

CPIC CLIENT BASELINE QUESTIONNAIRE

PROGRAMMING NOTES:

1. DON'T KNOW AND REFUSED ARE AVAILABLE FOR ALL ITEMS
2. WHEN A RESPONSE = NO OR A ZERO ("0") RESPONSE TRIGGERS A SKIP, THE SAME SKIP SHOULD APPLY FOR DON'T KNOW AND REFUSED RESPONSES, UNLESS OTHERWISE STATED.

FUNCTIONING

FUNCTION

The first question is about your health now and your current daily activities. Please try to answer the question as accurately as you can.

FUNCTION1

In general, would you say your health is:

- Excellent 1
- Very good 2
- Good..... 3
- Fair 4
- Poor 5

FUNCTION2

Now, I'm going to read a list of activities that you might do during a typical day. As I read each item, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

...Moderate Activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?

- Yes, limited a lot 1
- Yes, limited a little 2
- No, not limited at all 3

FUNCTION3

...Climbing several flights of stairs

- Yes, limited a lot 1
- Yes, limited a little 2
- No, not limited at all 3

FUNCTION4

During the past 4 weeks, have you accomplished less than you would like as a result of your physical health?

- Yes 1
- No..... 0

FUNCTION5

During the past 4 weeks, were you limited in the kind of work or other activities you do as a result of your physical health?

- Yes 1
- No..... 0

FUNCTION6

During the past 4 weeks, have you accomplished less than you would like as a result of any emotional problems such as feeling depressed or anxious?

- Yes 1
- No..... 0

FUNCT7

During the past 4 weeks, did you not do work or other activities as carefully as usual as a result of any emotional problems such as feeling depressed or anxious?

Yes 1
No.....0

FUNCT8

As I read each statement, please give me the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks...have you been a very nervous person?

All of the time 1
Most of the time2
A good bit of the time ...3
Some of the time4
A little of the time5
None of the time.....6

FUNCT9

How much of the time during the past 4 weeks...have you felt so down in the dumps that nothing could cheer you up?

All of the time 1
Most of the time2
A good bit of the time ...3
Some of the time4
A little of the time5
None of the time.....6

FUNCT10

How much of the time during the past 4 weeks...have you felt calm and peaceful?

All of the time 1
Most of the time2
A good bit of the time ...3
Some of the time4
A little of the time5
None of the time.....6

FUNCT11

How much of the time during the past 4 weeks...did you have a lot of energy?

All of the time 1
Most of the time2
A good bit of the time ...3
Some of the time4
A little of the time5
None of the time.....6

FUNCT12

How much of the time during the past 4 weeks...have you felt downhearted and blue?

All of the time 1
Most of the time2
A good bit of the time ...3
Some of the time4
A little of the time5
None of the time.....6

FUNCT13

How much of the time during the past 4 weeks...have you been a happy person?

- All of the time 1
- Most of the time 2
- A good bit of the time ... 3
- Some of the time 4
- A little of the time 5
- None of the time..... 6

FUNCT14

During the past 4 weeks, how much did pain interfere with your normal work including both work outside the home and housework? Did it interfere:

- Not at all..... 1
- A little bit 2
- Moderately 3
- Quite a lot..... 4
- Extremely 5

FUNCT15

During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends, relatives, etc.? Has it interfered:

- All of the time 1
- Most of the time 2
- Some of the time 3
- A little of the time 4
- None of the time..... 5

FUNCT16

During the past 4 weeks, how many days did you cut down on the things you usually do for one-half day or more because of your physical health, emotional or mental health, alcohol or drug problems? Do not include days you were in bed all day.

NUMBER OF DAYS CUT DOWN (0-28): __ __

FUNCT17

During the past 4 weeks, how many days did your physical health, emotional or mental health, alcohol or drug problems keep you in bed all or most of the day?

NUMBER OF DAYS IN BED (0-28): __ __

FUNCT18

Have you felt sad, low, or depressed most of the time for the past two years?

- YES 1
- NO..... 0

FUNCT19

Has a doctor ever said that you had schizophrenia or schizoaffective disorder?

- YES 1
- NO..... 0

USE OF HEALTH SERVICES

SERVINT

Now I am going to ask you some questions about your use of health services for emotional, mental, alcohol or drug problems.

SERV1

Have you ever stayed overnight in a hospital for emotional, mental health, alcohol or drug problems?

YES 1

NO 0 SKIP TO SERV2

SERV1A

Were you ever in a hospital overnight because of experiences such as:

| | YES | NO |
|--|-----|----|
| A. Hearing a voice that other people couldn't hear? | 1 | 0 |
| B. Believing that people were following you or trying to hurt you? | 1 | 0 |
| C. Feeling that you could actually hear another person's thoughts? | 1 | 0 |
| D. Feeling that someone else was putting thoughts in you mind? | 1 | 0 |

SERV1B

During the past 6 months, how many nights did you stay in a hospital for any emotional, mental, alcohol, or drug problem?

NUMBER OF NIGHTS (1-183): ____

SERV2

During the past 6 months, how many nights did you stay overnight in a residential treatment program for alcohol or drug problems?

NUMBER OF NIGHTS (0-183): ____

SERV3

During the past 6 months, how many different times did you go to a hospital emergency room or an urgent care facility for any health reason?

NUMBER OF VISITS (0-365): ____ IF 0, SKIP TO SERV4

SERV3A

During how many of those hospital emergency room or urgent care visits did you discuss emotional, mental, alcohol or drug problems?

NUMBER OF VISITS (0-365): ____

SERV4

During the past 6 months, how many times did you go to any mental health provider, including psychiatrists, psychologists, social workers, psychiatric nurses, or counselors? Do not include visits to a hospital emergency room, urgent care facility, or visits where you were staying overnight in a hospital.

NUMBER OF VISITS (0-365): ____ IF 0, SKIP TO SERV5

SERV4A

During how many of those visits did you receive advice about medication for emotional or mental health problems like depression?

NUMBER OF VISITS (0-365): ____

PROGRAMMER, IF SERV4A > SERV4, SCREEN SHOULD DISPLAY:

INTERVIEWER, CLIENT REPORTED MORE VISITS IN SERV4A THAN THE TOTAL GIVEN IN SERV4. CONFIRM RESPONSES WITH CLIENT AND GO BACK TO THE PROPER ITEMS TO FIX RESPONSES. YOU CANNOT MOVE FORWARD UNTIL THE RESPONSES ARE CONSISTENT.

SERV4B

During how many of those visits did you receive some type of counseling or talk therapy for emotional or mental health problems like depression?

NUMBER OF VISITS (0-365): ____

PROGRAMMER, IF SERV4B > SERV4, SCREEN SHOULD DISPLAY:

INTERVIEWER, CLIENT REPORTED MORE VISITS IN SERV4B THAN THE TOTAL GIVEN IN SERV4. CONFIRM RESPONSES WITH CLIENT AND GO BACK TO THE PROPER ITEMS TO FIX RESPONSES. YOU CANNOT MOVE FORWARD UNTIL THE RESPONSES ARE CONSISTENT.

SERV4C

Can you give me the name of the place or places where you visited the mental health providers during the past 6 months? PROGRAMMER: ALLOW UP TO 4 PLACES.

SERV4C1-SERV4C4

What was the first/second/third/fourth place you visited?

_____ (80 CHARACTERS)

SERV4C1X-SERV4C4X

Where is this place located?

[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]

_____ (80 CHARACTERS)

SERV5

During the past 6 months, did you attend any self-help or family support groups for people with emotional or mental health problems?

YES.....1

NO.....0 SKIP TO SERV6

SERV5A

On how many days did you attend a meeting like that during the past 6 months?

NUMBER OF DAYS (1-183): ____

SERV6

During the past 6 months, did you go to any substance abuse agencies that have programs for people with drug or alcohol use problems or attend any self-help meetings such as AA, CA or NA?

YES.....1

NO.....0 SKIP TO SERV7

SERV6A

How many times did you go to substance abuse agencies or self-help meetings during the past 6 months?

NUMBER OF VISITS (1-365): ____

SERV7

During the past 6 months, did you call a hotline for problems with your emotions or nerves, mental, alcohol or drug problems?

YES.....1

NO.....0 SKIP TO SERV8

SERV7A

How many times did you call a hotline during the past 6 months for problems with your emotions or nerves, mental, alcohol or drug problems?

NUMBER OF TIMES (1-999): __ __ __

SERV8

Now I'm going to ask you about general medical visits. Have you visited a medical provider like a family doctor, general internist, gynecologist, nurse or physician assistant during the past 6 months?

YES 1

NO 0 SKIP TO SERV9

SERV8A

How many times did you go to a medical provider?

