

# CES Survey Part 1: Basic Intake, VI-SPDAT

Client Name / HMIS ID: 31416

## Client Profile (required questions are shaded)

**Please note: All questions shaded in dark gray are REQUIRED. All questions in light gray are SOFT REQUIRED. All questions not shaded at all (white) are not required. All questions answered with a \* or \*\* that are followed by a follow-up questions are REQUIRED as well. Please read all parts of the document fully and thoroughly and follow the instructions. Follow this rule throughout the entire survey.**

HMIS Consent signed (Release of Information Permission): ☐ No ☒ Yes Date consented (Start date): 08 / 26 / 2020

Assessment Location: PASADENA Assessment Type (Please circle one): ~~Home~~ / Virtual / ~~Phone~~

Assessment Level (Please circle one): ~~Substance use assessment~~ / Housing needs assessment

Social Security Number	<u>123 - 456 - 789</u>		
Quality of SSN	<input type="checkbox"/> Full SSN reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected <input checked="" type="checkbox"/> Approximate or partial SSN reported <input type="checkbox"/> Client refused		
Last Name	<u>DUMBLEDORE</u>		
Middle Name	<u>PERCIVAL WULFRIL</u>	Suffix:	<u>Sr.</u>
Maiden Name	<u>BRIAN</u>		
First Name	<u>ALBUS</u>		
Alias	<u>DUMBLEDORE</u>		
Quality of Name	<input type="checkbox"/> Full name reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected <input checked="" type="checkbox"/> Partial, street name, or code name reported <input type="checkbox"/> Client refused		
Date of Birth	<u>06 / 30 / 1917</u>		
	If the person is 60 years of age or older, then score 1.		Score: <u>1</u>
Quality of DOB	<input checked="" type="checkbox"/> Full DOB reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected <input type="checkbox"/> Approximate or partial DOB reported <input type="checkbox"/> Client refused		
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Client doesn't know <input checked="" type="checkbox"/> Male <input type="checkbox"/> Client refused <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Data not collected <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming (i.e. not exclusively male or female)		
Pronoun(s): Such as she/her/hers, he/him/his, they/them/theirs, etc.	<u>HE / HIM / HIS</u>		
Ethnicity	<input checked="" type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Client refused		
Race	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black or African-American <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Asian <input type="checkbox"/> Client refused <input type="checkbox"/> American Indian or Alaskan Native <input checked="" type="checkbox"/> Data not collected		
Primary Language	<input checked="" type="checkbox"/> English <input type="checkbox"/> Portugese <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> French <input type="checkbox"/> Swedish <input type="checkbox"/> Italian <input type="checkbox"/> American Sign Language <input type="checkbox"/> German <input type="checkbox"/> Other (specify: _____) <input type="checkbox"/> Greek <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Polish <input type="checkbox"/> Client refused		