

## London Pathway Evaluation

Site Number

Trial ID

Barts and The London  
NHS Trust



**Digestive Disorders Clinical Academic Unit**  
Endoscopy Unit  
The Royal London Hospital  
Whitechapel  
London E1 1BB  
Tel: 020 7377 7218  
Main switchboard: 020 7377 7000

### The London Pathway Evaluation Trial

#### Homeless people, outcomes questionnaire

#### ADMISSION

Version 6.0

25 January 2012 Formatted

Note here if interpreter required:

1. Date of admission:
2. Date of questionnaire:
3. In which Borough, if any, have you lived for 6 of the past 12 months **or** lived for 3 out of past 5 years?
4. How long is it since you had permanent accommodation/tenancy of your own?  
(in days, weeks, months or years)
5. Could you describe the circumstances that led to you no longer being securely housed?

Date collected:

Name of person collecting data:

Signature:

Page 1 of 5



London Pathway Evaluation

Site Number

Trial ID

6. How many times have you been admitted to hospital in the past 12 months (not counting A&E attendances)?

7. Approximately how many nights have you slept rough in the past 4 weeks?

8. Have you been in prison during the last 4 weeks? YES/NO  
If yes- how many nights?

9. Do you have any long-term medical conditions? YES/NO  
If YES – please list

10. Do you have any long-term mental health problems? YES/NO  
If YES – please list

11. Do you have a problem with drugs and/or alcohol? YES/NO

Alcohol consumption: \_\_\_\_\_units/day **or** \_\_\_\_\_units/ week

Illicit drugs-specify: type, amount spent per day & route (IV, smoke, snort etc)

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**Please rate the following 4 questions on a scale of 1-10**

## 12. Money

On a scale of 1 to 10 please tell us how you are coping with money

From 1 = No money or benefits coming in, to 10= No problems or worries about money

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

## 13. Relationships

On a scale of 1 to 10 please tell us how good your relationships are

From 1= no one I can trust, to 10= I have all the friends or family contacts I need

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

## 14. Drugs and alcohol

On a scale of 1 to 10 please tell us about how you manage with drink and drugs

From 1= Other people say I have problem with drugs and/or alcohol, but I don't agree, to 10= No problem with alcohol or drugs

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

## 15. Managing accommodation

On a scale of 1 to 10 please tell us about your accommodation

From 1= I am sleeping rough, nothing can be done, to 10= I am managing well in my own accommodation.

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

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**EQ-5D-5L**

Under each heading, please tick the ONE box that best describes your health TODAY

16. MOBILITY

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

17. SELF-CARE

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

18. USUAL ACTIVITIES

*(e.g. work, study, housework, family or leisure activities)*

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

19. PAIN / DISCOMFORT

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

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20. ANXIETY / DEPRESSION

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

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Page 5 of 5



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#### Contact Sheet

Version 2.0

02 February 2012Formatted

This sheet should be detached from the rest of the questionnaire after completion & stored separately.

These questions are to help us get a better understanding of the problems experienced by homeless people who come to this hospital. These answers are only for use by the research team and your personal details will NOT be passed on to anyone else.

1. Name:
  
2. Date Of Birth:
  
3. Email (write "none" if no email address):
  
4. Best 2 contact phone numbers (write "none" if no phone contact):
  - i) \_\_\_\_\_
  
  - ii) \_\_\_\_\_
  
5. Postal contact address (write "none" if no contact address):
  
  
6. Hospital number:

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7. GP details (write "none" if no GP):

8. Nationality:

9. Asylum seeker (either awaiting decision or failed)? YES/NO

10. Refugee (has been granted leave to remain)? YES/NO

11. Are you male or female?  Male  Female

12. How old were you when you left full-time education?

16 years or less

17 or 18 years

19 years or over

Still in full-time education

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Name of person collecting data:

Signature:

Page 2 of 3



**London Pathway Evaluation**

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13. To which of these ethnic groups would you say you belong? (Tick ONE only)

a. White

- British
- Irish
- Any other white background  
(Please write in box)

b. Mixed

- British
- Irish
- Any other white background  
(Please write in box)

c. Asian or Asian British

- British
- Irish
- Any other white background  
(Please write in box)

d. Black or Black British

- British
- Irish
- Any other white background  
(Please write in box)

e. Chinese or Other Ethnic Group

- British
- Irish
- Any other white background  
(Please write in box)

Date collected:

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Signature:

