

INTERVIEWER'S NAME: _____ DATE: _____

LOCATION: _____ TIME: _____

FIRST NAME: _____ LAST NAME: _____

DOB: _____ SS#: _____ TELEPHONE: _____

WHERE DID YOU SLEEP LAST NIGHT: _____

HAS CONSENTED TO PARTICIPATE: YES NO

AGREE TO HAVE PHOTOGRAPH: YES NO

KEEP THIS DOCUMENT IN ACCORDANCE WITH CONFIDENTIALITY PROCEDURES

What is the total length of time you have been homeless? Years _____ Months _____

Where do you sleep most frequently? (Check only one)

Shelters Streets Car/Van Subway/bus Other _____

Where did you live prior to becoming homeless? (Check only one)

Atlanta Metro Atlanta Georgia Other (specify) _____

Where do you usually go for health care or when you are not feeling well?

Grady Hospital Emergency St. Joseph's Mercy Care Crawford Long Hospital
 Emory Hospital Other (specify) _____ Does not go for care

****TB TEST SCHEDULED/COMPLETED**** Yes No

Result: _____

How many times have you been to the emergency room in the past 3 months? _____

How many times have you been hospitalized as an inpatient in the past year? _____

Do you now have, ever had, or have been told by a healthcare provider you have any of the following:

- a. Kidney Disease/End Stage Renal Disease or Dialysis..... Yes No Refused
- b. History of frostbite, Hypothermia, or immersion Foot..... Yes No Refused
- c. History of Heat Stroke/Heat Exhaustion..... Yes No Refused
- d. Liver Disease, Cirrhosis, or End Stage Liver Disease..... Yes No Refused
- e. Heart Disease, Arrhythmia, or irregular Heartbeat..... Yes No Refused
- f. HIV+/AIDS..... Yes No Refused
- g. Emphysema..... Yes No Refused
- h. Diabetes..... Yes No Refused
- i. Asthma..... Yes No Refused
- j. Cancer..... Yes No Refused
- k. Hepatitis C..... Yes No Refused
- l. Tuberculosis..... Yes No Refused

DO NOT ASK: Do you see any signs or symptoms of a serious physical health condition?

..... Yes No

- m. **Have you ever abused drugs/alcohol, or been told you do?**..... Yes No Refused
- n. **Have you consumed alcohol every day for the past month?**..... Yes No Refused
- o. **Have you ever used injection drugs?**..... Yes No Refused
- p. **Have you ever been treated for drug or alcohol abuse?**..... Yes No Refused
- q. **DO NOT ASK: Do you see signs or symptoms of abuse?**..... Yes No Refused

- r. **Are you currently or have you ever been treated for mental health issues?**
..... Yes No Refused
- s. **Have you ever been taken to the hospital against your will for mental health reasons?**
..... Yes No Refused
- t. **DO NOT ASK: Do you detect signs or symptoms of mental health issues?**
..... Yes No Refused
- u. **Do you have a mental health diagnosis?**..... Yes No Refused
(specify) _____
- v. **Are you taking any mental health medications?**..... Yes No Refused
(specify) _____
- w. **Have you seen a mental health professional?**..... Yes No Refused
(when/where) _____

- x. **Have you been the victim of a violent attack?**..... Yes No Refused
- y. **Do you have a physical disability that limits your mobility?**..... Yes No Refused
(specify) _____
- z. **Have you had a serious brain injury that required hospitalization?**... Yes No Refused
(specify) _____

What kind of medical insurance do you have?

- Medicaid Medicare VA Private None Other _____

Have you ever served in the military?..... Yes No Refused

If yes, what was the nature of your discharge?.....

Honorable Other than Honorable Bad Conduct Dishonorable

Have you ever been in jail? Yes No Refused

Have you ever been in prison? Yes No Refused

Have you ever been in foster care? Yes No Refused

How do you make money:

Work Food Stamps SSI SSDI/SSA VA None

Amount: _____

What is your gender?

Male Female Transgender Declined to State

What is your ethnicity?

African American Asian Latino/a
 White Native American Native Hawaiian/Pacific Islander
 Mixed Race Declined to state Unknown

What is your citizenship status? Citizen Legal Resident Undocumented

What is the highest grade in school you completed?

K8 Some high school High school graduate GED
 Some College College Graduate Post Graduate Other