

1. Interviewer: _____ 2. Date: _____ 2.a Time _____ 3. Area: _____
 4. First Name: _____ 5. Middle: _____ 6. Last: _____
 7. Nickname: _____

OK, first I'm going to ask you a few questions about your housing history:

8. Location: _____ between _____ & _____

9. How long have you been living on the streets or shelters? _____ (years) 10. _____ (months)

10. Where do you currently sleep most often? {NOTE: Circle one}

- | | | | |
|----------------------|----------------------|-------------|--------------------|
| Own Home/Apartment | Family/Friends' Home | Shelter | Abandoned Building |
| Transitional Housing | Treatment/Hospital | Jail/Prison | |
| Car/Van | Outdoors | Hotel/Motel | Other |

11. Where do you usually hang out during the day? _____

OK, now I'd like to ask you a few questions about your health:

12. Where do you usually go for healthcare? {NOTE: Circle One}

Unity at Upper Cardozo Unity at 801 Unity at NY Ave. Men's Shelter Unity at CCNV

Unity Mobile Healthcare Clinic Washington Hospital Center Other _____

Howard University George Washington Providence Walker Jones Christ House Nowhere

13. Do you have now, or have you ever had, or has a healthcare provider ever told you that you have any of the following medical problems?:

- | | | |
|---|-----|----|
| a. Kidney disease/Renal Disease or Dialysis: | Yes | No |
| b. History of frostbite, hypothermia, or immersion foot? | Yes | No |
| c. Liver disease, Cirrhosis, End-stage liver disease, or HEP C: | Yes | No |
| d. Heart disease, arrhythmia, or irregular heartbeat: | Yes | No |
| e. HIV+/AIDS | Yes | No |
| f. Emphysema | Yes | No |
| g. Diabetes {i.e. "sugar problems"} | Yes | No |
| h. Asthma | Yes | No |
| i. Cancer | Yes | No |
| j. Stroke | Yes | No |

- | | | |
|--|--------------------------------------|-------------------------------|
| k. Tuberculosis: | Yes | No |
| l. Do you have any swollen, infected, open wounds, or ulcers on your skin? | Yes | No |
| m. Do you ever experience difficulty controlling your body functions? | Yes | No |
| n. Are you sight or hearing impaired? | Yes | No |
| o. Do you have an amputation or physical disability that limits your mobility? | Yes | No |
| p. [DO NOT ASK] Do <i>you</i> observe signs of serious physical health conditions? | Yes | No |
| q. Have you ever abused alcohol or been told you do? | Yes | No |
| r. Have you ever or do you currently use drugs? | Yes | No |
| s. Have you ever been treated for drug or alcohol abuse? | Yes | No |
| t. [DO NOT ASK] Do <i>you</i> observe signs of symptoms of alcohol or substance abuse? | Yes | No |
| u. Are you currently or have you ever received treatment for mental health issues? | Yes | No |
| v. Have you ever been taken to the hospital against your will (FD-12)? | Yes | No |
| w. [DO NOT ASK] Do <i>you</i> detect signs or symptoms of severe, persistent mental illness? | Yes | No |
| x. [DO NOT ASK] Do you detect signs of active and untreated psychosis? | Yes | No |
| y. Have you been the victim of physical, emotional, or sexual abuse in your life? | Yes | No |
| z. Have you been the victim of a violent attack since you've become homeless? | Yes | No |
| 14. Have you been to the hospital emergency room in the past three months? | Yes | No |
| 15. If yes, how many times have you been to the emergency room in the past three months? _____ | | |
| 16. Have you been an inpatient in the hospital in the past year? | Yes | No |
| 17. If yes, how many times have you been hospitalized as an inpatient in the past year? _____ | | |
| 18. What kind of health insurance do you have, if any? {NOTE: Check all that apply} | | |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Medicare | <input type="checkbox"/> VA |
| <input type="checkbox"/> Private insurance | <input type="checkbox"/> DC Alliance | <input type="checkbox"/> None |

All right, now I've just got a few more questions:

- | | | |
|--|-----|----|
| 19. Have you ever served in the U.S. military? | Yes | No |
| 20. Have you ever been in jail? | Yes | No |
| 21. Have you ever been in prison? | Yes | No |
| 22. Have you ever been in foster care? | Yes | No |

23. What are your current sources of income {NOTE: Prompt and check all that apply}:

- Work, on-the-books Work, under the table/cash Panhandling IDA
 SSI Recycling VA Food Stamps
 SSDI/SSA Public Assistance None of the above

24. Gender:			
M	F	Transgender	Unknown/Refused
25. Race: {NOTE: Circle one}			
White/Caucasian	Black/African American	Asian	
Amer. Indian/Alaska Nat.	Nat. Hawaiian/Pacific Islander	Other _____	
26. Hispanic origin:	Yes	No	Unknown
27. [DO NOT ASK] English-fluent (spoken):	Yes	No	

28. What is your primary language: _____

29. What is your date of birth: _____ mm/dd/yyyy

30. What is your US citizenship status? Citizen Legal Resident Undocumented

31. To help us keep things straight when more than one person has the same name, could I get your social security number:

_____ - _____ - _____

32. In case we want to get in touch with you to speak with you about housing opportunities at some point in the future, is there a good way to get in touch with you? {email or cell phone} _____

33. Is there a person you would like us to contact in the case of an emergency?

Name _____

Relationship: _____

Address: _____

Telephone: _____

34. Do you have family/friends (locally or elsewhere) that you'd like to return to or live with? Yes No

35. Do you have a partner or spouse who lives on the streets with you? Yes No

The last step before we're done is to take your picture so we can recognize you when we come back out this way:

36. Permitted Refused