

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

**Case study participants:
Eight month interview**

VERSION 03.05.2017

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?

1. How have you been getting on since we last saw you?

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2. Are you still living / sleeping at
or have you moved?

Moved At same address / location , **GO TO Q. 3**

b. Where have you lived or stayed in the last 4 months, starting with where you are currently staying and working backwards

Where stayed, e.g. hostel, shared house, streets, own tenancy	How long there?
<i>Current place</i>	

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

IF YES, b. Who is living with you?

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.....

4. 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. 6**

IF YES, b. What were your housing issues?

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5. 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. 6**

IF NO, d. Why not?

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..... **THEN GO TO Q. 6**

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

IF YES, b. What are you doing?

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7. 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

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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.

8. 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

9. 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. 10**

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

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

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..... **THEN GO TO Q. 10**

IF NO, f. Why not?

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.....
..... **THEN GO TO Q. 10**

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

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

SHOW CARD B

Excellent Very good Good Fair Poor Very poor

11. 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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.....

12. 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 – DO NOT NAME*

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.....

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

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

..... DK **IF NONE, GO TO Q.15**

b. How many portions of fruit or vegetables would you have on an average day?

SHOW CARD C DK

15. 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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16. 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 DK

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*

.....
.....

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

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17. During the last 4 months, have you used a ‘food bank’? Yes No

IF YES, b. How many times?

.....

18. During the last 12 months, have any of the staff at [name of CSS] weighed you?

Yes No DK

IF YES, b. How often have they weighed you?

.....

19. During the last 12 months, have any of the staff at [name of CSS] spoken to you about your weight? Yes No DK

IF YES, b. Who has spoken to you? *TYPE of worker – DO NOT NAME*

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.....

c. What did they say or advise?

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20. Do you currently smoke cigarettes or tobacco? Yes No

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

Cigarettes Roll-ups

Electronic cigarettes

Other

21. 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

.....
.....

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

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HIGH BLOOD PRESSURE

*** Record whether problems with high blood pressure at baseline or 4 months ***

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IF PREVIOUSLY MENTIONED HIGH BLOOD PRESSURE, ASK:

22. a. How has your blood pressure been over the last 4 months?

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

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..... **THEN GO TO Q. 24**

IF NOT PREVIOUSLY MENTIONED HIGH BLOOD PRESSURE, ASK:

23. a. During the last 4 months have you had any problems with high blood pressure?

Yes No **IF NO, GO TO Q. 28**

IF YES, b. What problems have you had?

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.....
.....

c. How has it affected you, if at all?

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.....

24. 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 – DO NOT NAME worker)	

Other service (<i>state type of worker – DO NOT NAME worker</i>)	
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25. What advice have the doctors or nurses at [name of CSS] given you about managing your blood pressure?

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26. Do you think that the CSS staff have given you enough information to help you manage your high blood pressure?

Yes No DK

IF NO or DK, b. What could they have done to help you?

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27. Are you satisfied with the treatment for your blood pressure problem that the CSS staff have provided or arranged on your behalf?

Yes No DK

IF NO or DK, b. Why not / OR why are you unsure?

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RESPIRATORY PROBLEMS

28 ***** Record whether respiratory problems at baseline or 4 months *****

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IF PREVIOUSLY MENTIONED RESPIRATORY PROBLEMS, ASK:

a. How has your asthma / COPD / respiratory problems been over the last 4 months?

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

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..... **THEN GO TO Q. 30**

IF NOT PREVIOUSLY MENTIONED RESPIRATORY PROBLEMS, ASK:

29 a. During the last 4 months have you had any respiratory problems such as asthma or
bronchitis? Yes No **IF NO, GO TO Q. 35**

IF YES, b. What problems have you had?

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c. How have the problems affected you, if at all?

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30. 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 type of worker – DO NOT NAME worker)	

31. Over the last 12 months, have you been offered pulmonary rehabilitation?

Yes No DK

IF YES, b. Did you attend sessions? Yes , number of sessions No

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

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33. Do you think that the CSS staff have given you enough information to help you manage your respiratory problems?

