

Vulnerability Index Survey Consent Form

Consent for Interview

We are here today to talk to you about your housing and service needs. If you give us permission, we will ask you some questions today for about 10 minutes. These questions are about your health and housing. By participating in the interview you give permission to _____ to assess your status and provide your information to authorized agencies for the purpose of furthering services and housing in this community. Some of the questions we ask might make you feel uncomfortable or be upsetting. If you feel uncomfortable or upset during the interview, you may ask the interviewer to take a break or to skip any of the questions. The information that you tell us during the interview may be stored in a secure database and also be shared with outreach workers and case managers who will follow up with you for services. All of your information will be kept secure and individuals who will see will not share your information.

SIGN BELOW IF AGREEING TO BE INTERVIEWED

Your signature (or mark) below indicates that you have read (or been read) the information provided above, have gotten answers to your questions, and have freely chosen to be interviewed. By agreeing to be interviewed, you are not giving up any of your legal rights.

Date

Signature (or Mark) of Participant

Printed Name of Participant

1. INTERVIEWER'S NAME		2. AGENCY NAME	
3. DATE	4. TIME	5. LOCATION	
6. In what language do you feel best able to express yourself?			
7. FIRSTNAME		8. LASTNAME	
9. NICKNAME		10. DOB	

Signature of Interviewer

Date

SIGN BELOW IF NOT AGREEING TO BE INTERVIEWED

Signature of Interviewer

Signature (or Mark) of Participant

Date

Printed Name of Interviewer

Printed Name of Participant

Date

Name _____

Date _____

OK, first I'm going to ask you a few questions about your housing history...**11. What is the total length of time you have lived on the streets or shelters?**

of years:

of months:

12. In the past three years, how many times have you been homeless and then housed again?

(homeless – lack of stable, permanent housing; housed - permanent, stable housing not including transitional housing)

13. Where do you sleep most frequently? (check one)☐ Shelters ☐ Streets/Camp ☐ Car/Van/RV ☐ Other (specify) _____**OK, now I'd like to ask you a few questions about your health...****14. Where do you usually go for healthcare or when you're not feeling well?**☐ Private Phys/Clinic ☐ Columbus Health Center Clinic ☐ Mt Carmel
☐ Healthcare for the Homeless ☐ Grant Hospital/Ohio Health ☐ OSU Hospitals ☐ Southeast
☐ North Central ☐ VA ☐ Does not go for care ☐ Other Free Clinic ☐ Other ER/Hospital
☐ Other (specify)**15. How many times have you been to the emergency room in the past three months?** _____**16. How many times have you been hospitalized as an inpatient in the past year?** _____**17. 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..... ☐ 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, High blood pressure 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
- m. **Is medical condition under treatment?** ☐ Yes ☐ No ☐ Refused
- n. **DO NOT ASK:** Surveyor, do you observe signs or symptoms
of serious physical health conditions?..... ☐ Yes ☐ No

Name _____

Date _____

18. Substance abuse/mental health

- o. Have you ever abused drug/alcohol, or been told you do? ☐ Yes ☐ No ☐ Refused
- p. Have you consumed alcohol everyday for the past month? ☐ Yes ☐ No ☐ Refused
- q. Have you ever used injection drugs or shots? ☐ Yes ☐ No ☐ Refused
- r. Have you ever been treated for drug or alcohol abuse? ☐ Yes ☐ No ☐ Refused
- s. **DO NOT ASK:** Surveyor, do you observe signs of symptoms of alcohol or drug abuse? ☐ Yes ☐ No
(deterioration in functioning, cognitive damage, lack of self-care, active use)

- t. Have you been ever told that you were diagnosed with a mental health issue? ☐ Yes ☐ No ☐ Refused
- u. Are you currently or have you ever received treatment for mental health issues?.. ☐ Yes ☐ No ☐ Refused
- v. Have you ever been hospitalized for a psychiatric disorder or mental health reasons?
..... ☐ Yes ☐ No ☐ Refused
- w. **DO NOT ASK:** Surveyor, do you detect signs or symptoms of severe, persistent mental illness? ☐ Yes ☐ No
(talking to self, distracted, paranoia, fearful, phobic, depressed, manic mood)

- x. Have you been the victim of a violent attack since you've become homeless? ☐ Yes ☐ No ☐ Refused
- y. Do you have a permanent 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 head trauma that required hospitalization or surgery?
..... ☐ Yes ☐ No ☐ Refused

19. DO NOT ASK:

- a) Surveyor, do you observe signs of client not able to meet basic needs (poor hygiene/clothing, unable to access food on own, no insight on needs) ☐ Yes ☐ No
- b) Surveyor, do you observe signs of confusion, disorientation, evidence of developmental disability, dementia, memory impairment) ☐ Yes ☐ No
- c) Surveyor, do you observe signs of problematic social behavior (responds in angry, profane, obscene or menacing verbal ways, intimidating, impaired ability to deal with stress, no apparent social network, difficulty engaging positively with others, isolated, yells, screams or talks to self) ☐ Yes ☐ No

Alright, now I've just got a few more questions...

20. Have you ever served in the US Military? ☐ Yes ☐ No ☐ Refused
21. If yes, what was the character of your discharge? ☐ Honorable ☐ Other than Honorable
☐ General ☐ Medical ☐ Bad Conduct ☐ Dishonorable ☐ Refused
22. Have you ever been in jail or prison? ☐ Yes ☐ No ☐ Refused
23. Have you ever left home because of domestic violence? ☐ Yes ☐ No ☐ Refused
24. Have you ever been in foster care or abused or neglected? ☐ Yes ☐ No ☐ Refused

Name _____

Date _____

25. How do you make money? (choose as many as apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Work, on-the-books (earned income) | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Sex Work/Trade |
| <input type="checkbox"/> Work, off-the-books (Under the Table) | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Drug Trade |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Plasma Center | <input type="checkbox"/> Recycling/Scrapping |
| <input type="checkbox"/> SSDI/SSA | <input type="checkbox"/> Pension/Retirement | <input type="checkbox"/> Panhandling |
| <input type="checkbox"/> VA | | <input type="checkbox"/> No Income |
| <input type="checkbox"/> None of the above | | |

OK, here is the final question

26. Is there a person you can turn to for support?

☐ Yes ☐ No ☐ Refused

27. If yes, who?