

Individual VI-SPDAT V3

Use for Category 1 Households without children

INDIVIDUAL VI-SPDAT V3

Assessment Date

12/21/2023



Assessment Location

Select

Select
Home

Assessment Type

Select

Select
Phone
Virtual
In person

Assessment Level

Select

Select
Crisis Needs Assessment
Housing Needs Assessment

Primary Language

Select


Select
English
Albanian
American Sign Language
Amharic
Arabic
Armenian
Bengali
Bosnian
Bulgarian
Burmese
Chinese
Croatian
Czech
Dutch
Farsi
French
German
Giurati
Greek

Identifies as LGBTQ2+?

Select


Select
No
Yes
Client doesn't know
Client prefers not to answer

Survey Location

Select 

- Select
- Shelter
- Outreach
- Drop In
- Other


Has Pet(s)?

Select 

- Select
- No
- Yes
- Client doesn't know
- Client prefers not to answer


SECTION ONE: PRESENTING NEEDS

Most days can you find a safe place to sleep?

Select 


- Select
- No
- Yes
- Client doesn't know
- Client prefers not to answer

Most days can you access a bathroom when you need it?

Select 


- Select
- No
- Yes
- Client doesn't know
- Client prefers not to answer

Most days can you access a shower when you need it?

Select 


- Select
- No
- Yes
- Client doesn't know
- Client prefers not to answer

Most days can you get food?

Select 


- Select
- No
- Yes
- Client doesn't know
- Client prefers not to answer

Most days can you get water or other non-alcoholic beverages to stay hydrated?

Select 


- Select
- No
- Yes
- Client doesn't know
- Client prefers not to answer

Most days can you get clothing or access laundry when you need it?

Select 

- Select
- No
- Yes
- Client doesn't know
- Client prefers not to answer

Most days can you safely store your stuff?

Select 

- Select
- No
- Yes
- Client doesn't know
- Client prefers not to answer
- N/A

SECTION TWO: HOUSING HISTORY & CHRONIC HOMELESSNESS DETERMINATION

How long has it been since you lived in stable, permanent housing?

Select 

In the last three years, how many times have you been homeless?

Select 

Do you have any diagnosed, documented, disabling conditions?

Select 

Have you ever lived in a home that you own or an apartment in your name?


Select 

Have you ever been evicted?

Select 

SECTION TWO: HOUSING HISTORY & CHRONIC HOMELESSNESS DETERMINATION

How long has it been since you lived in stable, permanent housing?

Select 

- Select
- Less than a week
- 1 week - 3 months
- 3 - 6 months
- 6 months to 1 year
- 1 - 2 years
- 2 years or more
- Client doesn't know
- Client prefers not to answer

In the last three years, how many times have you been homeless?

Select ▼

Select
0 times
1 time
2 times
3 times
4 times
5 or more times
Client doesn't know
Client prefers not to answer

Do you have any diagnosed, documented, disabling conditions?

Select ▼

Select
No
Yes
Client doesn't know
Client prefers not to answer

Have you ever lived in a home that you own or an apartment in your name?

Select ▼

Select
No
Yes
Client doesn't know
Client prefers not to answer

Have you ever been evicted?

Select ▼

Select
No
Yes
Client doesn't know
Client prefers not to answer


SECTION THREE: VULNERABILITIES AND HOUSING SUPPORT NEEDS

In the last 6 months, how many times have you gone to the emergency room/department?

Select ▼

Select
0 times
1 time
2 times
3 times
4 times
5 or more times
Client doesn't know
Client prefers not to answer


In the last 6 months, how many times have you taken an ambulance?

Select 

Select

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 or more times
- Client doesn't know
- Client prefers not to answer


In the last 6 months, how many times have you been hospitalized as an inpatient?

Select 

Select

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 or more times
- Client doesn't know
- Client prefers not to answer


In the last 6 months, how many times have you used a crisis service or hotline for such concerns as family or intimate partner violence or suicide prevention?

Select 

Select

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 or more times
- Client doesn't know
- Client prefers not to answer


In last 6 months, # times you've talked to police b/c you witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime, or b/c they asked you to move along b/c of loitering, sleeping in a public place or anything like that?

Select 

Select

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 or more times
- Client doesn't know
- Client prefers not to answer


In the last 6 months, how many times have you stayed one or more nights in jail, a holding cell or prison?

Select 

Select

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 or more times
- Client doesn't know
- Client prefers not to answer

Since you have been homeless, have you been beaten up or assaulted?

Select 

Select


No

Yes

Client doesn't know

Client prefers not to answer

Since you have been homeless, have you threatened to beat up or assault someone else?

Select 

Select


No

Yes

Client doesn't know

Client prefers not to answer

Since you have been homeless, have you threatened to harm yourself or harmed yourself?

Select 

Select


No

Yes

Client doesn't know

Client prefers not to answer

Since you have been homeless, has anyone threatened you with violence or made you feel unsafe?

Select 

Select


No

Yes

Client doesn't know

Client prefers not to answer

Do you have any legal stuff going on right now that may result in being locked up?

Select 

Select

No

Yes

Client doesn't know

Client prefers not to answer

Since you have been homeless, has anyone tried to control you through violence or threats of violence whether that be a stranger, friend, partner, relative or parent?

Select 

Select


No

Yes

Client doesn't know

Client prefers not to answer

Do you have any legal stuff going on right now that may result in having to pay fines or fees that you cannot afford?

