



Housing First Scotland

Pathfinder Programme Baseline Questionnaire

The questionnaire is voluntary. Your decision about whether or not to complete it will not affect the service you receive from Housing First or any other agency.

Date _____

About you

[1] Age _____

[2] Gender

- Male
- Female
- Identify another way
- Prefer not to say

[3] Ethnicity

- White
- Asian/Asian British
- Black British/African/Caribbean
- Mixed/multiple ethnic groups
- Any other ethnic group
- Prefer not to say

[4] Nationality

- UK national
- Other nationality (please specify) _____

[5] Which of the following options best describes how you think of yourself?

- Heterosexual/Straight
- Gay/Lesbian
- Bisexual
- Other
- Don't know/Prefer not to say

Housing status and history

[6] Where did you stay for **most of the time in the last month?**

(before you started receiving support from Housing First)

Tick one box:

- Slept rough
- Night shelter / winter shelter
- Hostel
- Refuge
- B&B
- Other temporary accommodation (e.g. temporary furnished flat)
- Friend or family's house on informal and temporary basis (sofa surfing)
- In a tent, caravan or car
- Squat
- Move-on accommodation with floating support which is time-limited
- Supported housing
- On transport (e.g. bus)
- Prison
- Hospital, detox or rehab
- Own long-term settled housing (rented or owned)
- Other
- Don't know/can't remember
- Prefer not to say

[7] Approximately how much time in total have you been homeless during your lifetime?

Please note that this should include all periods spent sleeping rough, in hostels, B&Bs, other temporary accommodation, and sofa surfing. (Tick one box)

- Less than 1 month
- 2-5 months
- 6-11 months
- 1-2 years
- 3-4 years
- 5-9 years
- 10-19 years
- 20 years or longer
- Prefer not to say

Health and wellbeing

[8] How is your physical health in general? (select one)

- Excellent
- Very good
- Good
- Fair
- Poor
- Very poor
- Don't know
- Prefer not to say

[9] Do you have any of these health problems or disabilities? (select all that apply)

- Chest/breathing problems, asthma, bronchitis
- Heart/high blood pressure or blood circulation problems
- Stomach/liver/kidneys or digestive problems
- Diabetes
- Alcohol problem
- Drug problem
- Blood borne virus (BBV) e.g. Hep B, Hep C or HIV
- Epilepsy
- Migraine or frequent headaches
- Problems or disability connected with: arms, legs, hands, feet back, or neck (including arthritis and rheumatism)
- Difficulty in seeing (other than needing glasses to read normal size print)
- Difficulty in hearing
- Skin conditions/allergies
- Cancer
- Stroke
- Other health problems
- None
- Don't know
- Prefer not to say

[10] How would you describe your mental health? (select one)

- Excellent
- Very good
- Good
- Fair
- Poor
- Very poor
- Don't know
- Prefer not to say

[11] Do you have any of the following? (select all that apply)

- Learning disability
- Acquired brain injury
- Autism Spectrum Disorder
- Anxiety
- Depression
- Psychosis or schizophrenia
- Bipolar disorder
- Eating disorder
- Post-traumatic stress disorder
- Other condition
- No, none of these
- Don't know
- Prefer not to say

[12] Below are some statements about your feelings and thoughts.

Please tick the option which best describes your experience over the past two weeks
(before you started receiving support from Housing First).

I've been...	None of the time	Rarely	Some of the time	Often	All of the time	Prefer not to say
feeling optimistic about the future	<input type="checkbox"/>					
feeling useful	<input type="checkbox"/>					
feeling relaxed	<input type="checkbox"/>					
dealing with problems well	<input type="checkbox"/>					
thinking clearly	<input type="checkbox"/>					
feeling close to other people	<input type="checkbox"/>					
able to make up my own mind about things	<input type="checkbox"/>					

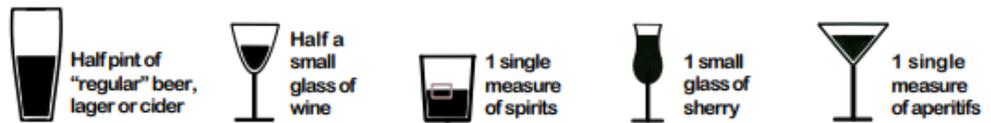
[13] Thinking about the three months before you started receiving support from Housing First...:

[13a] How often did you have a drink containing alcohol?

- Never (go question 14)
- monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week
- Prefer not to say

Alcohol unit reference

One unit of alcohol



Drinks more than a single unit



[13b] How many units of alcohol did you drink on a typical day when drinking?

- 0 to 2
- 3 to 4
- 5 to 6
- 7 to 9
- 10 or more

[13c] How often did you have 6 or more units if female, or 8 or more if male, on a single occasion?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

[14] Do you consider yourself to be dependent on alcohol?

