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 FOLLOW-UP Version 1.0 25 January 2012 Formatted

Note here if interpreter required:

- 1. Date of admission:
- 2. Date of questionnaire:
- 3. Could you tell us where you have been staying since you left hospital?

4.

a. Have you been admitted to this or any other hospital since your discharge?If yes - where, for how long and number of times admitted)?

YES/NO

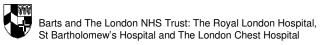
b. Have you attended any Accident and
Emergency Department since discharge?
If yes - where, when
(or day of the week if date not known) AND how many times

YES/NO

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

Date collected: Name of person collecting data:

Signature: Page 1 of 5





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Date collected:

Signature:

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

10. 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

11. 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

12. 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

13. 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.

<u>1 2 3 4 5 6 7 8 9</u> 10

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Signature:

Barts and The London NHS Trust: The Royal London Hospital.

St Bartholomew's Hospital and The London Chest Hospital





14. MOBILITY

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EQ-5D-5L

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

14. MOBILITI	
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	•
15. <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	
16. <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	
I am unable to do my usual activities	
17. 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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18. 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

Date collected: Name of person collecting data:



