

HEARTH Study:
Delivering Primary Health Care to Homeless People

Case study participants:
baseline interview

VERSION 02.02.2016

To be completed by the interviewer with the participant

HEARTH Study, c/o contact details of research team

Participant ID number Participant name.....

Date of interview: Interviewer's name

Name of Case Study Site:

Where interviewed:

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 serious harm. If anything you say is quoted in a report or paper, it will be anonymised so that you cannot be identified. You can refuse to answer any question and may stop the interview at any time. Is there anything you'd like to ask before we start?

I'd like to start by collecting details about your background and housing history

1. Sex: Male Female Transgender

2. What is your date of birth? Day Month Year

3. Where were you born?

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

..... DK

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

4. a. Where are you currently living or sleeping?

- Homeless hostel Shared / supported temporary accommodation In a squat
 Sofa surfing / staying temporarily with relatives / friends B&B hotel
 Sleeping rough (streets / parks) Sleeping in cars / vehicles
 Own tenancy Living permanently with relatives / friends Probation hostel
 Other

b. Do you have a partner or child living with you? Yes No

IF YES, c. Who is living with you?

.....

d. How long have you been in your current housing / living arrangement?

.....

IF LESS THAN 4 MONTHS, continue ... otherwise go to Q. 5

e. Where else have you lived in the last 4 months? (Work backwards)

Where stayed, e.g. hostel, shared house, streets, own tenancy	How long stayed there?

5. In total, how long have you spent homeless, including living in hostels, rough sleeping, staying with family and friends or in B&Bs?

.....

IF HOMELESS / IN TEMPORARY HOUSING (include SQUAT, HOSTEL, B&B, SOFA-SURFING) continue ... otherwise go to Q. 7

6. Are any staff at [name of CSS] aware that you are homeless?

- Yes No DK

IF YES, b. Which workers? (*TYPE of worker e.g. nurse, doctor, receptionist – DO NOT NAME WORKER*)

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.....

ALL PARTICIPANTS

7. During the last 4 months have you had any housing issues that you needed help with?

Yes No DK **IF NO OR DK, GO TO Q. 9**

IF YES, b. What were your housing issues?

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8. During the last 4 months, have you discussed these housing issues with any of the staff at [name of CSS]? Yes No DK

IF YES, b. Who did you talk to? *TYPE of worker – DO NOT NAME WORKER*

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c. What did they say or do and what was the outcome?

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..... **THEN GO TO Q. 9**

IF NO, d. Why not?

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..... **THEN GO TO Q. 9**

9. Are you involved in any education, training or employment? Yes No

IF YES, b. What are you doing?

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.....

10. During the last 4 months, have any of the staff at [name of CSS] given

you advice about your ability to work, or help with regard to accessing training or employment? Yes No DK

IF YES, b. Who has given you advice or help? TYPE of worker – DO NOT NAME WORKER

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.....

c. What advice or help have they given you and what was the outcome?

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I'd now like to ask you a few questions about your finances. Please remember, you can refuse to answer any question you find too intrusive.

11. What is your current income? (include wages, casual earnings, types of pensions, names of Social Security benefits, Child Benefit, and other income)

Type of income / name of SS benefit	Amount	Frequency
1.		
2.		
3.		

Other

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.....

12. During the last 4 months, have you experienced any financial difficulties or needed help to sort out your finances, such as social security benefit payments?

Yes No **IF NO, GO TO Q. 13**

IF YES, b. What were the difficulties?

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.....

c. Did you discuss with any of the staff at [name of CSS] about these problems? Yes No DK

IF YES, b. Who did you talk to? TYPE of worker – DO NOT NAME WORKER

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d. What did they say or do and what was the outcome?

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..... **THEN GO TO Q. 13**

IF NO, e. Why not?

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.....
..... **THEN GO TO Q. 13**

HEALTH AND HEALTH PROBLEMS

I'd now like to ask you about your health and any health problems you've had over the last few months

13. Overall, how would you rate your health during the past 4 weeks?

SHOW CARD B

Excellent Very good Good Fair Poor Very poor

14. Do you do any exercise, such as playing football, swimming, going to the gym or taking brisk walks? Yes No

IF YES, b. What do you do and how often?

