante los últimos 12 meses, ¿usted o sus hijos se mudaron con otras personas, incluso por un tiempo, porque no podía pagar su hipoteca, renta o utilidades? |
|------------------------------------------|
| radio, Required |
| 1 | Sí |
| 0 | No |
| 2 | No estoy seguro |
| 3 | He estado sin hogar |
| 99 | Prefiero no responder a esta pregunta |
Where did you stay last night? Please select the one response that best describes where you stayed last night.

|   | Description                                                                                       |
|---|--------------------------------------------------------------------------------------------------|
| 1 | Emergency shelter, including hotel or motel voucher paid for by a social service or charitable organization |
| 2 | Transitional housing for homeless persons                                                         |
| 3 | Permanent supportive housing for formerly homeless persons                                        |
| 4 | Psychiatric hospital or other psychiatric facility                                                |
| 5 | Substance abuse treatment facility or other detox facility                                         |
| 6 | Hospital (non-psychiatric)                                                                        |
| 7 | Jail, prison or juvenile detention facility                                                       |
| 8 | Half-way or three-quarter-way home for persons with criminal offenses                              |
| 9 | Room, apartment or house that you rent                                                             |
| 10| Apartment or house that you own                                                                    |
| 11| In a friend's or family member's room, apartment or house                                         |
| 12| Hotel or motel paid for without emergency shelter voucher                                          |
| 13| Foster care home or foster care group home                                                         |
| 14| Group home or other supervised residential care facility                                           |
| 15| Place not meant for human habitation (street, car, park, etc.)                                    |
| 16| Place or a situation that is dangerous to the health or safety of any household member           |
| 17| Other                                                                                             |
| 99| I choose not to answer this question                                                               |

Show the field ONLY if: `[surv_lang] = '1'`
| Field          | Description                                                                                       | Values                                                                 |
|---------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| last_night_sp | ¿Dónde te quedaste anoche? Seleccione la respuesta que mejor describa dónde se hospedó anoche.     | 1. Refugio de emergencia, incluyendo bono de hotel o motel pagado por un servicio social o organización benéfica  |
|               |                                                                                                  | 2. Vivienda de transición para personas sin hogar                        |
|               |                                                                                                  | 3. Vivienda de apoyo permanente para personas que anteriormente no tenían hogar |
|               |                                                                                                  | 4. Hospital psiquiátrico u otras facilidades psiquiátricas               |
|               |                                                                                                  | 5. Centro de tratamiento de abuso de sustancias o otras instalaciones de desintoxicación |
|               |                                                                                                  | 6. Hospital (no psiquiátrico)                                           |
|               |                                                                                                  | 7. Cárcel, prisión o centro de detención juvenil                         |
|               |                                                                                                  | 8. Hogar de transición para personas con ofensas criminales              |
|               |                                                                                                  | 9. Habitación, apartamento o casa que renta                               |
|               |                                                                                                  | 10. Apartamento o casa que usted dueño de                                |
|               |                                                                                                  | 11. En la habitación, apartamento o casa de un amigo o familiar           |
|               |                                                                                                  | 12. Hotel o motel pagado sin bono de refugio de emergencia               |
|               |                                                                                                  | 13. Hogar de cuidado de crianza o hogar de grupo de cuidado de crianza (foster care) |
|               |                                                                                                  | 14. Hogar grupal o otro centro residencial de cuidado supervisado        |
|               |                                                                                                  | 15. Lugar no destinado a la habitación humana (calle, coche, parque, etc.)|
|               |                                                                                                  | 16. Lugar o una situación que es peligrosa para la salud o la seguridad de cualquier miembro del hogar |
|               |                                                                                                  | 17. Otro                                                                |
|               |                                                                                                  | 99. Prefiero no responder a esta pregunta                               |

| Field          | Description                                                                                       | Values                                                                 |
|---------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| last_night_oth| Please describe "Other." Please enter 99 if you choose not to answer this question.          | text, Required                                                         |
| Field | Description | Options | Notes |
|-------|-------------|---------|-------|
| last_night_oth_sp | Show the field ONLY if: `[last_night_sp] = '17'` | text, Required | Por favor describe "Otro." Por favor, escribe 99 si decide no responder a esta pregunta. |
| last_night_length | Show the field ONLY if: `[surv_lang] = '1'` | radio, Required | How long have you stayed in the place you stayed last night? |
| | | | 1 One week or less |
| | | 2 More than one week, but less than one month |
| | | 3 One to three months |
| | | 4 More than three months, but less than one year |
| | | 5 One year or longer |
| | | 99 I choose not to answer this question |
| last_night_length_sp | Show the field ONLY if: `[surv_lang] = '2'` | radio, Required | ¿Cuánto tiempo hace que te quedaste en el lugar donde te hospedaste anoche? |
| | | | 1 Una semana o menos |
| | | 2 Más de una semana, pero menos de un mes |
| | | 3 De uno a tres meses |
| | | 4 Más de tres meses, pero menos de un año |
| | | 5 Un año o más |
| | | 99 Prefiero no responder a esta pregunta |
| stay_90d | Show the field ONLY if: `[surv_lang] = '1'` | radio, Required | Are you able to stay in this place for more than 90 days? |
| | | | 1 Yes |
| | | 0 No/ Unsure |
| | | 2 I am currently homeless |
| | | 99 I choose not to answer this question |
| stay_90d_sp | Show the field ONLY if: `[surv_lang] = '2'` | radio, Required | ¿Puedes quedarte en este lugar por más de 90 días? |
| | | | 1 Sí |
| | | 0 No/ No estoy seguro |
| | | 2 Estoy sin hogar |
| | | 99 Prefiero no responder a esta pregunta |
| leave_reason | Show the field ONLY if: `[stay_90d] = '0'` | checkbox, Required | Why do you need or want to leave? Please select all of the reasons why you need to leave the place you stayed last night. |
| | | | 1 leave_reason__1 Received an eviction notice |
| | | 2 leave_reason__2 Non-payment of rent or past due rent |
| leave_reason___3 | Unable to pay future rent because lost housing subsidy, job, or other income source |
|------------------|----------------------------------------------------------------------------------|
| leave_reason___4 | Non-payment of utilities or utility shut-off                                      |
| leave_reason___5 | Overcrowding                                                                       |
| leave_reason___6 | Inability to contribute to household costs                                        |
| leave_reason___7 | Housekeeping concerns (failure to maintain cleanliness of the unit)               |
| leave_reason___8 | Housing is or will be condemned                                                   |
| leave_reason___9 | Friend or family member being evicted or threatened with eviction                |
| leave_reason___10| Threat of abuse by partner, family member, or other                                |
| leave_reason___11| Being discharged or service is being terminated                                    |
| leave_reason___12| Personal conflict with others                                                      |
| leave_reason___13| Other health or safety concerns                                                    |
| leave_reason___14| Other lease violation(s)                                                           |
| leave_reason___15| Other                                                                              |
| Leave Reason | Description |
|--------------|-------------|
| 99 leave_reason___99 | I choose not to answer this question |
| 1 leave_reason_sp___1 | Received an eviction notice |
| 2 leave_reason_sp___2 | Rent or rent arrears |
| 3 leave_reason_sp___3 | Unable to pay upcoming rent due to loss of housing subsidy, job, or other income source |
| 4 leave_reason_sp___4 | Unable to pay utilities or cut-off of utilities |
| 5 leave_reason_sp___5 | Overcrowding |
| 6 leave_reason_sp___6 | Unable to contribute to household costs |
| 7 leave_reason_sp___7 | Cleanliness problems (lack of maintenance of the unit) |
| 8 leave_reason_sp___8 | Housing will be declared uninhabitable |
| 9 leave_reason_sp___9 | A friend or family member has been evicted or threatened with eviction |
| 10 leave_reason_sp___10 | Threat of abuse by partner, family member, or other person |

¿Por qué necesitas o quieres irte? Por favor, marque todos los motivos por los que debe abandonar el lugar donde se alojó anoche.

Show the field ONLY if: [stay_90d_sp] = '0'
| Field | Description |
|-------|-------------|
| leave_reason_sp___11 | Ser dado de alta o el servicio está siendo terminado |
| leave_reason_sp___12 | Conflicto personal con los demás |
| leave_reason_sp___13 | Otras preocupaciones de salud o seguridad |
| leave_reason_sp___14 | Otras violación(es) de renta |
| leave_reason_sp___15 | Otro |
| leave_reason_sp___99 | Prefiero no responder a esta pregunta |

**leave_reason_oth**

Show the field ONLY if:
- `leave_reason(14)` = '1'
- `leave_reason(15)` = '1'

- **Leave Reason Other:**

  ```
  Please describe above answer. Please enter 99 if you choose not to answer this question. 
  text, Required
  ```

**leave_reason_oth_sp**

Show the field ONLY if:
- `leave_reason_sp(14)` = '1'
- `leave_reason_sp(15)` = '1'

- **Leave Reason Other:**

  ```
  Por favor, describa la respuesta anterior. Por favor, escribe 99 si decide no responder a esta pregunta. 
  text, Required
  ```

**leave_when**

Show the field ONLY if:
- `stay_90d` = '0'

- **When do you need to leave?**

  ```
  When do you need to leave? Please choose the one response that best matches your situation. 
  radio, Required
  ```

  1. Today
  2. 2-3 days
  3. Within the next 7 days
  4. Within the next 2 weeks
  5. Within the next 30 days
  6. Within the next 60 days
  7. Within the next 90 days
  8. More than 90 days
  9. Unsure
  99. I choose not to answer this question
leave_when_sp
Show the field ONLY if:
[stay_90d_sp] = '0'

¿Cuándo necesitas irte? Elija la respuesta que mejor se adapte a su situación.

