



# YOUTH COUNT! SURVEY 2013



## Informed Consent

The purpose of this survey is to learn more about the lives of homeless, at risk, and other youth in the Billings area. We hope to use the information provided to learn how to more effectively provide services and increase the funding available for services. This survey is being carried out by AmeriCorps VISTAs at Tumbleweed with the help of volunteers.

This survey will remain confidential and we will not collect any personally identifiable information. If you provide personal information, which can be names or detailed descriptions, we will not include that information specifically in your responses. Once this survey effort is concluded, we may use some of the stories herein for future reports or presentations. While we will not use your name, information about you or your life may be used as a part of these presentations. We will not use specific details about you or your story which may reveal your identity. We will use a unique identifier made from part of your name and birth date to make sure that there are not any duplicated surveys. The information collected will be used for data and informational purposes only.

Your participation is voluntary. If at any time during the survey, including before or after, you decide that you would no longer like to participate, please let the volunteer know. If you feel uncomfortable with any of the questions or do not want to answer, please let the volunteer know to skip that question. There will be questions asking about: personal and family history; housing; education; income; health; your need of and use of services; as well as your future goals.

If you would like to be connected to any services, the volunteers will be glad to assist you in locating services that you may be interested in.

Please be aware that this survey may ask about uncomfortable or sensitive subject matter. If this survey causes any emotional distress, or triggers you in some way, Tumbleweed has counseling services available to you. Please Call Tumbleweed at 406-259-2558. If you reveal information that leads us to believe you will harm yourself or others, we will end the survey and call for help. Your unique identifier will act as a signature showing that you were informed about the details above.

## Directions:

This survey has many questions referring to your primary caregiver. When we ask about your primary caregiver, we are asking about the person or people who took care of you the most. This can be a legal guardian or someone else; a parent, grandparent, aunt/uncle, or family friend, etc...

For the questions that are fill in the blank please write your answer in the space provided. If there is not enough room, please continue to write in the areas surrounding the question.

Example: XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

For the questions that have boxes next to them, please fill in the box or put an X through it to show what your response is.

Example:

Yes

Sometimes

OR

No

Yes

Sometimes

No

If at any time you have questions about how to respond or need help, please do not hesitate to ask. Thank you in advance for your participation and willingness to help us. We greatly appreciate your time, attention, and part of your story.

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_ Respondents Age: \_\_\_\_\_

Unique Identifier Example: F.I. L.I. Age DD Gender Example: CD2308F Your Unique Identifier: \_\_\_\_\_

1. What is your:

- a. First language? \_\_\_\_\_
- b. Racial and/or ethnic identity?  
\_\_\_\_\_
- c. Gender? \_\_\_\_\_

2. Do you have:

- a. A government issued identification, such as a driver's license, state ID, etc...?  Yes  No
- b. Easy access to your birth certificate?  Yes  No
- c. Easy Access to your social security card?  Yes  No

3. What makes you happy?

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4. What activities do you do for fun?

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5. Do you have a permanent residence?

- Yes

5A. Is this residence safe?

- Yes
- No

- Sometimes

5B. How long have you been without a permanent place to live?

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- No

5B. How long have you been without a permanent place to live?

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6. Where did you sleep last night?

- At a legal guardians residence
- Foster care
- At a caretakers residence who is not a legal guardian
- At a friend's house/couch surfing
- doubled-up with family/friends
- In a car
- In a shelter/ youth shelter
- In a building not hospitable for people to live in
- Outside (streets, alleys, dumpster)
- Other: \_\_\_\_\_

7. Where do you usually sleep? (mark all that apply)

(Refer to 7A, 7B, and 7C)

- At your legal guardian(s) residence (not foster care)
- Foster care
- At a caretaker(s) residence who is not a legal guardian
- At a friend's house/couch surfing
- Doubled up with family or friends
- In a car
- In a shelter/ youth shelter
- In a building not hospitable for people to live in
- Outside (streets, alleys, dumpster)
- Other: \_\_\_\_\_

7A. Are you usually with your primary caregiver(s)?

- Yes
- Sometimes
- No

7B. Can you describe your usual living conditions? (What type of environment, how many people, the relation to these people, an illness present, how you feel about the situation, etc.)

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7C. Is this/are these place(s) safe for people to stay overnight?

- Yes
- No
- Not Sure

7D. Is this/are these place(s) fit for people to live in?

- Yes
- No
- Not Sure

8. Currently, what are the biggest barriers in your life?

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9. What do you need most in your life right now? (this can be services, places to go, items such as socks, food, etc, or anything else that you think you are in crucial need of)

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10. What services and/or programs do you think that Billings is missing for people your age?

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11. Have you ever been bullied?(In or out of school)  
 Yes

11A. Can you briefly describe your bullying experiences?

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No  
 Not sure

12. Do you feel that you have a sense of control in your life?

Yes  
 Sometimes

12A. What is it that you feel you do not have control over?

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12B. How do you respond to events/problems you do not have control over?

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No  
12A. What is it that you feel you do not have control over?

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12B. How do you respond to events/problems you do not have control over?

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13. Do you feel that your primary caregiver(s) believe in you?

Yes  
 No

14. Are you employed?

Yes

14A. How many hours a week do you work?