NUMBER OF VISITS (1-365): __ __ __

SERV9

Now I'm going to talk to you about other places in your community that you may have visited during the past 6 months. During the past 6 months, did you go to any social service agencies to get assistance for things like food, housing, transportation, job placement, or with other things you needed?

YES 1

NO 0 GO TO SERV10

SERV9A

How many times did you go or contacts did you have [PROBE IF NECESSARY; telephone, office visits, home visits] to a social service agency during the past 6 months?

NUMBER OF VISITS (1-365): __ __ __

SERV10

During the past 6 months, did you go to any religious or spiritual places such as a church, mosque, temple, or synagogue?

YES 1

NO 0 GO TO SERV11

SERV10A

How many times did you go to religious or spiritual places during the past 6 months?

NUMBER OF VISITS (1-365): __ __ __

SERV11

During the past 6 months, did you go to any parks and recreation or community centers?

YES 1

NO 0 GO TO SERV12CHECK

SERV11A

How many times did you go to any parks and recreation or community centers during the past 6 months?

NUMBER OF VISITS (1-365): __ __ __

SERV12CHECK

[PROGRAMMER: IF SERV6 = 0, SKIP TO SERV13CHECK; ELSE CONTINUE]

SERV12A

You said you visited a substance abuse agency or self-help meeting during the past 6 months.

During the past 6 months, did anyone at the substance abuse agencies or self-help meetings you went to:

| | YES | NO |
|---|-----|----|
| A. Talk to you about depression, stress or emotions in your life or give you information like a brochure about these problems? | 1 | 0 |
| B. Suggest that you see a specialist or special program for depression, stress or emotions in your life?..... | 1 | 0 |
| C. Suggest that you take medication for or encourage you to stay on a treatment plan for depression, stress or emotions in your life? | 1 | 0 |
| D. Spend at least 5 minutes counseling you about depression, stress or emotions in your life. For example, give you suggestions about how to cope or encourage you to do things you enjoy?..... | 1 | 0 |

PROGRAMMER: IF ANY OF SERV12AA-SERV12AD = YES, GO TO SERV12B; OTHERWISE GO TO SERV13CHECK

SERV12B

On how many of those [FILL RESPONSE TO SERV6A] visits [PROBE IF NECESSARY: you made to substance abuse agencies or self-help meetings during the past 6 months] did someone there do any of those things [PROBE IF NECESSARY: like talk about depression or medication for depression, suggest you see a specialist, or counsel you]?

NUMBER OF VISITS (1-365): _ _ _

SERV12C

Can you give me the name of the substance abuse agencies or self-help places you visited during the past 6 months where someone did any of those things?

PROGRAMMER: ALLOW UP TO 4 PLACES.

SERV12C1-SERV12C4

What was the first/second/third/fourth place you visited?
_____ (80 CHARACTERS)

SERV12C1X-SERV12C4X

Where is this place located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]
_____ (80 CHARACTERS)

SERV13CHECK

[PROGRAMMER: IF SERV8 = 0, SKIP TO SERV14CHECK; ELSE CONTINUE]

SERV13A

You said you went to a medical provider during the past 6 months. During the past 6 months, did any of these medical providers:

| | YES | NO |
|---|-----|----|
| A. Talk to you about depression, stress or emotions in your life or give you information like a brochure about these problems? | 1 | 0 |
| B. Suggest that you see a specialist or special program for depression, stress or emotions in your life?..... | 1 | 0 |
| C. Suggest that you take medication for or encourage you to stay on a treatment plan for depression, stress or emotions in your life? | 1 | 0 |

- D. Spend at least 5 minutes counseling you about depression, stress or emotions in your life. For example, give you suggestions about how to cope or encourage you to do things you enjoy?..... 1 0

PROGRAMMER: IF ANY OF SERV13AA-SERV13AD = YES, GO TO SERV13B OTHERWISE GO TO SERV14CHECK

SERV13B

On how many of those [FILL RESPONSE TO SERV8A] visits [PROBE IF NECESSARY: you made to a medical provider during the past 6 months] did the provider do any of those things [PROBE IF NECESSARY: like talk about depression or medication for depression, suggest you see a specialist, or counsel you]?

NUMBER OF VISITS (1-365): __ __ __

SERV13C

Can you give me the name of the place or places where you visited the medical providers during the past 6 months where someone did any of those things?

PROGRAMMER: ALLOW UP TO 4 PLACES.

SERV13C1-SERV13C4

What was the first/second/third/fourth place you visited?
_____ (80 CHARACTERS)

SERV13C1X-SERV13C4X

Where is this place located?

[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]

_____ (80 CHARACTERS)

SERV14CHECK

[PROGRAMMER: IF SERV9 = 0, SKIP TO SERV15CHECK; ELSE CONTINUE]

SERV14A

You said you visited a social service agency during the past 6 months. During the past 6 months, did anyone at the social service agencies you went to:

| | YES | NO |
|---|-----|----|
| A. Talk to you about depression, stress or emotions in your life or give you information like a brochure about these problems? | 1 | 0 |
| B. Suggest that you see a specialist or special program for depression, stress or emotions in your life?..... | 1 | 0 |
| C. Suggest that you take medication for or encourage you to stay on a treatment plan for depression, stress or emotions in your life?..... | 1 | 0 |
| D. Spend at least 5 minutes counseling you about depression, stress or emotions in your life. For example, give you suggestions about how to cope or encourage you to do things you enjoy?..... | 1 | 0 |

PROGRAMMER: IF ANY OF SERV14AA-SERV14AD = YES, GO TO SERV14B; OTHERWISE GO TO SERV15CHECK

SERV14B

On how many of those [FILL RESPONSE TO SERV9A] visits or contacts [PROBE IF NECESSARY: telephone, office visits, home visits you made to a social service agency during the past 6 months] did someone there do any of those things [PROBE IF NECESSARY: like talk about depression or medication for depression, suggest you see a specialist, or counsel you]?

NUMBER OF VISITS (1-365): ____

SERV14C

Can you give me the name of the social service agencies you visited during the past 6 months where someone did any of those things?

PROGRAMMER: ALLOW UP TO 4 PLACES.

SERV14C1-SERV14C4

What was the first/second/third/fourth place you visited?
 _____ (80 CHARACTERS)

SERV14C1X-SERV14C4X

Where is this place located?

[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]

_____ (80 CHARACTERS)

SERV15CHECK

[PROGRAMMER: IF SERV10 = 0, SKIP TO SERV16CHECK; ELSE CONTINUE]

SERV15A

You said you went to religious or spiritual places during the past 6 months. During the past 6 months, did anyone at the religious or spiritual places you went to:

| | YES | NO |
|---|-----|----|
| A. Talk to you about depression, stress or emotions in your life or give you information like a brochure about these problems? | 1 | 0 |
| B. Suggest that you see a specialist or special program for depression, stress or emotions in your life?..... | 1 | 0 |
| C. Suggest that you take medication for or encourage you to stay on a treatment plan for depression, stress or emotions in your life? | 1 | 0 |
| D. Spend at least 5 minutes counseling you about depression, stress or emotions in your life. For example, give you suggestions about how to cope or encourage you to do things you enjoy?..... | 1 | 0 |

PROGRAMMER: IF ANY OF SERV15AA-SERV15AD = YES, GO TO SERV15B; OTHERWISE GO TO SERV16CHECK

SERV15B

On how many of those [FILL RESPONSE TO SERV10A] visits [PROBE IF NECESSARY: you made to religious or spiritual places during the past 6 months] did someone there do any of those things [PROBE IF NECESSARY: like talk about depression or medication for depression, suggest you see a specialist, or counsel you]?

NUMBER OF VISITS (1-365): ____

SERV15C

Can you give me the name of the religious or spiritual places you visited during the past 6 months where someone did any of those things?

PROGRAMMER: ALLOW UP TO 4 PLACES.

SERV15C1-SERV15C4

What was the first/second/third/fourth place you visited?

_____ (80 CHARACTERS)

SERV15C1X-SERV15C4X

Where is this place located?

[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]

_____ (80 CHARACTERS)

SERV16CHECK

[PROGRAMMER: IF SERV11 = 0, SKIP TO SERV17; ELSE CONTINUE]

SERV16A

You said you went to parks and recreation or community centers during the past 6 months.

