

Q1 Have you already been interviewed tonight? Yes No → *Si oui, ne pas remplir de questionnaire*

Q2 Where do you plan to sleep tonight?

- | | | | |
|-----------------------------------|--|---|--|
| <input type="checkbox"/> Street | <input type="checkbox"/> Hospital | <input type="checkbox"/> Near Peripheries | <input type="checkbox"/> Park/garden |
| <input type="checkbox"/> Carpark | <input type="checkbox"/> Camp | <input type="checkbox"/> Freeway ramp | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Building | <input type="checkbox"/> Train station | <input type="checkbox"/> Bus stop | |
| <input type="checkbox"/> Basement | <input type="checkbox"/> Metro/RER Station | <input type="checkbox"/> Forest | <input type="checkbox"/> I don't know where I will spend the night |

Q3 How long have you been living in Paris?

- Less than 3 months Betwen 3 and less than 6 months Betwen 6 months and less than 1 year
 Betwen 1 year and less than 5 years More than 5 years I don't live in Paris

Q4 Where did you live before coming to Paris?

- I have always lived in Paris Out of Paris : in Ile-de-France Elsewhere in France In another country

Q5 How long have you been homeless?

- Less than 3 months Betwen 3 and less than 6 months Betwen 6 months and less than 1 year
 Betwen 1 year and less than 5 years Betwen 5 years and less than 10 years More than 10 years
 Does not know Other (please specify)

Q6 How did you become homeless? (Several answer possible)

- Eviction from your place Eviction from friend / family member's Arrival in Paris without accomodation / never had a place to live
 End of support from child welfare services (ASE) Other (please specify)

Q7 Is this your first time being homeless? Yes, it is the first time No, it has happened before Does not know

Q8 What was your last shelter? With a third party (family, friends, others) Gymnasium Hotel

- Shelter Never had accommodation Other (please specify)

Q9 Do you call 115?

- No, I have never done it No, I gave up Yes, occasionally Yes, every day or almost every day

Q10 Have you called 115 today?

- Yes, I reached them, but they could not offer me a good situation Yes, but I could not reach them No

Q11 Do you have a social worker helping you? Yes No Does not know

Q12 Do you have any address where you can get your mail?

- No Yes, with Paris Adresse (CASVP, 17 rue des Renaudes, 75017 Paris) Yes, with another institution/association in Paris
 Yes, at a friend or family member's Yes, at an institution/association outside of Paris (please specify)

Q13 Do you have a social housing application in progress? Yes No Does not know

Q14 What are your financial resources? (Several answer possible)

- Legal work Undeclared work Retirement pension Social benefits Financial help from friends and family
 Begging None Other (please specify)

Q15 Over the past week, have you:

	Yes, several times	Yes, once	No	Does not know
Visited a meal distribution point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visited a daytime shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Met with a street outreach team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q16 When needed, do you have access to:

	Yes			No	
	Yes	No		Yes	No
Drinking water	<input type="checkbox"/>	<input type="checkbox"/>	A place to wash your clothes	<input type="checkbox"/>	<input type="checkbox"/>
Toilets	<input type="checkbox"/>	<input type="checkbox"/>	A storage space for your belongings	<input type="checkbox"/>	<input type="checkbox"/>
A shower	<input type="checkbox"/>	<input type="checkbox"/>	Medical care	<input type="checkbox"/>	<input type="checkbox"/>
A meal	<input type="checkbox"/>	<input type="checkbox"/>	A place for discussion and support	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with administrative procedures	<input type="checkbox"/>	<input type="checkbox"/>	Material aid (clothing, blankets, kits)	<input type="checkbox"/>	<input type="checkbox"/>
A place to recharge your phone	<input type="checkbox"/>	<input type="checkbox"/>	A place to find a job	<input type="checkbox"/>	<input type="checkbox"/>
Internet access	<input type="checkbox"/>	<input type="checkbox"/>	A place to learn French	<input type="checkbox"/>	<input type="checkbox"/>

Q17 Do you have any other unsatisfied needs? No Yes (please specify)

Q1 Have you already been interviewed tonight? Yes No → *Si oui, ne pas remplir de questionnaire*

Q2 Where do you plan to sleep tonight?