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

15. During the last 4 months, have any of the staff at [name of CSS] given you advice or help with regard to exercise? Yes No DK

IF YES, b. Who has given you advice or help? *TYPE of worker – DON'T NAME person*

.....
.....

c. What advice or help have they given you and what was the outcome?

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16. In an average week, how many days do you have a meal containing protein such as meat, fish, or vegetarian equivalent?

Number of days DK

b. Where do you usually have a meal or get food? *Write all places mentioned*

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17. In an average week, how many days do you eat fruit or vegetables?

..... DK **IF NONE, GO TO Q.18**

b. On the days you have fruit or vegetables how many portions would you have?

SHOW CARD C DK

18. Are you experiencing any problems with getting meals or eating healthily?

Yes No DK

IF YES, b. What are the problems?

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.....
.....

19. Over the last 4 months, have any of the staff at [name of CSS] given you

advice or help with regard to obtaining food or eating healthily? Yes No

Probe: voucher for food bank; advice about what to eat or not eat

IF YES, b. Who has given you advice or help? TYPE of worker – DO NOT NAME worker

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.....

c. What advice or help have they given you and what was the outcome?

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20. During the last 4 months, have you used a 'food bank'? Yes No

IF YES, b. How many times?

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21. Have you ever smoked cigarettes or tobacco? Yes No

IF YES CONTINUE ... IF NO GO TO Q. 23

b. In total, how many years have you smoked?

c. Do you currently smoke? Yes No

IF YES, d. How many on average do you smoke a day?

Cigarettes Roll-ups

Electronic cigarettes

Other

22. During the last 4 months, have you had any advice or help with regard to smoking from the staff at [name of CSS]? Yes No DK

IF YES, b. Who has given you advice or help? *TYPE of worker – DO NOT NAME worker*

.....
.....

c. What advice or help have they given you and what was the outcome?

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.....

23. When did you last have your blood pressure taken?

..... DK

24. Do you have any problems with high blood pressure?

Yes No DK

IF YES, continue ... IF NO OR DK GO TO Q.25

b. How long have you had the problem?

c. How has high blood pressure affected you, if at all, during the last 4 months?

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

d. What treatment, investigations or follow-up have you received during the last 4 months for high blood pressure and by whom?

PROBE: how often BP checked and by whom; whether taking medication; other help

Service	What treatment / investigations / follow up?
CSS staff (state type of worker – <u>do not name</u> worker)	
Other service (state which service / type of worker – DO NOT NAME worker)	

e. What advice have the doctors or nurses at [name of CSS] given you about managing your blood pressure?

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.....

25. Do you suffer from asthma, bronchitis, COPD (chronic obstructive pulmonary disease), or other respiratory problems? Yes No DK

IF YES, continue ... IF NO OR DK GO TO Q.26

b. What problems do you have?

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c. How long have you had the problems?

d. How have your respiratory problems affected you, if at all, during the last 4 months?

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e. What treatment, investigations or follow-up have you received during the last 4 months for your respiratory problems and by whom?

PROBE: medication / inhalers, how often peak flow checked, how often reviewed, other help

Service	What treatment / investigations / follow up?
CSS staff (state type of worker – DO NOT NAME worker)	
Other service (state which service / type of worker – DO NOT NAME worker)	

f. What advice have the doctors or nurses at [name of CSS] given you about managing your respiratory problems?

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INTERVIEWER, COMPLETE COPD ASSESSMENT TEST (Table 1)

ALL PARTICIPANTS

26. Please tell me about any other physical health problems that you have and any treatment, advice or follow-up you've received during the last 4 months?

SHOW CARD D – ASK ABOUT EACH IF NO PROBLEMS GO TO Q. 28

Health problem	What treatment, advice or follow-up and by whom? <i>(state type of worker – do not name person)</i>	
	CSS	Other service (name service)

27. Is there any treatment or help that you need for physical health problems that you're not receiving? Yes No DK

IF YES, CONTINUE IF NO, GO TO Q. 28

b. What treatment or help do you need?

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

c. Have you asked for treatment or help from any of the staff at [name of CSS]?

Yes No DK

IF YES, d. Who did you ask? TYPE of worker – DO NOT NAME worker

.....
.....

e. What did they say or do and what was the outcome?

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.....
.....

THEN GO TO Q. 28

IF NO, f. Why not?

.....
.....

THEN GO TO Q. 28

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

Yes No DK **IF NO OR DK GO TO Q. 29**

IF YES, b. How long have you suffered from depression?

.....
.....

c. How has your depression affected you, if at all, during the last 4 months?

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

d. What treatment or help have you received during the last 4 months for your depression and by whom?

PROBE: medication, counselling, group therapy, other help

Service	What treatment or help?
CSS staff (state type of worker – DO NOT NAME worker)	
Other service (state which service / type of worker – DO NOT NAME worker)	

e. What advice have the staff at [name of CSS] given you about managing your depression?

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

INTERVIEWER, COMPLETE PHQ-9 (Table 2)

ALL PARTICIPANTS

29. During the last 4 months, have you suffered from any other emotional or mental health problems? Yes No DK **SHOW CARD E**

IF YES, b. Please tell me more about the problems

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

c. What treatment or help, if any, have you had for these problems during the last 4 months and by whom?

PROBE: medication, counselling, group therapy, other help

Service	What treatment or help?
CSS staff (<i>state type of worker – DO NOT NAME worker</i>)	
Other service (<i>state which service / type of worker – DO NOT NAME worker</i>)	

ALL PARTICIPANTS

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

IF YES, CONTINUE IF NO, GO TO Q. 31

b. What treatment or help do you need?

.....

.....

.....

.....

c. Have you asked for treatment or help from any of the staff at [name of CSS]?

Yes No DK

IF YES, d. Who did you ask? TYPE of worker – DO NOT NAME worker

.....

.....

e. What did they say or do and what was the outcome?

.....

.....

.....

IF NO, f. Why not?

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

31. What medication or tablets are you currently taking?

Type of medication (name if known)	Dosage and frequency

INTERVIEWER, COMPLETE SF8 & MENTAL WELL-BEING SCALE FOR ALL PARTICIPANTS (Tables 3 and 4)

ALCOHOL AND DRUGS

I'd now like to ask you a few questions about your drinking habits over the **LAST 4 MONTHS** and whether you've taken any drugs other than those prescribed to you. Just to remind you that everything you say is confidential.

32. Do you drink alcohol? Yes No

IF YES, GO TO Q. 33

IF NO, b. Are you recovering from an alcohol problem? Yes No

IF YES, CONTINUE ... IF NO, GO TO Q. 43

33. During the last 4 months, how often have you drunk alcohol? **SHOW CARD F**

Never Monthly or less 2-4 times per month 2-3 times per week
 4-5 times per week 6-7 times per week

Other pattern *e.g.* binge drinking

.....

.....

34. During the last 4 months, how often have you had 6 or more (women) *OR* 8 or more (men) units of alcohol on one occasion?

Never Less than monthly Monthly Weekly
 Daily or almost daily DK

Other pattern

.....

35. What do you drink on a typical day when you are drinking? **SHOW CARD G**

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

36. During the last 4 months, have you had any health problems as a result of your alcohol use? *PROMPT: falls, convulsions, bleeding, liver problems, memory loss*

Yes No

IF YES, b. What health problems have you had?

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37. During the last 4 months, has your use of alcohol affected you in any other way? If so, please describe ... *PROMPT: problems with housing, finances, work/training, social*

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38. During the last 4 months, how often have you found that you were unable to stop drinking once you had started?

Never Less than monthly Monthly Weekly Daily / almost daily

39. During the last 4 months, how often have you been unable to remember what happened the night before because you had been drinking?

Never Less than monthly Monthly Weekly Daily / almost daily

40. During the last 4 months, has a relative, friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?

Yes No

41. During the last 4 months, have you had any advice about drinking alcohol or treatment to manage alcohol use? *PROBE: CSS staff, GP, alcohol worker, AA, other*

Yes No DK

IF YES, b. Who has helped you and what advice or help have they given?

Service	What advice or help?
CSS staff (state type of worker – DO NOT NAME worker)	
Other service (state which service / type of worker – DO NOT NAME worker)	

42. Is there any advice or help regarding alcohol use that you need but are not receiving?

Yes No DK

IF YES, CONTINUE IF NO, GO TO Q. 43

b. What advice or help do you need?

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

c. Have you discussed this with the staff at [name of CSS] ?

Yes No

IF YES, d. Who with? TYPE of worker – DO NOT NAME worker

.....
.....

e. What did they say or do and what was the outcome?

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

THEN GO TO Q. 43

IF NO, f. Why not?

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.....
.....

THEN GO TO Q. 43

USE OF DRUGS

43. Do you use illegal drugs or legal highs, such as ketamine or meow meow, or misuse prescription or over-the-counter drugs, such as valium or codeine?

SHOW CARD H Yes No

IF YES, GO TO Q. 44

IF NO, b. Are you recovering from a drug problem? Yes No

IF YES, GO TO Q. 44 ... IF NO, GO TO Q. 52

44. During the last 4 months, what drugs have you used and how often?

SHOW CARD H Yes No DK

IF YES, b. What drugs have you taken and how often?

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

c. Do you take prescribed methadone, subutex or similar script?

Yes No

IF YES, d. Name of drug Daily dose

45. During the last 4 months, have you had health problems as a result of your drug use? *PROMPT: infections, convulsions, bleeding, hepatitis, memory loss*

Yes No

IF YES, b. What problems have you had?

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

46. During the last 4 months, has your use of drugs affected you in any other way? If so, please describe ... *PROMPT: problems with housing, finances, work/training, social*

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

47. During the last 4 months, have you felt bad or guilty about your drug use?

Yes No

48. During the last 4 months, have you felt you ought to cut down on your drug use?

Yes No

49. During the last 4 months, has a relative, friend, doctor or other health worker expressed concern about your drug use? Yes No

50. During the last 4 months, have you received any advice about using drugs, or treatment to manage a drug problem? Yes No

IF YES, b. Who has helped you and what help have they given?

PROBE: CSS staff, drugs worker, Narcotics Anonymous, detox, rehab

Service	What advice or help? <i>Whether prescribes methadone or other script (if applicable)?</i>
CSS staff (<i>state type of worker – DO NOT NAME worker</i>)	
Other service (<i>state which service / type of worker – DO NOT NAME worker</i>)	

51. Is there any advice or help regarding your drug use that you need but are not receiving? Yes No **IF YES, CONTINUE ... IF NO, GO TO Q. 52**

b. What advice or help do you need?

.....

.....

.....

c. Have you discussed this with the staff at [name of CSS]?

Yes No DK

IF YES, d. Who with? TYPE of worker – DO NOT NAME worker

.....

e. What did they say or do and what was the outcome?

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.....
..... **THEN GO TO Q. 52**

IF NO, f. Why not?

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.....
.....
..... **THEN GO TO Q. 52**

DENTAL HEALTH

I'd now like to ask you a few questions about your dental health, whether you've got any dental problems, and whether you've been to a dentist lately

52. Would you say your dental health (mouth, teeth and/or dentures) is ...

SHOW CARD I

Very good Good Fair Bad Very bad

53. In the last 4 months, have you experienced any pain or aching in your mouth because of problems with teeth, mouth or dentures? **SHOW CARD J**

Never Hardly ever Occasionally Often Very often

54. If you went to the dentist tomorrow, do you think you would need any treatment?

Yes No DK

IF YES, b. What do you think you might need to have done?

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

55. Are you registered with a general dental practitioner/high street dentist?

(Include NHS / Private / Independent)

Yes No DK

IF YES, b. Where is your dentist? Collect address / town – **DO NOT NAME dentist**

.....
.....

56. Have you seen a dentist in the last 4 months? If so, how many times?

Yes , number of times No **IF NO GO TO Q. 57**

IF YES, b. What was the purpose of the visit(s)? Was it for ...

Tick ALL that apply

A routine check-up Emergency or urgent treatment

Other treatment (non-emergency, non-urgent)

Other reason (*describe*)

.....
.....

c. Did you complete the course of dental treatment?