During the past 6 months, did anyone at the parks and recreation or community centers you went to:

| | YES | NO |
|---|-----|----|
| A. Talk to you about depression, stress or emotions in your life or give you information like a brochure about these problems? | 1 | 0 |
| B. Suggest that you see a specialist or special program for depression, stress or emotions in your life?..... | 1 | 0 |
| C. Suggest that you take medication for or encourage you to stay on a treatment plan for depression, stress or emotions in your life? | 1 | 0 |
| D. Spend at least 5 minutes counseling you about depression, stress or emotions in your life. For example, give you suggestions about how to cope or encourage you to do things you enjoy?..... | 1 | 0 |

PROGRAMMER: IF ANY OF SERV16AA-SERV16AD = YES, GO TO SERV16B; OTHERWISE GO TO SERV17

SERV16B

On how many of those [FILL RESPONSE TO SERV11A] visits [PROBE IF NECESSARY: you made to parks and recreation or community centers during the past 6 months] did someone there do any of those things [PROBE IF NECESSARY: like talk about depression or medication for depression, suggest you see a specialist, or counsel you]?

NUMBER OF VISITS (1-365): _ _ _

SERV16C

Can you give me the name of the parks and recreation or community centers you visited during the past 6 months where someone did any of those things?

PROGRAMMER: ALLOW UP TO 4 PLACES.

SERV16C1-SERV16C4

What was the first/second/third/fourth place you visited?

_____ (80 CHARACTERS)

SERV16C1X-SERV16C4X

Where is this place located?

[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]

_____ (80 CHARACTERS)

SERV17

During the past 6 months, are there any other places in the community that I haven't mentioned where someone did any of those things [PROBE IF NECESSARY: like talk about depression or medication for depression, suggest you see a specialist, or counsel you]? These could be places like a local business, such as CURVES or a hair salon, or a homeless shelter.

YES 1

NO 0 SKIP TO SERV18

SERV17A

Can you give me the names of those other places in the community that you visited during the past 6 months where someone did any of those things [PROBE IF NECESSARY: like talk about depression or medication for depression, suggest you see a specialist, or counsel you]?

PROGRAMMER: ALLOW UP TO 4 PLACES.

SERV17A1-SERV17A4

What was the first/second/third/fourth place you visited?

_____ (80 CHARACTERS)

SERV17A1X-SERV17A4X

Where is this place located?

[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]

_____ (80 CHARACTERS)

SERV17B

How many times did you visit any of those other places during which someone there did any of those things [PROBE IF NECESSARY: like talk about depression or medication for depression, suggest you see a specialist, or counsel you]?

NUMBER OF TIMES (1-365): ____

SERV18

A case manager is someone who talks with you to help review your needs, goals and progress for personal, emotional, mental or other health problems you may have, and gives you advice about how to obtain necessary services and treatment. Sometimes a case manager is called a case worker, or the role of a case manager is also performed by social workers, visiting nurses, promotoras, or other community health workers.

During the past 6 months, did you meet with a case manager or someone performing a similar role for you, either in person, by telephone, or in your home?

YES 1

NO 0 GO TO SERV19CHECK

SERV18A

How many times did you meet with this case manager either in person, by telephone, or in your home over the past 6 months?

NUMBER OF TIMES (1-365): ____

SERV18B

Did the case manager do any of the following:

| | YES | NO |
|---|-----|----|
| A. Talk to you about depression, stress or emotions in your life or give you information like a brochure about these problems? | 1 | 0 |
| B. Suggest that you see a specialist or special program for depression, stress or emotions in your life?..... | 1 | 0 |
| C. Suggest that you take medication for or encourage you to stay on a treatment plan for depression, stress or emotions in your life? | 1 | 0 |
| D. Spend at least 5 minutes counseling you about depression, stress or emotions in your life. For example, give you suggestions about how to cope or encourage you to do things you enjoy?..... | 1 | 0 |
| E. Refer you to see a specialist or special program for depression, stress or emotions | 1 | 0 |
| F. Refer you to see a physician or to a clinic where you would be able to be prescribed medication for depression..... | 1 | 0 |

PROGRAMMER: IF YES TO SERV18BE OR SERV18BF, CONTINUE TO SERV18BG;
OTHERWISE, IF ANY OF SERV18BA-SERV18BD = YES, GO TO SERV18C; OTHERWISE GO TO SERV19CHECK

| | YES | NO |
|--|-----|----|
| G. Did the case manager him or herself call the specialist, special program, physician or clinic to make the referral? | 1 | 0 |
| H. Did the case manager contact you by phone, letter or in person after the referral to check to see whether you had received services?..... | 1 | 0 |

SERV18C

On how many of those [FILL RESPONSE TO SERV13B] times did you meet with this case manager either in person, or in your home over the past 6 months during which the case manager did any of those things [PROBE IF NECESSARY: like talk about depression or medication for depression, suggest you see a specialist, or counsel you]?

NUMBER OF TIMES (1-999): _ _ _

SERV19CHECK – IDENTIFY THOSE WHO HAVE HAD COUNSELING

IF SERV4B>0 OR SERV12AD=1 OR SERV13AD=1 OR SERV14AD=1 OR SERV15AD=1 OR SERV16AD=1 OR SERV17=1 OR SERV18BD=1, THEN GO TO SERV19INT. ELSE GO TO MED1.

SERV19INT

The next questions are about counseling you may have received for personal, emotional or mental health problems from anyone during the past 6 months. If you received counseling from more than one place or person, think of the counselor you saw the most often.

[PROGRAMMER CHECK – IDENTIFY THOSE WHO HAVE RECEIVED COUNSELING IN MORE THAN ONE PLACE: COUNT ACROSS SERV4B>0, SERV12AD=1, SERV13AD=1, SERV14AD=1, SERV15AD=1, SERV16AD=1, SERV18BD=1. IF COUNT >1, GO TO SERV19. ELSE SKIP TO SERV20.]

SERV19

What is the name of the organization or place where you saw the counselor you saw the most often?

NAME OF ORGANIZATION OR PLACE: _____ (80 CHARACTERS)

SERV20INT

When you received counseling, how often did your counselor do the following:

PROGRAMMER: SERV20INT SHOULD DISPLAY AT THE TOP OF THE PAGE FOR ITEMS SERV20 THROUGH SERV27.

SERV20

Help you look at your thoughts more realistically?

Never..... 1
 Sometimes..... 2
 Usually 3
 Always 4

SERV21

Teach you methods of physical relaxation, such as slow breathing or muscle relaxation techniques?

Never..... 1
 Sometimes..... 2
 Usually 3
 Always 4

SERV22

Help you to see mistakes in your thinking – for example, all or nothing thinking or always fearing the worst will happen?

Never..... 1
 Sometimes..... 2
 Usually 3
 Always 4

SERV23

Help you problem solve issues in your life?

Never..... 1
 Sometimes..... 2
 Usually 3
 Always 4

SERV24

Help you to understand how your behaviors, activities, and mood are related?

Never..... 1
 Sometimes..... 2
 Usually 3
 Always 4

SERV25

Help you to understand how your relationships with people and mood are related?

Never..... 1
 Sometimes..... 2
 Usually 3
 Always 4

SERV26

Help you to develop more effective coping strategies for stressful experiences?

Never..... 1
Sometimes.....2
Usually3
Always4

SERV27

Help you to do more activities that you enjoy or help you increase positive activities in your life?

Never..... 1
Sometimes.....2
Usually3
Always4

MEDICATION QUESTIONS

MED1

During your lifetime, have you ever taken any prescribed medications for mental or emotional problems, such as depression, anxiety, or nerves?

YES 1
NO 0 SKIP TO SAT1

MED1A

Did you take any of them regularly for a month or more?

YES 1
NO 0

MED2

During the past 6 months, did you take any prescribed medications for mental or emotional problems, such as depression, anxiety, or nerves?

YES 1
NO 0 SKIP TO SAT1

MED2A

Did you take any of them regularly for a month or more?

YES 1
NO 0 SKIP TO SAT1

MED2B

How many different medications for mental or emotional problems did you take regularly for one month or more during the past 6 months?

NUMBER OF MEDICATIONS (1-50): ____

MED2C

Roughly how much altogether did you have to pay yourself, out-of-pocket, for these medications during the past 6 months?

DOLLAR AMOUNT (0-999,999): ____

MED3A – MED3J

[USE DATABASE FOR THESE QUESTIONS]

Next, I am going to ask you about the medications you have been taking for mental or emotional problems regularly for one month or more during the past 6 months. To help ensure accuracy in your answers, could you please go and get the bottles or packages of medication that you have been taking in the last 6 months? We only need those that you have taken regularly for one month or more during the past 6 months. What is the name of the first medication?

[INTERVIEWER: IF RESPONDENT GIVES A MEDICATION THAT IS NOT LISTED IN THE DATABASE, FIRST PROBE: "Is that a medication for mental or emotional problems?" IF YES, SELECT "OTHER" IN THE DATABASE AND THEN TYPE IN THE NAME OF THE MEDICATION. IF NO, DO NOT INCLUDE.]

