



# Survey on Homeless Persons (SHP 2022)



## A. Identification

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### 1. Centre Identification

1. Province _____
2. Municipality _____
3. Address _____
4. Type of service centre _____

### Nature, characteristics and purpose

The **Survey on Homeless Persons (SHP)** is a statistical investigation, designed with the purpose of studying the sociodemographic profile and living conditions of the homeless.

#### Legislation

##### Statistical Secrecy

The personal data obtained by statistical services, both directly from informants and through administrative sources, will be protected under **statistical secrecy (art. 13.1 of the Law on the Public Statistical Function of May 9, 1989 (LPSF))**. All statistical personnel will have the obligation to preserve statistical secrecy (art. 17.1 of the LPSF).

##### Obligation of providing data

"Laws 4/1990 and 13/1996 establish the obligation to provide data requested for the compilation of the statistics.

The statistical services may request data from all individuals and legal entities, domestic or foreign, resident in Spain (art. 10.1 of the LPSF). All natural and legal persons that provide data must answer the questions required by statistical services in due form and **truthfully, accurately, completely and within the deadlines** (art. 10.2 of the LFEP).

To ensure compliance with these regulations, the LFEP (art. 48) grants sanctioning capacity to the INE.

**Given the nature of this research, the collaboration will be considered voluntary.**

## **B. Basic sociodemographic characteristics**

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### **B1. SEX**

Man \_\_\_\_\_

Woman \_\_\_\_\_

### **B2. Date of birth**

Day |\_|\_| / Month |\_|\_| / Year |\_|\_|\_|\_|

### **B3. What's your nationality?**

Spanish \_\_\_\_\_

Foreigner (*Specify nationality*) \_\_\_\_\_

Nationality.....

Both \_\_\_\_\_

## C. Frequenting of services

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### C1. Where do you plan to sleep tonight?

Centre name \_\_\_\_\_

Address \_\_\_\_\_

Municipality \_\_\_\_\_

### C2. Of the following possibilities, tell me how often you sleep here.

Every night \_\_\_\_\_

More than 2 times a week \_\_\_\_\_

Between 1 and 2 times a week \_\_\_\_\_

Occasionally \_\_\_\_\_

Haven't yet slept there \_\_\_\_\_

### C3. Tell me, for the following cases, how long have you been sleeping there?

Haven't yet slept there \_\_\_\_\_

Since yesterday \_\_\_\_\_

For less than a week

More than a week and less than a month ago \_\_\_\_\_

More than a month and less than three months ago \_\_\_\_\_

More than 3 months and less than 1 year ago \_\_\_\_\_

More than 1 months and less than 5 year ago \_\_\_\_\_

More than 5 years ago \_\_\_\_\_

### C4. Where have you slept the last 7 nights

Day 7 \_\_\_\_\_

Day 6 \_\_\_\_\_

Day 5 \_\_\_\_\_

Day 4 \_\_\_\_\_

Day 3 \_\_\_\_\_

Day 2 \_\_\_\_\_

Day 1 \_\_\_\_\_

### C5. Where or what kind of food have you made in the last 7 days?

Lunch/Midday

Day 7 \_\_\_\_\_

Day 6 \_\_\_\_\_

Day 5 \_\_\_\_\_

Day 4 \_\_\_\_\_

Day 3 \_\_\_\_\_

Day 2 \_\_\_\_\_

Day 1 \_\_\_\_\_

Dinner/Night

Day 7 \_\_\_\_\_

Day 6 \_\_\_\_\_

Day 5 \_\_\_\_\_

Day 4 \_\_\_\_\_  
Day 3 \_\_\_\_\_  
Day 2 \_\_\_\_\_

Day 1 \_\_\_\_\_

**C6. In the last 7 days, have you ever stopped eating during the day?**

Yes \_\_\_\_\_   
No \_\_\_\_\_

**C7. At what time of the day did you run out of food?**

At noon \_\_\_\_\_   
At night \_\_\_\_\_   
At noon and at night \_\_\_\_\_

**C8. Why didn't you eat that day?**

I didn't find a place where I could eat \_\_\_\_\_   
The place where I could have eaten was closed or not in services   
The place where I could have eaten was full or there were no free places \_\_\_\_\_   
The place where I could have eaten was far away \_\_\_\_\_   
I didn't know there were places where I could eat \_\_\_\_\_   
Food was not good   
I did not have enough money to pay for the food \_\_\_\_\_   
I was sick \_\_\_\_\_   
I'd eaten something at another time of day \_\_\_\_\_   
I wasn't hungry \_\_\_\_\_   
Other reason (*Specify*) .....

## D. Living Conditions

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### D1. People who slept in collective accommodations last night

#### D1\_1. How many people slept in your bedroom last night?

One \_\_\_\_\_

Two \_\_\_\_\_

Three or four \_\_\_\_\_

More than four \_\_\_\_\_

#### D1\_2. In the bedroom, did you sleep...

in a bunk bed? \_\_\_\_\_

alone in a bed? \_\_\_\_\_

on a mattress on the floor? \_\_\_\_\_

directly on the ground? \_\_\_\_\_

in a hammock, sofa or armchair? \_\_\_\_\_

sharing a bed or mattress? \_\_\_\_\_

some other type of situation? (*Specify*).....

#### D1\_3. Do you have to pay to sleep in the centre?

Yes \_\_\_\_\_

No, it's free \_\_\_\_\_

No, but I have to do a job or other activity (course, therapy, ...) to  
stay there \_\_\_\_\_

#### D1\_4. Can you eat in the centre?

Yes \_\_\_\_\_

No \_\_\_\_\_

#### D1\_5. Do you have to pay to eat at the centre?

Yes \_\_\_\_\_

No, it's free \_\_\_\_\_

No, but I have to do a job or other activity (course, therapy, ...) \_\_\_\_\_

#### D1\_6. Is leaving the centre in the mornings obligatory?

Yes \_\_\_\_\_

No \_\_\_\_\_

**D1\_7. Can you receive mail somewhere?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**D1\_8. Where do you usually receive it?**

At this centre \_\_\_\_\_

In another centre for homeless persons \_\_\_\_\_

At a friend's house \_\_\_\_\_

Where do you usually sleep or rest \_\_\_\_\_

At the house of relatives \_\_\_\_\_

In a place of worship (church, mosque, synagogue, ...) \_\_\_\_\_

Elsewhere (*Specify*) .....

**D1\_9. Do you have a mobile phone?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**D1\_10. Can you receive calls or notices by phone somewhere?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**D1\_11. Where do you usually receive them?**

At this centre \_\_\_\_\_

At a friend's house \_\_\_\_\_

Where do you usually sleep or rest \_\_\_\_\_

At the house of relatives \_\_\_\_\_

On a mobile that is not yours \_\_\_\_\_

Elsewhere (*Specify*) .....

**D1\_12. Can you browse the internet or use email?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**D1\_13. Where do you usually do it?**

On your mobile \_\_\_\_\_

On a mobile that is not yours \_\_\_\_\_

At this centre \_\_\_\_\_

At a cyber café \_\_\_\_\_

At a library \_\_\_\_\_

At a friend's house \_\_\_\_\_

- Where do you usually sleep or rest \_\_\_\_\_
- At the house of relatives \_\_\_\_\_
- Elsewhere (*Specify*) .....

**D1\_14. Do you have the possibility to participate or make suggestions at the centre where you're staying?**

- Yes \_\_\_\_\_
- No \_\_\_\_\_

**D1\_15. How do you do it?**

- Through an Assembly \_\_\_\_\_
- Through a Suggestion Box \_\_\_\_\_
- Through the Users' Committee \_\_\_\_\_

**D2. People who slept the last night in a flat or room in a pension**

**D2\_1. Do you have to pay to sleep in the flat?**

- No, it's free \_\_\_\_\_
- No, but I have to do a job or other activity (course, therapy, ...) to stay there \_\_\_\_\_
- Yes, I had to pay a small amount \_\_\_\_\_
- No, someone in your family leaves it to you \_\_\_\_\_
- No, friends or acquaintances leave it to you \_\_\_\_\_
- No, it's an unoccupied house \_\_\_\_\_
- Other (*Specify*) .....

**D2\_2. Who are you paying to sleep in the flat?**

- An organization or an NGO \_\_\_\_\_
- The person you work for \_\_\_\_\_
- The person who lives in the apartment \_\_\_\_\_
- A person who doesn't live in the apartment \_\_\_\_\_
- Other (*Specify*) .....

**D2\_3. Does the owner want you to leave?**

- Yes, but they haven't done anything to make me leave
- Yes, they've taken legal action \_\_\_\_\_
- Yes, they've taken police action \_\_\_\_\_
- Yes, they've threatened me with pressure and retaliation
- No \_\_\_\_\_

**D2\_4. Do you have to pay to sleep in the pension?**

- No, it is provided by the government, an NGO or entity \_\_\_\_\_
- No, but I have to do a job or other activity (course, therapy, ...) \_\_\_\_\_
- Yes, I had to pay a small amount \_\_\_\_\_
- No, it's provided by someone in my family \_\_\_\_\_
- No, it's provided by friends or acquaintances \_\_\_\_\_
- Other (*Specify*) .....

**D2\_5. Tell me if the flat or pension where you sleep features:**

	<b>Yes</b>	<b>No</b>
Natural light _____	<input type="checkbox"/>	<input type="checkbox"/>
Hot water _____	<input type="checkbox"/>	<input type="checkbox"/>
Shower _____	<input type="checkbox"/>	<input type="checkbox"/>
Toilet _____	<input type="checkbox"/>	<input type="checkbox"/>
Heating _____	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen _____	<input type="checkbox"/>	<input type="checkbox"/>
Fridge _____	<input type="checkbox"/>	<input type="checkbox"/>
Television _____	<input type="checkbox"/>	<input type="checkbox"/>
Landline phone _____	<input type="checkbox"/>	<input type="checkbox"/>
Internet _____	<input type="checkbox"/>	<input type="checkbox"/>

**D2\_6. Do you have a mobile phone?**

- Yes \_\_\_\_\_
- No \_\_\_\_\_

**D2\_7. Can you receive calls or notices by phone somewhere?**

- Yes \_\_\_\_\_
- No \_\_\_\_\_

**D2\_8. Where do you usually receive them?**

- At a friend's house \_\_\_\_\_
- Where do you usually sleep or rest \_\_\_\_\_
- At the house of relatives \_\_\_\_\_
- On a mobile that is not yours \_\_\_\_\_
- Elsewhere (*Specify*) .....



**D2\_9. Can you browse the internet or use email?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**D2\_10. Where do you usually do it?**

On your mobile \_\_\_\_\_

On a mobile that is not yours \_\_\_\_\_

In a government centre, or at an NGO or entity \_\_\_\_\_

At a cyber café \_\_\_\_\_

At a library \_\_\_\_\_

At a friend's house \_\_\_\_\_

Where do you usually sleep or rest \_\_\_\_\_

At the house of relatives \_\_\_\_\_

Elsewhere (*Specify*) .....

**D3. Persons who spent the previous night in places not meant to be inhabited**

**D3\_1. Is there a place where you can leave your things?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**D3\_2. Of the sites that I am going to tell you, where do you usually leave your things?**

Nowhere (you always carry them with you) \_\_\_\_\_

Where you sleep \_\_\_\_\_

In a government centre, or at an NGO or entity \_\_\_\_\_

At a relative's house \_\_\_\_\_

At the home of a friend or acquaintance \_\_\_\_\_

Elsewhere (*Specify*) .....

**D3\_3. Can you receive mail somewhere?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**D3\_4. Where do you usually receive it?**

In a government centre, or at an NGO or entity \_\_\_\_\_

At a friend's house \_\_\_\_\_

Where do you usually sleep or rest \_\_\_\_\_

At the house of relatives \_\_\_\_\_

In a place of worship (church, mosque, synagogue, ...) \_\_\_\_\_

Elsewhere (*Specify*) .....

**D3\_5 Do you have a mobile phone?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**D3\_6. Can you receive calls or notices by phone somewhere?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**D3\_7. Where do you usually receive them?**

In a government centre, or at an NGO or entity \_\_\_\_\_

At a friend's house \_\_\_\_\_

Where do you usually sleep or rest \_\_\_\_\_

At the house of relatives \_\_\_\_\_

On a mobile that is not yours \_\_\_\_\_

Elsewhere (*Specify*) .....

**D3\_8. Can you browse the internet or use email?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**D3\_9. Where do you usually do it?**

- On your mobile \_\_\_\_\_
- On a mobile that is not yours \_\_\_\_\_
- In a government centre, or at an NGO or entity \_\_\_\_\_
- At a cyber café \_\_\_\_\_
- At a library \_\_\_\_\_
- At a friend's house \_\_\_\_\_
- Where do you usually sleep or rest \_\_\_\_\_
- At the house of relatives \_\_\_\_\_
- Elsewhere (*Specify*) .....

**D3\_10. Near to where you slept yesterday...**

	<b>1. Was there...</b>	<b>2. Do they let you use it?</b>	<b>3. Was the toilet</b>
free? _____	Yes _____ <input type="checkbox"/> No _____ <input type="checkbox"/>	Yes ____ <input type="checkbox"/> No ____ <input type="checkbox"/>	Yes _____ <input type="checkbox"/> No _____ <input type="checkbox"/>
Shower? _____	Yes _____ <input type="checkbox"/> No _____ <input type="checkbox"/>	Yes ____ <input type="checkbox"/> No ____ <input type="checkbox"/>	Yes _____ <input type="checkbox"/> No _____ <input type="checkbox"/>

**D3\_11. Tell me, where do you usually wash and relieve yourself**

- |  | <b><u>Yes</u></b>        | <b><u>No</u></b>         |
|--|--------------------------|--------------------------|
| On the street _____                        | <input type="checkbox"/> | <input type="checkbox"/> |
| In parks and wastelands _____              | <input type="checkbox"/> | <input type="checkbox"/> |
| In public toilets _____                    | <input type="checkbox"/> | <input type="checkbox"/> |
| In bathrooms at bars and restaurants _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| In the centre where I go to eat _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| In another homeless care facility _____    | <input type="checkbox"/> | <input type="checkbox"/> |
| At the home of a relative or friend _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| Others ( <i>Specify</i> ) _____            | <input type="checkbox"/> | <input type="checkbox"/> |

**D3\_12. Why didn't you go to a centre last night to sleep in it?**

- I don't want to sleep in the centres \_\_\_\_\_
- I didn't know that such centres existed \_\_\_\_\_
- The centre where I wanted to sleep had no free bed-places \_\_\_\_\_
- I haven't been able to go to the centre where I want to sleep
- There are no such centres in this municipality \_\_\_\_\_
- I wasn't able to stay at the centre where I slept the night before last (*Note 1*)
- Other causes (*Specify*) .....

**D3\_13. Why don't you want to go to assistance centres or shelters?**

- I don't trust the people who are usually there \_\_\_\_\_
- It's noisy \_\_\_\_\_
- The other residents bother me \_\_\_\_\_
- You can't go with animals \_\_\_\_\_
- You don't like how it works \_\_\_\_\_
- Other reason (*Specify*) .....

## E. Other sociodemographic characteristics

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### E1. Where were you born?

In Spain (*Specify municipality and province*) \_\_\_\_\_

Province .....

Municipality .....

In another country (*Specify country*) \_\_\_\_\_

Country .....

### E2. Could you tell me approximately how many years you have lived in Spain?

All my life, forever

Years \_\_\_\_\_

Months \_\_\_\_\_

### E3. And how many years have you been living in this autonomous community?

All my life, forever

Years \_\_\_\_\_

Months \_\_\_\_\_

### E4. What autonomous community are you from?

Specify.....

### E5. Where did you live 1 year ago?

In this municipality \_\_\_\_\_

In another municipality (*Specify municipality and province*) \_\_\_\_\_

Province .....

Municipality .....

