

**Individual Vulnerability Index**

**Introduction**

Different housing programs in Chicago offer different types of supports. This screening will help determine which housing program will best fit your needs. I will ask questions about things like your health experiences. Some of the questions are personal in nature and may be difficult to answer. If you do not feel comfortable answering a question, please ask me to skip it. The information you provide will be used to assess eligibility for housing programs and level of service intervention required.

If any of the questions are confusing or you don't know how to answer, feel free to ask and I will be happy to clarify for you.

It's up to you how honest you are in this survey, but the more truthful you are, the better we can match you to the right program and support you in finding stable housing.

**VI Questions**

**Length of Homelessness**

1. What is the total length of time in days you have lived on the streets or shelter?

\_\_\_\_\_

**Disability and Hospitalizations**

2. This question asks about a disabling condition, which means any condition that limits your ability to work or perform daily activities. Some examples include a substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness. **Have you been diagnosed with a disabling condition?**

- Yes \_\_\_\_\_
- No \_\_\_\_\_
- Client doesn't know \_\_\_\_\_
- Client refused \_\_\_\_\_
- Data not collected \_\_\_\_\_

If yes, please answer 1a. If any other response, please continue on to question 2.

2a. If so, would you like support accessing documentation from a doctor or other medical professional about the disabling condition?

- Yes \_\_\_\_\_
- No \_\_\_\_\_

3. How many times have you been to the emergency room in the past three months?

\_\_\_\_\_

4. How many times have you been hospitalized as an inpatient in the past year?

\_\_\_\_\_

**Physical Healthcare**

5. Do you have now, or have you have had, or has a healthcare provider ever told you that you have any of the following medical conditions?

*Kidney Disease/End-Stage Renal Disease or Dialysis*

Yes\_\_\_ No\_\_\_ Client doesn't know\_\_\_ Client refused \_\_\_ Data not collected\_\_\_

*History of Frostbite, Hypothermia, or Immersion Foot*

Yes\_\_\_ No\_\_\_ Client doesn't know\_\_\_ Client refused \_\_\_ Data not collected\_\_\_

*History of Heat Stroke/Heat Exhaustion*

Yes\_\_\_ No\_\_\_ Client doesn't know\_\_\_ Client refused \_\_\_ Data not collected\_\_\_

*Liver Disease, Cirrhosis, or End-Stage Liver Disease*

Yes\_\_\_ No\_\_\_ Client doesn't know\_\_\_ Client refused \_\_\_ Data not collected\_\_\_

*Heart Disease, Arrhythmia, or Irregular Heartbeat*

Yes\_\_\_ No\_\_\_ Client doesn't know\_\_\_ Client refused \_\_\_ Data not collected\_\_\_

*HIV or AIDS*

Yes\_\_\_ No\_\_\_ Client doesn't know\_\_\_ Client refused \_\_\_ Data not collected\_\_\_

*Emphysema*

Yes\_\_\_ No\_\_\_ Client doesn't know\_\_\_ Client refused \_\_\_ Data not collected\_\_\_

*Diabetes*

Yes\_\_\_ No\_\_\_ Client doesn't know\_\_\_ Client refused \_\_\_ Data not collected\_\_\_

*Asthma*

Yes\_\_\_ No\_\_\_ Client doesn't know\_\_\_ Client refused \_\_\_ Data not collected\_\_\_

*Cancer*

Yes\_\_\_ No\_\_\_ Client doesn't know\_\_\_ Client refused \_\_\_ Data not collected\_\_\_

*Hepatitis C*

Yes\_\_\_ No\_\_\_ Client doesn't know\_\_\_ Client refused \_\_\_ Data not collected\_\_\_

*Tuberculosis*

Yes\_\_\_ No\_\_\_ Client doesn't know\_\_\_ Client refused \_\_\_ Data not collected\_\_\_

**Substance Use and Mental Health**

6. Have you ever abused drugs/alcohol, or been told you do?

Yes\_\_\_ No\_\_\_ Client doesn't know\_\_\_ Client refused \_\_\_ Data not collected\_\_\_

7. Have you consumed alcohol every day for the past month?

Yes\_\_\_ No\_\_\_ Client doesn't know\_\_\_ Client refused \_\_\_ Data not collected\_\_\_

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8. Have you ever used injection drugs or shots?

Yes\_\_\_ No\_\_\_ Client doesn't know\_\_\_ Client refused \_\_\_ Data not collected\_\_\_

9. Have you ever been treated for drugs or alcohol abuse?

Yes\_\_\_ No\_\_\_ Client doesn't know\_\_\_ Client refused \_\_\_ Data not collected\_\_\_

10. Are you currently or have you ever received treatment for mental health issues?

Yes\_\_\_ No\_\_\_ Client doesn't know\_\_\_ Client refused \_\_\_ Data not collected\_\_\_