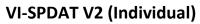




Identifying								
First Name*:_					Last Na	me *:		
Client has nickname $\square$			Nickname					
Birth Date*:			☐ Full DOB ☐ Partial		☐ Partial	(MM/YY)		□ Partial (DD/YY)
Age:			☐ Client doesn't know ☐ Refuse			d		☐ Data not collected
Gender*			Social S	ecurity	#*:			
☐ Male			□ Fu					
□ Fem			☐ Partial					
	nsgender Male to Fo				sn't know			
	nsgender Female to nt Refused	Maie		efused	Collected			
	er			ata INOL C	Conceicu			
	SPDAT would		ill					
out for th	•	•	Citizens	ship Sta	itus			
□ Individual		☐ U.S. Citizen			☐ U.S. Nationa	.1	☐ Undocumented	
□ You	th		□ Eligibl	le Non-C	Citizen	(American Samoa or		☐ Client doesn't know
			☐ Non-US Citizen COFA		en COFA	Swains Island)		☐ Client refused
						☐ Ineligible No Citizen	on-	☐ Data Not Collected
Language	in which client	is hest able	to evnress			Citizen		
him/herse		is best abic	to express		I	Has client ever	serve	d in the US Military?*
☐ Chinese ☐ Japanese		oanese	☐ Tagalog			□ Yes □ No □ Refused		
☐ Chuukes	☐ Chuukese ☐ Korean		☐ Vietnamese					
□ English	□ Ma	arshallese	$\square$ Other					
	□ Sp	anish				-		
Contact Info								
Is there a p	ohone number w	here someo	ne can safely g	get in to	ouch with	you or leave a	mess	sage?
☐ Yes	□ No							
<u>If Yes,</u>	☐ Cell Phone:			☐ Priı	mary	$\square$ Secondary	□Т€	ertiary
	☐ Home Phone: _		Prima		mary	$\square$ Secondary		ertiary
	☐ Work Phone:		Pri		mary	☐ Secondary	□ Te	ertiary
Is there on	email where sor	naana can c	ofoly got in to	uch wit	h vou?*			
□ Yes		neone can s	arely get in tot	ucii wii	n you.			
If Yes,	Email:							
	Confirm Email: _		<u> </u>					
Sharing								
Relationsh	<b>ip to Head of H</b> o H of H)	ousehold*						
Sharing*	☐ Shared	☐ Not Shared	i					



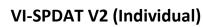


VI SPDAT Enrollment Add/Edit			
Program Entry Date*: Program (County)*:  Restricted Information* □ Shared		Provider*:	
VI SPDAT Enrollment -			
Family Or Individual* (HMIS Self Populates	)		
Interviewer's Name*:		☐ Staff Position*: ☐ Team ☐ Vo	lunteer
Interview location*:	S	Survey Date and Time*:	
<b>Has Consented to Participate*:</b> $\square$ Yes $\square$ N	No		
A. History of Housing and Homelessnes	SS		
1. Where do you sleep most frequently?*	☐ Shelters ☐ Transitions ☐ Safe Have		
in permanent stable nousing (in	☐ 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	y times have you	<u>:</u>	
<b>4a</b> . Received health care at an emergency department/room?*	☐ Answered ☐ Refused	<b>4b.</b> Taken an ambulance to the hospital?*:	☐ Answered ☐ Refused
<b>4c.</b> Been hospitalized as an inpatient?*	☐ Answered ☐ Refused	<b>4d.</b> Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?*	☐ Answered ☐ Refused
<b>4e.</b> 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
<b>5.</b> Have you been attacked or beaten up since becoming homeless?*	☐ Yes ☐ No ☐ Refused	<b>6.</b> Have you threatened to or tried to harm yourself or anyone else in the last year?*	☐ Yes ☐ No ☐ Refused



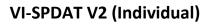
## VI-SPDAT V2 (Individual)

