



NIHR HS&DR funded study

Service provision for older people who are homeless and have memory problems

Hostel residents: baseline interview

VERSION 2 – 02.06.2014

To be completed by the interviewer with hostel residents

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Participant ID number Participant name.....

Date of interview: Interviewer's name

.....

Where interviewed (name of hostel)

I'd like to start by collecting a few background details from you

1 Sex: Male Female

2 What is your date of birth?

Day Month Year

3 Where were you born?

4 Where did you grow up?

5 Which ethnic group or race do you identify with? **SHOW CARD A**

..... DK

6 Are you currently in paid work? Yes No

IF YES, b. What are you doing and how many hours per week?

.....

IF NO, c. How old were you when you last worked?

d. Are you now retired? Yes No DK

7 Since you left school, have you been ...

Mostly employed In and out of work Mostly unemployed DK

Other

8 What jobs have you had and for how long? (*Probe: armed forces; building trades*)

Type of job?	How long?

9 Do you have difficulties reading or writing or other literacy problems?

Yes No Don't know

IF YES, b. What are the problems?

c. What educational and vocational qualifications, if any, do you have?

Ask about each and tick all that apply

GCE/GCSE 'A' Level Degree NVQ/City and Guilds None

HOMELESSNESS HISTORY

I'd now like to ask a few questions about your time homeless. Let's start with your stay in this hostel.

10 When did you move into this hostel? DK

IF DON'T KNOW, TRY: How long have you lived in this hostel?

IF IN HOSTEL LESS THAN TWO YEARS,

b. Please tell me where else you have lived in the last two years
(*Work backwards and include hostels, the streets, and housing*).

Where stayed, e.g. name of hostel, streets, own tenancy	For how long?
<i>Immediately before moving into current hostel</i> 1.	
2.	

11 How old were you when you first became homeless and slept on the streets or in hostels or other temporary accommodation?

12 Since you became homeless, where have you slept or stayed, and for how long?

INTERVIEWER: collect as much detail as possible about their homeless history, e.g. which hostels used, whether slept rough, etc and for how long

USE OF TIME

I'd like to ask you a few questions about how you spend your time

13 On an average day, how do you spend your time?

14 Do you go to any day centres or drop-in centres? Yes No **IF YES:**

Which centre or project? (<i>name</i>)	How often do you go?

15 Are you doing any courses, work-training or voluntary work? Yes No

IF YES, b. What are you doing and how often?

16 Are you in contact with any family or relatives? Yes No

IF YES, b. Please tell me about your contact with family and relatives

Who in contact with (<i>relationship to participant</i>)	How often sees person	Other contact and frequency
1.		
2.		
3.		

EVERYDAY TASKS AND SUPPORT

I'd now like to ask you a few questions about how you are managing everyday tasks such as meals, laundry and budgeting, and any support you are getting.

17 In an average week, how many days a week do you have a cooked meal?

Number of days DK

In an average week, how many days do you ... (*ask about each*)

- b. Have a meal provided by the hostel
- c. Have take-away food
- d. Cook a meal yourself
- g. Where else do you get meals and how often?

18 During the last two weeks, have you had any loss of appetite or been eating more than usual?

Yes No DK

19 What income do you receive? (*earnings, types of pensions, names of benefits*)

<u>Type of income</u>	Amount	<u>Frequency</u>
<u>1.</u>		
<u>2.</u>		
<u>3.</u>		

20 Do you have a 'keyworker' among the hostel staff who meets with you from time to time?

Yes No DK *Name of keyworker*

IF YES, b. How often do you meet and discuss your care plan?

IF NOT MEETING REGULARLY, c. Why do you not see the person regularly?

PROBE: staff too busy/ change a lot; not get on with keyworker; not want to discuss problems

21 Please tell me about any help you receive from hostel staff, other workers, relatives or friends with ...

Help with ...	Who helps you	What help do they give you?	How often?
Bathing/showering			
Getting meals			
Washing your clothes			
Cleaning your room/changing sheets			
Budgeting/managing money			
Collecting/managing medication			

HEALTH PROBLEMS

I'd now like to ask you about your health and any treatment that you are receiving

22 How would you rate your general health? **SHOW CARD B**

Very good Good Fair Bad Very bad DK

23 Do you smoke cigarettes or tobacco? Yes No

IF YES, b. On average how many do you smoke a day?

Cigarettes Roll-ups E-cigarettes

24 Do you have any physical health problems?

Yes No DK **IF NO OR DK, GO TO Q.25**

IF YES, b. What are the problems?

