

HMIS Data Collection Form – RHY SOP – Individuals

FOR USE BY RHY-FUNDED STREET OUTREACH PROJECTS THAT SERVE INDIVIDUALS

PROJECT START INFORMATION

ENTER DATA AS (EDA) PROJECT	PROJECT START DATE	CONSENT GIVEN FOR STATEWIDE DATA SHARING? <input type="checkbox"/> Yes (Use <i>shared</i> 500,000 ID in HMIS) <input type="checkbox"/> No (Use <i>unshared</i> record in HMIS)
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CLIENT HMIS RECORD IDENTIFIERS

FIRST NAME	MI	LAST NAME
ALIASES	SOCIAL SECURITY NUMBER <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	US MILITARY VETERAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

FEDERAL REPORTING REQUIREMENTS

RELATIONSHIP TO HEAD OF HOUSEHOLD (HOH) <input type="checkbox"/> Self <input type="checkbox"/> HoH's child <input type="checkbox"/> HoH's other relation member <input type="checkbox"/> HoH's spouse or partner <input type="checkbox"/> Other: non-relation member <input type="checkbox"/> Unknown
ENROLLMENT COC <input type="checkbox"/> AK-500 Anchorage Continuum of Care <input type="checkbox"/> AK-501 Alaska Balance of State Continuum of Care

DATE OF ENGAGEMENT INFORMATION (for Street Outreach projects only)

IF THE CLIENT HAS NOT YET ENGAGED IN THE PROGRAM AT PROJECT START, LEAVE THIS FIELD BLANK IN HMIS.

DATE OF ENGAGEMENT

CLIENT DEMOGRAPHICS

DATE OF BIRTH <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Full DOB <input type="checkbox"/> Partial DOB
RACE AND ETHNICITY <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Additional (specify):
GENDER <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Woman (Girl, if child) <input type="checkbox"/> Non-Binary <input type="checkbox"/> Man (Boy, if child) <input type="checkbox"/> Questioning <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) <input type="checkbox"/> Different Identity (specify): <input type="checkbox"/> Transgender
SEXUAL ORIENTATION (Heads of Household and Adults only) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Lesbian <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Aromantic <input type="checkbox"/> Pansexual <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Other/Additional (specify to the right) → <input type="checkbox"/> Asexual <input type="checkbox"/> Queer <input type="checkbox"/> Demisexual <input type="checkbox"/> Other (Ex: same gender-loving, stud)

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HEALTH INSURANCE COVERAGE INFORMATION

COVERED BY HEALTH INSURANCE?	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Yes (If yes, select answer for each type below.)	
<input type="checkbox"/> No (If no, answer No for all types in HMIS.)	

HEALTH INSURANCE TYPES (HUD TABLE)	Yes	No	HEALTH INSURANCE TYPES (HUD TABLE)	Yes	No
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	Health Insurance through COBRA	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	Private Pay Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>
State Children's Health Insurance Program	<input type="checkbox"/>	<input type="checkbox"/>	State Health Insurance for Adults	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's Health Administration	<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services Program	<input type="checkbox"/>	<input type="checkbox"/>
Employer-Provided Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

DISABLING CONDITION INFORMATION

DISABLING CONDITIONS?	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Yes (If yes, select answer for each type below.)	
<input type="checkbox"/> No (If no, answer No for all types in HMIS.)	

DISABLING CONDITIONS (HUD TABLE)	Yes	No	Doesn't know	Prefers not to answer		Yes	No	Doesn't know	Prefers not to answer
Alcohol Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, does it affect their ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both Alcohol and Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Health Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV / AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AK DISABLING CONDITIONS	Yes	No	Doesn't know	Prefers not to answer
Alzheimer's Disease and Related Dementias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Alcoholism or other substance use disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual or Developmental Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traumatic Brain Injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALASKA NATIVE REGIONAL CORPORATION

PRIMARY REGIONAL CORPORATION	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Not Affiliated <input type="checkbox"/> Sealaska <input type="checkbox"/> Doyon Limited <input type="checkbox"/> Calista <input type="checkbox"/> Bering Straits Native <input type="checkbox"/> Ahtna <input type="checkbox"/> 13 th Regional <input type="checkbox"/> Koniag <input type="checkbox"/> Chugach Alaska <input type="checkbox"/> Cook Inlet Regional <input type="checkbox"/> Bristol Bay Native <input type="checkbox"/> Aleut <input type="checkbox"/> Arctic Slope Regional <input type="checkbox"/> NANA Regional	
SECONDARY REGIONAL CORPORATION, IF APPLICABLE:	

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PRIOR LIVING SITUATION INFORMATION (Heads of Household and Adults only)

