

CODE: _____

APPENDIX C:
**HOMELESS PARTICIPANT
INTERVIEW**

To be filled out by staff.

SECTION 1: PERSONAL INFORMATION

P.1 How old were you when you first became homeless? ____

P.1 a) What were the circumstances? Please explain.

P.2 How many times would you say you have been homeless? ____

P.3 When did you most recently become homeless?

Month _____ Year _____

P.4 Were you homeless a year ago? (probe – 2009, summer, fall winter)

Calgary: This includes Transitional housing

Yes ____ No ____ Not sure ____ Choose not to answer ____

P.1 a) What were the circumstances? Please explain.

Education

E.1 How far did you get in school? (Please check all that apply).

Grade 8 or lower ____ Grade 9 ____ Grade 10 ____

Grade 11 ____ Grade 12 ____ Completed high school ____

G.E.D (high school equivalency) ____ College/university ____

Some college/university ____ College degree/diploma ____

Technical or vocational school diploma ____

Some technical or vocational school ____ Other _____

Don't know/remember ____ Refuse to answer ____

E.2 What is the main way you make money?

SECTION 2: HEALTH

H.1 How would you describe your health?

Please explain.

H.2 Have you had any chronic lung disease(s) (e.g. pneumonia, asthma or bronchitis) in the past year?

Yes ____ No ____ Not sure ____ Choose not to answer ____

H.2 a) If yes, what was it? _____

H.3 Have you ever had a chest x-ray?

Yes ____ No ____ Not sure ____ Choose not to answer ____

H.3 a) If yes, have you had one within the past:

H.3 b) 6 months Yes ____ No ____ Not sure ____

H.3 c) One (1) year Yes ____ No ____ Not sure ____

H.3 d) Five (5) years Yes ____ No ____ Not sure ____

H.3 e) Never ____

H.4 In the past year, can you say indicate if you have had any of the following problems for three to four weeks or longer:

	Yes	No	Not sure
a) Chronic cough			
b) Chest pain			
c) Diabetes			
d) Cough up phlegm			
e) Cough up blood			
f) Unexplained weight loss/gain			
g) Fever that persists			
h) Fatigue/tiredness			
i) Night sweats			
j) Shortness of breath			
k) Infection			
l) Other (please specify)			

H.5 Do you have any of the following medical conditions?

	Yes	No	Not sure	How long?	Meds?	Difficulty accessing meds?
a) Arthritis						
b) Lupus						
c) Diabetes						
d) Lung disease						
e) Cancer						
f) HIV/AIDS						
g) Tuberculosis						
h) Hepatitis A, B or C						
i) Other (please specify)						

H.6 Do you consider yourself to have a disability (e.g., limited in what you can do at home, at work, or at school because of a disability or chronic health problem)?

Yes ____ No ____ Not sure ____ Choose not to answer ____

<i>H.6 a) If yes, what kind of disability?</i>
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Using Substances

S.1 Do you smoke?

Yes ____ No ____ Not sure ____ Choose not to answer ____

S.1 a) If yes, how often?

Never	Less than once a week	Once a week	Several times a week	Every day	Occasional binge
0	1	2	3	4	5

S.2 Do you drink?

Yes ____ No ____ Not sure ____ Choose not to answer ____

S.2 a) If yes, how often?

Never	Less than once a week	Once a week	Several times a week	Every day	Occasional binge
0	1	2	3	4	5

S.3 Do you use street drugs?

Yes ____ No ____ Choose not to answer ____

S.3 a) If yes, what kinds?

S.3 b) How often?

Never	Less than once a week	Once a week	Several times a week	Every day	Occasional binge
0	1	2	3	4	5

S.3 c) Do you use with other people?

Probe: Who? Friends? Strangers?

S.3 d) What proportion of the people you hang out with use street drugs?

All ____ Most ____ Some ____
None ____ Choose not to answer ____

S.4 Do you gamble?

Yes ____ No ____ Not sure ____ Choose not to answer ____

S.4 a) If yes, what kind of gambling?

S.4 b) How often?

Never	Less than once a week	Once a week	Several times a week	Every day	Occasional binge
0	1	2	3	4	5

S.4 c) Do you gamble with other people?

Probe: Who? Friends? Strangers?

S.4 d) Do you consider your gambling to be a problem?

Yes ____ No ____ Not sure ____ Choose not to answer ____

S.4 e) Do you believe that gambling contributed to your homelessness?

Yes ____ No ____ Not sure ____ Choose not to answer ____

S.4 f) If so, how?

SECTION 3: ACCESSING HEALTH CARE

AH.1 Where do you get health care?

Regular doctor or nurse ____ Emergency department (hospital) ____

Community health center ____ Walk-in clinic ____

Shelter or drop-in ____ Other (please specify) ____

AH.2 Do you have a health card accepted in this province?

Yes ____ No ____ Not sure ____ Choose not to answer ____

AH.3 Do you have a regular doctor or nurse you can see regularly?

Yes ____ No ____ Not sure ____ Choose not to answer ____

AH.3 a) How often do you go to them? (*Probe: Be specific.*)

AH.4 Is it easy for you to see a doctor if you need to?