In another country (*Specify country*) \_\_\_\_\_

Country .....

### E6. Are you registered?

Yes, in this municipality \_\_\_\_\_

Yes, in another municipality

No \_\_\_\_\_

**E7. Why are you not registered?**

It was a personal decision \_\_\_\_\_

Due to administrative difficulties \_\_\_\_\_

Due to another reason (*Specify*).....

**E8. Do you have a valid official identity document?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**E9. What is your mother tongue?**

Mother tongue .....

**E10. Do you speak a language other than your mother tongue?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**E11. Which?**

Language 1.....

Language 2.....

Language 3.....

**E12. Where was your father born?**

In Spain \_\_\_\_\_

In another country (*Specify country*) \_\_\_\_\_

Country .....

**E13. Where was your mother born?**

In Spain \_\_\_\_\_

In another country (*Specify country*) \_\_\_\_\_

Country .....

## F. Accommodation: background and search

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**F1. For which or which of the following reasons have you been forced to leave the accommodation that you had before becoming homeless?**

	<u>Yes</u>	<u>No</u>
Due to separation from a significant other _____	<input type="checkbox"/>	<input type="checkbox"/>
Because you or your children suffered violence _____	<input type="checkbox"/>	<input type="checkbox"/>
Because the building where you lived was in ruins, was demolished or burned _____	<input type="checkbox"/>	<input type="checkbox"/>
Because you were evicted from the the home _____	<input type="checkbox"/>	<input type="checkbox"/>
Because the rental contract ran out _____	<input type="checkbox"/>	<input type="checkbox"/>
Because you lost your job _____	<input type="checkbox"/>	<input type="checkbox"/>
Due to hospitalization or health problems _____	<input type="checkbox"/>	<input type="checkbox"/>
Because you were detained _____	<input type="checkbox"/>	<input type="checkbox"/>
Due to a change in location _____	<input type="checkbox"/>	<input type="checkbox"/>
Because you or your partner couldn't pay more for accommodation _____	<input type="checkbox"/>	<input type="checkbox"/>
Due to the need to start from scratch after having emigrated to another country _____	<input type="checkbox"/>	<input type="checkbox"/>
Because of addiction problems (alcohol, other drugs, gambling, ...) _____	<input type="checkbox"/>	<input type="checkbox"/>
Due to departure or abandonment from a juvenile center _____	<input type="checkbox"/>	<input type="checkbox"/>
For other reasons ( <i>Specify</i> ) _____	<input type="checkbox"/>	<input type="checkbox"/>

**F2. How long have you been living without accommodation that you can consider your own?**

Less than a month \_\_\_\_\_

Between 1 and 6 months \_\_\_\_\_

From 6 to 12 months \_\_\_\_\_

Between 1 and 3 years \_\_\_\_\_

More than 3 years \_\_\_\_\_

**F3. In the last six months, have you taken any steps to find or achieve your own accommodation?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**F4. Have you carried out these steps with the help of someone?**

No, alone \_\_\_\_\_

Yes, with the help of a family member or friend \_\_\_\_\_

Yes, with the help of a social worker \_\_\_\_\_

Yes, with another type of help (*Specify*) .....

**F5. Through what means have you made the arrangements?**

- Through the town hall \_\_\_\_\_
- Through a social services body \_\_\_\_\_
- Through an NGO \_\_\_\_\_
- Through a media, internet or real estate agency advertisement \_\_\_\_\_
- Through family or friends \_\_\_\_\_
- Through a religious community \_\_\_\_\_
- Others (*Specify*) .....

**F6. Why haven't you made arrangements to find it?**

- I don't have enough money \_\_\_\_\_
- I don't want or need to search \_\_\_\_\_
- I don't know how to \_\_\_\_\_
- I don't think i can find it \_\_\_\_\_
- I don't have documentation \_\_\_\_\_
- For health reasons \_\_\_\_\_
- Due to serving a sentence \_\_\_\_\_
- Others (*Specify*) .....



## G. Activity, employment and unemployment

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**G1. Throughout your life, have you ever had a job of more than six months?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**G2. In relation to work, what was your situation in the last week?**

Working:

Part time \_\_\_\_\_

Full time \_\_\_\_\_

Unemployed \_\_\_\_\_

Student \_\_\_\_\_

Retired \_\_\_\_\_

Disabled \_\_\_\_\_

Refugee \_\_\_\_\_

Others (*Specify*) .....

**G3. What was your occupation last week?**

(Specify) .....

**G4. Professional situation: Who were you working for the last week?**

Self-employed \_\_\_\_\_

For one or different individuals who paid you \_\_\_\_\_

For a company \_\_\_\_\_

For a public administration \_\_\_\_\_

For an NGO \_\_\_\_\_

For another employer (*Specify*) .....

**G5. How long have you been working in that occupation?**

Years \_\_\_\_\_

Months \_\_\_\_\_

Days \_\_\_\_\_

**G6. How did you find this work?**

- Through family, friends or acquaintances \_\_\_\_\_
- Through a business \_\_\_\_\_
- Through an advertisement in a newspaper, on the internet, on a notice board,  
at a streetlight, at a bus stop, etc. \_\_\_\_\_
- Through public employment services \_\_\_\_\_
- Through social services or an NGO \_\_\_\_\_
- Going to places on the street where staff are hired \_\_\_\_\_
- Setting up your own business \_\_\_\_\_
- In some other way (*Specify*).....