|   |   |
|---|---|
| 1 | Hoy |
| 2 | 2-3 días |
| 3 | En los próximos 7 días |
| 4 | En las próximas 2 semanas |
| 5 | Dentro de los próximos 30 días |
| 6 | Dentro de los próximos 60 días |
| 7 | Dentro de los próximos 90 días |
| 8 | Más de 90 días |
| 9 | No estoy seguro |
| 99 | Prefiero no responder a esta pregunta |

leave_where
Show the field ONLY if:
[stay_90d] = '0'

¿Existe una vivienda segura donde usted y su familia puedan quedarse cuando necesite irse?

|   |   |
|---|---|
| 1 | Sí |
| 0 | No |
| 2 | No estoy seguro |
| 99 | Prefiero no responder a esta pregunta |

leave_where_sp
Show the field ONLY if:
[stay_90d_sp] = '0'

¿Existe una vivienda segura donde usted y su familia puedan quedarse cuando necesite irse?

|   |   |
|---|---|
| 1 | Sí |
| 0 | No |
| 2 | No estoy seguro |
| 99 | Prefiero no responder a esta pregunta |

leave_where_length
Show the field ONLY if:
[leave_where] = '1'

How many nights can you stay in that place? Please choose the one response that best matches your situation.

|   |   |
|---|---|
| 1 | Only one night |
| 2 | 2-3 days |
| 3 | 3-7 days |
| 4 | 7-30 days |
| 5 | 30-60 days |
| 6 | 60-90 days |
| 7 | More than 90 days |
| 8 | Unsure |
| 99 | Prefiero no responder a esta pregunta |
134 leave_where_length_sp
Show the field ONLY if:
[leave_where_sp] = '1'
¿Cuántas noches puedes quedarte en ese lugar? Elija la respuesta que mejor se adapte a su situación.
radio, Required
1 Solo una noche
2 2-3 días
3 3-7 días
4 7-30 días
5 30-60 días
6 60-90 días
7 Más de 90 días
8 No estoy seguro
99 Prefiero no responder a esta pregunta

135 move_help
Show the field ONLY if:
[surv_lang] = '1'
¿Necesitas ayuda para encontrar un lugar donde quedarte?
radio, Required
1 Sí
0 No
99 Prefiero no responder a esta pregunta

136 move_help_sp
Show the field ONLY if:
[surv_lang] = '2'
¿Necesitas ayuda para encontrar un lugar donde quedarte?
radio, Required
1 Sí
0 No
99 Prefiero no responder a esta pregunta

137 stay_help
Show the field ONLY if:
[stay_90d] = '0'
¿Necesitas ayuda para poder quedarte en tu lugar actual?
radio, Required
1 Sí
0 No
99 Prefiero no responder a esta pregunta

138 stay_help_sp
Show the field ONLY if:
[stay_90d_sp] = '0'
¿Necesitas ayuda para poder quedarte en tu lugar actual?
radio, Required
1 Sí
0 No
99 Prefiero no responder a esta pregunta

139 sought_help
Show the field ONLY if:
[surv_lang] = '1'
Have you tried seeking housing resources such as a shelter, legal support, subsidized rent, a housing program or affordable housing in the last 12 months?
If you have continuously lived in affordable housing or a housing program for the past 12 months and not sought any new resources, select "No."
radio, Required
1 Sí
0 No
99 Prefiero no responder a esta pregunta
| Field    | Description                                                                 | Values                                      |
|----------|-----------------------------------------------------------------------------|---------------------------------------------|
| sought_help_sp | ¿Has intentado buscar recursos de vivienda, como un refugio, apoyo legal, renta subsidiada, un programa de vivienda o viviendas económicas en los últimos 12 meses? Si ha vivido continuamente en viviendas económicas o en un programa de vivienda durante los últimos 12 meses y no ha buscado ningún recurso nuevo, seleccione "No." | 1 Sí, 0 No, 99 Prefiero no responder a esta pregunta |
| help_type | If yes, what kind of housing resources did you seek out? Mark all that apply. | 1 help_type__1 Legal support or advocacy services for tenants, 2 help_type__2 Emergency shelter, including detox centers like Cherry Hill, 3 help_type__3 Residential programs for survivors of domestic violence, 4 help_type__4 Rent assistance, 5 help_type__5 Transitional housing (stable housing that has a time limit of, for example, 6, 12, or 24 months), 6 help_type__6 Affordable housing (income-based, supportive, public, senior housing), 7 help_type__7 Other, 99 help_type__99 I choose not to answer this question |
| Col. | Field |
|------|-------|
| 142  | help_type_sp |
|      | Show the field ONLY if: [sought_help_sp] = '1' |
|      | Si la respuesta es sí, ¿qué tipo de recursos de vivienda buscó? Marque todo lo que corresponda. |
|      | checkbox, Required |
| 1    | help_type_sp__1 |
|      | Apoyo legal o servicios de defensa para inquilinos/ocupantes |
| 2    | help_type_sp__2 |
|      | Refugio de emergencia, que incluye centros de desintoxicación como Cherry Hill |
| 3    | help_type_sp__3 |
|      | Programas residenciales para sobrevivientes de violencia doméstica |
| 4    | help_type_sp__4 |
|      | Asistencia de renta |
| 5    | help_type_sp__5 |
|      | Vivienda de transición (vivienda estable que tiene un límite de tiempo de, por ejemplo, 6, 12 o 24 meses) |
| 6    | help_type_sp__6 |
|      | Vivienda económica (basada en los ingresos, de apoyo, pública, vivienda para personas mayores) |
| 7    | help_type_sp__7 |
|      | Otro |
| 99   | help_type_sp__99 |
|      | Prefiero no responder a esta pregunta |
| 143  | help_type_oth |
|      | Show the field ONLY if: [help_type(7)] = '1' |
|      | Please describe "Other." Please enter 99 if you choose not to answer this question. |
|      | notes, Required |
| 144  | help_type_oth_3 |
|      | Show the field ONLY if: [help_type_sp(7)] = '1' |
|      | Por favor describe "Otro." Por favor, escribe 99 si decide no responder a esta pregunta. |
|      | notes, Required |
| 145 | **found_help**  
  | Show the field ONLY if:  
  | [sought_help] = '1'  | **Did you ultimately receive services from the resource(s) you sought out?**  | **radio, Required**  |
|-----|-------------------------------------------------|-------------------------------------------------|-------------------|
| 1   | Yes                                             | 1                                               |
| 2   | Yes, but it did not meet my needs               | 2                                               |
| 0   | No                                              | 0                                               |
| 99  | I choose not to answer this question            | 99                                              |

| 146 | **found_help_sp**  
  | Show the field ONLY if:  
  | [sought_help_sp] = '1'  | **¿Recibió servicios del recurso(s) que buscó?**  | **radio, Required**  |
|-----|-------------------------------------------------|-------------------------------------------------|-------------------|
| 1   | Sí                                               | 1                                               |
| 2   | Sí, pero no satisfecho mis necesidades          | 2                                               |
| 0   | No                                              | 0                                               |
| 99  | Prefiero no responder a esta pregunta            | 99                                              |
| 147 | not_helped |
|-----|------------|
|     | Show the field ONLY if: [found_help] = '0' |
| 148 | not_helped_sp |
|     | Si no, ¿por qué no recibió los servicios? Marque todo lo que corresponda. |

If no, why did you not receive services? Mark all that apply.

| 1  | not_helped__1 | I was told services were unavailable (i.e. no shelter beds, lost housing lottery) |
| 2  | not_helped__2 | I was told I was ineligible |
| 3  | not_helped__3 | I was put on a waitlist and never received services |
| 4  | not_helped__4 | I could not complete application/ the application process was too burdensome |
| 5  | not_helped__5 | I tried calling, but could not get through to anyone/ no one returned my call |
| 6  | not_helped__6 | I completed all steps requested, but I never received linkage/ follow-up |
| 7  | not_helped__7 | Language barriers prevented me from accessing the service |
| 8  | not_helped__8 | I could not afford it/ meet the income requirements |
| 9  | not_helped__9 | After attempting to access the resource, I chose not to use the service |
| 10 | not_helped__10 | Other |
| 99 | not_helped__99 | I choose not to answer this question |
Show the field ONLY if:
[found_help_sp] = '0'

|   | not_helped_sp | Translation                                                                 |
|---|--------------|----------------------------------------------------------------------------|
| 1 | not_helped_sp_1 | Me dijeron que los servicios no estaban disponibles (es decir, sin camas de refugio, lotería perdida de viviendas) |
| 2 | not_helped_sp_2 | Me dijeron que no era elegible                                               |
| 3 | not_helped_sp_3 | Me pusieron en una lista de espera y nunca recibí servicios                  |
| 4 | not_helped_sp_4 | No pude completar la solicitud / el proceso de solicitud fue demasiado pesado |
| 5 | not_helped_sp_5 | Trató de llamar, pero no pude comunicarme con nadie/ nadie me devolvió la llamada |
| 6 | not_helped_sp_6 | Completé todos los pasos solicitados, pero nunca recibí enlace/ seguimiento |
| 7 | not_helped_sp_7 | Las barreras del idioma me impidieron acceder al servicio                   |
| 8 | not_helped_sp_8 | No podía pagarlo/ cumplir con los requisitos de ingresos                     |
| Code | Field          | Description                                                                 |
|------|----------------|-----------------------------------------------------------------------------|
| 9    | not_helped_sp__9 | Después de intentar acceder al recurso, elegí no usar el servicio          |
| 10   | not_helped_sp__10 | Otro                                                                        |
| 99   | not_helped_sp__99 | Prefiero no responder a esta pregunta                                      |

| Code   | Field          | Description                                                                 |
|--------|----------------|-----------------------------------------------------------------------------|
| 149    | not_helped_oth | Please describe "Other."  
*Please enter 99 if you choose not to answer this question.* | notes, Required |
| 150    | not_helped_oth_sp | Por favor describe "Otro."  
*Por favor, escribe 99 si decide no responder a esta pregunta.* | notes, Required |

| Code | Field          | Description                                                                 |
|------|----------------|-----------------------------------------------------------------------------|
| 151  | help_unused    | Why did the service not meet your needs, or why did you choose not to use it? Mark all that apply. | checkbox, Required |
| 1    | help_unused__1 | I could not afford it/ was unable to meet the income requirements           |
| 2    | help_unused__2 | It required separation from family or pets                                   |
| 3    | help_unused__3 | I felt physically unsafe being in the space                                 |
| 4    | help_unused__4 | I felt that I was discriminated against based on identities I hold (i.e. race/ gender/ disability/ language/ age/ sexual orientation) |
| 5    | help_unused__5 | The geographic location was too far from work/ school/ family/ my community |
|   | help_used__6 | I felt unwelcome/disrespected by staff |
|---|--------------|---------------------------------------|
| 7 | help_used__7 | The program support ended, and I became homeless again |
| 8 | help_used__8 | I was unable to securely store my personal belongings |
| 9 | help_used__9 | I felt uncomfortable with religious elements of the program |
| 10| help_used__10| I had to leave too early in the morning or be back too early at night |
| 11| help_used__11| Other |
| 99| help_used__99| I choose not to answer this question |

