

HEARTH Study:
Delivering Primary Health Care to Homeless People

Case study participants:
Four month interview

VERSION 31.05.2016

To be completed by the interviewer with the participant

HEARTH Study, c/o contact details of research team

Participant ID number Participant name.....

Date of interview: Interviewer's name

Name of Case Study Site:

Where interviewed:

I'd just like to remind you that everything you say is confidential unless you mention something that indicates you or someone else is at risk of serious harm. If anything you say is quoted in a report or paper, it will be anonymised so that you cannot be identified. You can refuse to answer any question and may stop the interview at any time. Is there anything you'd like to ask before we start?

1. How have you been getting on since we last saw you?

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.....
.....

2. Are you still living / sleeping at
or have you moved?

Moved At same address / location , **GO TO Q. 3**

b. Where have you lived or stayed in the last 4 months, starting with where you are currently staying and working backwards

Where stayed, e.g. hostel, shared house, streets, own tenancy	How long there?
<i>Current place</i>	

3. Do you have a partner or child living with you? Yes No

IF YES, b. Who is living with you?

.....
.....

4. During the last 4 months, have you had any housing issues that you needed help with?

Yes No DK **IF NO OR DK, GO TO Q. 6**

IF YES, b. What were your housing issues?

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.....
.....
.....
.....

5. During the last 4 months, have you discussed these housing issues with any of the staff at [name of CSS]? Yes No DK

IF YES, b. Who did you talk to?

.....
.....

c. What did they say or do and what was the outcome?

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.....
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.....
.....
..... **THEN GO TO Q. 6**

IF NO, d. Why not?

.....
.....
.....

..... **THEN GO TO Q. 6**

6. Are you involved in any education, training or employment? Yes No

IF YES, b. What are you doing?

.....
.....
.....
.....

7. During the last 4 months, have any of the staff at [name of CSS] given you advice about your ability to work, or help with regard to accessing training or employment?

Yes No DK

IF YES, b. Who has given you advice or help?

.....
.....

c. What advice or help have they given you and what was the outcome?

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.....
.....

I'd now like to ask you a few questions about your finances. Please remember, you can refuse to answer any question you find too intrusive.

8. What is your current income? (include wages, casual earnings, types of pensions, names of Social Security benefits, Child Benefit, and other income)

Type of income / name of SS benefit	Amount	Frequency
1.		
2.		
3.		

Other

.....
.....

9. During the last 4 months, have you experienced any financial difficulties or needed help to sort out your finances, such as social security benefit payments?

Yes No **IF NO, GO TO Q. 10**

IF YES, b. What were the difficulties?

.....
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.....
.....
.....

c. Did you discuss with any of the staff at [name of CSS] about these problems? Yes No DK

IF YES, b. Who did you talk to?

.....
.....

d. What did they say or do and what was the outcome?

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.....
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.....

..... **THEN GO TO Q. 10**

IF NO, e. Why not?

.....
.....

..... **THEN GO TO Q. 10**

HEALTH AND HEALTH PROBLEMS

I'd now like to find out how your health has been since we last saw you.

10. At your previous interview, you mentioned that you had the following physical health problems ... During the last 4 months, have there been any changes in your physical health, and what treatment, advice or follow-up have you received during this time?

INCLUDE BLOOD PRESSURE AND RESPIRATORY PROBLEMS

Health problem (INCLUDE NEW PROBLEMS)	What changes in <u>last 4 months</u> ?	Treatment, advice/ follow-up in <u>last 4 months</u> ? By whom (<i>type of worker – do not name person</i>)	
		CSS	Other service (name service)

12. At your previous interview, you mentioned that you had the following emotional or mental health problems / *OR* did not have emotional or mental health problems
(note what was said at baseline)

INCLUDE DEPRESSION

.....

.....

.....

.....

a. During the last 4 months, have there been any changes in your mental health state?

Yes No DK

IF YES, b. What changes have there been?

.....

.....

.....

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.....

IF ANY MENTAL HEALTH PROBLEMS CONTINUE ... IF NOT, GO TO Q. 14

13. What treatment, advice or follow-up have you received during the last 4 months for your mental health problems and by whom?