**G7. Have you worked before?**

- Yes \_\_\_\_\_
- No \_\_\_\_\_

**G8. What was your last occupation?**

(Specify) .....

**G9. Why did you lose the last job you had?**

- The contract came to an end or the work or service that was performed was completed
- Due to an employment regulation or company closure \_\_\_\_\_
- Laid off \_\_\_\_\_
- You quit your job for health reasons \_\_\_\_\_
- You quit his job because he had to take care of the family \_\_\_\_\_
- You quit your job for other reasons \_\_\_\_\_
- Other reason (*Specify*) .....

**G10. Have you made any efforts to look for work in the last week?**

- Yes \_\_\_\_\_
- No \_\_\_\_\_

**G11. In the last week, through what or who have you made arrangements to get a job?**

	<u>Yes</u>	<u>No</u>
Through family, friends or acquaintances _____	<input type="checkbox"/>	<input type="checkbox"/>
Through a business _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
Through an advertisement in a newspaper, on the internet, on a bulletin board, on a lamppost, at a bus stop, etc. _____	<input type="checkbox"/>	<input type="checkbox"/>
Through public employment services _____	<input type="checkbox"/>	<input type="checkbox"/>
Through social services or an NGO _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
Going to places on the street where staff are hired _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
Trying to get started on your own _____	<input type="checkbox"/>	<input type="checkbox"/>
By other means ( <i>Specify</i> ) _____	<input type="checkbox"/>	<input type="checkbox"/>

**G12. Since when have you been looking for work?**

Less than 6 months ago \_\_\_\_\_

Between 6 and 12 months \_\_\_\_\_

Between 1 and 3 years \_\_\_\_\_

More than 3 years ago \_\_\_\_\_

**G13. For which of the following reasons are you not looking for work?**

For health reasons \_\_\_\_\_

Because you believes that at you age it will be difficult to find \_\_\_\_\_

You have to take care of the family \_\_\_\_\_

Due to lack of training \_\_\_\_\_

Because you don't think that there are job offers for you \_\_\_\_\_

Because you don't have papers (you aren't authorized to work) \_\_\_\_\_

Because you're just passing through \_\_\_\_\_

Because you're taking a course \_\_\_\_\_

Because you don't want to work \_\_\_\_\_

Other reason (*Specify*) .....

## H. Economic situation

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**H1. In the last month, have you received money...**

	<u>Yes</u>	<u>No</u>
for your work? _____	<input type="checkbox"/>	<input type="checkbox"/>
for the sale of objects? _____	<input type="checkbox"/>	<input type="checkbox"/>
for the provision of services? _____	<input type="checkbox"/>	<input type="checkbox"/>

**H2. In the last month, have you received any of the following benefits?**

	<u>Yes</u>	<u>No</u>
Minimum Placement Income (RMI) (basic social salary, minimum placement income, guaranteed income, ...) _____	<input type="checkbox"/>	<input type="checkbox"/>
Minimum Living Income (IMV) _____	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment benefit _____	<input type="checkbox"/>	<input type="checkbox"/>
Emergency help _____	<input type="checkbox"/>	<input type="checkbox"/>
Disability pension _____	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Pension _____	<input type="checkbox"/>	<input type="checkbox"/>
Widow or Widower Pension _____	<input type="checkbox"/>	<input type="checkbox"/>
Non-contributory pensions _____	<input type="checkbox"/>	<input type="checkbox"/>
Another type of benefit ( <i>Specify</i> ) _____	<input type="checkbox"/>	<input type="checkbox"/>

**H3. In the last month, have you received money from...**

	<u>Yes</u>	<u>No</u>
a relative? _____	<input type="checkbox"/>	<input type="checkbox"/>
a friend or acquaintance? _____	<input type="checkbox"/>	<input type="checkbox"/>
people on the street? _____	<input type="checkbox"/>	<input type="checkbox"/>
an NGO? _____	<input type="checkbox"/>	<input type="checkbox"/>
others? ( <i>Specify</i> ) _____	<input type="checkbox"/>	<input type="checkbox"/>

**H4. Of the options you have told me, which of them has given you the most?**

(Specify) \_\_\_\_\_

**H5. In the last month, if all your income is added up, how much have you received in total, more or less?**

|\_|\_|\_|\_| Euros

**H6. From the answers I'm going to list, what do you usually spend most of your money on?**

- Food \_\_\_\_\_
- Drink \_\_\_\_\_
- Accommodations \_\_\_\_\_
- Clothing, dressing \_\_\_\_\_
- Transport, travel \_\_\_\_\_
- Amusements \_\_\_\_\_
- Home delivery or shipping \_\_\_\_\_
- Medications \_\_\_\_\_
- Tobacco \_\_\_\_\_
- Telephone or internet \_\_\_\_\_
- Hygiene \_\_\_\_\_
- Others (*Specify*) .....

**H7. Are you currently in debt?**

- Yes \_\_\_\_\_
- No \_\_\_\_\_

**H8. With whom do you have debts?**

- With a bank or financial institution \_\_\_\_\_
- With a government administration (Treasury, etc.) \_\_\_\_\_
- With a store, supermarket, etc. \_\_\_\_\_
- With an individual (owner of the apartment, etc.) \_\_\_\_\_
- With a friend \_\_\_\_\_
- With a relative \_\_\_\_\_

**H9. In the last year, have you had to borrow money?**

- Yes \_\_\_\_\_
- No \_\_\_\_\_

**H10. From who?**

- A bank or financial institution \_\_\_\_\_
- An NGO \_\_\_\_\_
- Your family \_\_\_\_\_
- Friends \_\_\_\_\_
- Others (*Specify*) .....

