

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
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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? YES/NO
If yes - where, for how long and number of times admitted)?
 - b. Have you attended any Accident and
Emergency Department since discharge? YES/NO
If yes - where, when
(or day of the week if date not known) AND how many times
5. Approximately how many nights have you slept rough in the past 4 weeks?

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Signature:

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

7. a. Do you have any new medical problems since discharge?
If YES – please list YES/NO

b. Is the medical problem that took you into hospital
better / worse / the same compared to when you left hospital?

c. Is there anything else that has changed (for better or worse) since leaving hospital?

8. a. Is your mental health
better / worse / the same compared to when you left hospital?

b. Have you had any new mental health problems since discharge? YES/NO
If yes - what?

9. 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

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= 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

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.

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

14. 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

15. 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

16. 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

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

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Signature:

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