- No, not dependent
- Yes, slightly dependent
- Yes, moderately dependent
- Yes, very dependent
- Don't know
- Prefer not to say

[15] How often, if at all, have you used any of the following in the past three months? (✓)

	Never	Once or twice	Monthly	Weekly	Daily or almost daily	Don't know	Prefer not to say
Cannabis (marijuana, skunk, hash, weed)	<input type="checkbox"/>						
Powder cocaine (coke, gear, Charlie)	<input type="checkbox"/>						
Crack cocaine (rock)	<input type="checkbox"/>						
Methamphetamine (crystal meth, glass)	<input type="checkbox"/>						
Stimulants (speed, whizz, ecstasy, MDMA)	<input type="checkbox"/>						
Heroin/opiates, codeine, methadone, subutex	<input type="checkbox"/>						
Hallucinogens (LSD, acid, mushrooms, ketamine)	<input type="checkbox"/>						
New psychoactive substances (etizolam, spice, mamba, NOX etc.)	<input type="checkbox"/>						
Misuse of prescription drugs (diazepam, temazepam, Valium, sleepers, pregabalin, gabapentin)	<input type="checkbox"/>						
Solvents, butane	<input type="checkbox"/>						
Other	<input type="checkbox"/>						

[16] Do you consider yourself to be dependent on illegal drugs or misused prescription medication?

- No, not dependent
- Yes, slightly dependent
- Yes, moderately dependent
- Yes, very dependent
- Don't know
- Prefer not to say

Social support

[17] Please indicate whether you agree or disagree with the following statements (✓)

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Prefer not to Say
I am content with my friendships and relationships	<input type="checkbox"/>					
I have enough people I feel comfortable asking for help at any time	<input type="checkbox"/>					
My friendships and relationships are as satisfying as I would want them to be	<input type="checkbox"/>					

Economic status, financial wellbeing and activity

[18] What were your sources of income at the point you first began to receive support from Housing First?
(select all that apply)

- Benefits
- Paid work - If yes, how many hours per week?
- Begging
- Selling Big Issue
- Money from family or friends
- Sex work
- Other
- None
- Don't know

[19] Which if any of the following benefits do you currently receive?
(select all that apply)

- Universal Credit (UC)
- Income Support
- Jobseekers Allowance (JSA)
- Employment and Support Allowance (ESA)
- Personal Independence Payment (PIP)
- Disability Living Allowance (DLA)
- Pension
- Tax credits
- Only Housing Benefit
- None
- Other

[20] How well would you say you were coping financially at the point you started receiving support from Housing First? Were you...

- Doing well financially
- Doing alright
- Just about getting by
- Finding it quite difficult
- Finding it very difficult
- Prefer not to say

[21] How did you feel about the way you spent your time at the point you first started receiving support from Housing First? Circle one number below.

On a scale of 1- 7 where 1 is terrible and 7 is delighted

1 terrible	2	3	4	5	6	7 delighted
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Experience of crime/ASB

[22] In the past six months (before receiving support from Housing First), did any of these things happen to you?

- belongings were robbed off you (directly). If so, how many times?

- belongings were stolen (when they weren't on you at the time). If so, how many times?

- property or belongings were damaged deliberately. If so, how many times?

- sexually assaulted. If so, how many times?

- physically assaulted. If so, how many times?

- threatened with violence. If so, how many times?

[23] In the past six months (before receiving support from Housing First), did any of these things happen to you:

- receive a caution from the police? If so, how many times?

- get arrested? If so, how many times?

- attend a court appearance? If so, how many times?

- convicted of a crime? If so, how many times?

- required to wear a tag? If so, for how many weeks?

- held in police custody? If so, how many nights?

- held in prison? If so, how many nights?

- receive a warning letter about nuisance or anti-social behaviour?
If so, how many times?

- given a 'ticket' (conditional offer of fixed penalty) for begging or drinking in the street.
If so, how many times?

Service use

[24] In the past six months (before receiving support from Housing First) did you:

- Visit a GP surgery? If so, how many times?

- Visit A&E (Accident and Emergency)? If so, how many times?

- Have an ambulance called to assist you? If so, how many times?

- Attend a hospital appointment for a physical health problem? If so, how many times?

- Stay in hospital for a physical health need? If so, how many days?

- Attend a GP or nurse walk-in service (including within day centres, hostels or other services)?
If so, how many times?

- Attend a mental health service appointment (including therapists but not advice or help from a GP)? If so, how many times?

- Stay in hospital for a mental health need? If so, how many nights?

- Attend residential drug treatment services. If so, how many nights?

- Attend community-based drug treatment services (e.g. NA)? If so, how many times?

- Attend residential alcohol treatment services If so, how many nights?

- Attend community-based alcohol treatment services (e.g. AA)? If so, how many times?

[25] In the six months before you started receiving support from Housing First did you take drugs prescribed for you for:

	Yes	No	Don't Know	Prefer not to say
Alcohol misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A mental health need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Goals

[26] We want to understand what is most important to you and what you want to achieve once in your own home. We will ask how you are getting on in six months. For now please do tell us what your main goal or goals are:

Thank you for taking the time to complete this form