# I. Training

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**I1. What are the highest level studies you've completed?**

(Specify) .....

**I2. At what age did you finish your studies or drop out of school?**

Age | \_ | \_ |

**I3. Do you have difficulty reading, writing or calculating in everyday life?**

	<u>Yes</u>	<u>No</u>
Read _____	<input type="checkbox"/>	<input type="checkbox"/>
Write _____	<input type="checkbox"/>	<input type="checkbox"/>
Calculate _____	<input type="checkbox"/>	<input type="checkbox"/>

**I4. During the last year, have you taken any education or training course? (All types of courses are considered, both regulated and non-regulated, as long as they have a minimum duration of 10 teaching hours)**

Yes (Specify).....

No \_\_\_\_\_

## J. Health

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**J1. At present, is your health in general?**

Very good \_\_\_\_\_

Good \_\_\_\_\_

Average \_\_\_\_\_

Bad \_\_\_\_\_

Very bad \_\_\_\_\_

**J2. Do you regularly have trouble sleeping?** (*Regularly is understood as something which is not part of transitory situations*)

Yes \_\_\_\_\_

No \_\_\_\_\_

**J3. How many hours a day do you usually sleep?**

Hours \_\_\_\_\_ | \_ | \_ |

**J4. Do you have a health card?** (The card allowing you to go to a doctor or a hospital in the National Health System)

Yes \_\_\_\_\_

No \_\_\_\_\_

**J5. Why don't you have one?**

It was a personal decision \_\_\_\_\_

Due to administrative difficulties \_\_\_\_\_

Due to another reason (*Specify*) .....

**J6. Has a doctor told you that you have a serious or chronic illness?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**J7. What type?**

- Diseases of the circulatory system \_\_\_\_\_
- Diseases of the respiratory and digestive systems \_\_\_\_\_
- Endocrine/metabolic and sensory organ diseases \_\_\_\_\_
- Diseases of the osteo-myoarticular system \_\_\_\_\_
- Mental disorders \_\_\_\_\_
- Other diseases \_\_\_\_\_

**J8. In the last month, have you been to the doctor (without being hospitalized)?**

- Yes \_\_\_\_\_
- No \_\_\_\_\_

**J9. In the past year, have you spent at least one night in a hospital?**

- Yes \_\_\_\_\_
- No \_\_\_\_\_

**J10. Here I am going to ask you a few questions about how the COVID-19 Coronavirus has affected you personally. Your situation is....**

- You have been infected and hospitalized
- You have been infected. A test was done that resulted positive, with symptoms and isolation \_\_\_\_\_
- You may have been infected (you had no symptoms or they have been mild), but you didn't get a test \_\_\_\_\_
- You have had no symptoms and you think you have not been infected \_\_\_\_\_
- You don't know if you've been infected, but you've had to quarantine due to having contact with infected people \_\_\_\_\_

**J11. Where have you been in isolation or quarantine?**

- In a government centre, or at an NGO or entity \_\_\_\_\_
- Where do you usually sleep or rest \_\_\_\_\_
- At the house of relatives \_\_\_\_\_
- At a friend's house \_\_\_\_\_
- Elsewhere (*Specify*) .....



**J12. Have you been vaccinated against COVID-19?**

- Yes \_\_\_\_\_
- No, because you haven't been notified \_\_\_\_\_
- No, because you refused to be vaccinated \_\_\_\_\_
- No, for another reason (*Specify*).....

**J13. During the past 2 weeks, how often have you had any of the following problems?**

	Never	Several days	More than half of the days	Almost every day
Little interest or joy in doing things _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling of being down, depressed, or hopeless__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble falling asleep, staying asleep, or sleeping too much _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling tired or having low energy _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor appetite or eating too much _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling bad about themselves, feeling like they are a loser or have disappointed their family or themselves. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble concentrating on something, such as reading the newspaper or watching television __	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving or speaking so slowly that others may have noticed. Or the opposite: being so restless or excited that they have been moving around more than usual. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**J14. Do you have a recognized disability?**

- Yes \_\_\_\_\_
- No \_\_\_\_\_

**J15. In what percentage?**

|\_|\_|\_| %

**J16. What type?**

	<b>Yes</b>	<b>No</b>
Physical _____	<input type="checkbox"/>	<input type="checkbox"/>
Sensory _____	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual _____	<input type="checkbox"/>	<input type="checkbox"/>
Mental _____	<input type="checkbox"/>	<input type="checkbox"/>

**J17. Do you currently smoke?**

Yes, I smoke daily \_\_\_\_\_

Yes, I smoke, but not daily \_\_\_\_\_

I don't currently smoke, but have smoked before \_\_\_\_\_

Don't smoke or never smoked regularly \_\_\_\_\_

**J18. Regarding the consumption of beverages containing alcohol, could you tell me how often and what type of alcoholic beverages do you usually consume?**

	<u>Low Alcohol Percentage</u>	<u>High Alcohol Percentage **</u>
Daily _____	<input type="checkbox"/>	<input type="checkbox"/>
4 to 6 days a week _____	<input type="checkbox"/>	<input type="checkbox"/>
2 to 3 days a week _____	<input type="checkbox"/>	<input type="checkbox"/>
1 days a week _____	<input type="checkbox"/>	<input type="checkbox"/>
1 day every 2 weeks _____	<input type="checkbox"/>	<input type="checkbox"/>
1 day a month _____	<input type="checkbox"/>	<input type="checkbox"/>
Less than 1 day a month _____	<input type="checkbox"/>	<input type="checkbox"/>
Less than once a year _____	<input type="checkbox"/>	<input type="checkbox"/>

\* **Low alcohol drinks:** wine, beer, cava, sherry, cider and their combinations.