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| 152| help_used_sp| ¿Por qué el servicio no se ajusta a sus necesidades o por qué eligió no usarlo? Marque todo lo que corresponda. |
|-----|--------------|--------------------------------------------------------------------------------|
| 1   | help_used_sp__1| No podría pagarlo/ no pude cumplir con los requisitos de ingresos |
| 2   | help_used_sp__2| Se requiere separación de la familia o mascotas |
| 3   | help_used_sp__3| Me sentía físicamente inseguro estar en el espacio |

**Checkbox, Required**
|   | help_unused_sp___ |   |
|---|------------------|---|
| 4 | help_unused_sp___4 | Sentí que fui discriminado en base a las identidades que tengo (es decir, raza/género/discapacidad/idioma/edad/orientación sexual) |
| 5 | help_unused_sp___5 | La ubicación geográfica estaba demasiado lejos del trabajo/escuela/familia/mi comunidad |
| 6 | help_unused_sp___6 | Me sentí no bienvenido/falta de respeto por el personal |
| 7 | help_unused_sp___7 | El apoyo del programa terminó y me quedé sin hogar otra vez |
| 8 | help_unused_sp___8 | No pude guardar de manera segura mis pertenencias personales |
| 9 | help_unused_sp___9 | Me sentí incómodo con los elementos religiosos del programa |
| 10 | help_unused_sp___10 | Tenía que irme temprano en la mañana o regresar demasiado temprano en la noche |
| 11 | help_unused_sp___11 | Otro |
| Field ID | Field Name | Description |
|----------|------------|-------------|
| 153 | help_unused_oth | Please describe "Other." Please enter 99 if you choose not to answer this question. notes, Required |
| 154 | help_unused_oth_sp | Por favor describe "Otro." Por favor, escribe 99 si decide no responder a esta pregunta. notes, Required |
| 155 | ed_house | Do you feel that you would benefit from having a housing specialist in the emergency department? radio, Required |
| 156 | ed_house_sp | ¿Siente que se beneficiaría de tener un especialista en vivienda en el departamento de urgencias? radio, Required |
| 157 | end | Please click the "Now" button on the right to record the current time. text (datetime_seconds_mdy), Required |
| 158 | end_sp | Por favor haga clic en el botón "Now" a la derecha para registrar la hora actual. text (datetime_seconds_mdy), Required |
| 159 | prepare_1st_complete | Section Header: Form Status Complete? dropdown |

Instrument: **AHC 1st** (ahc_1st)

| Field ID | Field Name | Description |
|----------|------------|-------------|
| 160 | surv_lang_2 | Which language would you like to take the survey in? radio, Required |

https://redcap.alamedahealthsystem.org/redcap_v7.3.6/Design/data_dictionary_codebook.php?pid=56
| Field | Description | Details |
|-------|-------------|---------|
| ac_start | Show the field ONLY if: | surv_lang_2 = '1' |
| ac_start_sp | Show the field ONLY if: | surv_lang_2 = '2' |
| house_tdy_ahc_2 | What is your housing situation today? | radio, Required |
| house_tdy_ahc_sp_2 | ¿Cuál es su situación de vivienda hoy? | radio, Required |

**Section Header:** Housing Instability & Food Insecurity/Inestabilidad de vivienda & Inseguridad alimentaria

Please click the "Now" button on the right to record the current time.

Por favor haga clic en el botón "Now" a la derecha para registrar la hora actual.

Please select:

1. I have a steady place to live.
2. I have housing today, but I am worried about losing it in the future.
3. I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park).
99. I choose not to answer this question.

Por favor haga clic en el botón "Now" a la derecha para registrar la hora actual.

Por favor haga clic en el botón "Now" a la derecha para registrar la hora actual.

Por favor haga clic en el botón "Now" a la derecha para registrar la hora actual.
|   | house_problems_2 |
|---|-----------------|
|   | Think about the place you live. Do you have problems with any of the following? Select all that apply. |
| 165 | checkbox, Required |
| 1 | house_problems_2__1 | Pests such as bugs, ants, or mice |
| 2 | house_problems_2__2 | Mold |
| 3 | house_problems_2__3 | Lead paint or pipes |
| 4 | house_problems_2__4 | Lack of heat |
| 5 | house_problems_2__5 | Oven or stove not working |
| 6 | house_problems_2__6 | Smoke detectors missing or not working |
| 7 | house_problems_2__7 | Water leaks |
| 8 | house_problems_2__8 | None of the above |
| 99 | house_problems_2__99 | I choose not to answer this question |

Show the field ONLY if: [surv_lang_2] = '1'
Piensa en el lugar donde vives. ¿Tiene problemas con alguno de los siguientes? Marque todo lo que corresponda.

1. **Plagas** como insectos, hormigas o ratones
2. **Molde**
3. **Pintura o tubos con plomo**
4. **Falta de calentón**
5. **Horno o estufa que no funciona**
6. **Detectores de humo que faltan o no funcionan**
7. **Fugas de agua**
8. **Ninguna de las respuestas**
9. **Prefero no responder a esta pregunta**

Some people have made the following statements about their food situation. Please answer whether the statements were OFTEN, SOMETIMES, or NEVER true for you and your household in the last 12 months.

