

**HEARTH Study:  
Delivering Primary Health Care to Homeless People**

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**Participants not using  
[CSS]**

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*To be completed by the interviewer with the participant*

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The HEARTH study, c/o contact details of research team

Participant ID number: ..... Participant name: .....

Date of interview: ..... Name of interviewer: .....

Where interviewed: .....

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I'd just like to remind you that everything you say is confidential unless you mention something that indicates you or someone else is at risk of harm. You can refuse to answer any question and may stop the interview at any time. Is there anything you'd like to ask me before we start?

I'd like to start by collecting a few background details.

1. Sex: Male  Female  Transgender
2. What is your date of birth? Day ..... Month ..... Year .....
3. Where were you born? (*country*) .....

b. Which ethnic group or race do you identify with? **SHOW FLASH CARD A**

		Tick ONE box
<b>A. White</b>	British	
	Irish	
	Any other White background	
<b>B. Mixed</b>	White and Black Caribbean	
	White and Black African	
	White and Asian	
	Any other Mixed background	
<b>C. Asian or Asian British</b>	Indian	
	Pakistani	
	Bangladeshi	
	Any other Asian background	
<b>D. Black or Black British</b>	Caribbean	
	African	
	Black British	
	Any other Black background	
<b>E.</b>	Any other ethnic group	

**IF BORN OUTSIDE UK, continue ... otherwise go to Q. 4**

c. How long have you been living in the UK?

.....

d. What is your migration status?

EU migrant  Asylum seeker  British citizen (naturalised or registered)

Refugee  Other .....

e. Are you entitled to public funds, such as welfare benefits?

Yes  No  DK

**I would now like to ask you a few questions about where you are staying and how long you've been homeless**

4. Where are you currently living or staying? **SHOW FLASH CARD B**

Where living / staying	Tick ONE box only
Sleeping rough (streets / parks)	
Sleeping in cars / vehicles	
Staying temporarily with relatives or friends	
In a hostel	
In a Bed & Breakfast	
In shared / supported housing (temporary housing)	
In a squat	
Other ( <i>describe</i> )	

5. How long have you been staying in your current place?

**SHOW FLASH CARD C**

Length of time	Tick ONE box only
Less than one month	
1-6 months	
7-12 months	
More than 1 year and up to 2 years	
More than 2 years and up to 5 years	
More than 5 years	
Don't know	

6. In total, how long have you spent homeless and on the streets, in hostels, sofa-surfing with family and friends, or in a bed and breakfast hotel?

**SHOW FLASH CARD C**

Length of time	Tick ONE box only
Less than one month	
1-6 months	
7-12 months	
More than 1 year and up to 2 years	
More than 2 years and up to 5 years	
More than 5 years	
Don't know	

Thank you. I'd now like to ask you a few questions about your health, and use of alcohol and drugs. If there are any questions you would prefer not to answer, please let me know.

7. Do you have high blood pressure?

Yes  No  Don't know

IF YES, b. What treatment are you having for your high blood pressure?

.....

.....

.....

.....

8. Do you suffer from asthma, bronchitis, COPD (chronic obstructive pulmonary disease) or other respiratory problems?

Yes  No  Don't know

IF YES, b. What treatment are you having for your respiratory problems?

.....

.....

.....

.....

9. I'll now run through some other physical health problems ...

Do you have the following .... (ask about EACH)	Tick if has problem
Angina / heart problems	
Circulation problems / blood clots / stroke	
Diabetes	
Stomach / digestive problems	
Liver problems	
HIV / Hepatitis B / Hepatitis C	
Urinary/ bladder problems / infections	
Muscle or joint problems / arthritis	
Blackouts / epilepsy / fits	
Skin problems / eczema / leg ulcers / rashes	
Problems with feet, e.g. sores, callouses	
Difficulty seeing / eye problems	
Hearing problems	
Dental problems	
Other physical health problems <i>(write what is said)</i>	

**IF HAS PROBLEMS, CONTINUE. IF NO PROBLEMS, GO TO QUESTION 12**

10. What treatment or help, if any, are you receiving for your physical health problems?

.....

.....

.....

.....

.....

.....

.....

.....

11. Is there any treatment or help that you need for your physical health problems that you are not receiving? Yes  No  DK

**IF YES CONTINUE. IF NO OR DON'T KNOW, GO TO QUESTION 12**

**b. What treatment or help do you need?**

.....

.....

.....

.....

**c. Why are you not receiving help or treatment for your health problems?**

.....

.....

.....

.....

12. Do you suffer from depression or are you recovering from a depressive illness?

Yes  No  Don't know

b. What treatment or help, if any, are you receiving for your depression?

.....  
.....  
.....  
.....

