

"We are conducting a housing and health survey of veterans experiencing homelessness and their interactions with the VA Healthcare System. May I ask, have you ever served in the United States Armed Forces?"

**IF YES**, "are you willing to participate in this survey?"

**IF NO**, "do you know of the locations of any veterans experiencing homelessness nearby?" "Thank you for your time, here is a bottle of water and a granola bar."

**Please indicate Branch of Service:**

- Army
- Navy
- Marines
- Air Force
- Coast Guard
- National Guard/Reserve

1. INTERVIEWER'S NAME		2. DATE	
3. LOCATION OF INTERVIEW (Be Specific)		(CROSS STREETS/STREET ADDRESS)	
4. FIRSTNAME		5. LASTNAME	
6. NICKNAME		7. PHONE NUMBER (cell, emergency, community voice mail)	
8. MAILING ADDRESS		9. EMAIL	
10. DOB (must be mm/dd/yyyy format)		11. SOCIAL SECURITY NUMBER	
12. Has Consented to Participate: <input type="checkbox"/> YES <input type="checkbox"/> NO			

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

13. What is the total length of time you have lived on the streets or shelters?	# of years:
	# of months:
14. Including this experience, how many times have you been homeless in the past 3 years? _____	
15. Where do you sleep most frequently? (check one) <input type="checkbox"/> Shelters <input type="checkbox"/> Streets <input type="checkbox"/> Car/Van <input type="checkbox"/> Bus Stop <input type="checkbox"/> Wash/Desert Area <input type="checkbox"/> Other (specify): _____	
16. What City and State did you live in when you became homeless? City: _____ State: _____	
17. Have you ever received Section 8/subsidized housing in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	

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

18. Where do you usually go for healthcare or when you're not feeling well? <input type="checkbox"/> Carl Hayden VA Medical Center <input type="checkbox"/> VA Community Clinic/Vet Center _____ <input type="checkbox"/> Banner Good Samaritan Medical Center <input type="checkbox"/> Banner Thunderbird Medical Center <input type="checkbox"/> Banner Estrella Medical Center <input type="checkbox"/> Northern AZ VA Health Care System <input type="checkbox"/> Southern AZ VA Health Care System <input type="checkbox"/> Indian Health Services Hospital <input type="checkbox"/> JC Lincoln Hospital <input type="checkbox"/> Maricopa County Hospital <input type="checkbox"/> Arrowhead Hospital <input type="checkbox"/> Banner Desert Medical Center <input type="checkbox"/> Maryvale Hospital <input type="checkbox"/> Mesa General Hospital <input type="checkbox"/> Paradise Valley Hospital <input type="checkbox"/> Healthcare for the Homeless <input type="checkbox"/> Phoenix Baptist Hospital <input type="checkbox"/> Phoenix Memorial Hospital <input type="checkbox"/> St. Joseph's Hospital and Medical Center <input type="checkbox"/> St. Luke's Medical Center <input type="checkbox"/> Tempe St. Luke's Hospital <input type="checkbox"/> Does not go for care <input type="checkbox"/> Other (specify): _____	
19. How many times have you been to the emergency room in the past three months? _____	
20. How many times have you been hospitalized as an inpatient in the past year? _____	
21. Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions?	
a. Kidney disease/ End Stage Renal Disease or Dialysis .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b. History of frostbite, Hypothermia, or Immersion Foot.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
c. History of Heat Stroke/Heat Exhaustion.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
d. Liver disease, Cirrhosis, or End-Stage Liver Disease .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
e. Heart disease, Arrhythmia, or Irregular Heartbeat .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
f. HIV+/AIDS.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
g. Emphysema .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
h. Diabetes.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
i. Asthma.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
j. Cancer .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
k. Hepatitis C.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
l. Tuberculosis.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
m. Traumatic Brain Injury.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
n. Post-Traumatic Stress Disorder (PTSD) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
o. <b>DO NOT ASK:</b> Surveyor, do you observe signs or symptoms of serious physical health conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	

p. Have you ever abused drug/alcohol, or been told you do? .....  Yes  No  Refused

q. Have you consumed alcohol everyday for the past month? .....  Yes  No  Refused

r. Have you ever used injection drugs or shots? .....  Yes  No  Refused

s. Have you ever been treated for drug or alcohol abuse? .....  Yes  No  Refused

t. **DO NOT ASK:** Surveyor, do you observe signs of symptoms of alcohol or drug abuse?  Yes  No

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u. Are you currently or have you ever received treatment for mental health issues?  Yes  No  Refused

v. Have you ever been taken to the hospital against your will for mental health reasons?  Yes  No  Refused

w. **DO NOT ASK:** Surveyor, do you detect signs or symptoms of severe, persistent mental illness?  Yes  No

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x. Have you been the victim of a violent attack since you've become homeless? .....  Yes  No  Refused

y. Do you have a physical disability that limits your mobility? [i.e., wheelchair, amputation, unable to climb stairs]?  
.....  Yes  No  Refused

z. Have you had a serious brain injury or trauma that required hospitalization or surgery?  Yes  No  Refused

aa. Is there a person that helps take care of you on a regular basis?  Yes  No  Refused

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**22. Do you currently or have you had a case manager through Magellan?**  Yes  No  Refused  
**If yes, please indicate provider**  Choices Network  Southwest Network  People in Recovery  
 People of Color Network  Other (specify): \_\_\_\_\_

**23. What kind of health insurance do you have, if any?** (check all that apply)  
 VA  Medicaid/AHCCCS  Medicare  Private Insurance  None  Other (specify): \_\_\_\_\_