Yes Still ongoing No DK **NOW GO TO Q.58**

IF NOT SEEN A DENTIST IN THE LAST 4 MONTHS, ask:

57. About how long ago was your last visit to the dentist?

..... DK

b. The last time you visited the dentist, what was the purpose of your visit? Was it for

Tick ALL that apply

A routine check-up Emergency or urgent treatment

Other treatment (non-emergency, non-urgent)

Other reason (*describe*)

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

IF NOT SEEN A DENTIST FOR MORE THAN TWO YEARS, ask:

c. Why have you not visited a dentist in the last two years?

SHOW CARD K Go through *ALL* options and record where relevant

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.....
.....

ALL PARTICIPANTS

58. During the last 4 months, have you discussed with staff at [name of CSS]

any dental problems or dental needs that you have? Yes No

IF YES, b. What dental problems or needs did you discuss with CSS staff?

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.....
.....

c. What did the [name of CSS] staff say or do and what was the outcome?

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.....
.....

Many people get anxious about visiting the dentist. I'd now like to ask you some questions about how anxious you get, if at all, with your dental visit. Each item is about different aspects of visiting a dentist.

59. If you went to a dentist for treatment tomorrow, how would you feel? **SHOW CARD L**

Not anxious Slightly anxious Fairly anxious Very anxious
Extremely anxious

60. If you were sitting in the waiting room (waiting for treatment), how would you feel?

SHOW CARD L

Not anxious Slightly anxious Fairly anxious Very anxious
Extremely anxious

61. If you were about to have a tooth drilled, how would you feel? **SHOW CARD L**

Not anxious Slightly anxious Fairly anxious Very anxious
Extremely anxious

62. If you were about to have your teeth scaled and polished, how would you feel?

SHOW CARD L

Not anxious Slightly anxious Fairly anxious Very anxious
Extremely anxious

63. If you were about to have a local anaesthetic injection in your gum above an upper back tooth how would you feel?

SHOW CARD L

Not anxious Slightly anxious Fairly anxious Very anxious
Extremely anxious

USE OF CSS

I'd like to ask you some questions about your use of [name of CSS] and how satisfied you are with the service that it provides

64. How long have you been registered with or using [name of CSS]?

Record whether this has been consistently or on and off

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

65. How did you hear or find out about [name of CSS]?

.....

.....

67. Are you registered as a permanent or temporary patient with [name of CSS]?

Permanent Temporary Not registered DK

68. Where do you usually see the doctor or nurse from [name of CSS]?

(tick ALL that apply)

At the medical centre In hostel In day centre

Other

.....

70. When you want to see a doctor or nurse from [name of CSS]? , how is this arranged?

PROBE: make own appointment; drop-in service so no appointment needed; hostel staff arrange appointment; health advocate / link worker

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.....

.....

71. How long do you usually wait for an appointment when you want to see a doctor at [name of CSS]?

Same day or next day In 2-4 days 5+ days Not applicable

72. How long do you usually wait for an appointment when you want to see a nurse at [name of CSS]?

Same day or next day In 2-4 days 5+ days Not applicable

78. How satisfied are you with the length of time you have to wait to see a doctor or nurse at [name of CSS]? **SHOW CARD N**

Very Fairly Not very Not at all DK

ALL RESPONSES, b. Why is this?

.....

.....

.....

.....

75. I'd like to ask you about the last time you saw a doctor or nurse at [name of CSS]. Who did you see?

Type of worker – DO NOT NAME worker

Ask about **each**, read out options and tick the relevant box:

How good was the person at:	Very good	Good	Neither good nor poor	Poor	Very poor	DK
a. Giving you enough time?						
b. Listening to you?						
c. Explaining your condition and treatment?						
d. Involving you in decisions about your care?						
e. Treating you with care and concern?						
f. Providing or arranging treatment for you?						

76. Did you have confidence and trust in the doctor or nurse you saw?

Yes, definitely Yes, to some extent No DK

IF NO, b. Why not?

.....

79. How helpful do you find the receptionists at [name of CSS]?

Very Fairly Not very Not at all DK Not applicable

Read out options

ALL RESPONSES, b. Why is this?

.....