1. Often true
2. Sometimes true
3. Never true
4. I choose not to answer this question
| Field                      | Description                                                                                                                                  | Options                                                                                                                                 |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| food_worried_sp_2          | In the last 12 months, did you worry about running out of food before you had money to buy more?                                              | 1: Con frecuencia<br>2: A veces<br>3: Nunca<br>99: Prefiero no responder a esta pregunta                                              |
| food_ran_out_2             | Within the past 12 months, did the food you bought last just didn't last and did you have money to get more?                                | 1: Often true<br>2: Sometimes true<br>3: Never true<br>99: I choose not to answer this question                                  |
| food_ran_out_sp_2          | En los últimos 12 meses, se acabó antes de que tenga dinero para comprar más.                                                                  | 1: Con frecuencia<br>2: A veces<br>3: Nunca<br>99: Prefiero no responder a esta pregunta                                              |
| transport_ahc_2            | In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? | 1: Yes<br>0: No<br>99: I choose not to answer this question                                                                         |
| transport_ahc_sp_2         | En los últimos 12 meses, ¿la falta de transporte lo mantuvo alejado de citas médicas, reuniones, trabajo o de obtener las cosas necesarias para la vida diaria? | 1: Sí<br>0: No<br>99: Prefiero no responder a esta pregunta                                                                         |
| utilities_threat_2         | In the past 12 months, has the electric, gas, oil, or water company threatened to shut off services in your home?                           | 1: Yes<br>0: No<br>2: Already shut off<br>99: I choose not to answer this question                                                  |
| utilities_threat_sp_2      | En los últimos 12 meses, ¿la compañía de electricidad, gas, petróleo o agua ha amenazado con cerrar los servicios en su hogar?            | 1: Sí<br>0: No<br>2: Ya apagó<br>99: Prefiero no responder a esta pregunta                                                            |
| Field   | Question                                                                 | Answer Options                                      |
|---------|-------------------------------------------------------------------------|-----------------------------------------------------|
| ahc_safety_text_2 | Because violence and abuse happen to a lot of people and affects their health, we are asking the following questions. | descriptive                                         |
| ahc_safety_text_sp_2 | Debido a que la violencia y el abuso le ocurren a mucha gente y afectan su salud, nos hacemos las siguientes preguntas. | descriptive                                         |
| abuse_phys_2 | How often does anyone, including family, physically hurt you?            | radio, Required                                     |
| abuse_phys_sp_2 | ¿Con qué frecuencia alguien, incluida la familia, lo lastima físicamente? | radio, Required                                     |
| abuse_belittle_2 | How often does anyone, including family, insult or talk down to you?     | radio, Required                                     |
| abuse_belittle_sp_2 | ¿Con qué frecuencia alguien, incluida la familia, le insulta o le critica? | radio, Required                                     |
| Field          | Description                                                                 | Choices                                                                 |
|---------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------|
| abuse_threats_2 | How often does anyone, including family, threaten you with harm?             | 1 Never, 2 Rarely, 3 Sometimes, 4 Fairly often, 5 Frequently, 99 I choose not to answer this question |
| abuse_threats_sp_2 | ¿Con qué frecuencia alguien, incluida la familia, lo amenaza con daño?     | 1 Nunca, 2 Raramente, 3 A veces, 4 Bastante, 5 Frecuentemente, 99 Prefiero no responder a esta pregunta |
| abuse_curse_2   | How often does anyone, including family, scream or curse at you?           | 1 Never, 2 Rarely, 3 Sometimes, 4 Fairly often, 5 Frequently, 99 I choose not to answer this question |
| abuse_curse_sp_2 | ¿Con qué frecuencia alguien, incluida la familia, grita o maldice?         | 1 Nunca, 2 Raramente, 3 A veces, 4 Bastante, 5 Frecuentemente, 99 Prefiero no responder a esta pregunta |
| decision_making_2 | Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? | 1 Yes, 0 No, 99 I choose not to answer this question |
| Field | Description | Codebook Link | Prompt | Var Type | Field Options | Notes |
|-------|-------------|---------------|--------|----------|---------------|-------|
| 188   | decision_making_sp_2 | [ surv_lang_2 ] = '2' | Debido a una condición física, mental o emocional, ¿tiene serias dificultades para concentrarse, recordar o tomar decisiones? | radio, Required | 1 Sí 0 No 99 Prefiero no responder a esta pregunta | |
| 189   | daily_life_2 | [ surv_lang_2 ] = '1' | Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? | radio, Required | 1 Yes 0 No 99 I choose not to answer this question | |
| 190   | daily_life_sp_2 | [ surv_lang_2 ] = '2' | Debido a una condición física, mental o emocional, ¿tiene dificultades para hacer mandados solo, como visitar el consultorio de un médico o ir de compras? | radio, Required | 1 Sí 0 No 99 Prefiero no responder a esta pregunta | |
| 191   | ahc_subs_use_text_2 | [ surv_lang_2 ] = '1' | The next questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances are prescribed by a doctor (like pain medications), but only count those if you have taken them for reasons or in doses other than prescribed. One question is about illicit or illegal drug use, but we only ask in order to identify community services that may be available to help you. | descriptive | |
| 192   | ahc_subs_use_text_sp_2 | [ surv_lang_2 ] = '2' | Las siguientes preguntas se relacionan con su experiencia con el alcohol, cigarrillos y otras drogas. Algunas de las sustancias son recetadas por un médico (como medicamentos para el dolor), pero solo cuéntelas si las ha tomado por razones o en dosis distintas a las recetadas. Una pregunta es acerca del uso ilícito o ilegal de drogas, pero solo preguntamos para identificar los servicios comunitarios que pueden estar disponibles para ayudarlo. | descriptive | |
| 193   | etoh_2 | [ surv_lang_2 ] = '1' | How many times in the past 12 months have you had 5 or more drinks in a day (males) or 4 or more drinks in a day (females)? *One drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits.* | radio, Required | 1 Never 2 Once or twice 3 Monthly 4 Weekly 5 Daily or almost daily 99 I choose not to answer this question | |
| Field       | Description                                                                 | Options                                                                 |
|------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------|
| etoh_sp_2  | ¿Cuántas veces en los últimos 12 meses ha bebido 5 o más bebidas en un día (hombres) o 4 o más bebidas en un día (mujeres)? | Nunca, Una o dos veces, Mensual, Semanal, Diariamente o casi a diario, 99 Prefiero no responder a esta pregunta |
| drugs_rx_2 | How many times in the past year have you used prescription drugs for non-medical reasons? | Never, Once or twice, Monthly, Weekly, Daily or almost daily, 99 I choose not to answer this question |
| drugs_rx_sp_2 | ¿Cuántas veces en el último año ha usado medicamentos recetados por razones no médicas? | Nunca, Una o dos veces, Mensual, Semanal, Diariamente o casi a diario, 99 Prefiero no responder a esta pregunta |
| drugs_illegal_2 | How many times in the past year have you used illegal drugs? | Never, Once or twice, Monthly, Weekly, Daily or almost daily, 99 I choose not to answer this question |
| Field | Description | Options |
|-------|-------------|---------|
| drugs_illegal_sp_2 | ¿Cuántas veces en el último año ha usado drogas ilegales? | Nunca, Una o dos veces, Mensual, Semanal, Diariamente o casi a diario, Prefiero no responder a esta pregunta |
| ahc_end_pra_start | Please click the "Now" button on the right to record the current time. | text (datetime_seconds_mdy), Required |
| race_2 | What is your race or ethnicity? Select all that apply. | Black/African American, White, Middle Eastern/North African, Hispanic, Latino or Spanish, Asian, Native Hawaiian, Pacific Islander, American Indian/Alaskan Native, Other, I choose not to answer this question |
| Field | Description | Option 1 | Option 2 | Option 3 |
|-------|-------------|---------|----------|----------|
| race_sp_2 | ¿Cuál es su raza o etnia? Marque todo lo que sea aplicable. | Negro/ Afro Americano | Blanco | De Medio Oriente/ Norteafricano |
|         |             | Hispano, latino o de origen español | Asiático | Nativo de Hawaii |
|         |             | De las Islas del Pacífico | Indio de los Estados Unidos/ Nativo de Alaska | Otro |
|         |             | Prefiero no responder a esta pregunta | | |
| race_oth_2 | Please describe "Other." | Please enter 99 if you choose not to answer this question. | | |
| race_oth_sp_2 | Por favor describe "Otro." | Por favor, escriba 99 si decide no responder a esta pregunta. | | |
| farm_work_2 | At any point during the past 2 years, has seasonal or migrant farm work been your or your family's main source of income? | Yes | No | I choose not to answer this question |
| farm_work_sp_2 | En cualquier momento en los últimos 2 años, ¿el trabajo agrícola ha sido el ingreso principal de su familia? | Sí | No | Prefiero no responder a esta pregunta |
| Field   | Description                                                                                   | Type/Required     |
|---------|----------------------------------------------------------------------------------------------|-------------------|
| vet_2   | Have you been discharged from the armed forces of the United States?                         | radio, Required  |
| 1       | Yes                                                                                          |                   |
| 0       | No                                                                                           |                   |
| 99      | I choose not to answer this question                                                         |                   |
| vet_sp_2| ¿Ha servido en las fuerzas Armadas de los Estados Unidos?                                      | radio, Required  |
| 1       | Sí                                                                                            |                   |
| 0       | No                                                                                           |                   |
| 99      | Prefiero no responder a esta pregunta                                                         |                   |
| lang_2  | What language are you most comfortable speaking?                                              | radio, Required  |
| 1       | English                                                                                      |                   |
| 2       | Spanish                                                                                      |                   |
| 3       | Language other than English or Spanish                                                       |                   |
| 99      | I choose not to answer this question                                                         |                   |
| lang_sp_2| ¿Con cuál idioma se siente más cómodo hablando?                                              | radio            |
| 1       | Inglés                                                                                        |                   |
| 2       | Español                                                                                      |                   |
| 3       | Idioma aparte del Inglés o Español                                                           |                   |
| 99      | Prefiero no responder a esta pregunta                                                         |                   |
| lang_oth_2| Please describe "Other."  
*Please enter 99 if you choose not to answer this question.* | text, Required   |
|      |                                                                                             | Custom alignment: RH |
| lang_oth_sp_2| Por favor describe "Otro."  
*Por favor, escribe 99 si decide no responder a esta pregunta.* | text, Required   |
|      |                                                                                             |                   |
| fam_home_2| How many family members, including yourself, do you currently live with?                     | text (integer), Required |
|      |                                                                                             | Custom alignment: RH |
| fam_home_sp_2| ¿Cuántos miembros de su familia principal viven con usted? (incluido usted mismo)  
*Por favor, escribe 99 si decide no responder a esta pregunta.* | text (integer), Required |
|      |                                                                                             | Custom alignment: RH |
| Field          | Description                                                                 | Type          | Options                                                                 |
|---------------|-----------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------|
| house_tdy_pra_2 | What is your housing situation today?                                       | radio, Required | 1: I have housing<br>2: I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)<br>99: I choose not to answer this question |
| house_tdy_pra_sp_2 | ¿Cuál es su situación actualmente de su vivienda?                           | radio         | 1: Tengo vivienda<br>2: No tengo vivienda (viviendo con otros, en un hotel, en un albergue, viviendo en la calle, en una playa, en un carro, o en un parque)<br>99: Prefiero no responder a esta pregunta |
| house_worried_2 | Are you worried about losing your housing?                                  | radio, Required | 1: Yes<br>0: No<br>2: N/A (not applicable)<br>99: I choose not to answer this question |
| house_worried_sp_2 | ¿Le preocupa que pudiera perder su vivienda?                                | radio         | 1: Sí<br>0: No<br>2: N/A (no aplica)<br>99: Prefiero no responder a esta pregunta |
| street_2       | What address do you live at?                                                | text, Required, Identifier | Street number and name. Please enter 99 if N/A or if you choose not to answer this question. |
| street_sp_2    | ¿Cuál es su dirección de hogar?                                             | text, Required, Identifier | Número y nombre de la calle. Por favor, escriba 99 si no corresponde o si decide no responder a esta pregunta. |
| city_state_2   | City and state                                                              | text, Required, Identifier | Please enter 99 if you choose not to answer this question. |
| Field ID | Field Name | Description | Type | Required | Identifier |
|----------|------------|-------------|------|----------|------------|
| 222 | city_state_sp_2 | Show the field ONLY if: [surv_lang_2] = '2' | text, Required, Identifier |  |  |
| 223 | zip_code_2 | Show the field ONLY if: [surv_lang_2] = '2' | text (zipcode), Required, Identifier |  |  |
| 224 | zip_code_sp_2 | Show the field ONLY if: [surv_lang_2] = '2' | text (zipcode), Required, Identifier |  |  |
| 225 | highest_edu_2 | Show the field ONLY if: [surv_lang_2] = '1' | radio, Required |  |  |
| 226 | highest_edu_sp_2 | Show the field ONLY if: [surv_lang_2] = '2' | radio, Required |  |  |
| 227 | work_now_2 | Show the field ONLY if: [surv_lang_2] = '1' | radio, Required |  |  |
| Field          | Description                                                                 | Type        | Options                                                                 |
|---------------|-----------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------|
| work_now_sp_2 | ¿Cuál es su situación laboral actualmente?                                  | radio, Required | 1. Desempleado y buscando empleo  
2. Trabajo tiempo parcial o temporal (no agrícola)  
3. Trabajo tiempo completo  
4. Desempleado (ej. estudiante, jubilado, incapacitado, cuidador principal no remunerado)  
99. Prefiero no responder a esta pregunta |
| work_oth_2    | Please describe above answer. Please enter 99 if you choose not to answer this question. | text, Required |                                                                 |
| work_oth_sp_2 | Por favor, describe la respuesta anterior. Por favor, escribe 99 si decide no responder a esta pregunta. | text         |                                                                 |
| insurance_2   | What is your main insurance?                                                | radio, Required | 1. None/ uninsured  
2. Medicaid (Medi-Cal)  
3. CHIP Medicaid  
4. Medicare  
5. Other public insurance (not CHIP)  
6. Other public insurance (CHIP)  
7. Private insurance  
99. I choose not to answer this question |
| insurance_sp_2 | ¿Cuál es su aseguranza médica?                                              | radio, Required | 1. Ninguno/ no asegurado  
2. Medicaid (Medi-Cal)  
3. CHIP Medicaid  
4. Medicare  
5. Otra aseguranza pública (No CHIP)  
6. Otra aseguranza pública (CHIP)  
7. Aseguranza privada  
99. Prefiero no responder a esta pregunta |
| Field | Description | Validation | Format |
|-------|-------------|------------|--------|
| 233 income_2 | During the past year, what was the total combined income for you and your family members you live with? | Required | text (number) |
| 234 income_sp_2 | ¿Cuál fue el ingreso de su familia el año pasado? | Required | text (number) |
| 235 needs_food_2 | Section Header: In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Select all that apply. | Required | radio (Matrix) |
| 236 needs_utilities_2 | Utilities | Required | radio (Matrix) |
| 237 needs_med_2 | Medicine or any healthcare (medical, dental, mental health, vision) | Required | radio (Matrix) |
| 238 needs_phone_2 | Phone | Required | radio (Matrix) |
| 239 needs_clothing_2 | Clothing | Required | radio (Matrix) |
| Field           | Description                                                                 | Type               | Options                                                                 |
|-----------------|-----------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------|
| needs_child_2   | Child care/ Cuidado infantil                                                | radio (Matrix), Required | 1  Yes/ Sí  
                        |                                                              | 2  No  
                        |                                                              | 3  I choose not to answer this question/ Prefiero no responder a esta pregunta  |
| needs_oth_2     | Other/ Otro                                                                 | radio (Matrix), Required | 1  Yes/ Sí  
                        |                                                              | 2  No  
                        |                                                              | 3  I choose not to answer this question/ Prefiero no responder a esta pregunta  |
| needs_oth_pra_2 | Please describe "Other."                                                    | text, Required     | 99  I choose not to answer this question/ Prefiero no responder a esta pregunta  |
| needs_oth_pra_sp_2 | Por favor describe "Otro."                                               | text, Required     | 99  I choose not to answer this question/ Prefiero no responder a esta pregunta  |
| transport_pra_2 | Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Select all that apply. | checkbox, Required | 1  Yes, it has kept me from medical appointments or from getting my medications  
                        |                                                              | 2  Yes, it has kept me from non-medical meetings, appointments, work, or from getting things I need  
                        |                                                              | 0  No  
                        |                                                              | 99  I choose not to answer this question/ Prefiero no responder a esta pregunta  |
| Field ID | Field Description | SQL Query | Question | Options |
|---------|------------------|-----------|----------|---------|
| transport_pra_sp_2 | Show the field ONLY if: [surv_lang_2] = '2' | ¿La falta de transportación le ha impedido ir a citas médicas, a reuniones, al trabajo, o conseguir cosas necesarias para la vida diaria? Marque todas las que aplican. | checkbox, Required | 1 transport_pra_sp_2___1 | Sí, me ha impedido ir a citas médicas | 2 transport_pra_sp_2___2 | Sí, me ha impedido ir a reuniones o citas no médicas, al trabajo, o conseguir cosas que necesito | 0 transport_pra_sp_2___0 | No | 99 transport_pra_sp_2___99 | Prefiero no responder a esta pregunta |
| social_2 | Show the field ONLY if: [surv_lang_2] = '1' | Section Header: Social & Emotional Health/ Salud Social y Emocional | How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings) | radio, Required | 1 Less than once a week | 2 1 or 2 times a week | 3 3 to 5 times a week | 4 More than 5 times a week | 99 I choose not to answer this question |
| social_sp_2 | Show the field ONLY if: [surv_lang_2] = '2' | ¿Con qué frecuencia convive o conversa con personas por las que se preocupa y son cercanas a usted? (Por ejemplo: conversar con amigos por teléfono, visitar a amigos o familiares, asistir a la iglesia o reuniones) | radio, Required | 1 Menos de una vez por semana | 2 1 o 2 veces por semana | 3 De 3 a 5 veces por semana | 4 Más de 5 veces por semana | 99 Prefiero no responder a esta pregunta |
| stress_2 | Show the field ONLY if: [surv_lang_2] = '1' | Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you? | radio, Required | 1 Not at all | 2 A little bit | 3 Somewhat | 4 Quite a bit | 5 Very much | 99 I choose not to answer this question |
| Field | Description                                                                 | Data Type | Validation |
|-------|------------------------------------------------------------------------------|-----------|------------|
| stress_sp_2 | Estrés es cuando alguien se siente tenso, nervioso o no puede dormir en la noche porque su mente está preocupada. ¿Usted se siente estresado? | radio (required) | 1: Para nada, 2: Un poquito, 3: Algunas veces, 4: Bastante, 5: Mucho, 99: Prefiero no responder a esta pregunta |
| jail_2 | In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correction facility? | radio (required) | 1: Yes, 0: No, 99: I choose not to answer this question |
| jail_sp_2 | En el último año, ¿ha pasado más de 2 noches seguidas en una cárcel, una prisión, un centro de detención, o en un centro correccional juvenil? | radio (required) | 1: Sí, 0: No, 99: Prefiero no responder a esta pregunta |
| pra_end_house_start | Please click the "Now" button on the right to record the current time. | text (datetime seconds mdy) | required |
| pra_end_house_start_sp | Por favor haga clic en el botón "Now" a la derecha para registrar la hora actual. | text (datetime seconds mdy) | required |
| drugs_inj_2 | Have you ever used any drug by injection (non-medical use only)? | radio (required) | 1: Yes, 0: No, 99: I choose not to answer this question |
| drugs_inj_sp_2 | ¿Alguna vez ha usado algún medicamento por inyección (solo para uso no médico)? | radio (required) | 1: Sí, 0: No, 99: Prefiero no responder a esta pregunta |
| 256 | drugs_inj_when_2  | When was the last time you injected? |
|-----|------------------|-------------------------------------|
|     | Show the field ONLY if: | radio, Required                      |
|     | [drugs_inj_2] = '1' | 1 In the past 90 days               |
|     |                    | 2 In the past year                  |
|     |                    | 3 Over a year ago                   |
|     |                    | 99 I choose not to answer this question |