LIST WHAT PARTICIPANT SAYS AND THEN GO THROUGH CARD C

c. Are you receiving any help or treatment for your physical health problems?

PROBE: GP, nurse, hospital, physiotherapy Yes No

IF YES, b. Who is helping you and what help are they giving you?

Help from?		What help is being given
GP	Yes No	
Hospital doctor	Yes No	
Nurse	Yes No	
Other (specify)	Yes No	

25 Have you ever had a head injury? (*PROMPT: as a result of boxing; assault; fight; road traffic accident; fall*) Yes No DK

IF YES, b. Please tell me what happened and when

What happened?	When?	What treatment did you have?

Other comments made about head injuries

I'd now like to ask you a few questions about how you've been feeling over the last two weeks.

- 26 In the past TWO WEEKS, have you ...
- | | Yes | No | DK |
|--|--------------------------|--------------------------|--------------------------|
| a. Felt sad, low in spirits or tearful? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Been able to enjoy things that you would usually enjoy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Felt low in energy or motivation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Had any problems getting to sleep or sleeping too much? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Had any thoughts that life is not worth living? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Felt negative about the future? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Had feelings of guilt? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Had any difficulty concentrating? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

27 Have you ever had depression, anxiety or other mental health problems?

Yes No DK **IF NO OR DK, GO TO Q. 30**

IF YES, b. How old were you when the problems started? DK

c. Please tell me more about the problems

28 Are you currently experiencing depression, anxiety or other mental health problems?

Yes No DK

IF YES, CONTINUE ... IF NO OR DK GO TO Q. 30

b. Please describe the problems

29 Are you currently having treatment or help from services for your mental health problems? *PROBE: GP, CPN, psychiatrist, mental health team, psychologist, counsellor*

Yes No Unsure

IF YES, b. Who is helping you and what help are they giving you?

Help from?		What help is being given
GP	Yes No	
Psychiatrist	Yes No	
CPN	Yes No	
Hostel staff	Yes No	
Other (specify)	Yes No	

ALL PARTICIPANTS

30 Some people have said that their memory changes with age. Do you have any difficulties or concerns about your memory?

Yes No DK

IF YES CONTINUE ... IF NO OR DK GO TO Q. 33

b. What are the difficulties or concerns?

c. How long have you noticed difficulties or been concerned?

31 How do your memory difficulties or concerns affect your everyday life?

32 Are you receiving any help or support for your memory difficulties?

PROMPT: hostel staff; GP; mental health worker; other

Yes No DK

IF NO, GO TO Q. 32c

IF YES, b. Who is helping you and what help are they giving you?

THEN GO TO Q. 33

Type of worker/service	What help are you receiving?

IF NOT RECEIVING HELP FOR MEMORY DIFFICULTIES, ASK:

c. Have you spoken to a doctor or anyone about your memory difficulties or concerns?

Yes No DK

IF YES d. Who did you speak to and what did they say?

OR IF NO e. Why not?

ALL PARTICIPANTS

I'd like to ask you a few questions about your memory and concentration.

Interviewer: write down the answers given

33 What year is it?

34 What month is it?

I'm going to give you a name and address. After I have said it, I want you to repeat it. Remember this name and address because I'm going to ask you to tell it to me again in a few minutes:

John / Smith / 42 / High Street / Bedford.

35 Without looking at your watch or a clock, what time is it?

(Interviewer: Write down the actual time?)

36 Could you please count backwards from 20 to 1

37 Could you please say the months of the year in reverse order?

38 Could you please repeat the name and address I gave to you earlier

ALCOHOL AND DRUGS

I'd now like to ask you a few questions about your drinking habits and whether you take drugs

39 Have you ever been a heavy drinker or had alcohol problems?

Yes No DK

IF YES, b. How old were you when you started drinking heavily?

c. How has your drinking affected you?

ALL PARTICIPANTS

40 How often do you drink alcohol nowadays?

CODE AS: Never Monthly or less 2-4 times a month

2-3 times a week 4-5 times a week 6-7 times a week DK

Other pattern

IF HAS A DRINK: b. What do you drink on a typical day when you are drinking?

Type of drink (<i>note whether normal or super strength beer or lager</i>)	How many drinks

c. How often do you have six or more drinks on one occasion?