NAME OF MEDICATION (60 CHARACTERS): _____

What is the name of the second/third/fourth/fifth/sixth/seventh/eighth/ninth/tenth medication?

MED4A – MED4J

During the past 6 months, how many months did you take [CATI FILL MEDICATION NAMES REPORTED IN MED3A-MED3J. ASK SEPARATELY FOR EACH MEDICATION]?

| | |
|---------------------------|---|
| Less than one month | 0 |
| One month..... | 1 |
| Two months | 2 |
| Three months | 3 |
| Four months | 4 |
| Five months..... | 5 |
| All six months..... | 6 |

SATISFACTION WITH COMMUNITY SERVICES

SAT1

Now I am going to ask about your satisfaction with community services that were available to you, whether you used them or not. During the past 6 months, how satisfied were you with the health services available to you for personal, emotional, or mental health concerns such as depression or stress?

- Very dissatisfied..... 1
- Dissatisfied..... 2
- Neither satisfied nor dissatisfied 3
- Satisfied 4
- Very satisfied 5

SAT2

During the past 6 months, how satisfied were you with other community services available to you, such as social services, case management or religious services, for personal, emotional or mental health concerns such as depression or stress?

- Very dissatisfied..... 1
- Dissatisfied..... 2
- Neither satisfied nor dissatisfied 3
- Satisfied 4
- Very satisfied 5

SAT3

During the past 6 months, how satisfied were you with the availability of health insurance in your community?

- Very dissatisfied..... 1
- Dissatisfied..... 2
- Neither satisfied nor dissatisfied 3
- Satisfied 4
- Very satisfied 5

SAT4

How satisfied are you with the ability of agencies in your community to pull together and work as a team to address stress and personal emotional problems such as depression?

- Very dissatisfied..... 1
- Dissatisfied..... 2
- Neither satisfied nor dissatisfied 3
- Satisfied 4
- Very satisfied 5

SAT5

How satisfied are you with the ability of health and social service agencies in your community to address the needs of diverse populations in a culturally appropriate way?

- Very dissatisfied..... 1
- Dissatisfied..... 2
- Neither satisfied nor dissatisfied 3
- Satisfied 4
- Very satisfied 5

SAT6

Would you say it is getting harder or easier to get the services you need for personal, emotional, or mental health concerns or staying about the same?

- Harder 1
- Easier 2
- About the same 3

BELIEFS ABOUT PEOPLE WITH DEPRESSION

BEDEPINT

Please tell me how much you agree or disagree with the following statements.

BEDEP1

Depression is an important issue for my community.

- Strongly agree 1
- Agree..... 2
- Neither agree nor disagree 3
- Disagree 4
- Strongly disagree 5

BEDEP2

I have no patience with a person who is always feeling blue or down.

- Strongly agree 1
- Agree..... 2
- Neither agree nor disagree 3
- Disagree 4
- Strongly disagree 5

BEDEP3

I would be embarrassed if people thought I was depressed.

- Strongly agree 1
- Agree..... 2
- Neither agree nor disagree 3
- Disagree 4
- Strongly disagree 5

BEDEP4

I feel helpless to make a difference with someone who is always feeling blue.

- Strongly agree 1
- Agree..... 2
- Neither agree nor disagree 3
- Disagree 4
- Strongly disagree 5

BEDEP5

The next questions are about your opinions. There are no right or wrong answers. How much difficulty do you think you would have getting a job if the employer thought you had a recent history of depression?

- A lot of difficulty 1
- Some difficulty..... 2
- A little difficulty 3
- No difficulty..... 4

BEDEP6

How much difficulty do you think you would have getting a new health insurance policy if the insurer knew you had a recent history of depression?

- A lot of difficulty 1
- Some difficulty..... 2
- A little difficulty 3
- No difficulty..... 4

BEDEP7

How much do you think your relationships with your friends would suffer if they thought you had a recent history of depression?

- A lot 1
- Some 2
- A little 3
- None..... 4

CHOICE OF CARE

CHOICE

If you were depressed and you could choose between 5 treatments that might cure your depression, which one would you choose?

Free medication which has some side effects, is taken daily for 6 months, with a 67% chance of cure 1

Medication with no or only minor side effects, is taken daily for 6 months, it costs you \$80 per month or \$480 total, with 67% chance of cure 2

Individual counseling one hour per week for 3 months, it costs you \$25 a session or \$300 total, with a 67% chance of cure 3

Group counseling one hour per week for 3 months, it costs you \$5 per session or \$75 total, with a 67% chance of cure 4

Wait and see, no treatment, no cost, with a 40% chance of cure 5

BELIEFS ABOUT TREATING DEPRESSION

BETRT1

To what extent do you agree or disagree with the following statements about depression?

Depression is a medical condition.

- Strongly agree 1
- Agree..... 2
- Neither agree nor disagree 3
- Disagree 4
- Strongly disagree 5

BETRT2

Antidepressant medicines are usually addictive.

- Strongly agree 1
- Agree..... 2
- Neither agree nor disagree 3
- Disagree 4
- Strongly disagree 5

BETRT3

Depressed people have more trouble doing everyday activities like working or taking care of their family.

- Strongly agree 1
- Agree..... 2
- Neither agree nor disagree 3
- Disagree 4
- Strongly disagree 5

BETRT4

Antidepressant medications can be helpful to most people with depression

- Strongly agree 1
- Agree..... 2
- Neither agree nor disagree 3
- Disagree 4
- Strongly disagree 5

BETRT5

Counseling or therapy can help an individual learn new ways of coping with problems.

- Strongly agree 1
- Agree..... 2
- Neither agree nor disagree 3
- Disagree 4
- Strongly disagree 5

BETRT6

Therapy patients are wasting time and money.

- Strongly agree 1
- Agree..... 2
- Neither agree nor disagree 3
- Disagree 4
- Strongly disagree 5

BETRT7

I know where I could get help for depression in my community.

- Strongly agree 1
- Agree..... 2
- Neither agree nor disagree 3
- Disagree 4
- Strongly disagree 5

BETRT8

Next I have a list of things that other people have tried when they are sad or depressed to help them feel better. How acceptable is it to you to use alcohol to help you feel better?

- Definitely acceptable 1
- Probably acceptable 2
- Probably not acceptable 3
- Definitely not acceptable 4

BETRT9

How acceptable is it to you to talk to a minister, pastor, rabbi or someone in your church about depression to help you feel better?

- Definitely acceptable 1
- Probably acceptable 2
- Probably not acceptable 3
- Definitely not acceptable 4

BETRT10

How acceptable is it to you to wait and get over feelings of sadness or depression naturally?

- Definitely acceptable 1
- Probably acceptable 2
- Probably not acceptable 3
- Definitely not acceptable 4

BETRT11

How acceptable is it to you to use anti-depressant drugs to help you feel better?

- Definitely acceptable 1
- Probably acceptable 2
- Probably not acceptable 3
- Definitely not acceptable 4

BETRT12

How acceptable is it to you to seek one-on-one counseling from a mental health provider to help you feel better?

- Definitely acceptable 1
- Probably acceptable 2
- Probably not acceptable 3
- Definitely not acceptable 4

BETRT13

Would your spiritual beliefs keep you from seeking help for depression?

- YES 1
- NO 0
- MAYBE 2

BETRT14

On a scale of 0 to 10, where 0 means “not at all confident” and 10 means “extremely confident,” how confident are you in your ability to overcome or control a bout of depression? [PROBE IF NECESSARY: BOUT = EPISODE]

RATING OF ABILITY (00-10): __ __

BETRT15

If you were starting to get depressed, how confident are you in your ability to recognize early on when you are starting to get depressed? [PROBE IF NECESSARY: On a scale of 0 to 10, where 0 means “not at all confident” and 10 means “extremely confident,”]

RATING OF ABILITY (00-10): __ __

BETRT16

If you were starting to get depressed, how confident are you in your ability to take effective actions to treat depression early before it has become too severe? [PROBE IF NECESSARY: On a scale of 0 to 10, where 0 means “not at all confident” and 10 means “extremely confident,”]

RATING OF ABILITY (00-10): __ __

BETRT17

How confident would you be in your ability to manage side effects of antidepressant medications? [PROBE IF NECESSARY: On a scale of 0 to 10, where 0 means “not at all confident” and 10 means “extremely confident,”]