TYPE OF RESIDENCE: LIVING SITUATION IMMEDIATELY PRIOR TO PROJECT START		<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Homeless Situation	<input type="checkbox"/> Place not meant for habitation (for example: car, park, abandoned building, bus station, airport, tent) <input type="checkbox"/> Emergency shelter (ES), including hotel or motel paid for with ES voucher, Host Home shelter	
Institutional Situation	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance use treatment facility or detox center	
Temporary Housing Situation	<input type="checkbox"/> Transitional housing for homeless persons youth (including homeless youth) <input type="checkbox"/> Residential project/halfway house with no homeless criteria <input type="checkbox"/> Hotel/motel paid for without ES voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in friend's room, apartment, or house <input type="checkbox"/> Staying or living in family's room, apartment, or house	
Permanent Housing Situation	<input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with housing subsidy (specify to the right) → <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy	if Rental by client, with housing subsidy, specify only one: <input type="checkbox"/> GPD TIP <input type="checkbox"/> VASH <input type="checkbox"/> RRH or equivalent <input type="checkbox"/> Housing Choice (HCV) <input type="checkbox"/> Public housing <input type="checkbox"/> Other ongoing subsidy <input type="checkbox"/> Family Unification Program (FUP) <input type="checkbox"/> Foster Youth to Independence (FYI) <input type="checkbox"/> Permanent Supportive Housing (PSH) <input type="checkbox"/> Other PH dedicated to formerly homeless

LENGTH OF STAY IN LIVING SITUATION IMMEDIATELY PRIOR TO PROJECT START	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> One night or less <input type="checkbox"/> One week or more, but less than a month <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> Two to six nights <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> One year or longer	

IF THE CLIENT IS CURRENTLY EXPERIENCING HOMELESSNESS, ANSWER THE FOLLOWING.

APPROXIMATE DATE THIS CURRENT EPISODE OF HOMELESSNESS STARTED
_____ / _____ / _____

IF THE CLIENT HAS EXPERIENCED HOMELESSNESS IN THE PAST THREE YEARS, ANSWER THE FOLLOWING.

NUMBER OF EPISODES OF HOMELESSNESS IN THE PAST THREE YEARS INCLUDING TODAY	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> 1 time <input type="checkbox"/> 2 times <input type="checkbox"/> 3 times <input type="checkbox"/> 4 or more times	

IF THE CLIENT HAS EXPERIENCED HOMELESSNESS IN THE PAST THREE YEARS, ANSWER THE FOLLOWING.

NUMBER OF MONTHS HOMELESS IN THE PAST THREE YEARS INCLUDING THIS MONTH	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> 1 month (1 st month in the past 3 years) <input type="checkbox"/> 6 months <input type="checkbox"/> 10 months <input type="checkbox"/> 2 months <input type="checkbox"/> 7 months <input type="checkbox"/> 11 months <input type="checkbox"/> 3 months <input type="checkbox"/> 8 months <input type="checkbox"/> 12 months <input type="checkbox"/> 4 months <input type="checkbox"/> 9 months <input type="checkbox"/> More than 12 months <input type="checkbox"/> 5 months	

HEALTH INFORMATION

PREGNANCY STATUS	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Yes (Projected Due Date): _____ / _____ / _____ <input type="checkbox"/> No	

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STREET OUTREACH CONTACTS INFORMATION

Print additional copies of this page as needed.

CURRENT LIVING SITUATION													
Record the date and location of each interaction with a client by recording their Current Living Situation.													
Information Date (Date of Contact):													
Where is the client currently staying? Select only one.													
Homeless Situation	<input type="checkbox"/> Place not meant for habitation (for example: car, park, abandoned building, bus station, airport, tent) <input type="checkbox"/> Emergency shelter (ES), including hotel or motel paid for with ES voucher, Host Home shelter												
Institutional Situation	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance use treatment facility or detox center												
Temporary Housing	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apartment, or house <input type="checkbox"/> Staying or living in a family member's room, apartment, or house												
Permanent Housing	<input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with housing subsidy (specify to the right) → <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy												
Other	<input type="checkbox"/> Other (specify): <input type="checkbox"/> Worker unable to determine <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th colspan="2" style="text-align: left; padding: 2px;">if Rental by client, with housing subsidy, specify only one:</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;"><input type="checkbox"/> GPD TIP</td> <td style="padding: 2px;"><input type="checkbox"/> GPD TIP</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> VASH</td> <td style="padding: 2px;"><input type="checkbox"/> VASH</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> RRH or equivalent</td> <td style="padding: 2px;"><input type="checkbox"/> RRH or equivalent</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Housing Choice (HCV)</td> <td style="padding: 2px;"><input type="checkbox"/> Housing Choice (HCV)</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Public housing</td> <td style="padding: 2px;"><input type="checkbox"/> Public housing</td> </tr> </tbody> </table>		if Rental by client, with housing subsidy, specify only one:		<input type="checkbox"/> GPD TIP	<input type="checkbox"/> GPD TIP	<input type="checkbox"/> VASH	<input type="checkbox"/> VASH	<input type="checkbox"/> RRH or equivalent	<input type="checkbox"/> RRH or equivalent	<input type="checkbox"/> Housing Choice (HCV)	<input type="checkbox"/> Housing Choice (HCV)	<input type="checkbox"/> Public housing	<input type="checkbox"/> Public housing
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<input type="checkbox"/> Housing Choice (HCV)	<input type="checkbox"/> Housing Choice (HCV)												
<input type="checkbox"/> Public housing	<input type="checkbox"/> Public housing												
Organization that verified client's living situation:													
Worker who made contact with client:													
Client location details (cross-streets, intersections, park):													