| 257 | drugs_inj_when_sp_2 | ¿Cuándo fue la última vez que le inyectaron a usted? |
|-----|---------------------|-------------------------------------------------------|
|     | Show the field ONLY if: | radio, Required                                      |
|     | [drugs_inj_sp_2] = '1' | 1 En los últimos 90 días                             |
|     |                      | 2 En el año pasado                                  |
|     |                      | 3 Hace más de un año                                |
|     |                      | 99 Prefiero no responder a esta pregunta             |

| 258 | eng_ability_2 | Section Header: Final Questions - Housing Focus/ Preguntas finales - Enfoque en la vivienda |
|-----|--------------|------------------------------------------------------------------------------------------|
|     | Show the field ONLY if: | radio, Required                                                                       |
|     | [surv_lang_2] = '1' | 1 Very well                                                                            |
|     |                      | 2 Well                                                                                  |
|     |                      | 3 Not well                                                                              |
|     |                      | 4 Not at all                                                                            |
|     |                      | 99 I choose not to answer this question                                                  |

| 259 | eng_ability_sp_2 | ¿Que tan bien hablas ingles? |
|-----|------------------|-----------------------------|
|     | Show the field ONLY if: | radio, Required            |
|     | [surv_lang_2] = '2' | 1 Muy bien                  |
|     |                    | 2 Bien                      |
|     |                    | 3 No muy bien               |
|     |                    | 4 Mal                       |
|     |                    | 99 Prefiero no responder a esta pregunta       |

| 260 | gender_2 | What is your current gender identity? |
|-----|----------|--------------------------------------|
|     | Show the field ONLY if: | radio, Required |
|     | [surv_lang_2] = '1' | 1 Female/ Woman            |
|     |                     | 2 Male/ Man                  |
|     |                     | 3 Trans male/ Trans man      |
|     |                     | 4 Trans female/ Trans woman  |
|     |                     | 5 Genderqueer/ Gender non-conforming |
|     |                     | 6 Different identity         |
|     |                     | 99 I choose not to answer this question         |
| Field       | Description                                                                 | Values                                                                 |
|------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------|
| gender_sp_2| ¿Cuál es su identidad preferencia de género actual?                          | 1 Mujer 2 Hombre 3 Hombre trans 4 Mujer trans 5 Genderqueer/ Gender no conformes 6 Identidad diferente 99 Prefiero no responder a esta pregunta |
| moves_2    | How many times have you moved in the past 12 months?                         | 0 1 2 3 4 4 or more 99 I choose not to answer this question           |
| moves_sp_2 | ¿Cuántas veces se ha mudado en los últimos 12 meses?                         | 0 1 2 3 4 4 o más 99 Prefiero no responder a esta pregunta            |
| house_unable_2 | During the last 12 months, was there a time when you or you and your family were not able to pay your mortgage, rent, or utility bills? | 1 Yes 0 No 2 Unsure 3 I have been homeless 99 I choose not to answer this question |
| house_unable_sp_2 | Durante los últimos 12 meses, ¿hubo un momento en que usted o usted y su familia no pudieron pagar su hipoteca, renta o utilidades? | 1 Sí 0 No 2 No estoy seguro 3 He estado sin hogar 99 Prefiero no responder a esta pregunta |
| Field          | Description                                                                                                                                                                                                 | Options                                    |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| needs_move_2  | During the last 12 months, did you or your children move in with other people even for a little while because you could not afford to pay your mortgage, rent, or utility bills? | Yes, No, Unsure, I have been homeless, I choose not to answer this question |
| needs_move_sp_2 | Durante los últimos 12 meses, ¿usted o sus hijos se mudaron con otras personas, incluso por un tiempo, porque no podía pagar su hipoteca, renta o utilidades? | Sí, No, No estoy seguro, He estado sin hogar, Prefiero no responder a esta pregunta |
| Field          | Description                                                                 |
|---------------|-----------------------------------------------------------------------------|
| last_night_2  | Show the field ONLY if: [surv_lang_2] = '1'                                  |
|               | Where did you stay last night? Please select the one response that best describes where you stayed last night. |