RATING OF ABILITY (00-10): __ __

CHRONIC CONDITIONS

COND1

Here is a list of health problems some people have. Please tell me if you now have any of these problems:

| | YES | NO | |
|---|-----|----|----------|
| A. Asthma..... | 1 | 0 | |
| B. High blood sugar or diabetes | 1 | 0 | |
| C. Hypertension or high blood pressure | 1 | 0 | |
| D. Arthritis or rheumatism..... | 1 | 0 | |
| E. A physical disability such as a loss of an arm or leg, or loss of your eyesight or hearing, or a birth defect | 1 | 0 | |
| F. Trouble breathing, for example, caused by emphysema or chronic lung disease..... | 1 | 0 | |
| G. Cancer diagnosed within the last three years, not including skin cancer..... | 1 | 0 | |
| H. A neurological condition, such as epilepsy, convulsions, fainting spells, or Parkinson's Disease | 1 | 0 | |
| I. Stroke or major paralysis or the inability to use arms or walk | 1 | 0 | |
| J. Angina, heart failure or coronary artery disease | 1 | 0 | |
| K. Chronic back problems, including disk or spine..... | 1 | 0 | |
| L. Stomach ulcer, chronic inflamed bowel, enteritis or colitis | 1 | 0 | |
| M. Chronic liver disease, such as cirrhosis or chronic hepatitis | 1 | 0 | |
| N. Migraine or other chronic severe headaches..... | 1 | 0 | |
| O. Chronic problems urinating or bladder infections | 1 | 0 | |
| P. ASK WOMEN ONLY: Chronic gynecologic problems or women's health problems, such as severe cramps, heavy bleeding, or problems with menopause | 1 | 0 | 9 = MALE |
| Q. HIV | 1 | 0 | |
| R. Other chronic pain condition | 1 | 0 | |

COND1RS

IF YES TO COND1R, SPECIFY (80 characters): _____

COND2

During the past 7 days, how many cigarettes did you smoke per day?

NUMBER PER DAY (0-99): __ __

COND3

Have you smoked 100 cigarettes or more in your entire life?

YES 1

NO 0

COND4

How much do you weigh?

NUMBER OF POUNDS (50-500): __ __ __

COND5

How tall are you without shoes?

[INTERVIEWER: IF RESPONDENT SAYS "12 INCHES" ADD 1 FOOT AND ENTER 0 INCHES.]

FEET (4-8): __

INCHES (0-11): __ __

COND6

Which one of the following statements best describes how physically active you are? Include both work and leisure time.

Not at all active 1

A little active 2

Fairly active 3

Quite active 4

Very active 5

Extremely active 6

USE OF ALCOHOL

ALCINT

Now I am going to ask you some questions about your use of alcoholic beverages during the past 6 months. By alcoholic beverages, I mean beer, wine, or hard liquor such as vodka, whiskey, brandy, tequila, et cetera.

ALC1

How often do you have a drink containing alcohol? Is it:

- Never..... 0 (GO TO THERAPY)
- Monthly or less 1
- 2 to 4 times a month..... 2
- 2 or 3 times a week 3
- 4 or more times a week 4

ALC2

How many drinks containing alcohol do you have on a typical day when you are drinking? By "a drink," I mean a can of beer, a glass of wine, or a shot of hard liquor.

NUMBER OF DRINKS (0-50): __ __

ALC3

How often do you have six or more drinks on one occasion?

- Never..... 0
- Less than monthly 1
- Monthly..... 2
- Weekly 3
- Daily or almost daily..... 4

OTHER COMMUNITY THERAPIES

THERAPY

During the past 6 months have you used any of the following alternative therapies for problems with your emotional or mental health or problems with alcohol or drugs? [PROBE: WAS THIS FOR EMOTIONAL OR MENTAL HEALTH?]

| | YES | NO |
|---|-----|----|
| A. Dietary Supplements, such as vitamins | 1 | 0 |
| B. Herbal Remedies, such as Spearmint or Yerbabuena tea | 1 | 0 |
| C. Use of cactus juice, such as aloe or nopal | 1 | 0 |
| D. Home remedies, such as soups, warm milk, garlic | 1 | 0 |
| E. Exercise | 1 | 0 |
| F. Visited a Certified Massage Therapist | 1 | 0 |
| G. Visited a Folk Healer | 1 | 0 |
| H. Acupuncture | 1 | 0 |

LIFE DIFFICULTIES DURING THE PAST SIX MONTHS

DIFFINT

During the past 6 months, did any of the following things happen to you?

DIFF1

(During the past 6 months) Did you have no place to stay except for a homeless shelter or the street for at least 2 nights in a row?

YES 1
NO 0

DIFF2

(During the past 6 months) Were you evicted or did you have your house foreclosed?

YES 1
NO 0

DIFF3

(During the past 6 months) Did you see or witness someone being beaten, abused, or killed?

YES 1
NO 0

DIFF4

During the past 6 months, did you lose custody of any children you were raising, including natural children, and adopted and foster children? By custody, I mean being legally in charge of a child.

YES 1
NO 0
NO CHILDREN 9

DIFF5

(During the past 6 months) Did someone close to you die?

YES 1
NO 0

DIFF6

During the past 6 months, was there ever a period when you worried that the food you had would not last?

YES 1
NO 0

DIFF7

(During the past 6 months) Were you arrested or on probation at any time?

YES 1
NO 0

DIFF8

(During the past 6 months) Were your work hours involuntarily reduced?

YES 1
NO 0
NOT WORKING 9

DIFF9

During the past 6 months, were you laid off or fired from work?

YES 1
NO 0
NOT WORKING 9

DIFF10

(During the past 6 months) Did you lose health insurance coverage?

YES 1
NO 0
NEVER HAD IT 9

DIFF11

(During the past 6 months) did you have a major financial problem?

YES 1
NO 0

DIFF12

During the past 6 months, did you have arguments or other difficulties with people at work?

YES 1
NO 0
NOT WORKING 9

DIFF13

(During the past 6 months) did you have a serious argument with someone who lives with you?

YES 1
NO 0

DIFF14

During the past 6 months, did you have a serious problem with a close friend, relative, or neighbor not living with you?

YES 1
NO 0

DIFF15

During the past 6 months, did you try to find work but give up because jobs were hard to find?

YES 1
NO 0

COPING

COPEINT

The following is a list of some of the things people do when they have problems in their lives. During the past 6 months, how often have you done each of the following in response to stressful situations or problems?

PROGRAMMER: DISPLAY THE FOLLOWING TEXT AT THE TOP OF THE PAGE FOR ITEMS COPE1 THROUGH COPE4: During the past 6 months, how often have you done each of the following in response to stressful situations or problems?

COPE1

You became more informed about your problem, such as read books or magazines

Never..... 1
 Rarely.....2
 Sometimes.....3
 Fairly often.....4
 Very often5

COPE2

You thought about what you needed to do for your problem

Never..... 1
 Rarely.....2
 Sometimes.....3
 Fairly often.....4
 Very often5

COPE3

You talked to a friend, neighbor or relative about it

Never..... 1
 Rarely.....2
 Sometimes.....3
 Fairly often.....4
 Very often5

COPE4

You made a plan of action and followed it

Never..... 1
 Rarely.....2
 Sometimes.....3
 Fairly often.....4
 Very often5

SOCIAL SUPPORT

SUPPINT

People sometimes look to others for companionship, assistance, or other types of support. How often was each of the following kinds of support available to you whether or not you needed it during the past 4 weeks?

PROGRAMMER: DISPLAY THE FOLLOWING TEXT AT THE TOP OF THE PAGE FOR ITEMS SUPP1 THROUGH SUPP8: How often was each of the following kinds of support available to you whether or not you needed it during the past 4 weeks?

SUPP1

Someone to help with daily chores if you were sick

- All of the time 1
- Most of the time 2
- A good bit of the time ... 3
- Some of the time 4
- A little of the time 5
- None of the time 6

SUPP2

Someone to love and make you feel wanted

- All of the time 1
- Most of the time 2
- A good bit of the time ... 3
- Some of the time 4
- A little of the time 5
- None of the time 6

SUPP3

Someone to confide in or talk to about yourself or your problems

- All of the time 1
- Most of the time 2
- A good bit of the time ... 3
- Some of the time 4
- A little of the time 5
- None of the time 6

SUPP4

Someone to have a good time with

- All of the time 1
- Most of the time 2
- A good bit of the time ... 3
- Some of the time 4
- A little of the time 5
- None of the time 6

SUPP5

Someone to give you information to help you understand a situation

- All of the time 1
- Most of the time 2
- A good bit of the time ... 3
- Some of the time 4
- A little of the time 5
- None of the time 6

SUPP6

Someone to give you money if you needed it

- All of the time 1
- Most of the time 2
- A good bit of the time ... 3
- Some of the time 4
- A little of the time 5
- None of the time..... 6

SUPP7

Someone to help you if you could not get out of bed

- All of the time 1
- Most of the time 2
- A good bit of the time ... 3
- Some of the time 4
- A little of the time 5
- None of the time..... 6

SUPP8

Someone to take you to the doctor

- All of the time 1
- Most of the time 2
- A good bit of the time ... 3
- Some of the time 4
- A little of the time 5
- None of the time..... 6

SUPP9

How often do you participate in religious or church activities?