\*\* **High alcohol drinks:** anise, brandy, gin, whiskey, rum and their combinations.

**J19. With the frequency that you have just indicated, how many glasses or cups do you have?**

No. of glasses or cups of low alcohol drinks |\_|\_|

No. of glasses or cups of high alcohol drinks |\_|\_|

**J20. Do you personally know someone who uses drugs?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**J21. Have you ever used drugs?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**J22. In the last month, have you consumed any of the following drugs?**

	<u>Yes</u>	<u>No</u>
Marijuana or hashish _____	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine _____	<input type="checkbox"/>	<input type="checkbox"/>
Heroin _____	<input type="checkbox"/>	<input type="checkbox"/>
Others ( <i>Specify</i> ) .....	<input type="checkbox"/>	<input type="checkbox"/>

**J23. Some people have the habit of playing the lottery, pools, the ONCE coupon, slot machines or going to betting houses. Do you usually spend money on these types of games?**

Yes \_\_\_\_\_

No \_\_\_\_\_

## K. Family and social ties

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**K1. Do you have a partner?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**K2. Do you currently live together?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**K3. What is your legal marital status?**

Single \_\_\_\_\_

Married \_\_\_\_\_

Widowed \_\_\_\_\_

Legally separated \_\_\_\_\_

Divorced \_\_\_\_\_

**K4. Do you have children?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**K5. How many?**

|\_|\_|

**K6. Do you currently live with any of your children?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**K7. Who do you usually spend most of the day with?**

	<u>Yes</u>	<u>No</u>
Alone _____	<input type="checkbox"/>	<input type="checkbox"/>
With your partner _____	<input type="checkbox"/>	<input type="checkbox"/>
With your children _____	<input type="checkbox"/>	<input type="checkbox"/>
With other homeless people _____	<input type="checkbox"/>	<input type="checkbox"/>
With friends _____	<input type="checkbox"/>	<input type="checkbox"/>
Co-workers _____	<input type="checkbox"/>	<input type="checkbox"/>
Neighbours _____	<input type="checkbox"/>	<input type="checkbox"/>
Relatives _____	<input type="checkbox"/>	<input type="checkbox"/>
With companion animals _____	<input type="checkbox"/>	<input type="checkbox"/>
Others ( <i>Specify</i> ) .....	<input type="checkbox"/>	<input type="checkbox"/>

**K8. Right now, do you have a friend that you are sure you can count on in a pinch or when you're in need?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**K9. In your situation, have you had contact, even by phone or letter, with a member of your family or social circle who does not live with you?**

	<u>In the last month</u>	<u>In the last year</u>	<u>No contact</u>
Spouse or partner _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sons/Daughters _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brothers/Sisters _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family members _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**K10. Until you were 18 years old, did you live most of the time ...**

with your family (parents, siblings)? \_\_\_\_\_

with your mother? \_\_\_\_\_

with your father? \_\_\_\_\_

with your grandparents? \_\_\_\_\_

with other relatives? \_\_\_\_\_

with other persons who are not family? \_\_\_\_\_

in a shelter institution? \_\_\_\_\_

**K11. Before age 18, did any of the following occur in your family?**

	<b><u>Yes</u></b>	<b><u>No</u></b>
Lack of money _____	<input type="checkbox"/>	<input type="checkbox"/>
Prolonged unemployment of any family member _____	<input type="checkbox"/>	<input type="checkbox"/>
Death of a family member _____	<input type="checkbox"/>	<input type="checkbox"/>
Parental illness, disability or serious accident _____	<input type="checkbox"/>	<input type="checkbox"/>
Parental divorce, parental abandonment _____	<input type="checkbox"/>	<input type="checkbox"/>
Serious fights and conflicts between parents _____	<input type="checkbox"/>	<input type="checkbox"/>
Problems with violence in the family _____	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol problems in the family or yourself _____	<input type="checkbox"/>	<input type="checkbox"/>
One of your parents was in prison _____	<input type="checkbox"/>	<input type="checkbox"/>
Serious conflicts between you and someone in your family ____	<input type="checkbox"/>	<input type="checkbox"/>
Eviction of the family from their home _____	<input type="checkbox"/>	<input type="checkbox"/>
Frequent changes of place of residence _____	<input type="checkbox"/>	<input type="checkbox"/>
Others ( <i>Specify</i> ) .....	<input type="checkbox"/>	<input type="checkbox"/>

## L. Use of social services

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### L1. In the last year, have you had any contact with a social worker?

Yes \_\_\_\_\_

No \_\_\_\_\_

### L2. How did you establish contact?

Reached out on my own \_\_\_\_\_

On the street \_\_\_\_\_

Through public social services \_\_\_\_\_

Through an NGO \_\_\_\_\_

Through a family member \_\_\_\_\_

Through a friend or acquaintance \_\_\_\_\_

By a judicial decision \_\_\_\_\_

In some other way (*Specify*).....