Yes No DK

IF NO or DK, b. What could they have done to help you?

.....

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34. Are you satisfied with the treatment for your respiratory problems that the CSS staff have provided or arranged on your behalf?

Yes No DK

IF NO or DK, b. Why not / OR why are you unsure?

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INTERVIEWER, COMPLETE COPD ASSESSMENT TEST (Table 1)

35. At your previous interview, you mentioned that you had the following physical health problems ... During the last 4 months, have there been any changes in your physical health, and what treatment, advice or follow-up have you received during this time?

Health problem <i>INCLUDE NEW PROBLEMS</i>	What changes in <u>last 4 months</u> ?	Treatment, advice or follow-up in last 4 months?	
		By whom (<i>type of worker – do not name</i>)	
		CSS	Other service (name service)

36. 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. 37

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

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

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..... **THEN GO TO Q. 37**

IF NO, e. Why not?

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..... **THEN GO TO Q. 37**

SCREENING AND VACCINATIONS

I'd now like to ask you a few questions about screening and vaccinations

37. During the last 12 months, have you been offered screening for TB?

Yes No

IF YES, b. Who offered it to you? *PROBE: CSS, mobile unit at hostel, other (state TYPE of worker – DO NOT NAME WORKER)*

.....
.....

c. Did you attend the screening? Yes No

IF YES, d. What was the result?

38. During the last 12 months, have you had the flu vaccine?

Yes No DK

IF YES, b. Where did you have it? *PROBE: CSS, other (name)*

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39. Have you ever had the pneumonia vaccine? Yes No DK

IF YES, b. When did you last have it?

c. Where did you have it? PROBE: CSS, other (name)

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40. In the last 10 years, have you been vaccinated for Hepatitis A?

Yes , *number of injections* In progress No DK

IF YES, b. Where did you have it? PROBE: CSS, other (name)

.....

41. In the last 10 years, have you been vaccinated for Hepatitis B?

Yes , *number of injections* In progress No DK

IF YES, b. Where did you have it? PROBE: CSS, other (name)

.....

42. Have you been tested for Hepatitis C? Yes No DK

IF YES, b. When were you last tested?

c. Who arranged this? PROBE: CSS, other (name)

.....

43. Have you been tested for HIV? Yes No DK

IF YES, b. When were you last tested?

c. Who arranged this? PROBE: CSS, other (name)

.....

MENTAL HEALTH PROBLEMS

***** Record whether depression at baseline or 4 months *****

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IF PREVIOUSLY MENTIONED DEPRESSION, ASK:

44 a. How has your depression been over the last 4 months?

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b. How has your depression affected you over the last 4 months?

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..... **THEN GO TO Q. 46**

IF NOT PREVIOUSLY MENTIONED DEPRESSION, ASK:

45. a. During the last 4 months have you suffered with depression?

Yes No **IF NO, GO TO Q. 50**

IF YES, b. How has your depression affected you, if at all?

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46. 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 type of worker – DO NOT NAME worker)	

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

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48. Do you think that the CSS staff have given you enough information to help you manage your depression?

Yes No DK

IF NO or DK, b. What could they have done to help you?

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.....

49. Are you satisfied with the treatment for your depression that the CSS staff have provided or arranged on your behalf?

Yes No DK

IF NO or DK, b. Why not / OR why are you unsure?

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INTERVIEWER, COMPLETE PHQ-9 (Table 2)

ALL PARTICIPANTS

***** Record whether previous mental health problems*****

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50. During the last 4 months, have you suffered from other emotional or mental health problems? Yes No **SHOW CARD E IF NO, GO TO Q. 51**

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 type of worker – DO NOT NAME worker</i>)	

ALL PARTICIPANTS

51. 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. 52

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?

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.....
.....

IF NO, f. Why not?

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.....

52. What medication or tablets are you currently taking?

Type of medication (name if known)	Dosage and frequency

INTERVIEWER, COMPLETE SF8 & MENTAL WELL-BEING SCALE

(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.

