**RESIDENTIAL LOOK-BACK CALENDAR**

**LIVING SITUATION**

*Residential History: Interviewer builds a chronological record of subject’s residential history (including institutionalizations and temporary situations) in the past six months, using the Residential Follow-Back Calendar and seeking verification from the subject. For each residence (or lack thereof), record on the Living Situation Form: 1) the location, 2) the type of residence (use housing categories list from Residential Follow-back Calendar), 3) the dates, as accurately as possible, 4) with whom the subject lived (in terms of relationships, no names), and 5) why the subject moved in and out (in subject’s words). Note: For hospital, jail, crisis center, or family and friends overnight, ask WHY ENTERED, not why left. If subject is unable to recall exact dates, ask if he or she remembers the month or season. Also if you can’t get dates, try to get total length of time stayed (i.e., 2 weeks,*

*1 month, etc.). Get as specific as client is able. Record only places where the subject stayed overnight (a few hours stay in jail is not counted here).*

*Post code Living Situation on Location Grid (page 17) following interview. Refer to Location Grid Codes on the next page and ask for specific information needed to rate composition and reasons for moving in and out.*

**Location Grid Codes:**

**Type**

01. All-night theater, subway station, or other indoor public place

02. Subway or bus

03. Abandoned building

04. Car or other private vehicle

05. On the street or in other outdoor place

06. Emergency shelter

07. Hotel/motel - subsidized

08. Own SRO room (no services)

1. Someone else’s SRO room (no services)
2. Supportive SRO (services on site)
3. Drop-in Center
4. Safe haven (low demand facility, TLC, reception center)
5. Detox facility
6. Crisis stabilization facility
7. Intermediate care facility
8. Own apartment or house
9. Parent/guardian’s apartment or house

(less than 90 days)

1. Parent/guardian’s apartment or house

(90 days or more)

1. Other family member’s apartment or house (less than 90 days)
2. Other family member’s apartment or house (90 days or more)
3. Someone else’s apartment or house

(less than 90 days)

1. Someone else’s apartment or house

(90 days or more)

1. Boarding house or board-and-care
2. Transitional housing program
3. Transitional housing program (long-term)
4. Group home
5. Group home – long term care facility
6. Long-term alcohol/drug-free facility
7. Hospital – physical complaint
8. Nursing Home
9. Residential recovery program
10. Jail or prison
11. Corrections halfway house
12. HHC hospital with psychiatric ward
13. Local psychiatric hospital
14. State psychiatric hospital
15. VA hospital with psychiatric ward

46. Hotel/Motel – self-pay  
47 Assisted Living Facility

1. Other (specify)
2. RF
3. NA
4. DK

**LOCATION GRID/LAST 6 MONTHS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Location** | **A** | **B** | **C** |  |
|  | **Type** | **Entry Date** | **Exit Date** |  |
|  |  |  |  |  |
|  | Description of Residence and its Code # | Date Consumer moved into residence | Date Consumer moved out of residence |  |
|  |  |
|  |  |  |  |  |
| 1 | ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 2 | ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 3 | ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 4 | ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| 5 | ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| 6 | ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| 7 | ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| 8 | ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| 9 | ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| 10 | ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| 11 | ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| 12 | ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |
|  |  |  |  |  |

**LOCATION GRID/LAST 6 MONTHS cont.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Location** | **A** | **B** | **C** |  |
|  | **Type** | **Entry Date** | **Exit Date** |  |
|  |  |  |  |  |
|  | Description of Residence and its Code # | Date Consumer moved into residence | Date Consumer moved out of residence |  |
|  |  |
|  |  |  |  |  |
| 13 | ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 14 | ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 15 | ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 16 | ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| 17 | ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| 18 | ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| 19 | ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| 20 | ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| 21 | ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| 22 | ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| 23 | ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| 24 | ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |
|  |  |  |  |  |

**LOCATION GRID/LAST 6 MONTHS cont.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Location** | **A** | **B** | **C** |  |
|  | **Type** | **Entry Date** | **Exit Date** |  |
|  |  |  |  |  |
|  | Description of Residence and its Code # | Date Consumer moved into residence | Date Consumer moved out of residence |  |
|  |  |  |
|  | address/description |  |  |
|  |  |  |
|  |  |  |  |  |
| 25 | \_\_ \_\_ ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 26 | \_\_ \_\_ ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 27 | \_\_ \_\_ ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 28 | \_\_ \_\_ ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| 29 | \_\_ \_\_ ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| 30 | \_\_ \_\_ ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| 31 | \_\_ \_\_ ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| 32 | \_\_ \_\_ ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| 33 | \_\_ \_\_ ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| 34 | \_\_ \_\_ ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| 35 | \_\_ \_\_ ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| 36 | \_\_ \_\_ ( \_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |
|  |  |  |  |
|  |  |  |  |  |