Site Number Trial ID

Barts and The London **NHS**

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:

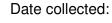


Signature:



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6.	How many times have you been <u>admitted</u> 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 week If yes- how many nights?	s? YES/NO			
9.	Do you have any long-term medical conditions If YES – please list	? YES/NO			
10.	Do you have any long-term mental health problem. If YES – please list	lems? YES/NO			
11.	Do you have a problem with drugs and/or alcoh	nol? YES/NO			
	Alcohol consumption:units/day	orunits/ week			
	Illicit drugs-specify: type, amount spent per da	y & route (IV, smoke, snort etc)			



Signature:

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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= 0ther 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. <u>SELF-CARE</u>				
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. <u>USUAL ACTIVITIES</u>				
(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				
Thave severe problems doing my usual activities	•			
I am unable to do my usual activities	•			
I am unable to do my usual activities	٠			
I am unable to do my usual activities 19. PAIN / DISCOMFORT	·			
I am unable to do my usual activities				
I am unable to do my usual activities 19. PAIN / DISCOMFORT	· ·			
I am unable to do my usual activities 19. PAIN / DISCOMFORT I have no pain or discomfort	· .			
I am unable to do my usual activities 19. PAIN / DISCOMFORT I have no pain or discomfort I have slight pain or discomfort	·			
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	·			

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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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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:				

Signature: Page

Name of person collecting data:

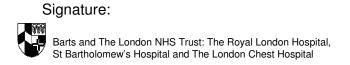


Date collected:



Site Number	Trial ID					
7. GP details (write "none" if no GP):						
8. Nationality:						
o. Ivationality.						
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 fem	nale?	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						

Date collected: Name of person collecting data:



Still in full-time education



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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		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)			
۵	Chinas	e or Other Ethnic Group			
C.					
		British			
		Irish			
		Any other white background			
		(Please write in box)			

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