*** Record drinking habits at baseline & 4 months, and past alcohol problems ***

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ALL PARTICIPANTS

53. 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*

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.....

.....

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

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

55. 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? **SHOW CARD F**

Never Less than monthly Monthly Weekly
 Daily or almost daily DK

Other pattern

**IF DRINK 2+ TIMES WEEKLY / BINGE DRINKS / PAST ALCOHOL PROBLEM,
CONTINUE ... IF NOT, GO TO Q. 65**

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

Never Less than monthly Monthly Weekly Daily / almost daily

57. During the last 4 months, 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

58. 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

59. During the last 4 months, what health problems, if any, have you had or experienced as a result of your alcohol use?

PROMPT: falls, convulsions, bleeding, liver problems, memory loss

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.....
.....

60. During the last 4 months, have you been affected in any other way because of alcohol use? If so, please describe ...

PROMPT: problems with housing, finances, work/training, social

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.....

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

alcohol service, 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 (<i>state type of worker – DO NOT NAME worker</i>)	
Other service (<i>state type of worker – DO NOT NAME worker</i>)	

62. Have CSS staff given you sufficient information about the effects of alcohol, and what you could do to manage your drinking?

Yes No DK

IF NO or DK, b. Why do you say this?

.....

.....

.....

63. Are you satisfied with the advice or treatment that the CSS staff have provided or arranged on your behalf to manage drinking?

Yes No DK

IF NO or DK, b. Why not / OR why are you unsure?

.....

.....

.....

64. 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. 65

b. What advice or help do you need?

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

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. 65**

IF NO, f. Why not?

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.....

..... **THEN GO TO Q. 65**

USE OF DRUGS

**** Record drug use at baseline & 4 months, and past drug problems ****

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ALL PARTICIPANTS

65. During the last 4 months, have you used illegal drugs or legal highs, such as ketamine or meow meow, or misused prescription or over-the-counter drugs, such as valium or codeine? Yes No **IF YES, GO TO Q. 66**

IF NO, BUT PAST DRUG PROBLEMS, GO TO Q. 70 ... IF NO DRUG PROBLEMS, GO TO Q. 77

66. What drugs have you used during the last 4 months? **SHOW CARD H**

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

67. During the last 4 months, have you felt you ought to cut down on your drug use? Yes No

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

69. During the last 4 months, have you felt bad or guilty about your drug use? Yes No

PARTICIPANTS WHO ARE USING DRUGS / HAVE PAST DRUG PROBLEM

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

Yes No

IF YES, b. What problems have you had?

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.....

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.....

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

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.....

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

Yes No

IF YES, b. Name of drug Daily dose

c. How often do you collect your medication?

d. Does the pharmacist supervise you taking it? Yes No

Other arrangements

73. 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, drug service, Narcotics

Anonymous, detox, rehab

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

74. Have the CSS staff given you sufficient information about the effects of drug misuse, and what you could do to tackle your drug use?

Yes No DK

IF NO or DK, b. Why do you say this?

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.....

75. Are you satisfied with the advice or treatment that CSS staff have provided or arranged on your behalf to manage your drug use?

Yes No DK

IF NO or DK, b. Why not / OR why are you unsure?

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.....

76. 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. 77**

b. What advice or help do you need?

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.....
.....

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

Yes No DK

IF YES, d. Who with?

.....

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

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

THEN GO TO Q. 77

IF NO, f. Why not?

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..... **THEN GO TO Q. 77**

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

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

SHOW CARD I

Very good Good Fair Bad Very bad

78. Over the last 12 months, would you say your dental health has ... *Read out options*

Improved a lot Improved a little Stayed the same
Worsened a little Worsened a lot

79. 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?

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

80. I'd now like to ask you a few questions about your use of dental services over the last few months. You mentioned in your previous interview that you were registered with the following dentist / not registered with a dentist

Name and address of dentist or not registered with a dentist (complete prior to interview)

.....
.....

IF REGISTERED WITH A DENTIST, ASK

b. Are you still with this dental practice? Yes No

IF NO, OR IF NOT REGISTERED WITH A DENTIST, ASK ...

c. Have you registered with a general dental practitioner/high street dentist since we last saw you? (include NHS / private / independent) Yes No

IF YES, b. Where is your dentist? Collect name / address / town

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

81. Have you seen a dentist in the last 12 months? If so, how many times?

Yes , number of times No **IF NO, GO TO Q. 83**

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

82. How would you describe your satisfaction with the dental care you've received over the last 12 months? **SHOW CARD M**

Very good Fairly good Neither good nor poor Fairly poor

Very poor Not had any dental care

IF VERY GOOD, FAIRLY GOOD OR NEITHER GOOD NOR POOR, ask

b. Which of the following, if any, best describe why you feel satisfied with your dental care or treatment? **SHOW CARD P**

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.....

IF FAIRLY POOR OR VERY POOR, ask

c. Which of the following, if any, best describe why you feel dissatisfied with your dental care or treatment? **SHOW CARD Q**

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83. 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 CSS staff say or do and what was the outcome?

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

SHOW CARD L

84. If you went to a dentist for treatment tomorrow, how would you feel?

Not anxious Slightly anxious Fairly anxious Very anxious
 Extremely anxious

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

Not anxious Slightly anxious Fairly anxious Very anxious
 Extremely anxious

86. If you were about to have a tooth drilled, how would you feel?

Not anxious Slightly anxious Fairly anxious Very anxious
 Extremely anxious

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

Not anxious Slightly anxious Fairly anxious Very anxious
 Extremely anxious

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

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

89. How many times in the last 4 months have you seen a doctor and nurse from [name of CSS]?

a. Doctor b. Nurse

90. 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 and tick the relevant box:

<i>How good was the person at:</i>	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?						

91. 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?

.....

.....

.....

92. Thinking about the overall care you get from the doctors and nurses at [name of CSS]

... **SHOW CARD N**

a. How well do they help you to understand your health problems?

Very Fairly Not very Not at all DK

b. How well do they help you to cope with your health problems?

Very Fairly Not very Not at all DK

c. How well do they help you to keep yourself healthy?

Very Fairly Not very Not at all DK

93. How satisfied are you with the hours that the CSS is

open/available? **SHOW CARD N**

Very Fairly Not very Not at all DK

ALL RESPONSES, b. Why is this?

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.....

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

SHOW CARD N

Very Fairly Not very Not at all DK Not applicable

ALL RESPONSES, b. Why is this?

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.....

95. 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?

SHOW CARD N

Very Fairly Not very Not at all DK Not applicable

ALL RESPONSES, b. Why is this?

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.....
.....

96. 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?

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.....
.....

97. 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] you've used during the last 4 months and how many times you've used them

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

Yes No **IF NO, GO TO Q. 96**

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

.....
.....

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

.....
.....

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

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

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

Yes No **IF NO, GO TO Q. 97**

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		
4		
5		
6		

100. 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		
2. Ambulance		
3. Hospital out-patients to see a doctor or nurse		

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

Yes No **IF NO, GO TO Q. 102**

IF YES, RECORD EACH ADMISSION OR STAY ...

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

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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.....

.....

102. During the last 4 months, have you had contact with a housing support worker, such as a hostel keyworker or tenancy support worker?

Yes No **IF YES, CONTINUE ... IF NO, GO TO Q. 103**

IF YES, please tell me about the worker ...

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

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

IF YES, ASK:

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

104. 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?

105. I'd now like to run through a list of 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 the CSS arranged the service or helped you to access it.

INTERVIEWER, COMPLETE TABLE 5

106. Over the last 12 months, have you been in prison or been detained in custody?

Yes No **IF YES, RECORD EACH STAY**

Where detained	Reason	When	Length of stay <i>(no. nights)</i>

107. 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?

.....

.....

.....

.....

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

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

.....

.....

.....

.....

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

.....

.....

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

Thank you for answering the questions. You have been very patient and helpful. We will send you a booklet at the end of the study describing the main findings and our recommendations.

Go through the Contact Details Sheet and 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.