Select 

Select


No

Yes

Client doesn't know

Client prefers not to answer


Do you have any legal stuff going on right now that may impact your ability to get housing?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer


Do you have any legal stuff going on right now that may impact where you could live in your housing?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer


Have you ever been convicted of a crime that makes it difficult to access or maintain housing?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer


Does anyone trick, manipulate, exploit or force you to do things you do not want to do?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer


Where do you sleep most frequently?

Select 

Select

- Shelters
- Transitional Housing
- Safe Haven
- Outdoors
- Couch Surfing
- Car
- Other
- Client doesn't know
- Client prefers not to answer


Do you ever do things that may be considered to be risky or harmful like run drugs, share a needle, do sex work, or anything like that?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer

Is there anybody that thinks you owe them money like a family member, friend, past landlord, business, bookie, dealer, bank, credit card company, utility company or anyone like that?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer

Do you get any money from the government, a job, working under the table, day labor, an inheritance or a pension, or anything like that?

Select



Select

No

Yes

Client doesn't know

Client prefers not to answer

Do you ever gamble with money you cannot afford to lose or have debts associated with gambling?

Select



Select

No

Yes

Client doesn't know

Client prefers not to answer

Do you have planned activities, other than activities for survival, at least four days per week that make you feel happy and fulfilled?

Select



Select

No

Yes

Client doesn't know

Client prefers not to answer

Do you have a collection of belongings that gets in the way with your ability to access services or housing?

Select



Select

No

Yes

Client doesn't know

Client prefers not to answer

Would you say that your current homelessness was caused by a relationship that broke down?

Select



Select

No

Yes

Client doesn't know

Client prefers not to answer

Would you say that your current homelessness was caused by an unhealthy or abusive relationship?

Select



Select

No

Yes

Client doesn't know

Client prefers not to answer

Would you say that your current homelessness was caused by family or friends causing you to lose your housing?

Select



Select


No

Yes

Client doesn't know

Client prefers not to answer

Do most of your family and friends have stable housing?

Select 

Select


No

Yes

Client doesn't know

Client prefers not to answer

Are you 60 years of age or older?

Select 

Select


No

Yes

Client doesn't know

Client prefers not to answer

Do you have any physical or mental health issues or cognitive issues including a brain injury, that you would require assistance to access or keep housing?

Select 

Select


No

Yes

Client doesn't know

Client prefers not to answer

Are you currently pregnant?

Select 

Select


No

Yes

Client doesn't know

Client prefers not to answer

Do you use alcohol or drugs in a way that it impacts your life in a negative way most days?

Select 

Select

No


Yes

Client doesn't know

Client prefers not to answer

N/A

Do you use alcohol or drugs in a way that it makes it hard to access housing?

Select 

Select

No


Yes

Client doesn't know

Client prefers not to answer

N/A

Do you use alcohol or drugs in a way that it would require assistance to maintain housing?

Select 

Select

No

Yes

Client doesn't know

Client prefers not to answer

N/A

Are there any medications that, for whatever reason a doctor said you should be taking but you are not taking?

Select ▼

Select
No
Yes
Client doesn't know
Client prefers not to answer
N/A

Are there any medications that, for whatever reason you sell instead of taking?

Select ▼

Select
No
Yes
Client doesn't know
Client prefers not to answer
N/A

Are there any medications that, for whatever reason you use in a way other than how it is prescribed?

Select ▼

Select
No
Yes
Client doesn't know
Client prefers not to answer
N/A

Are there any medications that, for whatever reason you find impossible to take, forget to take or choose not to take?

Select ▼

Select
No
Yes
Client doesn't know
Client prefers not to answer
N/A

Has your homelessness been caused by any recent or past trauma or abuse?

Select ▼

Select
No
Yes
Client doesn't know
Client prefers not to answer

FINALLY, I'D LIKE TO ASK YOU SOME QUESTIONS TO HELP US BETTER UNDERSTAND HOMELESSNESS AND IMPROVE HOUSING AND SUPPORT SERVICES.

Veteran Status

No ▼

Select
No
Yes
Client doesn't know
Client prefers not to answer
Data not collected

Where did you live prior to becoming homeless?

Select



- Select
- This city
- This region
- Other part of the State
- Somewhere else
- Client doesn't know
- Client prefers not to answer

Have you ever been in foster care?

Select



- Select
- No
- Yes
- Client doesn't know
- Client prefers not to answer
- Data not collected

Have you ever been in jail?

Select



- Select
- No
- Yes
- Client doesn't know
- Client prefers not to answer

Have you ever been in prison?

Select



- Select
- No
- Yes
- Client doesn't know
- Client prefers not to answer

Do you have a permanent physical disability that limits mobility? (i.e. wheelchair, amputation, unable to climb stairs)?

Select



- Select
- No
- Yes
- Client doesn't know
- Client prefers not to answer
- Data not collected

WHAT TYPE OF HEALTH INSURANCE DO YOU HAVE, IF ANY?

- MEDICAID
- MEDICARE
- Veteran's Health Administration (VHA)
- Private Insurance
- No Insurance
- Other Non-Cash Benefit

On a regular day, where is it easiest to find you and what time of day is easiest to do so? _____

If that is unsuccessful, what is the next best way to reach you? _____

Private

SAVE CANCEL