### L3. In the last year, of the services or benefits mentioned below, which one (s) have you requested and which one (s) have you been granted?

	<u>1. Requested</u>		<u>2. Granted</u>	
Accommodations _____ _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stay at a daytime centre _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Attending at an emergency centre _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Information / orientation / reception _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Restaurant / Dining Room _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hygiene service / Wardrobe _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Specialised social assistance _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Financial assistance _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Others ( <i>Specify</i> ) .....	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**L4. In order of importance, what would it take to get out of homelessness?**

	<u>1°</u>	<u>2°</u>	<u>3°</u>
1. A house or a room _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. A job _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. An economic benefit _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. A support network (professional / informal) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Training and / or job orientation _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Assistance at a centre as an intern _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Stopping substance use _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Something else ( <i>Specify</i> ) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**L5. Tell me, in your opinion, if social services have helped you ...**

Not at all \_\_\_\_\_

Little \_\_\_\_\_

Quite a lot \_\_\_\_\_

Very much \_\_\_\_\_

**L6. In the last year, have you received any Minimum Placement Income (basic social salary, minimum insertion income, guaranteed income, ...) and / or the Minimum Living Income?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**L7. Do you continue to receive it now?**

Yes \_\_\_\_\_

No \_\_\_\_\_



**L8. Why do you no longer receive it it?**

- Your income is higher than what is established to collect it \_\_\_\_\_
- Your family situation has changed \_\_\_\_\_
- You don't meet the minimum time for the constitution of the family unit or coexistence \_\_\_\_\_
- Frequent changes of place of residence \_\_\_\_\_
- You receive another type of assistance \_\_\_\_\_
- You have work \_\_\_\_\_
- The term expired or the benefit has expired \_\_\_\_\_
- Others (*Specify*) .....

**L9. Have you tried to receive any Minimum Placement Income (basic social salary, minimum insertion income, guaranteed income, ...) and / or the Minimum Living Income?**

- Yes \_\_\_\_\_
- No \_\_\_\_\_

**L10. Why haven't you tried?**

- I was unaware of its existence \_\_\_\_\_
- You're not interested in the service \_\_\_\_\_
- You think you don't meet the requirements \_\_\_\_\_
- Others (*Specify*) .....

## M. Equality, non-discrimination and relationship with justice

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**M1. Since you have been living without a home, have you felt discriminated against for this reason? (You've been prevented from doing something, bothered or made to feel inferior)**

Never \_\_\_\_\_

Sometimes \_\_\_\_\_

Many times \_\_\_\_\_

Constantly \_\_\_\_\_

**M2. Since you've been living without a home, have you been the victim of any type of crime or assault?**

	<u>Yes</u>	<u>No</u>
I've been attacked _____	<input type="checkbox"/>	<input type="checkbox"/>
You've had money, belongings, documentation (passport, ID, ...) stolen from you _____	<input type="checkbox"/>	<input type="checkbox"/>
You've suffered some kind of sexual assault _____	<input type="checkbox"/>	<input type="checkbox"/>
You've been ripped off _____	<input type="checkbox"/>	<input type="checkbox"/>
They've insulted or threatened you _____	<input type="checkbox"/>	<input type="checkbox"/>
Others ( <i>Specify</i> ) .....	<input type="checkbox"/>	<input type="checkbox"/>

**M3. Did you report these events?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**M4. Why didn't you report them?**

I didn't know how to \_\_\_\_\_

It's useless \_\_\_\_\_

Because of my legal situation \_\_\_\_\_

For fear of retaliation \_\_\_\_\_

Some other reason \_\_\_\_\_

**M5. Have you been reported?**

Yes, once \_\_\_\_\_

Yes, various times \_\_\_\_\_

No \_\_\_\_\_

**M6. Have you been detained at the police station?**

Yes, once \_\_\_\_\_

Yes, various times \_\_\_\_\_

No \_\_\_\_\_

**M7. What type of legal assistance did you have?**

Social services lawyer \_\_\_\_\_

Lawyer facilitated by an NGO \_\_\_\_\_

Personally hired attorney \_\_\_\_\_

Lawyer for the current shift \_\_\_\_\_

I had no assistance \_\_\_\_\_

**M8. Have you ever been convicted?**

Yes, by a juvenile court \_\_\_\_\_

Yes, by other courts or tribunals \_\_\_\_\_

Yes, for both types of courts or tribunals \_\_\_\_\_

No \_\_\_\_\_

**M9. Have you been in a juvenile detention center?**

Yes, one time only \_\_\_\_\_

Yes more than once \_\_\_\_\_

No \_\_\_\_\_

**M10. Have you been in prison?**

Yes, serving time \_\_\_\_\_

Yes, waiting to be judged \_\_\_\_\_

No \_\_\_\_\_

**M11. Have you served any other type of sentence besides prison?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**M12. Have you ever served a sentence in any of the following centres?**

	<u>1. Inpatient</u>		<u>2. Outpatient</u>	
Detox or withdrawal _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Psychiatric ward _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Special education _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**M13. When you were released from prison, received support from ...**

	<u>Yes</u>	<u>No</u>
Family or friends _____	<input type="checkbox"/>	<input type="checkbox"/>
Social services _____	<input type="checkbox"/>	<input type="checkbox"/>
NGO _____	<input type="checkbox"/>	<input type="checkbox"/>