PROBE: medication, counselling, group therapy, other help

Service	What treatment or help?
CSS (state which worker – do not name worker)	
Other service (state which service / worker)	

ALCOHOL AND DRUGS

I'd now like to ask you a few questions about your drinking habits over the last four months and whether you've taken any drugs other than those prescribed to you. Just to remind you that everything you say is confidential.

14. At your previous interview, you mentioned that you were drinking / recovering from an alcohol problem / not drinking alcohol (note what was said at baseline)

.....

.....

.....

.....

a. During the last 4 months, have there been any changes in your drinking habits, such as in the amount you drink or the type of alcohol you are drinking?

Yes No

IF YES, b. What changes have there been?

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.....
.....
.....

IF DRINKS / HAS ALCOHOL PROBLEM CONTINUE ... IF NOT, GO TO Q. 16

15. During the last 4 months, have you had any advice about drinking alcohol or treatment to manage alcohol use? *PROBE: CSS staff, alcohol worker / service, AA, other*

Yes No

IF YES, b. Who has helped you and what advice or help have they given?

Service	What advice or help?
CSS staff (<i>state type of worker – DO NOT NAME WORKER</i>)	
Other service (<i>state which service / worker</i>)	

USE OF DRUGS

16. At your previous interview, you mentioned that you were taking the following drugs / recovering from a drug problem / OR did not use drugs (*note what was said at baseline*)

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.....
.....
.....

a. During the last 4 months, have there been any changes in your use of drugs?

Yes No

IF YES, b. What changes have there been?

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.....

IF USES DRUGS / HAS DRUG PROBLEM CONTINUE ... IF NOT, GO TO Q. 18

17. During the last 4 months, have you received any advice about using drugs, or treatment to manage a drug problem?

PROBE: CSS staff, drugs worker, drug service, Narcotics Anonymous, detox, rehab

Yes No

IF YES, b. Who has helped you and what help have they given?

Service	What advice or help?
CSS staff (state type of worker – DO NOT NAME WORKER)	
Other service (state which service / worker)	

DENTAL HEALTH

I'd now like to ask you a few questions about your dental health, whether you've got any dental problems, and whether you've been to a dentist lately

18. Would you say your dental health (mouth, teeth and/or dentures) is ...

SHOW CARD I

Very good Good Fair Bad Very bad

19. Do you have your own teeth? Yes No

IF YES, b. How often do you clean (brush) your teeth?

More than twice a day Twice a day Once a day
Less than once a day Never

c. Do you have your own toothbrush? Yes No

d. Do you have toothpaste? Yes No

IF YES, b. Which brand of toothpaste do you currently use?

.....

20. Do you have a denture / dentures? Yes No

IF YES, b. Do you wear your denture(s)? Yes No

c. How often do you clean your denture(s) nowadays?

More than twice a day Twice a day Once a day
Less than once a day Never

d. Do you have denture cleaning solution? Yes No

21. Besides what you have already mentioned, do you use anything else for dental hygiene purposes? Yes No

IF YES, b. Do you use ...

Dental floss Interdens/toothpicks/woodsticks Mouthwash
Interspace brush Electric toothbrush Sugar-free chewing gum

Other (*describe*)

22. How often does your mouth feel dry? **SHOW CARD J**

Never Hardly ever Occasionally Often Very often

IF OCCASIONALLY, FAIRLY OFTEN OR VERY OFTEN, ask

b. What things do you do, if any, to moisten your mouth and alleviate the symptoms?

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.....
.....
.....

23. How often, on average, do you have fizzy drinks, fruit juice or soft drinks like squash, excluding diet or sugar-free drinks?

- 6+ times a week 3-5 times a week 1-2 times a week
Less than once a week Rarely or never

24. Do you usually have sugar in hot drinks like tea and coffee?

(Do not include artificial sweetener)

- Yes No

INTERVIEWER, COMPLETE ORAL HEALTH QUALITY OF LIFE

(Table 6)

IF ‘OCCASIONALLY’, ‘OFTEN’ OR ‘VERY OFTEN’ TO ANY OF THE QUESTIONS,

ASK, b. What dental problems have caused this difficulty / these difficulties?

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25. I’d now like to find out about your use of dental services over the last 4 months. You mentioned in your previous interview that you were registered with the following dentist / OR not registered with a dentist

Name and address of dentist or not registered with a dentist (to be completed by interviewer prior to interview)

.....
.....
.....

