

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

Impact: Living Conditions

READ ALOUD: *"I'm going to ask you about different aspects of your living conditions."*

LC1: Current living situation

LC1a: *"Where are you living or staying most of the time right now?"*

CHECK THE BOX THAT MOST CLOSELY CORRESPONDS TO THE ANSWER. IF NECESSARY, ASK FOR CLARIFICATION.

- ☐ Sleeping "rough" or "on the street" (including things like in a park, in a car, in an abandoned building, or in a bus/train station)
- ☐ A shelter (if for domestic abuse, select "Transitional housing")
- ☐ Transitional housing (for example: for domestic abuse, substance abuse treatment, or after release from prison)
- ☐ Any housing (except transitional) with on-site support (for example: group home, boarding home, or assisted living)
- ☐ Living or staying temporarily with family or friends (including other people such as casual sexual partners)
- ☐ Single Room Occupancy Unit (SRO) / Rooming house
- ☐ Renting an apartment or house that is public, social, or subsidized housing
- ☐ Renting an apartment or house that is market housing
- ☐ Jail / Prison
- ☐ Medical hospital / Psychiatric hospital
- ☐ Other: _____

LC1b: *How long have you been living/staying there?* _____

LC2: Place where you live or stay

LC2a: *"I have some questions about the place where you currently live or stay"*

Note: y = yes, n = no, y/n = sometimes, depends, or any other mixed response, N/A = not applicable. Use the comments section to expand on these responses (in particular y/n and n/a)

		Comments
1. Do you feel that the place where you live or stay is affordable?	y <input type="checkbox"/> n <input type="checkbox"/> y/n <input type="checkbox"/> N/A <input type="checkbox"/>	
2. Does the place where you live or stay have the amenities that are important to you (like a fridge, stove, own bathroom, elevator)?	y <input type="checkbox"/> n <input type="checkbox"/> y/n <input type="checkbox"/> N/A <input type="checkbox"/>	
3. Do you have access to bathing facilities (such as a shower)?	y <input type="checkbox"/> n <input type="checkbox"/> y/n <input type="checkbox"/>	
4. <u>IF YES</u> : Do you feel that these bathing facilities are clean enough to use?	y <input type="checkbox"/> n <input type="checkbox"/> y/n <input type="checkbox"/>	
5. <u>IF YES</u> : Do you feel safe using these bathing facilities?	y <input type="checkbox"/> n <input type="checkbox"/> y/n <input type="checkbox"/>	
6. Overall, do you feel that the place where you live or stay is clean enough?	y <input type="checkbox"/> n <input type="checkbox"/> y/n <input type="checkbox"/>	
7. Do you feel like you have control over your own space?	y <input type="checkbox"/> n <input type="checkbox"/> y/n <input type="checkbox"/>	
8. Are the other people living or staying there too disruptive?	y <input type="checkbox"/> n <input type="checkbox"/> y/n <input type="checkbox"/>	
9. Do you have enough privacy there?	y <input type="checkbox"/> n <input type="checkbox"/> y/n <input type="checkbox"/>	
10. Do you feel there are too many restrictions placed on you there?	y <input type="checkbox"/> n <input type="checkbox"/> y/n <input type="checkbox"/>	
11. Are you always worrying that you'll catch some illness from other people living there?	y <input type="checkbox"/> n <input type="checkbox"/> y/n <input type="checkbox"/>	

12. Do you feel your stuff is safe there?	y <input type="checkbox"/> n <input type="checkbox"/> y/n <input type="checkbox"/>	
13. Do you feel that you're treated well there (for example: by landlord, shelter staff, other residents)?	y <input type="checkbox"/> n <input type="checkbox"/> y/n <input type="checkbox"/>	
14. Does it feel like a home to you?	y <input type="checkbox"/> n <input type="checkbox"/> y/n <input type="checkbox"/>	
A. What is the worst thing about the place where you currently live or stay?		
B. What is the best thing about the place where you currently live or stay?		
C. Anything else you want to tell me about the place where you live or stay?		

LC2b: "You've talked about some things that describe the place where you currently live or stay. Now I want to know about the impact that the place where you live or stay has on you. You could tell me that the place where you live or stay 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."

"I'd like you to rate the impact that the place where you currently live or stay has on you."

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

LC3: Neighbourhood

LC3a: *"Now I have some questions about your neighbourhood"*

		Comments
1. Do you feel safe in your neighbourhood?	y <input type="checkbox"/> n <input type="checkbox"/> y/n <input type="checkbox"/>	
2. Do you feel that you're part of the community in your neighbourhood?	y <input type="checkbox"/> n <input type="checkbox"/> y/n <input type="checkbox"/>	
3. Do you feel stuck in your neighbourhood?	y <input type="checkbox"/> n <input type="checkbox"/> y/n <input type="checkbox"/>	
4. Do you feel that there are a lot of bad influences there (for example: too many drugs, too much crime)?	y <input type="checkbox"/> n <input type="checkbox"/> y/n <input type="checkbox"/>	
5. Do you think that there are enough resources there (for example: food bank, health care, support workers)?	y <input type="checkbox"/> n <input type="checkbox"/> y/n <input type="checkbox"/>	
A. What is the worst thing about your neighbourhood?		
B. What is the best thing about your neighbourhood?		
C. Anything else you want to tell me about your neighbourhood?		

LC3b: *"You've talked about some things that describe your neighbourhood. Now I'd like you to rate the impact that your neighbourhood has on you."*

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

LC4: Food

LC4a: *"Next I have some questions about the food you eat"*

		Comments
1. Are you usually able to get food that you like?	y <input type="checkbox"/> n <input type="checkbox"/> y/n <input type="checkbox"/>	
2. Would you say that the food you eat is nutritious?	y <input type="checkbox"/> n <input type="checkbox"/> y/n <input type="checkbox"/>	
3. Are you usually able to get good quality food?	y <input type="checkbox"/> n <input type="checkbox"/> y/n <input type="checkbox"/>	
4. Do you find that you get stuck eating the same thing almost every day?	y <input type="checkbox"/> n <input type="checkbox"/> y/n <input type="checkbox"/>	
5. Do you have trouble getting enough to eat?	y <input type="checkbox"/> n <input type="checkbox"/> y/n <input type="checkbox"/>	
A. What is the worst thing about the food you eat?		
B. What is the best thing about the food you eat?		
C. Anything else you want to tell me about the food you eat?		

LC4b: *"You've talked about some things that describe the food you eat. Now I'd like you to rate the impact that the food you eat has on you."*

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

LC5: Clothing

LC5a: *"Next, I have some questions about clothing".*

		Comments
1. Are you usually able to get clothes that fit you?	y <input type="checkbox"/> n <input type="checkbox"/> y/n <input type="checkbox"/>	
2. Do you have enough clothes to wear?	y <input type="checkbox"/> n <input type="checkbox"/> y/n <input type="checkbox"/>	
3. Do you like your clothes?	y <input type="checkbox"/> n <input type="checkbox"/> y/n <input type="checkbox"/>	
4. Do you have some place to store your clothes?	y <input type="checkbox"/> n <input type="checkbox"/> y/n <input type="checkbox"/>	
5. Are you able to wash your clothes as often as you'd like?	y <input type="checkbox"/> n <input type="checkbox"/> y/n <input type="checkbox"/>	
A. What is the worst thing about your clothing?		
B. What is the best thing about your clothing?		
C. Anything else you'd like to tell me about your clothing?		

LC5b: *"You've talked about some things that describe your clothing. Now I'd like you to rate the impact that your clothing has on you."*

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