| Option | Description                                                                 |
|--------|-----------------------------------------------------------------------------|
| 1      | Emergency shelter, including hotel or motel voucher paid for by a social service or charitable organization |
| 2      | Transitional housing for homeless persons                                   |
| 3      | Permanent supportive housing for formerly homeless persons                   |
| 4      | Psychiatric hospital or other psychiatric facility                           |
| 5      | Substance abuse treatment facility or other detox facility                   |
| 6      | Hospital (non-psychiatric)                                                   |
| 7      | Jail, prison or juvenile detention facility                                  |
| 8      | Half-way or three-quarter-way home for persons with criminal offenses        |
| 9      | Room, apartment or house that you rent                                       |
| 10     | Apartment or house that you own                                              |
| 11     | In a friend's or family member's room, apartment or house                    |
| 12     | Hotel or motel paid for without emergency shelter voucher                    |
| 13     | Foster care home or foster care group home                                   |
| 14     | Group home or other supervised residential care facility                      |
| 15     | Place not meant for human habitation (street, car, park, etc.)               |
| 16     | Place or a situation that is dangerous to the health or safety of any household member |
| 17     | Other                                                                        |
| 99     | I choose not to answer this question                                         |
| 269 | last_night_sp_2 | ¿Dónde te quedaste anoche? Seleccione la respuesta que mejor describa dónde se hospedó anoche. | radio, Required |
|-----|----------------|-----------------------------------------------------------------------------------------------|----------------|
|     |                | 1 Refugio de emergencia, incluyendo bono de hotel o motel pagado por un servicio social o organización benéfica |
|     |                | 2 Vivienda de transición para personas sin hogar |
|     |                | 3 Vivienda de apoyo permanente para personas que anteriormente no tenían hogar |
|     |                | 4 Hospital psiquiátrico u otras facilidades psiquiátricas |
|     |                | 5 Centro de tratamiento de abuso de sustancias o otras instalaciones de desintoxicación |
|     |                | 6 Hospital (no psiquiátrico) |
|     |                | 7 Cárcel, prisión o centro de detención juvenil |
|     |                | 8 Hogar de transición para personas con ofensas criminales |
|     |                | 9 Habitación, apartamento o casa que renta |
|     |                | 10 Apartamento o casa que usted dueño de |
|     |                | 11 En la habitación, apartamento o casa de un amigo o familiar |
|     |                | 12 Hotel o motel pagado sin bono de refugio de emergencia |
|     |                | 13 Hogar de cuidado de crianza o hogar de grupo de cuidado de crianza (foster care) |
|     |                | 14 Hogar grupal o otro centro residencial de cuidado supervisado |
|     |                | 15 Lugar no destinado a la habitación humana (calle, coche, parque, etc.) |
|     |                | 16 Lugar o una situación que es peligrosa para la salud o la seguridad de cualquier miembro del hogar |
|     |                | 17 Otro |
|     |                | 99 Prefiero no responder a esta pregunta |

| 270 | last_night_oth_2 | Please describe "Other." Please enter 99 if you choose not to answer this question. | text, Required |

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| Field | Description | Options | Required |
|-------|-------------|---------|----------|
| last_night_oth_sp_2 | Show the field ONLY if: [last_night_sp_2] = '17' | | text, Required |
| last_night_sp_2 | Show the field ONLY if: [surv_lang_2] = '1' | Por favor describe "Otro." Por favor, escriba 99 si decide no responder a esta pregunta. | radio, Required |
| last_night_length_2 | Show the field ONLY if: [surv_lang_2] = '1' | How long have you stayed in the place you stayed last night? | radio, Required |
| last_night_length_sp_2 | Show the field ONLY if: [surv_lang_2] = '2' | ¿Cuánto tiempo hace que te quedaste en el lugar donde te hospedaste anoche? | radio, Required |
| stay_90d_2 | Show the field ONLY if: [surv_lang_2] = '1' | Are you able to stay in this place for more than 90 days? | radio, Required |
| stay_90d_sp_2 | Show the field ONLY if: [surv_lang_2] = '2' | ¿Puedes quedarte en este lugar por más de 90 días? | radio, Required |
| leave_reason_2 | Show the field ONLY if: [stay_90d_2] = '0' | Why do you need or want to leave? Please select all of the reasons why you need to leave the place you stayed last night. | checkbox, Required |
|   | leave_reason_2__ | Description                                                                 |
|---|------------------|-----------------------------------------------------------------------------|
| 2 | leave_reason_2__2 | Non-payment of rent or past due rent                                         |
| 3 | leave_reason_2__3 | Unable to pay future rent because lost housing subsidy, job, or other income source |
| 4 | leave_reason_2__4 | Non-payment of utilities or utility shut-off                                 |
| 5 | leave_reason_2__5 | Overcrowding                                                                 |
| 6 | leave_reason_2__6 | Inability to contribute to household costs                                   |
| 7 | leave_reason_2__7 | Housekeeping concerns (failure to maintain cleanliness of the unit)          |
| 8 | leave_reason_2__8 | Housing is or will be condemned                                               |
| 9 | leave_reason_2__9 | Friend or family member being evicted or threatened with eviction           |
| 10| leave_reason_2__10| Threat of abuse by partner, family member, or other                          |
| 11| leave_reason_2__11| Being discharged or service is being terminated                              |
| 12| leave_reason_2__12| Personal conflict with others                                                |
| 13| leave_reason_2__13| Other health or safety concerns                                              |
| leave_reason_sp_2   | Question                                                                 | leave_reason_sp_2 check box require | leave_reason_2__ | Leave reason(s)                                                                 | leave_reason_2__ leave_reason_sp_2 check box requirements |
|---------------------|--------------------------------------------------------------------------|-------------------------------------|------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------|
| leave_reason_sp_2   | ¿Por qué necesitas o quieres irte? Por favor, marque todos los motivos por los que debe abandonar el lugar donde se alojó anoche. | checkbox, Required                  | leave_reason_2__ | Other lease violation(s)                                                        | leave_reason_2__ leave_reason_sp_2 check box required       |
| 1                   | leave_reason_sp_2__1                                                    | leave_reason_sp_2__1                | leave_reason_2__ | Recibió un aviso de desalojo                                                    | leave_reason_2__ leave_reason_sp_2 check box required       |
| 2                   | leave_reason_sp_2__2                                                    | leave_reason_sp_2__2                | leave_reason_2__ | Falta de pago de renta o renta vencida                                         | leave_reason_2__ leave_reason_sp_2 check box required       |
| 3                   | leave_reason_sp_2__3                                                    | leave_reason_sp_2__3                | leave_reason_2__ | No se puede pagar la renta futura porque se perdió el subsidio de vivienda, el trabajo o otra fuente de ingresos | leave_reason_2__ leave_reason_sp_2 check box required       |
| 4                   | leave_reason_sp_2__4                                                    | leave_reason_sp_2__4                | leave_reason_2__ | Falta de pago de las utilidades o corte de utilidades                          | leave_reason_2__ leave_reason_sp_2 check box required       |
| 5                   | leave_reason_sp_2__5                                                    | leave_reason_sp_2__5                | leave_reason_2__ | Superpoblación                                                                  | leave_reason_2__ leave_reason_sp_2 check box required       |
| 6                   | leave_reason_sp_2__6                                                    | leave_reason_sp_2__6                | leave_reason_2__ | No poder contribuir a los costos del hogar                                      | leave_reason_2__ leave_reason_sp_2 check box required       |
| 7                   | leave_reason_sp_2__7                                                    | leave_reason_sp_2__7                | leave_reason_2__ | Problemas de limpieza (falta de mantener el mantenimiento de la limpieza de la unidad) | leave_reason_2__ leave_reason_sp_2 check box required       |
| 8                   | leave_reason_sp_2__8                                                    | leave_reason_sp_2__8                | leave_reason_2__ | La vivienda será declarada en ruinas                                           | leave_reason_2__ leave_reason_sp_2 check box required       |
| 9                   | leave_reason_sp_2__9                                                    | leave_reason_sp_2__9                | leave_reason_2__ | Un amigo o miembro de la familia es desalojado o amenazado con el desalojo     | leave_reason_2__ leave_reason_sp_2 check box required       |
| Leave Reason                                                                 | Description                                                                 |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 10 leave_reason_sp_2__10                                                   | Amenaza de abuso por pareja, miembro de familia o otra persona               |
| 11 leave_reason_sp_2__11                                                   | Ser dado de alta o el servicio está siendo terminado                        |
| 12 leave_reason_sp_2__12                                                   | Conflicto personal con los demás                                            |
| 13 leave_reason_sp_2__13                                                   | Otras preocupaciones de salud o seguridad                                   |
| 14 leave_reason_sp_2__14                                                   | Otras violación(es) renta                                                   |
| 15 leave_reason_sp_2__15                                                   | Otro                                                                        |
| 99 leave_reason_sp_2__99                                                   | Prefiero no responder a esta pregunta                                       |

278 leave_reason_oth_2
Show the field ONLY if:
[leave_reason_2(14)] = '1' or [leave_reason_2(15)] = '1'
**Please describe above answer.**

279 leave_reason_oth_sp_2
Show the field ONLY if:
[leave_reason_sp_2(14)] = '1' or [leave_reason_sp_2(15)] = '1'
**Por favor, describe la respuesta anterior.**
When do you need to leave? Please choose the one response that best matches your situation.