IF REGISTERED WITH A DENTIST, ASK

b. Are you still with this dental practice? Yes No

IF NO, OR IF NOT REGISTERED WITH A DENTIST, ASK ...

c. Have you registered with a general dental practitioner/high street dentist in the last

4 months? (include NHS / private / independent) Yes No

IF YES, b. Where is your dentist? Collect name / address / town

.....
.....
.....

ALL PARTICIPANTS

26. Have you tried to make a dental appointment for yourself in the **last 4 months?**

Yes No

IF YES continue ... IF NO go to Q. 27

b. Was this with an NHS dentist? Yes No

c. Were you successful in booking the appointment?

Yes, and I went to the appointment

Yes, but I didn't go to the appointment , **reason**

.....
.....
.....

Not successful in booking an appointment , **reason**

.....
.....
.....

27. Have you seen a dentist in the **last 4 months?** If so, how many times?

Yes , number of times No **IF NO, GO TO Q. 28**

IF YES, b. What was the purpose of the visit(s)? Was it for ... Tick **ALL** that apply

A routine check-up Emergency or urgent treatment

Other treatment (non-emergency, non-urgent)

Other reason (*describe*)

.....
.....
.....

c. Did you complete the course of dental treatment?

Yes Still ongoing No DK

28. During the last 4 months, have you discussed with staff at [name of CSS]

any dental problems or dental needs that you have? Yes No

IF YES, b. What dental problems or needs did you discuss with CSS staff?

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c. What did the CSS staff say or do and what was the outcome?

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USE OF SERVICES

I'd lastly like to ask a few questions about services you've used during the last 4 months and how many times you've used them

29. How many times in the last 4 months have you seen a doctor and nurse from [name of CSS]?

a. Doctor **b. Nurse**

30. Over the last 4 months, have you used a GP practice other than the CSS?

Yes No **IF NO, GO TO Q. 31**

b. Which GP practice (*name / address*)

.....

c. How many times did you go there in the last 4 months?

.....

31. During the last 4 months, have you attended an A&E department at a hospital?

Yes No **IF NO, GO TO Q. 32**

b. How many times have you attended A&E in the last 4 months?

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c. Why did you go to A&E, and what was the outcome of your visit(s)?

A&E visit	Reason for using A&E / problems	Outcome of visit
1		
2		
3		
4		
5		

32. During the last 4 months, have you used the following services and why?

Ask about <i>EACH</i>	How many times?	Reasons for <i>each</i> visit / use?
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1. Walk-in health clinic		
2. Ambulance		
3. Hospital out-patients to see a doctor or nurse		

33. During the last 4 months, have you been admitted into hospital, detox or rehab?

Yes

No

IF NO, GO TO Q. 34

IF YES, RECORD EACH ADMISSION OR STAY ...

Where stayed ¹	Reason for admission	When admitted	Length of stay (no. nights)

1. If in hospital, record whether medical, surgical, psychiatric, or general ward.

IF HAD ADMISSION, ask:

c. When you were discharged from hospital / detox/ rehab, what help if any did you receive, and who from, to ensure that you had accommodation to go to?

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35. During the last 4 months, have you had contact with a housing support worker, such as a hostel keyworker or tenancy support worker?

Yes No **IF NO, GO TO Q. 36**

IF YES, please tell me about the worker ...

Type of worker	Number of times seen in last 4 months?	Does worker know you use the CSS?

36. During the last 4 months, have you received any help or support from family members or friends? Yes No

IF YES, CONTINUE ... IF NO, GO TO Q. 37

Who from (<i>relationship to participant</i>)	What help and support have they given you?

37. During the last 4 months, have you been to any day centres or drop-in centres?

Yes No **IF YES, ask**

Which centre? (<i>name of centre / location</i>)	How often do you go?

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38. I'd now like to run through a list of workers and services that you might have used during the last 4 months. I'd like to know how often you've used the service, and whether [name of CSS] arranged the service on your behalf or helped you to access it.

INTERVIEWER, COMPLETE TABLE 5

39. Apart from what you've already mentioned, what other help or advice, if any, have you had from the doctors, nurses or other workers at the CSS during the last 4 months?

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40. Are there any plans for you to move in the next few months?

Yes No DK

IF YES b. What plans?

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Thank you for answering the questions. You have been very patient and helpful. We will see you again in four months' time.

Go through the Contact Details Sheet and give incentive payment

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