Risks (Continued)			
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?*  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?*	☐ Yes ☐ No ☐ Refused ☐ Yes ☐ No ☐ Refused	8. Does anybody force or trick you to do things that you do not want to do?*	□ Yes □ No □ Refused
C. Socialization and Daily Functioning			
<ul><li>10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?*</li><li>12. Do you have any planned activities, other than just surviving, that make you feel happy</li></ul>	☐ Yes ☐ No ☐ Refused ☐ Yes ☐ No	<ul> <li>11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?*</li> <li>13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food</li> </ul>	☐ Yes ☐ No ☐ Refused ☐ Yes ☐ No
and fulfilled?*  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?*	□ Refused □ Yes □ No □ Refused	and clean water and other things like that?*	□ Refused
D. Wellness			
<b>15.</b> Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?*	☐ Yes ☐ No ☐ Refused	<b>16.</b> Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?*	☐ Yes ☐ No ☐ Refused
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?*	□ Yes □ No □ Refused	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?*	☐ Yes ☐ No ☐ Refused
<b>19.</b> When you are sick or not feeling well, do you avoid getting help?*	☐ Yes ☐ No ☐ Refused	20. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant?*	☐ Yes ☐ No ☐ Refused
<b>21.</b> Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?*	□ Yes □ No □ Refused	<b>22.</b> Will drinking or drug use make it difficult for you to stay housed or afford your housing?*	☐ Yes ☐ No ☐ Refused





Wellness (Continue	ed)						
your housing, or beer apartment, shelter pro	ou were staying, because of a mental health		used	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		
your housing, or beer apartment, shelter pro you were staying, bed	ogram or other place	☐ Yes☐ No☐ Ref		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		
<b>25.</b> Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?*		☐ Yes☐ No☐ Ref		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		
	of abuse, or by any	□ Yes	•				
Follow-Up Question	ns						
Survey Region*							
Hawaii	Kauai		Maui				
<ul><li>☐ Kohala</li><li>☐ Zone 1: Hanapepe,</li><li>☐ Honokaa</li><li>☐ Waimea, Kekaha</li></ul>			☐ Centr	ral Maui er Waiehu			
☐ Laupahoehoe	☐ Zone 2: Koloa; Poipu	l	□ Lahaina				
□ Hilo	☐ Zone 3: Lihue		☐ Kihei				
□ Waiakea	☐ Zone 4: Anahola, Kaj	-	□ Hana				
☐ Keaau	☐ Zone 5: Haena, Hana Kilauea, Anini	leı,					
□ Pahoa □ Kau	Kilauca, Allilli						
□ Kau □ Konawaena							
☐ Kealakehe	□ Other						
•	lly go for healthcare or v	vnen yo	u re not	reeling weil?"			
☐ Hospitals:							
☐ Clinics:							
□VA							
$\square$ Other: $S_1$	pecify:						
□ Does Not Go F	or Care						





		vaii Island	□ Kauai □ Molokai	☐ U.S. Mainland (State) ☐ Other	
Have you or anyone	☐ Mai		☐ Lanai	□ Vos □ No	
Which war/war era?*	in your household served in the U.S. military?*  ☐ Persian Gulf Era (August 1991 – Present) ☐ Post Vietnam (May 1975 – July 1991) ☐ Vietnam Era (August 1964 – April 1975) ☐ Between Korean and Vietnam War (Feb 1955– July 1964) ☐ Korean War (June 1950 – January 1955) ☐ Between WWII and Korean War (Aug 1947 – May 1950)			☐ Yes ☐ No ☐ World War II (September 1940 – July 1947) ☐ Post September 11, 2001 (September 11, 2001 -Present ☐ Afghanistan/Iraq ☐ Don't know ☐ Won't answer ☐ Other	
What was your discharge status?*	☐ Under other than honorable conditions ☐ Bad conduct ☐			<ul> <li>☐ Uncharacterized</li> <li>☐ Client doesn't know</li> <li>☐ Client Refused</li> <li>☐ Data not collected</li> </ul>	
What kind of insura	nce do you have?*	☐ Medicaid	☐ Medicare	☐ Private Insurance	
Medical Plan Name*		<ul><li>□ VA</li><li>□ Alohacare</li><li>□ United He</li></ul>		Other aiser □ Medicare □ Ohana Sure □ Other □ VA	
Type of Private Insu Has client established coverage through the or Community Care Surveyor: Is this client	ed behavioral health he Adult Mental Hea e Services (CCS)?	lth Division (A	nent	CS	
Surveyor: Is the client a verified frequent user of high level mental health services (MH-1)?*  □ Yes □ No □ Client doesn't know □ Refused □ Data Not Collected					
Is there a phone nur leave you a message				ou or	
Is there an email wh with you or leave a			ch		
On a regular day, w	here is it easiest to f	ind you?			
What time of day is  ☐ Specific Time		•	8 am – Noon) (Noon – 4pm)	☐ Evening (4 – 8 pm) ☐ Night (8 pm – 12 midnight)	
Ok, I'd like to take you and confirm you		it is easier to f	ind □ Yes	□ No □ Client doesn't know	