13. Do you suffer from other nervous or mental health problems?

**SHOW FLASH CARD D**

Yes  No  Don't know

**IF YES CONTINUE. IF NO OR DON'T KNOW, GO TO QUESTION 15**

b. What problems do you have? *Write down what the person says*

.....  
.....  
.....  
.....

c. What treatment or help, if any, are you receiving for these problems?

.....  
.....  
.....  
.....  
.....  
.....

14. Is there any treatment or help that you need for your mental health problems that you are not receiving? Yes  No  DK

**IF YES CONTINUE. IF NO OR DON'T KNOW, GO TO QUESTION 15**

b. What treatment or help do you need?

.....  
.....  
.....  
.....

c. Why are you not receiving help or treatment for your mental health problems?

.....  
.....  
.....  
.....  
.....

**ALL PARTICIPANTS**

15. How often do you have a drink containing alcohol?

Never  Monthly or less  2-4 times per month  2-3 times per week   
4-5 times per week  6-7 times per week  Don't know   
Other pattern (*write what is said*) .....

.....  
.....

**IF NEVER DRINKS, GO TO QUESTION 19**



16. What do you drink on a typical day when you are drinking?

Type of drink? <i>(note name of beer or lager or whether normal or super strength)</i>	How many drinks?

17. This card shows some examples of the number of units of alcohol in different drinks. How often do you have 6 or more (women) *OR* 8 or more (men) units of alcohol on one occasion? **SHOW CARD E**

Never       Less than monthly       Monthly       Weekly   
 Daily or almost daily       DK

Other pattern .....

.....

18. Do you think you have a drink problem?    Yes     No     Don't know

**IF YES CONTINUE. IF NO OR DON'T KNOW, GO TO QUESTION 19**

b. What treatment or help, if any, are you receiving for your drinking problem?

.....

.....

.....

**IF NO TREATMENT OR HELP, ask**

c. Why are you not receiving treatment or help for your drinking problem?

.....

.....

.....

.....

**ALL PARTICIPANTS**

19. Do you use or have you used illegal drugs or legal highs or misuse prescription or over-the-counter drugs? **SHOW FLASH CARD F**

Yes

No

**IF NO, GO TO QUESTION 21**

**IF YES, b. What drugs do you currently take and how often?**

Type of drug	Frequency	Mode of use (oral, inhale, inject, smoke)

20. Do you think that you have a drug problem? Yes  No  Don't know

**IF YES CONTINUE. IF NO OR DON'T KNOW, GO TO QUESTION 21**

b. What treatment or help, if any, are you receiving for your drug use?

.....

.....

.....

**IF NO TREATMENT OR HELP, ask**

c. Why are you not receiving treatment or help for your drug use?

.....

.....

.....

.....

**USE OF HEALTH SERVICES**

I now want to ask you a few questions about your use of health services

21. Where do you usually go to get health care? Do you go to ...

**READ OUT EACH OPTION AND TICK ALL THAT APPLY**

GP surgery / medical centre

A&E

Walk-in health centre

Not receiving health care

Other (*write down what the person says*)

.....  
.....  
.....  
.....  
.....  
.....

22. When did you last see a doctor or nurse about your health?

.....  
.....

23. During the last 12 months, have you used an A&E department at a hospital?

Yes

No

Don't know

**IF YES CONTINUE. IF NO OR DON'T KNOW, GO TO QUESTION 24**

b. How many times have you used A&E in the last 12 months?

.....  
.....

c. What problems were you having each time you used A&E and what was the outcome of your visit? *(collect as much detail as possible)*

A&E visit	Reason for using A&E / problems	Outcome of visit
1		
2		
3		
4		
5		
6		
7		

I'd now like to ask you a few questions about whether you were aware of [CCS] before today and, if so, why you do not use it

24. Have you ever seen a doctor or nurse at [CSS]?

Yes  No  Don't know

**IF YES,** b. When were you last seen by a doctor or nurse at [CSS]?

.....

.....

.....

**25. Why do you not use [CSS] or no longer use it?**

**GO THROUGH EACH ITEM on FLASH CARD G**

Reasons	Tick ALL that apply
Did not know about it or did not know what it offered	
It is too far away	
I am not eligible for the service	
The opening times of the service do not suit me	
Waiting time for an appointment was too long	
[CSS] took me off their list	
[CSS] suggested I change to another practice	
Already registered with another GP practice which I use	
Don't need to: no health problems	
Other reason ( <i>write down what the person says</i> )	

**26. Are there any other comments you'd like to make about [CSS] or your experience of obtaining health care?**

.....

.....

.....

.....

.....

**Thank you very much for talking to me today, you have been very helpful.**

***INTERVIEWER***

***GIVE INCENTIVE PAYMENT AND ASK PERSON TO SIGN RECEIPT***

**CHECK THROUGH QUESTIONNAIRE AND MAKE SURE ALL SECTIONS HAVE BEEN COMPLETED AND CAN BE EASILY READ BY SOMEONE ELSE.**

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