- | | | | |
|-----------------------------------|--|---|--|
| <input type="checkbox"/> Street | <input type="checkbox"/> Hospital | <input type="checkbox"/> Near Peripheries | <input type="checkbox"/> Park/garden |
| <input type="checkbox"/> Carpark | <input type="checkbox"/> Camp | <input type="checkbox"/> Freeway ramp | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Building | <input type="checkbox"/> Train station | <input type="checkbox"/> Bus stop | |
| <input type="checkbox"/> Basement | <input type="checkbox"/> Metro/RER Station | <input type="checkbox"/> Forest | <input type="checkbox"/> I don't know where I will spend the night |

Q3 Are you related to anyone in the group?

- No, no familial relationship Couple without children Couple with children Single-parent family
 Extended family (please specify) Does not know Other (please specify)

Q4 How long have you been living in Paris?

- Less than 3 months Between 3 and less than 6 months Between 6 months and less than 1 year
 Between 1 year and less than 5 years More than 5 years I don't live in Paris

Q5 Where did you live before coming to Paris?

- I have always lived in Paris Out of Paris : in Ile-de-France Elsewhere in France In another country

Q6 How long have you been homeless? Less than 3 months Between 3 and less than 6 months

- Between 6 months and less than 1 year Between 1 year and less than 5 years Between 5 years and less than 10 years
 More than 10 years Does not know Other (please specify)

Q7 How did you become homeless? (Several answer possible)

- Eviction from your place Eviction from friend / family member's Arrival in Paris without accomodation / never had a place to live
 End of support from child welfare services (ASE) Other (please specify)

Q8 Is this your first time being homeless? Yes, it is the first time No, it has happened before Does not know

Q9 What was your last shelter? With a third party (family, friends, others) Gymnasium Hotel

- Shelter Never had accommodation Other (please specify)

Q10 Do you call 115?

- No, I have never done it No, I gave up Yes, occasionally Yes, every day or almost every day

Q11 Have you called 115 today?

- Yes, I reached them, but they could not offer me a good situation Yes, but I could not reach them No

Q12 Do you have a social worker helping you? Yes No Does not know

Q13 Do you have any address where you can get your mail?

- No Yes, with Paris Adresse (CASVP, 17 rue des Renaudes, 75017 Paris) Yes, with another institution/association in Paris
 Yes, at a friend/family member's Yes, at an institution/association outside of Paris (please specify) Does not know

Q14 Do you have a social housing application in progress? Yes No Does not know

Q15 What are your financial resources? (Several answer possible) Legal work Undeclared work Retirement pension

- Social benefits Financial help from friends and family Begging None
 Other (please specify)

Q16 Over the past week, have you:

	Yes, several times	Yes, once	No	Does not know
Visited a meal distribution point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visited a daytime shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Met with a street outreach team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q17 When needed, do you have access to:

	Yes	No		Yes	No
Drinking water	<input type="checkbox"/>	<input type="checkbox"/>	A place to wash your clothes	<input type="checkbox"/>	<input type="checkbox"/>
Toilets	<input type="checkbox"/>	<input type="checkbox"/>	A storage space for your belongings	<input type="checkbox"/>	<input type="checkbox"/>
A shower	<input type="checkbox"/>	<input type="checkbox"/>	Medical care	<input type="checkbox"/>	<input type="checkbox"/>
A meal	<input type="checkbox"/>	<input type="checkbox"/>	A place for discussion and support	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with administrative procedures	<input type="checkbox"/>	<input type="checkbox"/>	Material aid (clothing, blankets, kits)	<input type="checkbox"/>	<input type="checkbox"/>
A place to recharge your phone	<input type="checkbox"/>	<input type="checkbox"/>	A place to find a job	<input type="checkbox"/>	<input type="checkbox"/>
Internet access	<input type="checkbox"/>	<input type="checkbox"/>	A place to learn French	<input type="checkbox"/>	<input type="checkbox"/>

Q18 Do you have any other unsatisfied needs? No Yes (please specify)