- **Today**
- **2-3 days**
- **Within the next 7 days**
- **Within the next 2 weeks**
- **Within the next 30 days**
- **Within the next 60 days**
- **Within the next 90 days**
- **More than 90 days**
- **Unsure**
- **I choose not to answer this question**

¿Cuándo necesitas irte? Elija la respuesta que mejor se adapte a su situación.

- **Hoy**
- **2-3 días**
- **En los próximos 7 días**
- **En las próximas 2 semanas**
- **Dentro de los próximos 30 días**
- **Dentro de los próximos 60 días**
- **Dentro de los próximos 90 días**
- **Más de 90 días**
- **No estoy seguro**
- **Prefiero no responder a esta pregunta**

Is there safe housing where you and your family can stay when you need to leave?

- **Yes**
- **No**
- **Unsure**
- **I choose not to answer this question**

¿Existe una vivienda segura donde usted y su familia puedan quedarse cuando necesite irse?

- **Sí**
- **No**
- **No estoy seguro**
- **Prefiero no responder a esta pregunta**

Show the field ONLY if: [stay_90d_2] = '0'

Show the field ONLY if: [stay_90d_sp_2] = '0'
| Field Name                  | Description                                                                 | Values                                                                 |
|----------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------|
| `leave_where_length_2`     | Show the field ONLY if: `[leave_where_2] = '1'`                              | How many nights can you stay in that place? Please choose the one response that best matches your situation. |
| `leave_where_length_sp_2`  | ¿Cuántas noches puedes quedarte en ese lugar?                               | ¿Cuántas noches puedes quedarte en ese lugar? Elija la respuesta que mejor se adapte a su situación. |
| `move_help_2`              | Do you need assistance finding some place to stay?                         | Do you need assistance finding some place to stay?                    |
| `move_help_sp_2`           | ¿Necesitas ayuda para encontrar un lugar donde quedarte?                    | ¿Necesitas ayuda para encontrar un lugar donde quedarte?               |
| `stay_help_2`              | Do you need assistance to be able to stay at your current place?           | Do you need assistance to be able to stay at your current place?      |
| Field          | Description                                                                 | Options                                      |
|---------------|------------------------------------------------------------------------------|----------------------------------------------|
| stay_help_sp_2| ¿Necesitas ayuda para poder quedarte en tu lugar actual?                     | 1. Sí                                         |
|               |                                                                             | 0. No                                         |
|               |                                                                             | 99. Prefiero no responder a esta pregunta     |
| sought_help_2 | Have you tried seeking housing resources such as a shelter, legal support, | 1. Yes                                       |
|               | subsidized rent, a housing program or affordable housing in the last 12     | 0. No                                         |
|               | months? If you have continuously lived in affordable housing or a housing   | 99. I choose not to answer this question      |
|               | program for the past 12 months and not sought any new resources, select    |                                              |
|               | “No.”                                                                        |                                              |
|               | Sí ha vivido continuamente en viviendas económicas o en un programa de     |                                              |
|               | vivienda durante los últimos 12 meses y no ha buscado ningún recurso nuevo,|                                              |
|               | seleccione “No.”                                                            |                                              |
| help_type_2 | If yes, what kind of housing resources did you seek out? Mark all that apply. | checkbox, Required |
|-------------|-------------------------------------------------------------------------|---------------------|
| [sought_help_2] = '1' | | 1 help_type_2__1 Legal support or advocacy services for tenants |
| | | 2 help_type_2__2 Emergency shelter, including detox centers like Cherry Hill |
| | | 3 help_type_2__3 Residential programs for survivors of domestic violence |
| | | 4 help_type_2__4 Rent assistance |
| | | 5 help_type_2__5 Transitional housing (stable housing that has a time limit of, for example, 6, 12, or 24 months) |
| | | 6 help_type_2__6 Affordable housing (income-based, supportive, public, senior housing) |
| | | 7 help_type_2__7 Other |
| | | 99 help_type_2__99 I choose not to answer this question |
| Field          | Description                                                                                                                                       | Value | Details                                                                                       |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------|
| help_type_sp_2 | Si la respuesta es sí, ¿qué tipo de recursos de vivienda buscó? Marque todo lo que corresponda.                                                      |       |                                                                                             |
| help_type_sp_2_1 | Apoyo legal o servicios de defensa para inquilinos/ocupantes                                                                                 | 1     |                                                                                             |
| help_type_sp_2_2 | Refugio de emergencia, que incluye centros de desintoxicación como Cherry Hill                                                                   | 2     |                                                                                             |
| help_type_sp_2_3 | Programas residenciales para sobrevivientes de violencia doméstica                                                                               | 3     |                                                                                             |
| help_type_sp_2_4 | Asistencia de renta                                                                                                                                | 4     |                                                                                             |
| help_type_sp_2_5 | Vivienda de transición (vivienda estable que tiene un límite de tiempo de, por ejemplo, 6, 12 o 24 meses)                                         | 5     |                                                                                             |
| help_type_sp_2_6 | Vivienda económica (basada en los ingresos, de apoyo, pública vivienda para personas mayores)                                                    | 6     |                                                                                             |
| help_type_sp_2_7 | Otro                                                                                                                                             | 7     |                                                                                             |
| help_type_sp_2_99 | Prefiero no responder a esta pregunta                                                                                                           | 99    |                                                                                             |
| help_type_oth_2 | Please describe "Other." Please enter 99 if you choose not to answer this question.                                                               |       |                                                                                             |
| help_type_oth_3_2 | Por favor describe "Otro." Por favor, escriba 99 si decide no responder a esta pregunta.                                                          |       |                                                                                             |

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| ID | Field Name               | Question                                                                 | Type          | Options                                                                 |
|----|-------------------------|--------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------|
| 296| found_help_2            | Did you ultimately receive services from the resource(s) you sought out? | Radio, Required | 1 Yes, 2 Yes, but it did not meet my needs, 0 No, 99 I choose not to answer this question |
| 297| found_help_sp_2         | ¿Recibió servicios del recurso(s) que buscó?                              | Radio, Required | 1 Sí, 2 Sí, pero no satisfecho mis necesidades, 0 No, 99 Prefiero no responder a esta pregunta |
| 298| not_helped_2            | If no, why did you not receive services? Mark all that apply.            | Checkbox, Required | 1 I was told services were unavailable (i.e. no shelter beds, lost housing lottery), 2 I was told I was ineligible, 3 I was put on a waitlist and never received services, 4 I could not complete application/the application process was too burdensome, 5 I tried calling, but could not get through to anyone/no one returned my call, 6 I completed all steps requested, but I never received linkage/follow-up |
|   | not_helped_2__7        | Language barriers prevented me from accessing the service |
|---|----------------------|----------------------------------------------------------|
| 8 | not_helped_2__8      | I could not afford it/meet the income requirements       |
| 9 | not_helped_2__9      | After attempting to access the resource, I chose not to use the service |
| 10| not_helped_2__10     | Other                                                    |
| 99| not_helped_2__99     | I choose not to answer this question                    |

299 not_helped_sp_2

Si no, ¿por qué no recibió los servicios? Marque todo lo que corresponda.

|   | not_helped_sp_2__1 | Me dijeron que los servicios no estaban disponibles (es decir, sin camas de refugio, lotería perdida de viviendas) |
|---|-------------------|----------------------------------------------------------------------------------------------------------------|
| 2 | not_helped_sp_2__2| Me dijeron que no era elegible                                                                                  |
| 3 | not_helped_sp_2__3| Me pusieron en una lista de espera y nunca recibí servicios                                                      |
| 4 | not_helped_sp_2__4| No pude completar la solicitud/el proceso de solicitud fue demasiado pesado                                       |
| ID | Field | Description |
|----|-------|-------------|
| 5  | not_helped_sp__5 | Tantó de llamar, pero no pude comunicarme con nadie/ nadie me devolvió la llamada |
| 6  | not_helped_sp__6 | Completé todos los pasos solicitados, pero nunca recibí enlace/ seguimiento |
| 7  | not_helped_sp__7 | Las barreras del idioma me impidieron acceder al servicio |
| 8  | not_helped_sp__8 | No podía pagarlo/ cumplir con los requisitos de ingresos |
| 9  | not_helped_sp__9 | Después de intentar acceder al recurso, elegí no usar el servicio |
| 10 | not_helped_sp__10 | Otro |
| 99 | not_helped_sp__99 | Prefiero no responder a esta pregunta |

300 not_helped_oth_2
Show the field ONLY if:
[not_helped_2(10)] = '1'
Please describe "Other."
*Please enter 99 if you choose not to answer this question.*

301 not_helped_oth_sp_2
Show the field ONLY if:
[not_helped_sp_2(10)] = '1'
Por favor describe "Otro."
*Por favor, escribe 99 si decide no responder a esta pregunta.*

302 help_unused_2
Show the field ONLY if:
Why did the service not meet your needs, or why did you choose not to use it? Mark all that apply.

