

7. How long have you been in Kelowna?

<input type="radio"/> LENGTH _____ DAYS / WEEKS / MONTHS / YEARS -----> <input type="radio"/> ALWAYS BEEN HERE <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER	Where did you live before you came here? <input type="radio"/> COMMUNITY _____ PROVINCE _____ <input type="radio"/> OR COUNTRY _____ <input type="radio"/> DECLINE TO ANSWER
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→ **What is the main reason you came to Kelowna?** [Do not read categories; select one]

<input type="checkbox"/> TO FIND HOUSING <input type="checkbox"/> EMPLOYMENT (SEEKING) <input type="checkbox"/> EMPLOYMENT (SECURED) <input type="checkbox"/> TO ATTEND SCHOOL <input type="checkbox"/> FIRE EVACUATION	<input type="checkbox"/> TO ACCESS EMERGENCY SHELTER(S) <input type="checkbox"/> TO ACCESS SERVICES AND SUPPORTS <input type="checkbox"/> FAMILY MOVED HERE <input type="checkbox"/> TO VISIT FRIENDS/FAMILY <input type="checkbox"/> FEAR FOR SAFETY	<input type="checkbox"/> RECREATION/SHOPPING <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> DECLINE TO ANSWER
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8. Did you come to Canada as an immigrant, refugee or refugee claimant?

<input type="radio"/> YES, IMMIGRANT -----> <input type="radio"/> YES, REFUGEE-----> <input type="radio"/> YES, REFUGEE CLAIMANT-----> <input type="radio"/> NO <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER	If YES: How long have you been in Canada? <input type="radio"/> LENGTH: _____ DAYS WEEKS MONTHS YEARS <input type="radio"/> OR DATE: ____/____/____ DAY / MONTH / YEAR <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER
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9. Do you identify as Indigenous or do you have Indigenous ancestry? This includes First Nations with or without status, Métis, and Inuit. [If yes, please follow-up to specify.]

<input type="radio"/> YES -----> <input type="radio"/> NO <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER	If YES: <input type="radio"/> FIRST NATIONS (with or without status) <input type="radio"/> INUIT <input type="radio"/> MÉTIS <input type="radio"/> HAVE INDIGENOUS ANCESTRY
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If YES: Which Indigenous community are you from?

<input type="radio"/> Name: _____	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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10. Have you ever had any service in the Canadian Military or RCMP?

[Military includes Canadian Navy, Army, or Air Force]

<input type="radio"/> YES, MILITARY	<input type="radio"/> YES, RCMP	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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11. What gender do you identify with? [Show list.]

<input type="radio"/> MALE / MAN	<input type="radio"/> TRANS FEMALE / TRANS WOMAN	<input type="radio"/> NOT LISTED: _____
<input type="radio"/> FEMALE / WOMAN	<input type="radio"/> TRANS MALE / TRANS MAN	<input type="radio"/> DON'T KNOW
<input type="radio"/> TWO-SPIRIT	<input type="radio"/> GENDERQUEER/GENDER NON-CONFORMING	<input type="radio"/> DECLINE TO ANSWER

12. How do you describe your sexual orientation, for example straight, gay, lesbian? [Show list.]

<input type="radio"/> STRAIGHT/HETEROSEXUAL	<input type="radio"/> BISEXUAL	<input type="radio"/> QUEER	<input type="radio"/> DON'T KNOW
<input type="radio"/> GAY	<input type="radio"/> TWO-SPIRIT	<input type="radio"/> NOT LISTED	<input type="radio"/> DECLINE TO ANSWER
<input type="radio"/> LESBIAN	<input type="radio"/> QUESTIONING	<input type="radio"/> : _____	

13. What happened that caused you to lose your housing most recently? [Do not read the options. Check all that apply. "Housing" does not include temporary arrangements (e.g., couch surfing) or shelter stays.]

<input type="checkbox"/> ILLNESS OR MEDICAL CONDITION <input type="checkbox"/> ADDICTION OR SUBSTANCE USE <input type="checkbox"/> JOB LOSS <input type="checkbox"/> UNABLE TO PAY RENT OR MORTGAGE <input type="checkbox"/> UNSAFE HOUSING CONDITIONS <input type="checkbox"/> EXPERIENCED ABUSE BY: PARENT / GUARDIAN <input type="checkbox"/> EXPERIENCED ABUSE BY: SPOUSE / PARTNER	<input type="checkbox"/> CONFLICT WITH: PARENT / GUARDIAN <input type="checkbox"/> CONFLICT WITH: SPOUSE / PARTNER <input type="checkbox"/> INCARCERATED (JAIL OR PRISON) <input type="checkbox"/> HOSPITALIZATION OR TREATMENT PROGRAM <input type="checkbox"/> OTHER REASON : _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> DECLINE TO ANSWER
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14. What are your sources of income? [Read list and check all that apply]

<input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> INFORMAL/SELF-EMPLOYMENT (E.G., BOTTLE RETURNS, PANHANDLING) <input type="checkbox"/> EMPLOYMENT INSURANCE <input type="checkbox"/> WELFARE/SOCIAL ASSISTANCE	<input type="checkbox"/> DISABILITY BENEFIT <input type="checkbox"/> SENIORS BENEFITS (E.G., CPP/OAS/GIS) <input type="checkbox"/> GST REFUND <input type="checkbox"/> CHILD AND FAMILY TAX BENEFITS <input type="checkbox"/> MONEY FROM FAMILY/FRIENDS	<input type="checkbox"/> OTHER SOURCE: _____ <input type="checkbox"/> NO INCOME <input type="checkbox"/> DECLINE TO ANSWER
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15. Have you ever been in foster care and/or group home?

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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→ **If YES: Approximately how long after leaving foster care/group home did you become homeless?**

<input type="radio"/> LENGTH _____ DAYS / WEEKS / MONTHS / YEARS	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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16. What challenges or problems have you experienced when trying to find housing? [Select all that apply]

<input type="checkbox"/> LOW INCOME <input type="checkbox"/> PETS <input type="checkbox"/> CHILDREN <input type="checkbox"/> ADDICTION <input type="checkbox"/> DISCRIMINATION	<input type="checkbox"/> MENTAL HEALTH ISSUES <input type="checkbox"/> CRIMINAL HISTORY <input type="checkbox"/> NO INCOME ASSISTANCE <input type="checkbox"/> RENTS TOO HIGH	<input type="checkbox"/> POOR HOUSING CONDITIONS <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/> HEALTH/DISABILITY ISSUES <input type="checkbox"/> FAMILY BREAKDOWN/CONFLICT	<input type="checkbox"/> DON'T WANT HOUSING <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> NO BARRIERS TO HOUSING <input type="checkbox"/> NONE OF THE ABOVE <input type="checkbox"/> DECLINE TO ANSWER
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