

BASELINE QUESTIONNAIRE - Homeless Health Discharge

ID

number:

(to be completed by discharge coordinator/manager/research assistant)

PART A – SERVICE USER INFORMATION

Date interviewed:

First name:

Surname:

Middle name(s):

 Sex: Male Female

Date of birth: ___/___/_____

Full address:

Telephone number (home):

Post code:

Mobile number:

Where were you born?

 In the UK

 North America & Oceania

 Western Europe (non UK)

 Eastern Europe

 Central Europe

 Sub Saharan Africa

 North Africa

 Latin America & Caribbean

 East Mediterranean

 East Asia & Pacific

 South East Asia

 South Asia

 Ethnicity: White

 Black – Caribbean

 Black – African

 Black – other

 Indian

 Pakistani

 Bangladeshi

 Chinese

 Mixed/other

 Registered with GP: No

 Yes local GP

 Yes not local GP
In the last year, how many times has the individual received the following assistance?

A&E

1	2	3	4	5	6	7	8	9	10
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Hospital outpatient clinic

1	2	3	4	5	6	7	8	9	10
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Hospitalisation (apart from current episode)

1	2	3	4	5	6	7	8	9	10
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GP visits

1	2	3	4	5	6	7	8	9	10
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Date of admission:

Admitting diagnosis:

Date of discharge:

Current symptoms:
 Unexplained weight loss

 Fever / Night sweats

 Coughing > 3 weeks

 Coughing up blood (1/52)

 None

Previously tested for:
TB Yes No

 Unsure
HIV Yes No

 Unsure
Hep B Yes No

 Unsure
Hep C Yes No

 Unsure
Results:

 Pos Neg Unsure

 Pos Neg Unsure

 Pos Neg Unsure

 Pos Neg Unsure
If positive treated?

 Yes No Unsure

 Yes No Unsure

 Yes No Unsure

 Yes No Unsure
Ever vaccinated for Hep B?

 Yes No Unsure how many times:

Do you smoke cigarettes?

 Yes No
If YES, how many per day?

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
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 (>20)
For how long?

 <5 years

 6-10 years

 11-20 years

 >20 years
Have you or a health worker ever been concerned about your drinking or suggested you cut down?

Yes

 No

Prison: in the last year have you ever:

Been in prison? Yes No

How many times has the person had contact with the following police/crime services?

Arrests by police	1	2	3	4	5	6	7	8	9	10	If more please specify :
Nights in prison	1	2	3	4	5	6	7	8	9	10	If more please specify :
Magistrate court attendance	1	2	3	4	5	6	7	8	9	10	If more please specify :
Crown court attendance	1	2	3	4	5	6	7	8	9	10	If more please specify :
Nights in police custody	1	2	3	4	5	6	7	8	9	10	If more please specify :

Mental Health: in the last year, how many times has the person received the following assistance?

Mental health hospital admissions

1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10

Total number of nights

Mental health community provision

Local authority funded care home for people with mental health problems

Total number of nights

Drug use: has the person ever:

Injected heroin?

No Yes (< 1 yr)

1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10

(> 10 yrs)

Injected crack/cocaine?

No Yes (< 1 yr)

(> 10 yrs)

Smoked heroin?

No Yes (< 1 yr)

(> 10 yrs)

Smoked crack/cocaine?

No Yes (< 1 yr)

(> 10 yrs)

Shared needles?

No Yes

(>10 times)

In the last year,

For how many weeks has the individual been receiving substitute prescriptions (e.g. methadone)?

No Yes

1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10

More:

How many one-to-one contacts has the person had with a drug/alcohol treatment team?

No Yes

More:

How many group sessions has the person had with a drug/alcohol treatment team?

No Yes

More:

How many nights has the person spent in detox and rehab centre?

No Yes

More:

Housing: Please indicate the number of nights that **in the last year** the person has spent in the following accommodation types:

Slept rough

No Yes

No. of nights.....

Lived in a hostel

No Yes

No. of nights.....

Lived in a squat or on someone's floor or sofa?

No Yes

No. of nights.....

Own social tenancy

No Yes

No. of nights.....

Own private rented sector tenancy

No Yes

No. of nights.....

Room in shared private rented sector property

No Yes

No. of nights.....

Social care: in the last year, how many times has the person received the following assistance?

A social care assessment No Yes No. of times

A consultation with a social worker No Yes No. of times.....

Care Home No Yes No. of nights.....

Employment: In the last year,

Did you lose any work income as a result of your admission to hospital?

Yes No Not applicable

If yes, can you estimate how much?

Did you miss time from paid or unpaid work as a result of your admission to hospital?

Yes No Not applicable

If yes, how much time did you miss from work?

PART B – PATIENT SATISFACTION WITH SERVICE DELIVERY

How much do you agree or disagree with the following statement:

I am satisfied with the way my discharge from hospital has been managed

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree