

Identifying
First Name*: _____ **Last Name*:** _____

Client has nickname
Nickname _____

Birth Date*: _____
 Full DOB
 Partial (MM/YY)
 Partial (DD/YY)

Age: _____
 Client doesn't know
 Refused
 Data not collected

Gender*

-
- Male
-
-
- Female
-
-
- Transgender Male to Female
-
-
- Transgender Female to Male
-
-
- Client Refused
-
-
- Other _____

Social Security#*: _____

-
- Full
-
-
- Partial
-
-
- Client doesn't know
-
-
- Refused
-
-
- Data Not Collected

Which VI SPDAT would you like to fill out for this client*?

-
- Individual
-
-
- Youth

Citizenship Status

-
- U.S. Citizen
-
- U.S. National
-
- Undocumented
-
-
- Eligible Non-Citizen
-
- (American Samoa or Swains Island)
-
- Client doesn't know
-
-
- Non-US Citizen COFA
-
- Ineligible Non-Citizen
-
- Client refused
-
-
- Data Not Collected

Language in which client is best able to express him/herself *

-
- Chinese
-
- Japanese
-
- Tagalog
-
-
- Chuukese
-
- Korean
-
- Vietnamese
-
-
- English
-
- Marshallese
-
- Other _____
-
-
- Ilocano
-
- Spanish

Has client ever served in the US Military?*

-
- Yes
-
- No
-
- Refused

Contact Info
Is there a phone number where someone can safely get in touch with you or leave a message?

-
- Yes
-
- No

If Yes,

- | | | | |
|--------------------------------------------|----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Cell Phone: _____ | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary | <input type="checkbox"/> Tertiary |
| <input type="checkbox"/> Home Phone: _____ | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary | <input type="checkbox"/> Tertiary |
| <input type="checkbox"/> Work Phone: _____ | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary | <input type="checkbox"/> Tertiary |

Is there an email where someone can safely get in touch with you?*

-
- Yes
-
- No

If Yes,

 Email: _____
 Confirm Email: _____

Sharing
Relationship to Head of Household*

-
- Self (H of H)

Sharing*
 Shared
 Not Shared

VI SPDAT Enrollment Add/Edit
Program Entry Date*: _____

Program (County)*: _____

Provider*: _____

Restricted Information* Shared Not Shared

VI SPDAT Enrollment -
Family Or Individual* (HMIS Self Populates) _____

HOH Age* (HMIS Self Populates) _____

 Staff

Interviewer's Name*: _____

Position*: Team Volunteer

Interview location*: _____

Survey Date and Time*: _____

Has Consented to Participate*: Yes No

A. History of Housing and Homelessness
1. Where do you sleep most frequently?*
 Shelters

 Outdoors

 Transitional Housing

 Refused

 Safe Haven

 Other _____

2. How long has it been since you lived in permanent stable housing (in months)?* _____

 Answered

 Refused

3. In the past three years, how many times have you homeless?* _____

 Answered

 Refused

B. Risks
For 4a-4f, in the past six months, how many times have you:
4a. Received health care at an emergency department/room?* _____

 Answered

 Refused

4b. Taken an ambulance to the hospital?*: _____

 Answered

 Refused

4c. Been hospitalized as an inpatient?* _____

 Answered

 Refused

4d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?*: _____

 Answered

 Refused

4e. Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?*: _____

 Answered

 Refused

4f. Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?*: _____

 Answered

 Refused

5. Have you been attacked or beaten up since becoming homeless?*: _____

 Yes

 No

 Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year?*: _____

 Yes

 No

 Refused

Risks (Continued)

- | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <p>7. Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines, or make it more difficult to rent a place to live?*</p> | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | <p>8. Does anybody force or trick you to do things that you do not want to do?*</p> | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| <p>9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?*</p> | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | | |

C. Socialization and Daily Functioning

- | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <p>10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?*</p> | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | <p>11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?*</p> | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| <p>12. Do you have any planned activities, other than just surviving, that make you feel happy and fulfilled?*</p> | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | <p>13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?*</p> | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| <p>14. Is your homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?*</p> | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | | |

D. Wellness

- | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <p>15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?*</p> | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | <p>16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?*</p> | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| <p>17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?*</p> | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | <p>18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?*</p> | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| <p>19. When you are sick or not feeling well, do you avoid getting help?*</p> | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | <p>20. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant?*</p> | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| <p>21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?*</p> | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | <p>22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?*</p> | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |

Wellness (Continued)

23a. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of a mental health issue or concern?*

Yes
 No
 Refused

23b. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of a past head injury?*

Yes
 No
 Refused

23c. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of a learning disability, developmental disability, or other impairment?*

Yes
 No
 Refused

24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?*

Yes
 No
 Refused

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?*

Yes
 No
 Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?*

Yes
 No
 Refused

27. YES OR NO: Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?*

Yes
 No

Follow-Up Questions

Survey Region*

- Downtown Honolulu - Salt Lake to Piikoi St
- East Honolulu: Piikoi St. to Hawaii Kai, Waikiki
- Ewa - Aiea to Kapolei
- Windward: Kaneohe to Waimanalo
- Upper Windward Kahaluu to Kahuku
- North - Wahiawa to North Shore
- Waianae Coast
- Other _____

Where do you usually go for healthcare or when you're not feeling well?*

- Hospitals: *For Oahu Only, please select*
- Castle Medical Center
 - Kaiser Medical Center Honolulu/Moanalua
 - Kapiolani/Pali Momi Medical Center
 - Straub Clinic and Hospital
 - Queens Medical Center
- Clinics: *For Oahu Only, please select*
- Kalihi Palama Health Center
 - Waianae Coast Comprehensive Health Center
 - Waikiki Health Center
 - Waimanalo Health center
- VA
- Other: Specify: _____
- Does Not Go For Care

Follow-Up Questions (Continued)

Where did you live prior to becoming homeless?*

<input type="checkbox"/> Oahu	<input type="checkbox"/> Kauai	<input type="checkbox"/> U.S. Mainland (State) _____
<input type="checkbox"/> Hawaii Island	<input type="checkbox"/> Molokai	<input type="checkbox"/> Other _____
<input type="checkbox"/> Maui	<input type="checkbox"/> Lanai	

Have you or anyone in your household served in the U.S. military?* Yes No

Which war/war era?*

<input type="checkbox"/> Persian Gulf Era (August 1991 – Present)	<input type="checkbox"/> World War II (September 1940 – July 1947)
<input type="checkbox"/> Post Vietnam (May 1975 – July 1991)	<input type="checkbox"/> Post September 11, 2001 (September 11, 2001 -Present)
<input type="checkbox"/> Vietnam Era (August 1964 – April 1975)	<input type="checkbox"/> Afghanistan/Iraq
<input type="checkbox"/> Between Korean and Vietnam War (Feb 1955– July 1964)	<input type="checkbox"/> Don't know
<input type="checkbox"/> Korean War (June 1950 – January 1955)	<input type="checkbox"/> Won't answer
<input type="checkbox"/> Between WWII and Korean War (Aug 1947 – May 1950)	<input type="checkbox"/> Other

What was your discharge status?*

<input type="checkbox"/> Honorable	<input type="checkbox"/> Uncharacterized
<input type="checkbox"/> General under honorable	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Under other than honorable conditions	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Bad conduct	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Dishonorable	

What kind of insurance do you have?*

<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> Private Insurance
<input type="checkbox"/> VA	<input type="checkbox"/> None	Other _____

Medical Plan Name*

<input type="checkbox"/> Alohacare	<input type="checkbox"/> HMSA	<input type="checkbox"/> Kaiser	<input type="checkbox"/> Medicare	<input type="checkbox"/> Ohana
<input type="checkbox"/> United Healthcare	<input type="checkbox"/> Not Sure	<input type="checkbox"/> Other	<input type="checkbox"/> VA	

Type of Private Insurance* _____

Has client established behavioral health case management coverage through the Adult Mental Health Division (AMHD) or Community Care Services (CCS)?

<input type="checkbox"/> AMHD	<input type="checkbox"/> Pending
<input type="checkbox"/> CCS	<input type="checkbox"/> None

Surveyor: Is this client a verified user of emergency services?*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Refused	<input type="checkbox"/> Data Not Collected	

Surveyor: Is the client a verified frequent user of high level mental health services (MH-1)?*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Refused	<input type="checkbox"/> Data Not Collected	

Is there a phone number where someone can safely get in touch with you or leave you a message? _____

Is there an email where someone can safely get in touch with you or leave a message? Confirm this email _____

On a regular day, where is it easiest to find you? _____

What time of day is it easiest to do so?

<input type="checkbox"/> Specific Time _____	<input type="checkbox"/> Morning (8 am – Noon)	<input type="checkbox"/> Evening (4 – 8 pm)
	<input type="checkbox"/> Afternoon (Noon – 4pm)	<input type="checkbox"/> Night (8 pm – 12 midnight)

Ok, I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Refused	<input type="checkbox"/> Data Not Collected	