- Never..... 0
- Less than once a month..... 1
- Once a month 2
- A few times a month 3
- Once a week..... 4
- A few times a week..... 5
- Every day 6

SUPP10

How often do you participate in other community activities like clubs, sports groups, parent groups, etc.? DO NOT COUNT RELIGIOUS OR CHURCH ACTIVITIES LISTED IN SUPP9

- Never..... 0
- Less than once a month..... 1
- Once a month 2
- A few times a month 3
- Once a week..... 4
- A few times a week..... 5
- Every day 6

EMPLOYMENT OF RESPONDENT

EMPLYINT

Which of the following describe your employment situation right now? You might fit into more than one category.
Are you:

EMPLY1

Unemployed?

YES 1

NO 0

EMPLY2

On sick leave?

YES 1

NO 0

EMPLY3

Temporarily laid off or on other leave?

YES 1

NO 0

EMPLY4

Disabled?

YES 1

NO 0

EMPLY5

Retired?

YES 1

NO 0

EMPLY6

A homemaker?

YES 1

NO 0

EMPLY7

A student?

YES 1

NO 0

EMPLY8

Working now?

YES 1

NO 0

EMPLY1A

PROGRAMMER CHECK: ONLY ASK EMPLY1A IF EMPLY1=1

In what month and year did you become unemployed?

MONTH (1-12): ____

YEAR (1940-2011): ____

EMPLY2A

PROGRAMMER CHECK: ONLY ASK EMPLY2A IF EMPLY2=1

Do you expect to go back to the job that you are on sick leave from?

YES 1

NO 0

EMPLY2B

PROGRAMMER CHECK: ONLY ASK EMPLY2B IF EMPLY2A=1

In what month and year did you last work on this job?

MONTH (1-12): ____

YEAR (1940-2011): ____

EMPLY3A

PROGRAMMER CHECK: ONLY ASK EMPLY3A IF EMPLY3=1

Do you expect to go back to the job that you are on temporary or other leave from?

YES 1

NO 0

EMPLY3B

PROGRAMMER CHECK: ONLY ASK EMPLY3B IF EMPLY3A=1

In what month and year did you last work on this job?

MONTH (1-12): ____

YEAR (1940-2011): ____

EMPLY4A

PROGRAMMER CHECK: ONLY ASK EMPLY4A IF EMPLY4=1

In what month and year did you become disabled?

MONTH (1-12): ____

YEAR (1940-2011): ____

EMPLY5A

PROGRAMMER CHECK: ONLY ASK EMPLY5A IF EMPLY5=1

In what month and year did you retire?

MONTH (1-12): ____

YEAR (1940-2011): ____

EMPLY7A

PROGRAMMER CHECK: ONLY ASK EMPLY7A IF EMPLY7=1

Are you a full time student?

YES 1

NO 0

EMPLY10 – IDENTIFY THOSE WHO ARE EMPLOYED

PROGRAMMER CHECK: IF EMPLY8=1 OR EMPLY2A=1 OR EMPLY3A=1, DISPLAY INTERVIEWER INSTRUCTION: ENTER 1 TO CONTINUE; THEN SKIP TO EMPLY10A. OTHERWISE, ASK

Are you doing any work for pay at the present time?

YES 1

NO 0 SKIP TO EMPLY11

EMPLY10A

Are you employed at more than 1 job?

YES 1

NO 0 SKIP TO EMPLY12

EMPLY10B

How many different employers do you currently work for?

NUMBER (1-20): ____ SKIP TO EMPLOY12

EMPLY11

Have you worked at all during the past 12 months?

YES 1

NO 0 SKIP TO EMPLOY12B

EMPLY12

How many hours per week [IF EMPLOY10=1, INSERT "do"; IF EMPLOY11=1, INSERT "did"] you usually work [IF EMPLOY10A=1, INSERT "on your main job"]? By main job I mean the job where you work the most hours per week.

NUMBER OF HOURS (1-168): ____

PROGRAMMER CHECK: IF EMPLOY10A=1 GO TO EMPLOY12A; ELSE SKIP TO EMPLOY12B

EMPLY12A

How many hours per week do you usually work (IF EMPLOY10B=2, INSERT "at your other job"; IF EMPLOY10B>2, INSERT "on all your other jobs")?

[INTERVIEWER: WE WANT CUMULATIVE AMOUNT OF HOURS PER WEEK ON ALL THOSE OTHER JOBS, EXCLUDING THE MAIN JOB.]

NUMBER OF HOURS (1-168): ____

EMPLY12B

Are you unable to work or unable to work as much as you'd like to because of your health?

YES 1

NO 0

PROGRAMMER CHECK: IF EMPLOY10=0 AND EMPLOY11=0, SKIP TO VALINT; ELSE GO TO EMPLOY13

EMPLY13

[IF EMPLOY10A=1, INSERT "On your main job,"] [IF EMPLOY10A=1, INSERT "are"; IF EMPLOY10A=0, INSERT "Are"; IF EMPLOY11=1, INSERT "Were"] you employed by a private company, or [IF EMPLOY10A=1, INSERT "are"; IF EMPLOY11=1, INSERT "were"] you a federal, state, or local government employee, or [IF EMPLOY10A=1, INSERT "are"; IF EMPLOY11=1, INSERT "were"] you self-employed?

[INTERVIEWER: CODE NOT FOR PROFIT OR FOUNDATION AS PRIVATE COMPANY. CODE FARMERS AND BUSINESS OWNERS AS SELF EMPLOYED]

PRIVATE..... 1

FEDERAL 2

STATE OR LOCAL GOVERNMENT 3

SELF-EMPLOYED 4

EMPLY14

About how many weeks did you work during the past 12 months, including weeks of paid vacation? [PROBE IF NEEDED: If you worked every single week, you would have worked 52 weeks.]

NUMBER OF WEEKS (1-52): ____

EMPLY15

How many different employers, including yourself, if you were self-employed, have you worked for during the past 12 months?

NUMBER OF EMPLOYERS (1-99): ____

PROGRAMMER CHECK: IF EMPLOY13=4, SKIP TO WORK1

EMPLY16

Some employers have a program which offers confidential assistance for personal or alcohol or drug problems, usually called “employee assistance programs” or counseling programs. [IF EMPLY11=0 OR IF (EMPLY10=1 AND (EMPLY3 OR EMPLY4=1)), INSERT “Did”; ELSE INSERT “Does”] your [IF EMPLY10A=1; INSERT “main”] employer have such a program?

YES 1

NO 0

WORK MISSED

PROGRAMMER CHECK: IF EMPLY10=1, GO TO WORK1; ELSE GO TO VALINT

WORK1

During the last 30 days, how many whole days of work did you miss? Include days missed for any reason.

[INTERVIEWER: INCLUDE VACATION DAYS IF R ASKS]

NUMBER OF DAYS (0-30): __ __ IF ZERO, SKIP TO WORK2

WORK1A

How many of those days did you miss because you had problems with your physical or emotional health, or alcohol or drugs? [INTERVIEWER: INCLUDE VACATION DAYS IF R ASKS]

NUMBER OF DAYS (0-30): __ __

PROGRAMMER, IF $WORK1A \geq WORK1$, SCREEN SHOULD DISPLAY:

INTERVIEWER, CLIENT REPORTED MORE DAYS MISSED IN WORK1A THAN THE TOTAL GIVEN IN WORK1. CONFIRM RESPONSES WITH CLIENT AND GO BACK TO THE PROPER ITEMS TO FIX RESPONSES. YOU CANNOT MOVE FORWARD UNTIL THE RESPONSES ARE CONSISTENT.

WORK2

During the last 30 days, how many days did you arrive to work late or have to leave work early? [INTERVIEWER: EARLY MEANS EARLIER THAN NORMAL]

NUMBER OF DAYS (0-30): __ __ IF ZERO, SKIP TO COPEINT

WORK2A

How many of the days you arrived to work late or left early were due to problems with your physical or emotional health, or alcohol or drugs?

NUMBER OF DAYS (0-30): __ __

PROGRAMMER, IF $WORK2A \geq WORK2$, SCREEN SHOULD DISPLAY:

INTERVIEWER, CLIENT REPORTED MORE DAYS MISSED IN WORK1A THAN THE TOTAL GIVEN IN WORK1. CONFIRM RESPONSES WITH CLIENT AND GO BACK TO THE PROPER ITEMS TO FIX RESPONSES. YOU CANNOT MOVE FORWARD UNTIL THE RESPONSES ARE CONSISTENT.

