

Quality of Life in Homeless and Hard-to-House Individuals (QoLHHI) Scale

Impact: Health

Introduction (READ ALOUD): “Now I want to know about the impact that different aspects of your health have on you. You could tell me, for example, that your physical health has no impact at all on you. Or you could say that it has a positive impact and makes things better for you. Or, maybe it has a negative impact and makes things worse for you.”

1	2	3	4	5	6	7
Large negative impact	Moderate negative impact	Small negative impact	No impact	Small positive impact	Moderate positive impact	Large positive impact

I'd like you to rate the impact that ...

H1	Your current level of physical health has on you	1	2	3	4	5	6	7
H2	Your current level of mental or emotional health has on you	1	2	3	4	5	6	7
H3	Your current level of physical activity or exercise has on you	1	2	3	4	5	6	7
H4	The quality of sleep that you've been getting lately has on you	1	2	3	4	5	6	7
H5a	Would you describe your current level of stress as low, medium, or high?	<input type="checkbox"/> Low [go to H5] <input type="checkbox"/> Medium [go to H5] <input type="checkbox"/> High [go to H5]						

		1 Large negative impact	2 Moderate negative impact	3 Small negative impact	4 No impact	5 Small positive impact	6 Moderate positive impact	7 Large positive impact
H5	Given your (low/medium/high) stress level, I'd like you to rate the impact that this has on you	1	2	3	4	5	6	7
H6a	Have you been experiencing physical pain lately?	<input type="checkbox"/> Yes [go to H6] (remember to probe H6a) <input type="checkbox"/> No, not anymore [go to H6] <input type="checkbox"/> No, physical pain has never really been an issue for you [go to H7a].....[H6 = not applicable]						
H6	I'd like you to rate the impact that (having/no longer having) physical pain has on you	1	2	3	4	5	6	7
H7a	Have you been experiencing emotional pain lately?	<input type="checkbox"/> Yes [go to H7] (remember to probe H7a) <input type="checkbox"/> No, not anymore [go to H7] <input type="checkbox"/> No, emotional pain has never really been an issue for you [go to H8a].....[H7 = not applicable]						
H7	I'd like you to rate the impact that (having/no longer having) emotional pain has on you	1	2	3	4	5	6	7
H8a	Do you currently drink alcohol?	<input type="checkbox"/> Yes [go to H8] (remember to probe H8a) <input type="checkbox"/> No, you've stopped [go to H8] <input type="checkbox"/> No, you never did [go to H9a][H8 = not applicable]						
H8	I'd like you to rate the impact that (drinking/no longer drinking) has on you	1	2	3	4	5	6	7

1	2	3	4	5	6	7
Large negative impact	Moderate negative impact	Small negative impact	No impact	Small positive impact	Moderate positive impact	Large positive impact

H9a Do you currently use drugs such as pot, cocaine, or heroin? Yes [go to H9] **(remember to probe H9a)**
 No, you've stopped [go to H9]
 No, you never did [go to H10a][H9 = not applicable]

H9 I'd like you to rate the impact that **(using/no longer using)** has on you

1	2	3	4	5	6	7
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H10a Do you have one or more chronic illnesses or conditions (for example: HIV, hepatitis, diabetes, disability)? Yes [go to H10]
 No [go to H11a].....[H10 = not applicable]

H10 I'd like you to rate the impact that this has on you

1	2	3	4	5	6	7
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H11a Are you supposed to follow a special diet because of a health condition? Yes [go to H11b]
 No [go to H12a on the next page][H11b, H11, H11c = not applicable]

H11b Are you actually following this special diet? Yes [go to H11 and then H12a]
 No [go to H11 and then H11c]

H11 I'd like you to rate the impact that **(following/not following)** this diet has on you

1	2	3	4	5	6	7
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1	2	3	4	5	6	7
Large negative impact	Moderate negative impact	Small negative impact	No impact	Small positive impact	Moderate positive impact	Large positive impact

H11c If you are NOT following this special diet, why not?

Is it...

- ... because the food you need for this diet is too expensive?
- ... because it's too difficult for you to get the food you need for this diet?
- ... you don't have any way to prepare or store the food you need for this diet?
- ... because you are not willing to give up certain foods as part of this diet (for example: salt, red meat, sweets)?
- Other _____

H12a Are you currently supposed to be taking medication that was prescribed by a doctor?

- Yes [go to H12b]
- No [skip H12b, H12, H12c].....[H12b, H12, H12c = not applicable]

H12b Are you actually taking this medication?

- Yes [go to H12 but skip H12c]
- No [go to H12 and then H12c]

H12 I'd like you to rate the impact that **(taking/not taking)** this medication has on you

1	2	3	4	5	6	7
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H12c If you are NOT taking the medication prescribed to you, why not?

Is it...

- ... because the medication is too expensive?
- ... because it's too difficult for you to store the medication?
- ... you're not able to take the medication as recommended (for example: with food, 3 times a day)?
- ... because you don't like the side effects?
- ... because you don't believe in taking medication?
- Other _____