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No  
 Sometimes  
 Not Sure

15. Are you looking for a job, even if you are currently employed?

Yes  
 Sometimes  
 No

15A. Why have you decided to not look for a job?

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16. Currently, do you feel that you have people who listen to you?

Yes  
 Sometimes  
 No

17. Have you ever needed serious help, but felt that you did not have anyone or anywhere to get help from?

Yes

17A. What did you do?

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No

18. Do you ever fly a sign (panhandle)?

Yes  
 No

19. Do you attend school?

- Yes (Go to 19A and 19B)
- Sometimes (Go to 19A and 19B)
- No (Refer to 19B and 19C)

19A. How often?

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19B. What is your highest level of education?

- Elementary (K-6<sup>th</sup>)
- Junior High (7<sup>th</sup> or 8<sup>th</sup> grade)
- 9<sup>th</sup> grade
- 10<sup>th</sup> grade
- 11<sup>th</sup> grade
- 12<sup>th</sup> but did not graduate
- High school diploma/GED
- Other: \_\_\_\_\_

19C. If you do not attend school, why did you stop going?

- Family conflict
- Drug or alcohol use (includes prescription)
- Unstable housing situation
- Transportation issues
- Difficult coursework
- Employment
- Other: \_\_\_\_\_

20. How many hours of sleep do you usually get?

20A. Does the above amount of sleep negatively affect your life? (your mental or physical health, motivation, etc.)

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21. Have you ever been forced to trade sexual favors for: shelter, protection, clothing, food, money, or other necessities?

- Yes
- No

22. Do you have regular access to a shower?

- Yes
- Sometimes
- No

23. Have you ever been in foster care? If yes: How old were you when you entered? And how long were you in foster care?

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24. How many primary caregiver(s) did you grow up with?

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25. Have your primary caregiver(s):

- a. Been consistently emotionally supportive?
  - Yes
  - No
- b. Ever asked or told you to leave home?
  - Yes
  - No
- c. Ever called you names, cursed at you, or said other mean things to you?
  - Yes
  - No
- d. Ever made you feel unsafe living with them?
  - Yes
  - No
- e. Used drugs around you or in your home?
  - Yes
  - No

26. Were you ever sexually abused?

- Yes
- No

27. If something serious happens to you, do you think your primary caregiver(s) would help you?

- Yes
- No
- Not sure

28. Have you ever had to take regular care of someone who should not have been your responsibility? (sibling(s), cousin(s), parent(s), etc.)

- Yes
- No

29. Are you or is your partner pregnant?

- Yes
- No
- Not sure

30. Do you have any children?

Yes

30A. How many? \_\_\_\_\_

30B. How old are they? \_\_\_\_\_

30C. Are you currently a primary caregiver?  
(there can be more than one primary caregiver)

Yes

Sometimes

No

30D. How much, if any, of your income do you spend on caring for your child(ren)?  
\_\_\_\_\_

No

31. How many meals a day do you usually have?  
\_\_\_\_\_

32. If you currently access any services, which ones?  
(Food, housing, education, health, etc...)  
\_\_\_\_\_

32A. Do they fully cover your needs?

Yes

Sometimes

No

33. Are there services you need, but can't currently access? (regardless of reason)

Yes

33A. What kind of services? (food services, housing or shelter, education, or any other type of services)  
\_\_\_\_\_

\_\_\_\_\_

33B. Why have you not been able to access them?  
\_\_\_\_\_

\_\_\_\_\_

Sometimes

33A. What kind of services? (food services, housing or shelter, education, or any other type of services)  
\_\_\_\_\_

\_\_\_\_\_

33B. Why have you not been able to access them?  
\_\_\_\_\_

\_\_\_\_\_

No

Not sure

34. Have you ever been denied any services that you needed?

Yes

34A. Why? And what services where you trying to access?  
\_\_\_\_\_

\_\_\_\_\_

No

Not sure

35. Do you have any health concerns?

Yes

35A. How do you plan on having your concerns addressed by a medical professional?

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No

36. Do you have any dental concerns?

Yes

36A. How do you plan on having your concerns addressed by a dentist?

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No

37. When was the last time you were seen by a doctor?

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38. When was the last time you went to a dentist?

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39. Do you have any diagnosed mental health conditions? If yes, please list them. (Go to 39 A,B, and C)

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39A. Are you currently being treated?

Yes

No

39B. Are you currently taking any medication as part of a prescribed treatment?

Yes, consistently

Yes, but not consistently

No

39C. Have you ever been hospitalized for mental health conditions or concern?

Yes

No

40. Do your primary caregiver(s) have any diagnosed mental health conditions? If yes please list them. ( Go to 40 A, B, and C)

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40A. Are they currently being treated?

Yes

No

40B. Are they currently taking any medication as part of a prescribed treatment?

Yes, consistently

Yes, but not consistently

No

40C. Have they ever been hospitalized for mental health conditions?

Yes

No

41. What goals do you have for the future? (long term and/or short term)

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42. What do you need to make your goal(s) happen?

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Thank you for giving us your time and taking this survey. This survey will help expand services as well as decrease some of the current barriers to service.

If you have any feedback or questions about this survey, or you would like to be connected to services please call Tumbleweed at 406-259-2558.