notes, Required

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|   | help_used_2__1               | help_used_2__2               | help_used_2__3               |
|---|-----------------------------|-----------------------------|-----------------------------|
| 1 | I could not afford it/ was unable to meet the income requirements | It required separation from family or pets | I felt physically unsafe being in the space |
| 2 | help_used_2__4               | help_used_2__5               | help_used_2__6               |
| 3 | I felt that I was discriminated against based on identities I hold (i.e. race/ gender/ disability/ language/ age/ sexual orientation) | The geographic location was too far from work/ school/ family/ my community | I felt unwelcome/ disrespected by staff |
| 4 | help_used_2__7               | help_used_2__8               | help_used_2__9               |
| 5 | The program support ended, and I became homeless again | I was unable to securely store my personal belongings | I felt uncomfortable with religious elements of the program |
|   | help_unused_sp_2 | ¿Por qué el servicio no se ajusta a sus necesidades o por qué eligió no usarlo? Marque todo lo que corresponda. | checkbox, Required |
|---|-----------------|-----------------------------------------------------------------------------------------------------------------|---------------------|
|10| help_unused_2__10 | I had to leave too early in the morning or be back too early at night | 1 help_unused_sp_2__1 | No podía pagarlo/ no pude cumplir con los requisitos de ingresos |
|11| help_unused_2__11 | Other | 2 help_unused_sp_2__2 | Se requiere separación de la familia o mascotas |
|99| help_unused_2__99 | I choose not to answer this question | 3 help_unused_sp_2__3 | Me sentía físicamente inseguro estar en el espacio |
|   | help_unused_sp_2 | 4 help_unused_sp_2__4 | Sentí que fui discriminado en base a las identidades que tengo (es decir, raza/ género/ discapacidad/ idioma/ edad /orientación sexual) |
|   | help_unused_sp_2 | 5 help_unused_sp_2__5 | La ubicación geográfica estaba demasiado lejos del trabajo/ escuela/ familia/ mi comunidad |
|   | help_unused_sp_2 | 6 help_unused_sp_2__6 | Me sentí no bienvenido/ falta de respeto por el personal |
|303| help_unused_sp_2 | Show the field ONLY if: [not_helped_sp_2(9)] = '1' or [found_help_sp_2] = '2' | |
| Field       | Description                                                                 | Value |
|-------------|------------------------------------------------------------------------------|-------|
| 7 help unused_sp_2__7 | El apoyo del programa terminó y me quedé sin hogar otra vez               |       |
| 8 help unused_sp_2__8 | No pude guardar de manera segura mis pertenencias personales              |       |
| 9 help unused_sp_2__9 | Me sentí incómodo con los elementos religiosos del programa               |       |
| 10 help unused_sp_2__10 | Tenía que irme temprano en la mañana o regresar demasiado temprano en la noche |       |
| 11 help unused_sp_2__11 | Otro                                                                        |       |
| 99 help unused_sp_2__99 | Prefiero no responder a esta pregunta                                      |       |
| 304 help unused_oth_2 | Please describe "Other." Please enter 99 if you choose not to answer this question | notes, Required |
| 305 help unused_oth_sp_2 | Por favor describe "Otro." Por favor, escribe 99 si decide no responder a esta pregunta | notes, Required |
| 306 ed_house_2 | Do you feel that you would benefit from having a housing specialist in the emergency department? | radio, Required |

|    | Yes | No | Unsure | 99 I choose not to answer this question |
|----|-----|----|--------|----------------------------------------|
| 1  |     |    |        |                                        |
| 0  |     |    |        |                                        |
| 2  |     |    |        |                                        |
| Ed. | Question/Task | Description |
|-----|---------------|-------------|
| 307 | ed_house_sp_2 | ¿Siente que se beneficiaría de tener un especialista en vivienda en el departamento de urgencias? |
| 308 | end_2 | Please click the "Now" button on the right to record the current time. |
| 309 | end_sp_2 | Por favor haga clic en el botón "Now" a la derecha para registrar la hora actual. |
| 310 | ahc_1st_complete | Section Header: Form Status Complete? |

**Instrument: Conclusion (conclusion)**

| Ed. | Field | Description |
|-----|-------|-------------|
| 311 | age | Age |
| 312 | sex | Gender according to Wellsoft |
| 313 | arrive_date | Patient’s date of arrival |
| 314 | arrive_time | Patient’s time of arrival First line in Wellsoft demographics, NOT Arrival (HIS). Military time; four numbers only with no colon. |
| 315 | incomplete | If the survey was not administered, not completed in full in one sitting, or administered but not completed, please mark all reasons that apply. |
| Code | Description |
|------|-------------|
| 5    | patient stopped survey and did not agree to being re-approached |
| 6    | patient was interested, but declined to complete consent process |
| 7    | preferred language other than english or spanish |
| 12   | clinician advised against approach |
| 14   | patient completed the survey a previous day |
| 8    | other |
| 9    | survey completed |
| 13   | survey completed, but did not initial |
| 10   | patient not approached (sleeping, discharged, lwot, left ama, etc) - for chart review only |
| 11   | unknown (pt not on screening log or screening outcome unclear) - for chart review only |

316 incomplete_oth
Show the field ONLY if: (incomplete(8)) = '1'

Please describe "Other."
Please enter 99 if you choose not to answer this question.

notes, Required

317 conclusion_complete
Section Header: Form Status

Complete?

| dropdown |
|----------|
| 0        | Incomplete |
| 1        | Unverified |
| 2        | Complete   |
| Instrument: **Chart Review** (chart_review) |
|-------------------------------------------|
| 318 mrn  | MRN  | text (integer, Min: 0, Max: 999999999), Required, Identifier |
| 319 esi  | Acuity | text (integer, Min: 1, Max: 5), Required |
| 320 custody | Was the patient in custody? | yesno, Required |
| 321 psych | Was the patient on a psychiatric hold? | yesno, Required |
| 322 lang_chart | Does the patient speak either English or Spanish? | radio, Required |
| 323 dispo | What was the patient's disposition? | radio, Required |
| 324 dispo_oth | Please describe "Other." | text |
| 325 dispo_date | Dispo date? | text (date_mdy) |
| 326 dispo_time | Dispo time? | text |
| 327 icd_1 | Discharge ICD Code 1 | text |

*Look for preferred language in the Clinical Notes.*

*Military time; four numbers only with no colon.*

Go to the Chart tab, to the Dx/Instr section. Click on the field next to Diagnoses that lists the diagnoses. A pop-up with a table listing diagnoses and the corresponding ICD codes should appear. If not, press the spacebar, and this should cause the pop-up to appear. Just list the ICD code.
|   |   |   |   |
|---|---|---|---|
| 328 | icd_2 | Discharge ICD Code 2  
*Enter 99 if no second diagnosis provided.* | text |
| 329 | icd_3 | Discharge ICD Code 3  
*Enter 99 if no third diagnosis provided.* | text |
| 330 | ed_use | How many times has the patient been seen in EDs in the 12 months prior to and including this visit according to EDIE?  
*If the patient has no EDIE tab, just enter the total number of visits to the Highland ED. Include the survey visit. Put 999 if pt LWBS or LWOT and no EDIE result.* | text (integer), Required |
| 331 | ed_highland | How many times has the patient been seen at Highland's ED in the 12 months prior to and including this visit?  
*Enter the same number as above if the pt doesn’t have an EDIE tab.* | text (integer), Required |
| 332 | admit_highland | How many ED visits at Highland Hospital resulted in an inpatient stay in the 12 months prior to and including this visit? | text (integer), Required |
| 333 | ed_other | How many times has the patient been seen at an ED outside of Highland Hospital in the 12 months prior to and including this visit?  
*ENTER 999 (THREE 9s) IF PATIENT HAS NO SSN AND NO EDIE RESULTS. Also enter 999 if pt LWBS or LWOT.* | text (integer), Required |
| 334 | homeless | Are there any indicators that the patient is currently homeless? Check all that apply.  
Please enter 99 if you choose not to answer this question. | checkbox, Required |
|   |   |   |   |
|   |   |   |   |
| 1 | homeless__1 | Yes, current homelessness noted in social history or chart notes |   |
| 5 | homeless__5 | Yes, address field states pt is homeless/ has been left blank |   |
| 2 | homeless__2 | Yes, address listed as 1411 East 31st Street |   |
| 3 | homeless__3 | Other |   |
| 4 | homeless__4 | None identified |   |
| 335 | homeless_oth | Please describe "Other."  
*Please enter 99 if you choose not to answer this question.* | text |

Show the field ONLY if:  
[homeless(3)] = '1'
| pmh | Does the patient have any of the following conditions in their past medical history? | checkbox, Required |
|-----|--------------------------------------------------------------------------------|--------------------|
| 1   | pmh__1 Diabetes (DM)                                                             |                    |
| 2   | pmh__2 Hypertension (HTN)                                                        |                    |
| 3   | pmh__3 Heart disease (CHF, MI, CAD, any heart issues)                            |                    |
| 4   | pmh__4 Stroke (CVA/TIA)                                                          |                    |
| 5   | pmh__5 Chronic Obstructive Pulmonary Disease (COPD)                              |                    |
| 6   | pmh__6 HIV                                                                      |                    |
| 7   | pmh__7 Cancer, in treatment                                                      |                    |
| 8   | pmh__8 Cancer, history of                                                         |                    |
| 9   | pmh__9 Mood disorders (anxiety, depression)                                      |                    |
| 10  | pmh__10 Schizophrenia                                                            |                    |
| 11  | pmh__11 PTSD                                                                    |                    |
| 12  | pmh__12 Bipolar                                                                  |                    |
| 13  | pmh__13 Alcohol use disorder                                                     |                    |
| 14  | pmh__14 Other drug use disorder (exclude marijuana)                              |                    |
| 15  | pmh__15 None of the above                                                        |                    |
| 99  | pmh__99 Missing/ No initials on authorization form                                |                    |

| initial | Reviewer’s initials | text, Required |
|---------|---------------------|----------------|
| initials_2 | Second reviewer's initials, when applicable | text |

| chart_review_complete | Section Header: Form Status |
|-----------------------|-----------------------------|
| Complete?             | Complete?                   | dropdown |
| 0                     | Incomplete                  |
| 1                     | Unverified                  |
| 2                     | Complete                    |