

Croydon 'By Name List' common assessment

Basic Information

First Name	Nickname	Last Name	
Date of this Assessment	Name of Assessor	Assessment Location	
Preferred Method Of Contact			
In what language do you feel best able to express yourself?			
Date of Birth	Age	National Insurance Number (NINO)	Data sharing consent form completed
DD/MM/YYYY __/__/__			Yes No

History of Housing and Homelessness

1) Where do you sleep most frequently? (check one)	a) Temporary accommodation (inc B&B) or In short-term supported housing b) Outdoors c) Winter/Night Shelter d) Mobile homes e) Tent or other temporary structure f) Public Transport g) Garage h) Other (specify): i) Refused
2) How long have you been rough sleeping?	Refused
3) In the last year, how many times have you been homeless or rough sleeping? (Record the number of episodes)	Refused

Wellness

4) Do you have any physical health issues that impact on your daily life?	Y	N	Refused
If yes, what are they?			

5) Do you have any issues with drinking or drug use?	Y	N	Refused
If yes, what are they?			
6) Do you have any mental health issues?	Y	N	Refused
If yes, what are they?			

Demographics

What gender do you identify with?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other – specify <input type="checkbox"/> Decline to answer
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