Yes ____ No ____ Not sure ____ Choose not to answer ____

AH.5 Have you been in the hospital in the past year?

Yes ____ No ____ Not sure ____ Choose not to answer ____

AH.5 a) If yes, for what?

AH.5 b) How long?

AH.6 Do you generally have concerns about how you are treated in hospitals?

Yes ____ No ____ Not sure ____ Choose not to answer ____

Please explain.

SECTION 4: KNOWLEDGE OF H1N1

Last year, there was lots of public awareness about a pandemic called H1N1. It was also referred to as “the swine flu”.

K.1 Do you remember hearing about H1N1 last fall?

Yes ____ No ____ Not sure ____ Choose not to answer ____

K.2 What do you know about H1N1?

Please explain.

K.3 There was a lot of talk about H1N1 last year, from the spring of 2009 until early this year. Were you homeless during this period?

Yes ____ No ____ Not sure ____ Choose not to answer ____

K.4 During that time, were you concerned about becoming infected with H1N1?

Yes ____ No ____ Not sure ____ Choose not to answer ____

K.5 Have you received any vaccines of any kind in the last year? (e.g., flu, mumps, measles, rubella)?

Yes ____ No ____ Not sure ____ Choose not to answer ____

K.5 a) If yes, for what? _____

K.6 Were you aware of the H1N1 vaccine?

Yes ____ No ____ Not sure ____ Choose not to answer ____

K.6 a) If so, where did you hear about it?

Please explain.

K.7 Were you aware of any vaccine clinics?

Yes ____ No ____ Not sure ____ Choose not to answer ____

K.7 a) If so, did you know how to access them?

Please explain.

K.8 Did you decide to get the H1N1 vaccine?

Yes ____ No ____ Not sure ____ Choose not to answer ____

K.8 a) Why or why not?

Please explain.

K.9 If you wanted the H1N1 vaccine, were you able to get vaccinated?

Yes ____ No ____ Not sure ____ Choose not to answer ____

K.9 a) If yes, where?

K.9 b) If yes, when?

K.9 c) If no, why not?

K.10 During the H1N1 pandemic last year, did you ever have the flu or a chest infection?

Yes ____ No ____ Not sure ____ Choose not to answer ____

K.11 Do you know if you became infected with H1N1?

Yes ____ No ____ Not sure ____ Choose not to answer ____

Probe: FOR H1N1 ONLY

K.11 a) If yes, who confirmed your case (doctor, nurse, etc.)?

K.11 b) How were you told that you were infected?

*Probe: FOR FLU **OR** H1N1*

K.11 c) Were you ever put in isolation?

K.11 d) Were you treated at an agency that serves the homeless or at a hospital?

K.11 e) If treated at an agency that serves the homeless, what treatment did they prescribe/suggest?

K.11 f) If at an agency that serves the homeless, could the staff answer your questions?

K.11 g) Was your privacy protected?

K.11 h) Anything you want to add?

K.12 If infected, did you wind up in a hospital?

Yes ____ No ____ Not sure ____ Choose not to answer ____

K.12 a) What happened? How were you treated?

SECTION 5: H1N1 AND THE PLACES YOU GO

Now we are going to ask you a number of questions about the places you visit, including shelters and drop-ins or day programs.

Homeless Shelters

PG.1 Do you ever go to homeless shelters at night?

Yes ____ No ____ Not sure ____ Choose not to answer ____

Probe:

PG.1 a) If yes, how often?

PG.1 b) Are there some shelters that you like more than others?

PG.1 c) If yes, which ones and for what reasons?

*PG.1 d) Besides sleeping, do you get any other services
at the shelter?*

PG.1 e) Do you ever do any volunteering there? If yes, explain.

PG.1 f) How long do you stay when you go? Why?

Sleeping Conditions

SC.1 a) When you are there, do you like to be alone or hang out with other people?

SC.1 b) How many people sleep in the same room as you?

SC.1 c) How far apart are they from you?

SC.2 Think of the centre you go to most often. How well do you trust the staff?

Completely	For the most part	Somewhat	Not so much	Not at all	Depends on the staff person
1	2	3	4	5	6

SC. 3 Do the staff at the shelter give you the kind of information and support that you need?

Please explain.

Drop-in Centres and Day Programs

D.1 During the day do you ever go to drop-ins or other services for people who are homeless?

Yes ____ No ____ Not sure ____ Choose not to answer ____

D.1 a) If yes, how often? _____

D.2 What agencies do you go to most often?

Please list.

D.3 Are there some drop-ins that you like more than others?

Probe:

D.3 a) If yes, which ones and for what reasons?

D.3 b) What do you go to the drop-ins for?

D.3 c) How long do you stay when you go?

D.3 d) When you are there, do you like to be alone or hang out with other people?

D.3 e) How many people are usually in the drop-ins in the same room as you?

D.4 Think of the centre you go to most often. How well do you trust the staff?

Completely	For the most part	Somewhat	Not so much	Not at all	Depends on the staff person
1	2	3	4	5	6

Please explain.

D.5 Do the staff at the drop-ins give you the kind of information and support that you need?