If the client is currently in a <u>non-homeless situation</u>, will the client have to leave within 14 days?	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer															
<input type="checkbox"/> Yes (If yes, select answers below.) <input type="checkbox"/> No																
	<table style="border: none;"> <thead> <tr> <th style="border: none;"></th> <th style="border: none; text-align: center;">Yes</th> <th style="border: none; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td style="border: none;">Has a subsequent residence been identified?</td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Does client have resources or support networks to obtain other permanent housing?</td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Has client had a lease or ownership interest in a permanent housing unit in last 60 days?</td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Has client moved 2 or more times in the past 60 days?</td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Has a subsequent residence been identified?	<input type="checkbox"/>	<input type="checkbox"/>	Does client have resources or support networks to obtain other permanent housing?	<input type="checkbox"/>	<input type="checkbox"/>	Has client had a lease or ownership interest in a permanent housing unit in last 60 days?	<input type="checkbox"/>	<input type="checkbox"/>	Has client moved 2 or more times in the past 60 days?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No														
Has a subsequent residence been identified?	<input type="checkbox"/>	<input type="checkbox"/>														
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PROJECT EXIT INFORMATION

ENTER DATA AS (EDA) PROJECT	PROJECT EXIT DATE

REASON FOR LEAVING		
<input type="checkbox"/> Advanced to new project	<input type="checkbox"/> Institutional stay	<input type="checkbox"/> Reached max time allow
<input type="checkbox"/> Aged out of project	<input type="checkbox"/> Relocated outside of community	<input type="checkbox"/> Seasonal shelter closed
<input type="checkbox"/> Completed program	<input type="checkbox"/> Left for housing opp. before completing program	<input type="checkbox"/> Unknown/disappeared
<input type="checkbox"/> Criminal activity / violence	<input type="checkbox"/> Lowered Breath Alcohol Content (BrAC)	<input type="checkbox"/> Violation of Probation / Parole
<input type="checkbox"/> Death	<input type="checkbox"/> Needs could not be met	<input type="checkbox"/> Voluntary break in shelter stay
<input type="checkbox"/> Disagreement with rules/person	<input type="checkbox"/> Non-compliance with program	<input type="checkbox"/> Voluntary checkout
<input type="checkbox"/> Housed	<input type="checkbox"/> Non-payment of rent	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Ineligible for project		

DESTINATION	
Homeless Situation	<input type="checkbox"/> Place not meant for habitation (for example: car, park, abandoned building, bus station, airport, tent) <input type="checkbox"/> Emergency shelter (ES), including hotel or motel paid for with ES voucher, Host Home shelter
Institutional Situation	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance use treatment facility or detox center
Temporary Housing Situation	<input type="checkbox"/> Transitional housing for homeless persons youth (including homeless youth) <input type="checkbox"/> Residential project/halfway house with no homeless criteria <input type="checkbox"/> Hotel/motel paid for without ES voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living with family, temporary tenure <input type="checkbox"/> Staying or living with friends, temporary tenure
Permanent Housing Situation	<input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with housing subsidy (specify): <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy
Other	<input type="checkbox"/> No exit interview completed <input type="checkbox"/> Other <input type="checkbox"/> Deceased <input type="checkbox"/> Worker unable to determine <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

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ADDITIONAL RHY PROJECT EXIT INFORMATION

COMMERCIAL SEXUAL EXPLOITATION / SEX TRAFFICKING

Ever received anything in exchange for sex (e.g., money, food, drugs, shelter)?

- Yes (Answer A, B, and C)
 No

- Client doesn't know
 Client prefers not to answer

A. In the last 3 months? No Yes

- Client doesn't know
 Client prefers not to answer

B. How many times? 1 – 3 4 – 7 8 – 11 12 or more

- Client doesn't know
 Client prefers not to answer

C. Ever made / persuaded / forced to have sex in exchange for something? No Yes (Answer D)

- Client doesn't know
 Client prefers not to answer

D. In the last 3 months? No Yes

- Client doesn't know
 Client prefers not to answer

LABOR EXPLOITATION / TRAFFICKING

Ever afraid to quit or leave work due to threats of violence to yourself, family, or friends?

- Yes (Answer A and B)
 No

- Client doesn't know
 Client prefers not to answer

Ever promised work where work or payment was different than you expected?

- Yes (Answer A and B)
 No

- Client doesn't know
 Client prefers not to answer

A. Felt forced, coerced, pressured, or tricked into continuing the job? No Yes

- Client doesn't know
 Client prefers not to answer

B. In the last 3 months? No Yes

- Client doesn't know
 Client prefers not to answer