80. In the reception area, can other patients overhear what you say to the receptionist?

Yes No DK Not applicable

IF YES, b. How do you feel about this?

.....
.....

81. How effective have you found [name of CSS] in helping you to access services for non-medical problems, such as for housing or welfare benefit problems?

Read out options

Very Fairly Not very Not at all DK Not applicable

ALL RESPONSES, b. Why is this?

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

82. Overall, how would you describe your experience of [name of CSS]?

SHOW CARD M

Very good Fairly good Neither good nor poor Fairly poor
Very poor DK

ALL RESPONSES, b. Why is this?

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

83. How likely are you to recommend [name of CSS] to other homeless people if they needed similar care or treatment?

SHOW CARD O

Extremely likely Likely Neither likely nor unlikely
Unlikely Extremely unlikely DK

OTHER SERVICES

I'd lastly like to ask a few questions about services other than [name of CSS] that you've used during the last 4 months and how many times you've used them

84. Over the last 4 months, have you used a GP practice other than [name of CSS]?

Yes No **IF NO, GO TO Q. 85**

b. Which GP practice (*name / address*)

.....

.....

c. Are you registered with this practice? Yes No

d. How many times did you go there in the last 4 months?

.....

e. Why did you go there instead of [name of CSS]?

.....

.....

.....

.....

85. During the last 4 months, have you attended an A&E department at a hospital?

Yes No **IF NO, GO TO Q. 86**

b. How many times have you attended A&E in the last 4 months?

.....

c. Why did you go to A&E, and what was the outcome of your visit(s)?

A&E visit	Reason for using A&E / problems	Outcome of visit
1		
2		
3		<i>Continued over page</i>

A&E visit	Reason for using A&E / problems	Outcome of visit
4		
5		
6		

87. During the last 4 months, have you been admitted into hospital, detox or rehab?

Yes

No

IF NO, GO TO Q. 88

IF YES, RECORD EACH ADMISSION OR STAY ...

Where stayed ¹	Reason for admission	When admitted	Length of stay (no. nights)

1. If in hospital, record whether medical, surgical, psychiatric, or general ward.

IF HAD ADMISSION, ask:

c. When you were discharged from hospital / detox/ rehab, what help if any did you receive and who from to ensure that you had accommodation to go to?

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.....

.....

86. During the last 4 months, have you used the following services and why?

Ask about <i>EACH</i>	How many times?	Reasons for <i>each</i> visit / use?
1. Walk-in health clinic / urgent care centre		
2. Ambulance		
3. Hospital out-patients to see a doctor or nurse		

89. Do you have a support worker, such as an outreach worker, hostel keyworker or tenancy support worker? Yes No

IF YES, please tell me about the worker ... IF NO, GO TO Q. 90

Type of worker	Number of times seen in last 4 months?	Does worker know you use [name of CSS]?

90. During the last 4 months, have you received any help or support from family members or friends? Yes No

IF YES, CONTINUE ... IF NO, GO TO Q. 91

Who from (<i>relationship to participant</i>)	What help and support have they given you?

91. During the last 4 months, have you been to any day centres or drop-in centres?

Yes No **IF YES, ask**

Which centre? (<i>name of centre / location</i>)	How often do you go?

92. I'd now like to run through a list of other workers and services that you might have used during the last 4 months. I'd like to know how often you've used the service, and whether CSS staff arranged the service on your behalf or helped you to access it.

INTERVIEWER, COMPLETE TABLE 5

93. Apart from what you've already mentioned, what other help or advice, if any, have you had from the doctors, nurses or other workers at [name of CSS] during the last 4 months?

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.....

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.....

.....

94. Besides what you have already mentioned, is there any help or services that you need that you're not getting? Yes No DK

IF YES, b. What help or services do you need?

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.....

.....

95. Are there any plans for you to get housing or change accommodation in the next few months?

Yes No DK

IF YES b. What plans?

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.....

.....

96. Are there any other comments you'd like to make about [name of CSS], or your experiences of obtaining health care or other services?

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.....

.....

.....

.....

Thank you for answering the questions. You have been very patient and helpful. We will see you again in four months' time.

Go through the Contact Details Sheet and the contents of the participant pack.

Give incentive payment

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