

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

**Managers of day centres and drop-in centres for
homeless people without specialist homeless
health teams**

To be completed by the manager or equivalent

The information you provide in this questionnaire will be included in an inventory of specialist primary health care services for homeless people which will be available for downloading from the internet. Your service will not be named in the inventory, but it might be possible to identify homelessness organisations or projects in areas with only a few services. **Please indicate in the section at the end of this questionnaire if there is anything you do not wish to be made public**

Name of your project:

Address:

.....

.....

Organisation:

Date completed:

Completed by:

Email address / contact phone number:

.....

CENTRE FACILITIES

1 When did your centre open?

2 What are your opening times?

Day	Opening times
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

3 a. Approximately, how many people use your service each time you are open?

Number

b. Approximately, what percentage of these are homeless and on the streets, in hostels or in other temporary settings?

Percentage

4 What age restrictions, if any are there for your service-users?

minimum age (years) no minimum age restriction

maximum age (years) no maximum age restriction

ACCESS TO PRIMARY HEALTH CARE SERVICES

5 a. Do any GPs regularly visit or run clinics at your centre? Yes No

IF YES: **b. How often?**

c. Which medical centre or surgery are they from?

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.....

6 a. Do any primary health care nurses regularly visit or run clinics at your centre?

Yes No

IF YES: **b. How often?**

c. Which medical centre or surgery are they from?

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7 a. Is there a particular medical centre or GP practice that you refer your service users who are homeless to for health care?

Yes No

IF YES, b. Please can you give the name and address of the GP practice

Name of GP practice	Address

8 Where else do your service users who are homeless go to get health care?

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9 What problems, if any, do you have in obtaining primary health care for your homeless Service users?

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10 In what ways could primary health care services for your homeless service users be improved?

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11 Are there any other comments that you want to make about the health care needs of your homeless service users or their access to health care services

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Please indicate in the boxes below any of your responses to questions that you do not wish to be made public. Information that you do not wish to be made public will remain confidential and accessible only to the research team.

Question	Do not make public		Question	Do not make public		Question	Do not make public
1			5b			7b	
2			5c			8	
3a			6a			9	
3b			6b			10	
4			6c			11	
5a			7a				

Please turn over

Thank you very much for taking the time to complete this questionnaire. It is much appreciated.

Please return in envelope provided to ... contact details of research team

The study has been funded by the National Institute for Health Research Health Service and Delivery Research Programme – project number 13/156/03.