VALUE / SAVINGS

VALINT

Now I am going to ask some questions about your financial situation. We ask these questions because we know that finances are important and so many people having been having a hard time in this economy. We want to understand how people's finances are affected by the programs offered through the study. We appreciate you sharing this information.

VAL1

Do you, or your family, own your home or apartment, do you pay rent, or do you have some other housing arrangement? By family I mean your spouse or partner and other family members who live with you including any dependents that you have.

[PROBE IF RESPONDENT IS A DEPENDENT: If you are the dependent of someone else in the family, by family I mean you, your siblings, other family members who live with you and whoever claims you as a dependent]

[PROBE FOR DEPENDENT IF NECESSARY: By dependents I mean people who you can claim as a dependent on your tax form. These usually include any children you have who are living with you.]

OWNS OR IS BUYING 1

PAYS RENT 2

NEITHER OWNS NOR RENTS..... 3

VAL2

[IF VAL1=1, INSERT "Excluding your mortgage, do"; OTHERWISE, INSERT "Do] you, or does anyone in your family, owe money on credit cards, for a car loan, student loan, medical or legal bills, loans from relatives, or for anything else that has to be repaid?

[PROBE FOR FAMILY IF NECESSARY: By family I mean you, your spouse or partner and other family members who live with you including any dependents you have.]

[PROBE IF RESPONDENT IS A DEPENDENT: If you are the dependent of someone else in the family, by family I mean you, your siblings other family members who live with you and whoever claims you as a dependent.]

[PROBE FOR DEPENDENT IF NECESSARY: By dependents I mean people who you can claim as a dependent on your tax form. These usually include any children you have who are living with you.]

YES 1

NO 0 SKIP TO VAL3

VAL2A

About how much would that be?

[INTERVIEWER: PROBE FOR BEST ESTIMATE; IF RESPONDENT REPORTS MONTHLY PAYMENTS, PROBE: What is the total amount you owe?]

DOLLAR AMOUNT (1-999,999): ____

DON'T KNOW/REFUSED GO TO VAL2B, ELSE SKIP TO VAL3

VAL2B

Would that be more than \$10,000 or less than \$10,000? [INTERVIEWER: PROBE FOR BEST ESTIMATE]

More than \$10,000 1 SKIP TO VAL2C

Less than \$10,000..... 2 SKIP TO VAL2D

Other amount..... 3

DON'T KNOW/REFUSED GO TO VAL3

VAL2BS

SPECIFY DOLLAR AMOUNT (1-999,999): ____ SKIP TO VAL3

VAL2C

Would that be more than \$15,000 or less than \$15,000? [INTERVIEWER: PROBE FOR BEST ESTIMATE]

More than \$15,000 1 SKIP TO VAL3
 Less than \$15,000..... 2 SKIP TO VAL3
 Other amount..... 3

VAL2CS

SPECIFY DOLLAR AMOUNT (1-999,999): ____ SKIP TO VAL3

VAL2D

Would that be more than \$3,000 or less than \$3,000? [INTERVIEWER: PROBE FOR BEST ESTIMATE]

More than \$3,000 1 SKIP TO VAL3
 Less than \$3,000..... 2 SKIP TO VAL3
 Other amount..... 3

VAL2DS

SPECIFY DOLLAR AMOUNT (1-999,999): ____

VAL3

Do you, or does anyone in your family, have any savings? Include money in checking accounts, stocks, bonds, mutual funds, IRAs, investment trusts, certificates of deposits, cash value of life insurance policies, and anything else.

[PROBE FOR FAMILY IF NECESSARY: By family I mean your spouse or partner and other family members who live with you and any dependents that you have.]

[PROBE IF RESPONDENT IS A DEPENDENT: If you are the dependent of someone else in the family, by family I mean you, your siblings other family members who live with you, and whoever claims you as a dependent.]

[PROBE FOR DEPENDENT IF NECESSARY: By dependents I mean people who you can claim as a dependent on your tax form. These usually include any children you have who are living with you.]

YES 1
 NO 0 SKIP TO INCINT

VAL3A

About how much would that be? [INTERVIEWER: PROBE FOR BEST ESTIMATE]

DOLLAR AMOUNT (1-999,999,999): ____
 DON'T KNOW/REFUSED GO TO VAL3B, ELSE SKIP TO INCINT

VAL3B

Would that be more than \$15,000 or less than \$15,000? [INTERVIEWER: PROBE FOR BEST ESTIMATE]

More than \$15,000 1 SKIP TO VAL3C
 Less than \$15,000..... 2 SKIP TO VAL3D
 Other amount..... 3
 DON'T KNOW/REFUSED GO TO INCINT

VAL3BS

SPECIFY DOLLAR AMOUNT (1-999,999): ____ SKIP TO INCINT

VAL3C

Would that be more than \$70,000 or less than \$70,000? [INTERVIEWER: PROBE FOR BEST ESTIMATE]

More than \$70,000 1 SKIP TO INCINT
Less than \$70,000..... 2 SKIP TO INCINT
Other amount..... 3

VAL3CS

SPECIFY DOLLAR AMOUNT (1-999,999): ____ SKIP TO INCINT

VAL3D

Would that be more than \$3,000 or less than \$3,000? [INTERVIEWER: PROBE FOR BEST ESTIMATE]

More than \$3,000 1 SKIP TO INCINT
Less than \$3,000..... 2 SKIP TO INCINT
Other amount..... 3

VAL3SDS

SPECIFY DOLLAR AMOUNT (1-999,999): ____

INCOME

INCINT

Now, I'd like to ask you some questions about income that you, not other members in your family, may have received from other sources during the past 12 months. Later I'll ask about other people in your family.

INC1

How much income did you earn from work during the past twelve months? Include wage or salary income, bonuses, overtime, tips, commissions, profit from self-employed professional practice or trade, other income from second job, income from military reserves, farming income, gardening income, income from roomers or boarders. [INTERVIEWER: PROBE FOR BEST ESTIMATE]

DOLLAR AMOUNT (0-999,999,999):

DON'T KNOW/REFUSED GO TO INC1A, ELSE SKIP TO INC2

INC1A

Would that be more than \$25,000 or less than \$25,000? [INTERVIEWER: PROBE FOR BEST ESTIMATE]

More than \$25,000 1 SKIP TO INC1B

Less than \$25,000..... 2 SKIP TO INC1C

Other amount..... 3

DON'T KNOW/REFUSED GO TO INC2

INC1AS

SPECIFY DOLLAR AMOUNT (1-999,999): SKIP TO INC2

INC1B

Would that be more than \$35,000 or less than \$35,000? [INTERVIEWER: PROBE FOR BEST ESTIMATE]

More than \$35,000 1 SKIP TO INC2

Less than \$35,000..... 2 SKIP TO INC2

Other amount..... 3

INC1BS

SPECIFY DOLLAR AMOUNT (1-999,999): SKIP TO INC2

INC1C

Would that be more than \$10,000 or less than \$10,000? [INTERVIEWER: PROBE FOR BEST ESTIMATE]

More than \$10,000 1 SKIP TO INC2

Less than \$10,000..... 2 SKIP TO INC2

Other amount..... 3

INC1CS

SPECIFY DOLLAR AMOUNT (1-999,999):

INC2

Have you received any income during the past 12 months from cash assistance or disability programs, such as [READ SLOWLY] Unemployment Compensation, Worker's Compensation, Temporary Assistance for Needy Families or TANF, CalWORKs, Supplemental Security Income or SSI, Disability Insurance or SSDI, or General Assistance or General Relief?

[IF RESPONDENT OFFERS THAT OTHERS IN THE FAMILY ARE RECEIVING INCOME FROM ANY OF THESE PROGRAMS, SAY: Right now, I am only interested in income that you yourself have received from these programs. I'll be asking about income that other people in your family may have received a little bit later.]

[IF NECESSARY, IF RESPONDENT ASKS ABOUT ANY OF THE PROGRAMS, BRIEFLY DESCRIBE:

Worker's Compensation is a program that provides money to individuals who are injured while working.

Unemployment Compensation is a program that provides money to individuals who lose their job and become unemployed for an extended period of time.

TANF is a program that provides cash assistance to low income families, and replaces the AFDC, or Aid to Families with Dependent Children, program.

General Assistance and General Relief programs provide money to individuals and family with very low income and who do not qualify for some other kind of cash assistance program.

SSI, or Supplemental Security Income, is a program that provides money to low-income individuals who are mentally or physically disabled and to low income elderly individuals.

