1. How long have you been homeless? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How long have you been sleeping out? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why are you currently sleeping out? *(Directions: Check the box corresponding to the answer(s) most appropriate based on the person’s response)*

|  |  |
| --- | --- |
| □ | Prefer it to shelter |
|  | If so, how come? |
|  | □ Safety □ Privacy □ Freedom □ Shelter Atmosphere  □ Other *(please list)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| □ | Restricted from shelter |
|  | If so, which shelter(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | How long have you been restricted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Do you know why? |
|  | □ Unknown □ Threats □ Violence □ Use of Substances  □ Other *(please list)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you have a Criminal Trespass Order? □ Unknown □ Yes □ No |
|  | If yes, from which shelter(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Have you tried to get back into shelter? □ Yes □ No |
| □ | Prefer to stay with partner/friend |
| □ | Like the people where I stay |
| □ | Prefer to stay with pet(s) |
| □ | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Are you actively looking for permanent housing? □ Yes □ No

If yes, from which agency and/or person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Would you like help with housing? □ Yes □ No
2. Are you concerned about other issues? *(Check all that apply)*

□ Health □ Mental Health □ Substance Use □ Work □ Disability

□ Food Stamps/SNAP □ Medicaid/Medicare (MaineCare) □ GA

□ VA benefits □ Other *(please list)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you getting help addressing these issues? □ Yes □ No

If yes, from which agency and/or person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Would you like help with any issues? □ Yes □ No *(If yes, check all that apply)*

□ Health □ Mental Health □ Substance Use □ Work □ Disability

□ Food Stamps/SNAP □ Medicaid/Medicare (MaineCare) □ GA

□ VA benefits □ Other *(please list)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which places do you go to for meals, to get out of the cold, find rest or a safe space (etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you had, or do you have, a housing/rental voucher? □ Yes □ No *(If yes, check all that apply)*

□ Section 8 □ BRAP □ Shelter Plus Care □ VASH □ STEP □ Other: \_\_\_\_\_\_\_\_\_\_\_

1. Have you experienced changes with substance use?

□ N/A □ Substantial Decrease □ Slight Decrease □ No Change □ Slight Increase

□ Substantial Increase

1. Have you experienced changes with police contact?

□ N/A □ Substantial Decrease □ Slight Decrease □ No Change □ Slight Increase

□ Substantial Increase

1. Have you experienced changes with jail use?

□ N/A □ Substantial Decrease □ Slight Decrease □ No Change □ Slight Increase

□ Substantial Increase

1. Have you experienced changes with emergency room use or other emergency services?

□ N/A □ Substantial Decrease □ Slight Decrease □ No Change □ Slight Increase

□ Substantial Increase

1. Other changes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What has happened since sleeping outside/on the street/in other places?
3. Please read each question, assess your feelings, and circle the number on the scale for each question that gives the best answer for you.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Very  poor | Poor | Neither  poor nor good | Good | Very good |
| 1 | How would you rate your quality of life? | 1 | 2 | 3 | 4 | 5 |
|  |  | Very  dissatisfied | Dissatisfied | Neither  satisfied nor  dissatisfied | Satisfied | Very  satisfied |
| 2 | How satisfied are you with your health? | 1 | 2 | 3 | 4 | 5 |

1. The following questions ask about **how much** you have experienced certain things since you have been unsheltered.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Not at all | A little | A moderate  amount | Very much | An extreme  amount |
| 3 | To what extent do you feel that physical pain prevents you from doing what you  need to do? | 1 | 2 | 3 | 4 | 5 |
| 4 | How much do you need any medical treatment to function in your daily life? | 1 | 2 | 3 | 4 | 5 |
| 5 | How much do you enjoy life? | 1 | 2 | 3 | 4 | 5 |
| 6 | To what extent do you feel your life to be meaningful? | 1 | 2 | 3 | 4 | 5 |
| 7 | How well are you able to concentrate? | 1 | 2 | 3 | 4 | 5 |
| 8 | How safe do you feel in your daily life? | 1 | 2 | 3 | 4 | 5 |
| 9 | How healthy is your physical environment? | 1 | 2 | 3 | 4 | 5 |

1. The following questions ask about **how completely** you experience or were able to do certain things since you have been unsheltered.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Not at all | A little | A moderate  amount | Very much | An extreme  amount |
| 10 | Do you have enough energy for everyday life | 1 | 2 | 3 | 4 | 5 |
| 11 | Are you able to accept your bodily appearance? | 1 | 2 | 3 | 4 | 5 |
| 12 | Have you enough money to meet your needs? | 1 | 2 | 3 | 4 | 5 |
| 13 | How available to you is the information that you need in your day-to-day life? | 1 | 2 | 3 | 4 | 5 |
| 14 | To what extent do you have the opportunity for leisure activities? | 1 | 2 | 3 | 4 | 5 |
|  |  | Very poor | Poor | Neither poor nor  good | Good | Very good |
| 15 | How well are you able to get around? | 1 | 2 | 3 | 4 | 5 |

1. The following questions ask you to say how **good or satisfied** you have felt about various aspects of your life since you have been unsheltered.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Very  dissatisfied | Dissatisfied | Neither  satisfied nor  dissatisfied | Satisfied | Very  satisfied |
| 16 | How satisfied are you with your sleep? | 1 | 2 | 3 | 4 | 5 |
| 17 | How satisfied are you with your ability to perform your daily living activities? | 1 | 2 | 3 | 4 | 5 |
| 18 | How satisfied are you with your capacity for work? | 1 | 2 | 3 | 4 | 5 |
| 19 | How satisfied are you with yourself? | 1 | 2 | 3 | 4 | 5 |
| 20 | How satisfied are you with your personal  relationships? | 1 | 2 | 3 | 4 | 5 |
| 21 | How satisfied are you with your sex life? | 1 | 2 | 3 | 4 | 5 |
| 22 | How satisfied are you with the support you get from your friends? | 1 | 2 | 3 | 4 | 5 |
| 23 | How satisfied are you with the conditions of your living place? | 1 | 2 | 3 | 4 | 5 |
| 24 | How satisfied are you with your access to health services? | 1 | 2 | 3 | 4 | 5 |
| 25 | How satisfied are you with your transport? | 1 | 2 | 3 | 4 | 5 |

1. The following question refers to **how often** you have felt or experienced certain things since you have been unsheltered.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Never | Seldom | Quite often | Very often | Always |
| 26 | How often do you have negative feelings such as blue mood, despair, anxiety, depression? | 1 | 2 | 3 | 4 | 5 |

PEOPLE WHO HAVE BEEN HOMELESS PROVIDE VERY VALUABLE INFORMATION ABOUT HOW THE SERVICE SYSTEM IS ASSISTING PEOPLE AND THE WAYS IN WHICH IT CAN BE IMPROVED. WOULD YOU AGREE TO HELP US UNDERSTAND HOMELESS, SHELTER, AND HOUSING ISSUES BY MEETING WITH SOMEONE FOR A MORE IN-DEPTH CONVERSATION (FOR WHICH YOU WOULD BE COMPENSATED)? □ Yes □ No