Please explain.

SECTION 6: LAST YEAR DURING THE H1N1 OUTBREAK

Now I'm going to ask you some questions about shelters, drop-ins and other services you may use during the day.

Homeless Shelters

SC.4 Did you go to any of these shelters last year during the H1N1 outbreak?

Yes ____ No ____ Not sure ____ Choose not to answer ____

SC.5 Did you have any concerns about staying at shelters during that time?

SC.5 a) If yes, what were your concerns?

SC.6 Did the staff at the shelter ever give you information about H1N1?

Yes ____ No ____ Not sure ____ Choose not to answer ____

SC.6 a) *If yes, how did they communicate with you?*

Probe: By talking with you? Giving you printed info? Other?

SC.6 b) *What did they talk about?* _____

SC.6 c) *If you had any questions about H1N1, were the staff readily available to talk about it?*

Yes ____ No ____ Not sure ____ Choose not to answer ____

SC.6 d) *Why or why not?*

SC.6 e) *Did you trust the information?*

Yes ____ No ____ Not sure ____ Choose not to answer ____

SC.6 f) *Why or why not?*

SC.7 Did the shelter operate any differently because of worries about H1N1?

Yes ____ No ____ Not sure ____ Choose not to answer ____

SC.7 a) *If yes, how did they act differently? More stand offish?*

More caring?

SC.7 b) *Were the shelters cleaner?*

SC.8 Do you have any suggestions about how shelter staff could have better handled the H1N1 situation?

Please explain.

Drop-ins and Day Programs

Now we're going to go back and ask you some questions about the drop-ins and day programs you may have been using a year ago.

D.6 Did you go to the drop-ins and day programs you spoke about last year during the H1N1 pandemic?

Yes ____ No ____ Not sure ____ Choose not to answer ____

D.7 Did you have any concerns about going into the drop-in during that time?

D.7 a) If yes, what were your concerns?

D.8 Did the staff at the drop-in ever give you information about H1N1?

D.8 a) If yes, how did they communicate with you?

Probe: By talking with you? Giving you printed info? Other?

D.8 b) What did they talk about? _____

D.8c) If you had any questions about H1N1, were the staff readily available to talk about it?

Yes ____ No ____ Not sure ____ Choose not to answer ____

D.8 d) Why or why not?

D.8 e) Did you trust the information?

Yes ____ No ____ Not sure ____ Choose not to answer ____

D.8 f) Why or why not?

D.9 Did the drop-in operate any differently because of worries about H1N1?

Yes ____ No ____ Not sure ____ Choose not to answer ____

*D.9 a) If yes, how did they act differently? More stand offish?
More caring?*

D.10 Do you have any suggestions about how drop-in staff could have better handled the H1N1 situation?

Communication

C.1 Where did you get your best information about H1N1? How would you rank these? *(Go through each one.)*

	Very important	Somewhat important	Not important
C.1 a) Friends			
C.1 b) Family			
C.1 c) Agency staff			
C.1 d) Health care providers			
C.1 e) Television news			
C.1 f) Newspapers			
C.1 g) Posters and pamphlets			
C.1 h) Information letter			

C.1 i) Which of these is the most reliable source of information to you and why?

Please explain.

C.1 j) Which of these is the least reliable source of information to you and why?

Please explain.

C.2 Did you receive information from the agencies you go to?

Yes ____ No ____ Not sure ____ Choose not to answer ____

C.2 a) If yes, did you find the information useful?

Yes ____ No ____ Not sure ____ Choose not to answer ____

C.2 b) If yes, did you understand the information that was provided?

Yes ____ No ____ Not sure ____ Choose not to answer ____

C.3 If you had concerns about H1N1, were you able to speak to agency staff about these concerns?

Yes ____ No ____ Not sure ____ Choose not to answer ____

C.4 Do you have any recommendations for the agencies about how they communicate about health issues and pandemics in the future?

In the Event of a Serious Pandemic

SP.1 If H1N1 had gotten a lot worse, and more people had gotten sick, would that have changed your views about going to drop-ins or shelters?

Yes ____ No ____ Not sure ____ Choose not to answer ____

SP.1 a) If yes, how?

Please explain.

SP.2 If there was a severe pandemic in the future, would you go to a drop-in or shelter?

Yes ____ No ____ Not sure ____ Choose not to answer ____

SP.2 a) Why or why not?

SP.2 b) If no, where would you stay during the day?

SP.2 c) Where would you sleep at night?

SP.2 d) Where would you get food?

SP.2 e) Where would you go for health care?

SP.3 What would be the best way to get information to you in the event of a pandemic?

Please explain

FINALLY ...

F.1 How did you find doing this survey?

F.2 Is there anything specific you would like to say about your experiences during the pandemic?

Please explain.

F.3 Do you have any advice for people who provide health care?

Please explain.

F.4 Is there anything else you would like to say?

Please explain.

Thank you for the time you spent speaking with me. Your responses are important as they will be used to help develop new programs. We appreciate your comments. Do you have any questions or concerns that you would like to discuss? If you decide later that you have questions about the project you can contact: _____

THANK YOU!