**All right, now I just have a few questions about your veteran status...**

**24. Have you ever served in the US Military?** .....  Yes  No  Refused

**25. Are you currently on active duty?** .....  Yes  No  Refused

**26. Were you ever deployed to a combat zone?** .....  Yes  No  Refused

**27. Were you an Arizona Resident at the time of enlistment or deployment?** .....  Yes  No  Refused

**28. Did you serve at least one day of active duty that was non-training related?** .....  Yes  No  Refused

**29. What was your date of entry into the US Military?** \_\_\_\_\_ **Month** \_\_\_\_\_ **Year** \_\_\_\_\_

**30. What was your date of separation form the US Military?** \_\_\_\_\_ **Month** \_\_\_\_\_ **Year** \_\_\_\_\_

**31. What era did you serve in the military?**  
 Korean War (June 1950-January 1955)  Vietnam Era (August 1964-April 1975)  
 Post Vietnam (May 1975-July 1991)  Persian Gulf Era (August 1991-Present)  
 Afghanistan (2001-Present)  Iraq (2003-Present)  
 Other (Specify) \_\_\_\_\_  Refused

**32. What was the character of your discharge?**  Honorable  General Honorable Conditions  Other than Honorable  
 Bad Conduct  Dishonorable  Refused

**33. Are you registered at a VA Hospital, if any?** (check all that apply)  
 Phoenix VA MC  Prescott AZ VA MC  Tucson AZ VA MC  Other (Specify) \_\_\_\_\_

34. Do you have a VA Identification Card?  Yes  No  Refused

35. Have you received medical care, services, or resources from a VA Hospital or Clinic?  Yes  No  Refused

36. What type of services are or have you received from the VA? (check all that apply)  
 Medical  Dental  Benefits  Mental Health  Substance Abuse  Other (Specify) \_\_\_\_\_

37. Have you ever been in a VA Contracted Grant and Per Diem Program?  Yes  No  Refused  
If yes, City, State \_\_\_\_\_ Number of times \_\_\_\_\_

38. Have you ever been in a VA Contracted Domiciliary Program?  Yes  No  Refused  
If yes, City, State \_\_\_\_\_ Number of times \_\_\_\_\_

39. Do you have a copy of your DD214? .....  Yes  No  Refused

40. Have you ever been in jail?.....  Yes  No  Refused

41. Have you ever been in prison?.....  Yes  No  Refused

42. Do you have a criminal background? .....  Yes  No  Refused  
If yes .....  Misdemeanor  Felony

43. Have you ever been convicted of a sexual offense? .....  Yes  No  Refused

44. Are you currently on Parole or Probation?.....  Yes  No  Refused

45. Do you have any outstanding warrants that you are aware of?.....  Yes  No  Refused

46. Have you ever been in foster care?.....  Yes  No  Refused

47. Are you willing and able to work?  Part-time  Full-time  Not able at all  Disabled  Refused

48. How do you make money? (choose as many as apply)(HPW – Hours Per Week)

<input type="checkbox"/> Work, on-the-books	HPW _____ Rate \$ _____	<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Work, off-the-books	HPW _____ Rate \$ _____	<input type="checkbox"/> Recycling
<input type="checkbox"/> SSI	\$ _____ Per Month	<input type="checkbox"/> Panhandling
<input type="checkbox"/> SSDI/SSA	\$ _____ Per Month	<input type="checkbox"/> No Income
<input type="checkbox"/> VA	\$ _____ Per Month	

49. What is your gender?  
 Male  Female  Transgender  Other  Decline to State  Refused

50. What is your ethnicity?  
 African American/ Black  Mixed Race  
 Asian  Other (specify) \_\_\_\_\_  
 Native Hawaiian or Other Pacific Islander  Native American  
 Latino/a  Decline to State  
 White  Refused

<b>51. What is your citizenship status?</b>	<input type="checkbox"/> Citizen	<input type="checkbox"/> Legal Resident	<input type="checkbox"/> Undocumented	<input type="checkbox"/> Refused
<b>52. What is the highest grade in school you completed?</b>	<input type="checkbox"/> K-8 <input type="checkbox"/> Some high school <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Decline to State <input type="checkbox"/> Other			
<b>OK, now I'm going to ask you some questions about your community</b>				
<b>53. Is there a person/outreach worker that you trust more than others?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused			
<b>54. If yes, do you know what agency they work for?</b>				
<b>55. Where do you spend your time during the day? (ASK FOR SPECIFICS)</b>				
<b>56. If housing programs were available, how willing would you be to access these types of housing programs?</b>				
<b>Shared Housing:</b>				
Sober Housing with Treatment	<input type="checkbox"/> Very Willing	<input type="checkbox"/> Willing	<input type="checkbox"/> Not Willing	
Sober Housing with Employment	<input type="checkbox"/> Very Willing	<input type="checkbox"/> Willing	<input type="checkbox"/> Not Willing	
Individualized Case Management	<input type="checkbox"/> Very Willing	<input type="checkbox"/> Willing	<input type="checkbox"/> Not Willing	
Peer Support Managed	<input type="checkbox"/> Very Willing	<input type="checkbox"/> Willing	<input type="checkbox"/> Not Willing	
Emergency Shelter	<input type="checkbox"/> Very Willing	<input type="checkbox"/> Willing	<input type="checkbox"/> Not Willing	
<b>Independent Housing with Case Management</b>	<input type="checkbox"/> Very Willing	<input type="checkbox"/> Willing	<input type="checkbox"/> Not Willing	

**OK, now I'd like to take your picture. May I do so?** (This is very important)