Disability Insurance, DI OR SSDI, is a program that provides monthly cash assistance to individuals who can no longer work because they are disabled.]

YES 1

NO 0 SKIP TO INC3

INC2A

Which cash assistance or disability program or programs provided you income?[IF NECESSARY RE-READ DEFINITIONS GIVEN IN INC2.]

| | YES | NO |
|--|-----|----|
| A. Worker's Compensation | 1 | 0 |
| B. Unemployment Compensation | 1 | 0 |
| C. TANF or CalWORKs | 1 | 0 |
| D. General Assistance or General Relief..... | 1 | 0 |
| E. Supplemental Security Income or SSI..... | 1 | 0 |
| F. Disability Insurance, such as state or Social Security, SSDI, or DI | 1 | 0 |
| G. Something else..... | 1 | 0 |

INC2AGS

IF INC2AG IS YES, SPECIFY (60 characters): _____

DON'T KNOW/REFUSED SKIP TO INC3

INC2BA – INC2BG

About how much money did you receive over the past 12 months from [CATI FILL PROGRAM NAMES MARKED IN INC2A. ASK ABOUT EACH PROGRAM IN INC2A SEPARATELY.]?

DOLLAR AMOUNT (1-999,999): _ _ _ _ _

INC2CA – INC2CG

Are you currently receiving cash assistance from [CATI FILL PROGRAM NAMES REPORTED IN INC2A. ASK SEPARATELY FOR EACH PROGRAM IN INC2A.]?

YES 1

NO 0

INC3

Now I am going to ask you some questions about sources of income your family has had over the last year. By family I mean you, your spouse or partner and other family members who live with you including any dependents you have.

[PROBE IF RESPONDENT IS A DEPENDENT: or if you are the dependent of someone else, by family I mean you, your siblings, other family members who live with you, and whoever claimed you as a dependent.]

Not including income you earned from work, how much income did other members of your family earn from work during the past twelve months? Include wage or salary income, bonuses, overtime, tips, commissions, profit from self-employment, income from roomers or boarders. [INTERVIEWER: PROBE FOR BEST ESTIMATE]
 [PROBE IF RESPONDENT IS A DEPENDENT: If you are the dependent of someone else in the family, by family I mean you, your siblings, other family members who live with you, and whoever claims you as a dependent.]
 [PROBE FOR DEPENDENT IF NECESSARY: By dependents I mean people who you can claim as a dependent on your tax form. These usually include any children you have who are living with you.]

DOLLAR AMOUNT (0-999,999,999):
 NO OTHER FAMILY MEMBERS LIVED IN FAMILY, CODE n, SKIP TO INC5
 IF DOLLAR AMOUNT IS 0, SKIP TO INC4
 DON'T KNOW/REFUSED GO TO INC3A, ELSE SKIP TO INC4

INC3A

Would that be more than \$15,000 or less than \$15,000? [INTERVIEWER: PROBE FOR BEST ESTIMATE]

More than \$15,000 1 SKIP TO INC3B
 Less than \$15,000..... 2 SKIP TO INC3C
 Other amount..... 3
 DON'T KNOW/REFUSED GO TO INC4

INC3AS

SPECIFY DOLLAR AMOUNT (1-999,999): SKIP TO INC4

INC3B

Would that be more than \$35,000 or less than \$35,000? [INTERVIEWER: PROBE FOR BEST ESTIMATE]

More than \$35,000 1 SKIP TO INC4
 Less than \$35,000..... 2 SKIP TO INC4
 Other amount..... 3

INC3BS

SPECIFY DOLLAR AMOUNT (1-999,999): SKIP TO INC4

INC3C

Would that be more than \$1,000 or less than \$1,000? [INTERVIEWER: PROBE FOR BEST ESTIMATE]

More than \$1,000 1 SKIP TO INC4
 Less than \$1,000..... 2 SKIP TO INC4
 Other amount..... 3

INC3CS

SPECIFY DOLLAR AMOUNT (1-999,999):

INC4

[IF INC2=1, "Besides yourself, "did"; ELSE INSERT "Did"] anyone in your family receive income during the past 12 months from any cash assistance or disability programs, such as [READ SLOWLY] Unemployment Compensation, Worker's Compensation, Temporary Assistance for Needy Families or TANF, CalWORKs, Supplemental Security Income or SSI, Disability Insurance or SSDI, or General Assistance or General Relief?

[IF RESPONDENT OFFERS FOOD STAMPS, SAY: I'll be asking about food stamps a little later.]

[PROBE FOR FAMILY IF NECESSARY: By family I mean you, your spouse or partner and other family members who live with you including any dependents you have.]

[PROBE IF RESPONDENT IS A DEPENDENT: If you are the dependent of someone else in the family, by family I mean you, your siblings, other family members who live with you, and whoever claims you as a dependent.]

[PROBE FOR DEPENDENT IF NECESSARY: By dependents I mean people who you can claim as a dependent on your tax form. These usually include any children you have who are living with you.]

YES 1
NO 0 SKIP TO INC5

INC4A

About how much income did the other people in your family receive from all of those sources altogether during the past twelve months? [INTERVIEWER: PROBE FOR BEST ESTIMATE]

DOLLAR AMOUNT (1-999,999,999): _____
DON'T KNOW/REFUSED GO TO INC4B, ELSE SKIP TO INC5

INC4B

Would that be more than \$3,500 or less than \$3,500? [INTERVIEWER: PROBE FOR BEST ESTIMATE]

More than \$3,500 1 SKIP TO INC4C
Less than \$3,500 2 SKIP TO INC4D
Other amount 3

INC4BS

SPECIFY DOLLAR AMOUNT (1-999,999): _____ SKIP TO INC5

INC4C

Would that be more than \$6,000 or less than \$6,000? [INTERVIEWER: PROBE FOR BEST ESTIMATE]

More than \$6,000 1 SKIP TO INC5
Less than \$6,000 2 SKIP TO INC5
Other amount 3

INC4CS

SPECIFY DOLLAR AMOUNT (1-999,999): _____ SKIP TO INC5

INC4D

Would that be more than \$1,000 or less than \$1,000? [INTERVIEWER: PROBE FOR BEST ESTIMATE]

More than \$1,000 1 SKIP TO INC5
Less than \$1,000 2 SKIP TO INC5
Other amount 3

INC4DS

SPECIFY DOLLAR AMOUNT (1-999,999): _____

INC5

During the past 12 months, did you [IF INC3 = 0, INSERT: “, or anyone in your family,”] receive any income from retirement pensions, annuities, or social security retirement benefits?

[PROBE: This would include any family members who may have lived with you during the past 12 months.]

[PROBE FOR FAMILY IF NECESSARY: By family I mean you, your spouse or partner and other family members who live with you including any dependents you have.]

[PROBE IF RESPONDENT IS A DEPENDENT: If you are the dependent of someone else in the family, by family I mean you, your siblings, other family members who live with you, and whoever claims you as a dependent.]

[PROBE FOR DEPENDENT IF NECESSARY: By dependents I mean people who you can claim as a dependent on your tax form. These usually include any children you have who are living with you.]

YES 1
NO 0 SKIP TO INC6

INC5A

About how much income did you (and your family) receive from those sources altogether over the past twelve months?

DOLLAR AMOUNT (1-999,999,999): _ _ _ _ _

INC6

During the past year, did you [IF INC3 = 0, INSERT: “, or anyone in your family,”] receive any income from other sources that I haven’t mentioned yet such as Food Stamps, interest income, dividend income, rental income, Veterans’ Benefits, child support, alimony, or an inheritance?

[PROBE: This would include any family members who may have lived with you during the past 12 months.]

[PROBE FOR FAMILY IF NECESSARY: By family I mean you, your spouse or partner and other family members who live with you including any dependents you have.]

[PROBE IF RESPONDENT IS A DEPENDENT: If you are the dependent of someone else in the family, by family I mean you, your siblings, other family members who live with you, and whoever claims you as a dependent.]

[PROBE FOR DEPENDENT IF NECESSARY: By dependents I mean people who you can claim as a dependent on your tax form. These usually include any children you have who are living with you.]

YES 1

NO 0 SKIP TO INC7

INC6A

About how much income did you, and your family, receive from these sources altogether over the past twelve months?

DOLLAR AMOUNT (1-999,999,999): _ _ _ _ _

INC7

Including you, how many people in your family were supported by the income we’ve been talking about during the past year?

NUMBER SUPPORTED (1-50): _ _

IF NUMBER = 1, SKIP TO MINI; ELSE GO TO INC7A

INC7A

Of this number, how many were children under the age of 18?

NUMBER UNDER 18 (0-49) _ _

GO TO MINI