CODE AS: Never Monthly or less 2-4 times a month

2-3 times a week 4-5 times a week 6-7 times a week DK

41 What changes, if any, have there been in your drinking habits in recent years?

42 Have you ever felt you needed to cut down on your drinking? Yes No DK

43 Have people annoyed you by criticising your drinking? Yes No DK

44 Have you ever felt guilty about drinking? Yes No DK

45 Have you ever felt you needed a drink first thing in the morning to steady your nerves or to get rid of a hangover? Yes No DK

46 Did either of your parents drink heavily?

Mother Father Both parents No DK

Other comments

IF ALCOHOL PROBLEMS/DRINKS 4+ TIMES A WEEK continue ... IF NOT, GO TO Q. 48

47 Are you receiving any help or support to control or reduce your drinking?

PROMPT: from hostel staff; alcohol worker; GP; AA; other

Yes No DK

IF YES, b. Who is helping you and what help are they giving you?

Help from?		What help is being given
Hostel staff	Yes No	
Alcohol worker/services	Yes No	
GP	Yes No	
Other (specify)	Yes No	

48 Have you ever taken illegal drugs? **SHOW CARD D**

Yes No DK

IF NO OR DK, GO TO Q. 51

IF YES, b. How old were you when you first started taking drugs?

c. How has your drug use affected you?

49 Over the last three months, have you taken any illegal drugs? Yes No

IF YES, d. What drugs have you taken and how often? **SHOW CARD D**

Type of drug	Frequency

IF NOT TAKEN DRUGS IN LAST 3 MONTHS,

b. When did you last take drugs?

c. What drugs did you use to take?

IF DRUG PROBLEMS/TAKING DRUGS continue ... IF NOT, GO TO Q. 51

50 Are you receiving any help or support to control or reduce your drug-taking?

PROMPT: from hostel staff; drugs worker; GP; Narcotics Anonymous; other

Yes No DK

IF YES, b. Who is helping you and what help are you receiving?

Help from?		What help is being given
Hostel staff	Yes No	
Drugs worker/services	Yes No	
GP	Yes No	
Other (specify)	Yes No	

SERVICES USED

I'd now like to ask a few questions about health services that you've used over the last three months

- 51 Are you registered with a GP? Yes No DK

IF YES, b. Where is the GP practice? (*name of GP and address*)

c. How many times in the last three months have you seen a GP from the practice?

IF NOT REGISTERED WITH GP OR NOT SEEN GP IN LAST THREE MONTHS, ask:

- 52 When were you last seen by a doctor (GP or other doctor)?

ALL PARTICIPANTS

- 53 Are you registered with a dentist? Yes No DK

IF YES, b. Where is the dental practice? (*address*)

- 54 When were you last seen by a dentist?

- 55 During the last three months, have you used a walk-in health centre (not GP surgery)?

Yes No DK

IF YES, b. How many times?

c. Why did you go there?

- 56 During the last three months, have you used an A&E department at a hospital?

Yes No DK

IF YES, b. How many times?

c. Why did you go there?

57 During the last three months, have you been admitted into hospital, detox or rehab?

Yes No

IF YES, RECORD EACH ADMISSION OR STAY ...

Where stayed ¹	Reason for admission	Date admitted/ discharged or approx. time	Length of stay (number of nights)

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

58 Are you taking any tablets or medication? Yes No

PROBE: by GP or mental health services; methadone or similar from drugs service; multi-vitamins; over-the-counter medicines, e.g. pain-killers

What are you taking? (name if known)	Dosage and frequency

OTHER SERVICES

59 Do you have a social worker? Yes No DK

IF YES, b. When did you last see your social worker?

c. What help or support is the social worker giving you?

60 Besides the people you've already mentioned, are you receiving help or support from any other workers or services? Yes No DK

IF YES, b. What help or support and who from?

61 Is there any help or services that you need that you're not getting?

Yes No DK

IF YES, b. What help or services do you need?

HOPES AND PLANS

I'd lastly like to ask you about your hopes and plans

62 What things give quality to your life – that is, makes your life good?

63 What things, if any, would improve the quality of your life?

64 Overall, how would you describe your quality of life?

SHOW CARD E

Very good Good Neither poor nor good Poor

Very poor DK

65 Are there any plans for you to move on from this hostel?

Yes No DK

IF YES b. What plans?

66 What [other] plans or hopes do you have for the next few months?

67 Are there any other comments you'd like to make?

Thank you for answering the questions. You have been very patient and helpful. In about three months' time we will get in touch to let you know whether we would like you to take part further in the study. Only a few people in each hostel will be invited to take part. Go through the Contact Details Sheet and give incentive payment

Interviewer: add any additional information provided by the participant