

FOLLOW UP QUESTIONNAIRE - Homeless Health Discharge

ID

number:

(to be completed by discharge coordinator/manager/research assistant)

PART A – SERVICE USER INFORMATION

Date interviewed:

First name:

Surname:

Middle name(s):

Sex: Male Female

Date of birth: ___/___/_____

Full address:

Telephone number (home):

Post code:

Mobile number:

Registered with GP: No Yes local GP Yes not local GP

In the last three months, how many times has the individual received the following assistance?

A&E	1	2	3	4	5	6	7	8	9	10
Hospital outpatient clinic	1	2	3	4	5	6	7	8	9	10
Hospitalisation	1	2	3	4	5	6	7	8	9	10
GP visits	1	2	3	4	5	6	7	8	9	10

Do you smoke cigarettes?

Yes No

If YES, how many per day?

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	(>20) <input type="checkbox"/>
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For how long?

<5 years

6-10 years

11-20 years

>20 years

Have you or a health worker ever been concerned about your drinking or suggested you cut down? Yes

No

Prison: **in the last three months** have you ever:

Been in prison? Yes No

How many times has the person had contact with the following police/crime services?

Arrests by police	1	2	3	4	5	6	7	8	9	10	If more please specify :
Nights in prison	1	2	3	4	5	6	7	8	9	10	If more please specify :
Magistrate court attendance	1	2	3	4	5	6	7	8	9	10	If more please specify :
Crown court attendance	1	2	3	4	5	6	7	8	9	10	If more please specify :
Nights in police custody	1	2	3	4	5	6	7	8	9	10	If more please specify :

Mental Health: in the last three months, how many times has the person received the following assistance?

Mental health hospital admissions

1	2	3	4	5	6	7	8	9	10
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Total number of nights

Mental health community provision

1	2	3	4	5	6	7	8	9	10
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Total number of nights

Local authority funded care home for people with mental health problems

1	2	3	4	5	6	7	8	9	10
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Local authority funded day care for people with mental health problems

1	2	3	4	5	6	7	8	9	10
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Drug use: in the last three months have you ever:

Injected heroin?

No Yes (< 1 yr)

1	2	3	4	5	6	7	8	9	10
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(> 10 yrs)

Injected crack/cocaine?

No Yes (< 1 yr)

1	2	3	4	5	6	7	8	9	10
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(> 10 yrs)

Smoked heroin?

No Yes (< 1 yr)

1	2	3	4	5	6	7	8	9	10
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(> 10 yrs)

Smoked crack/cocaine?

No Yes (< 1 yr)

1	2	3	4	5	6	7	8	9	10
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(> 10 yrs)

Shared needles?

No Yes

1	2	3	4	5	6	7	8	9	10
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(>10 times)

In the last three months,

For how many weeks has the individual been receiving substitute prescriptions (e.g. methadone)?

No Yes

1	2	3	4	5	6	7	8	9	10
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More:

How many one-to-one contacts has the person had with a drug/alcohol treatment team?

No Yes

1	2	3	4	5	6	7	8	9	10
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More:

How many group sessions has the person had with a drug/alcohol treatment team?

No Yes

1	2	3	4	5	6	7	8	9	10
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More:

How many nights has the person spent in detox and rehab centre?

No Yes

1	2	3	4	5	6	7	8	9	10
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More:

Housing: Please indicate the number of nights that **in the last three months** the person has spent in the following accommodation types:

Slept rough

No Yes

No. of nights.....

Lived in a hostel

No Yes

No. of nights.....

Lived in a squat or on someone's floor or sofa?

No Yes

No. of nights.....

Social care: in the last three months, how many times has the person received the following assistance?

- | | | | |
|---|-----------------------------|------------------------------|--------------------|
| A social care assessment | <input type="checkbox"/> No | <input type="checkbox"/> Yes | No. of times |
| A consultation with a social worker | <input type="checkbox"/> No | <input type="checkbox"/> Yes | No. of times..... |
| Care Home | <input type="checkbox"/> No | <input type="checkbox"/> Yes | No. of nights..... |
| Own social tenancy | <input type="checkbox"/> No | <input type="checkbox"/> Yes | No. of nights..... |
| Own private rented sector tenancy | <input type="checkbox"/> No | <input type="checkbox"/> Yes | No. of nights..... |
| Room in shared private rented sector property | <input type="checkbox"/> No | <input type="checkbox"/> Yes | No. of nights..... |

EMPLOYMENT

In the last three months:

Did you lose any income as a result of your admission to hospital?

Yes No Not applicable

If yes, can you estimate how much?

Did you miss time from paid or unpaid work as a result of your admission to hospital?

Yes No Not applicable

If yes, how much time did you miss from work?

Employment: In the last three months,

Did you lose any work income as a result of your admission to hospital?

Yes No Not applicable

If yes, can you estimate how much?

Did you miss time from paid or unpaid work as a result of your admission to hospital?

Yes No Not applicable

If yes, how much time did you miss from work?

PART B – PATIENT SATISFACTION WITH SERVICE DELIVERY

How much do you agree or disagree with the following statement:

I am satisfied with the way my discharge from hospital has been managed

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree