

INSTRUCTIONS

- ◆ Using a black pen answer all the questions by filling in the bubble to the left of your answer.

Shade bubbles like this → ●

Not like this → ⊗ ✓

- ◆ To change an answer *clearly* draw a line through the incorrect answer and bubble in the correct response.

~~●~~ Yes

● No

ABOUT ME**1. In general, would you say your health is:**

- ☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

2. How old are you?

Years

3. Are you male or female?

- ☐ Male
☐ Female

4. What is your marital status?

- ☐ Now married
☐ Widowed
☐ Divorced or separated
☐ Single, never married
☐ Living with someone (as though married)

5. How many children living in your home are under the age of 18?

Include step-children and children who are not your own.

Number of children

6. Do you have any of these types of health insurance or receive assistance from any public support programs?

Fill in the bubbles for all that apply.

- ☐ Private, either employer provided or purchased
☐ MediCal, Medicaid, or State assigned
☐ Medicare
☐ Veteran's Health Care
☐ General Relief (GR)
☐ SSI or SSDI Disability Insurance
☐ COBRA insurance
☐ No insurance (uninsured)
☐ Something else

↓
What?

HOW YOU HAVE BEEN FEELING

In the past two weeks, how often have you been bothered by any of the following problems?

7. In the past two weeks, how often have you been bothered by...little interest or pleasure in doing things?

☐ 0 Not at All
☐ 1 Several Days
☐ 2 More than Half the Days
☐ 3 Nearly Every Day

8. In the past two weeks, how often have you been bothered by...feeling down, depressed, or hopeless?

☐ 0 Not at All
☐ 1 Several Days
☐ 2 More than Half the Days
☐ 3 Nearly Every Day

9. In the past two weeks, how often have you been bothered by...trouble falling or staying asleep, or sleeping too much?

☐ 0 Not at All
☐ 1 Several Days
☐ 2 More than Half the Days
☐ 3 Nearly Every Day

10. In the past two weeks, how often have you been bothered by...feeling tired or having little energy?

☐ 0 Not at All
☐ 1 Several Days
☐ 2 More than Half the Days
☐ 3 Nearly Every Day

11. In the past two weeks, how often have you been bothered by...poor appetite or overeating?

☐ 0 Not at All
☐ 1 Several Days
☐ 2 More than Half the Days
☐ 3 Nearly Every Day

12. In the past two weeks, how often have you been bothered by...feeling bad about yourself - or that you are a failure or you have let yourself or your family down?

☐ 0 Not at All
☐ 1 Several Days
☐ 2 More than Half the Days
☐ 3 Nearly Every Day

13. In the past two weeks, how often have you been bothered by...trouble concentrating on things such as reading the newspaper or watching television?

☐ 0 Not at All
☐ 1 Several Days
☐ 2 More than Half the Days
☐ 3 Nearly Every Day

14. In the past two weeks, how often have you been bothered by...moving or speaking so slowly that other people could have noticed.

Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?

☐ 0 Not at All
☐ 1 Several Days
☐ 2 More than Half the Days
☐ 3 Nearly Every Day

15. Think about the problems named in Questions 7 - 14. How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

☐ Not difficult at all
☐ Somewhat difficult
☐ Very difficult
☐ Extremely difficult

16. In the past two weeks, how often have you been bothered by...feeling down, sad, or hopeless?

- 0 ☐ Not at All
1 ☐ Several Days
2 ☐ More than Half the Days
3 ☐ Nearly Every Day

EDUCATION AND OCCUPATION

17. What is the highest year of school that you have completed?

- ☐ 8th grade or less
☐ Some high school
☐ High school graduate or GED
☐ Technical school
☐ Some college
☐ College graduate
☐ Graduate school

18. Which of the following describes your employment situation right now?

Fill in the bubbles for all that apply.

- ☐ Working full time
☐ Working part time
☐ A seasonal worker
☐ Laid off
☐ On strike
☐ On sick leave
☐ Disabled
☐ Maternity or paternity leave
☐ Unemployed - not looking for work
☐ Unemployed - looking for work
☐ Retired
☐ Student
☐ Homemaker
☐ Something else

↓
What?

19a. Were you born in the United States?

- ☐ Yes
☐ No

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19b. How long have you lived in the United States?

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Years

20. Is your ethnic background Hispanic or Latino?

- ☐ Yes
☐ No

21. What is your racial background?

Fill in the bubbles for all that apply.

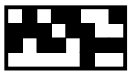
- ☐ American Indian/Alaska Native
☐ Asian, includes East Indian
☐ Native Hawaiian or other Pacific Islander
☐ Black or African American
☐ White/Caucasian, not of Hispanic/Latino descent
☐ White/Caucasian, of Hispanic/Latino descent
☐ Something else

↓
What?

22. Which one of the following best describes your living situation?

- ☐ I own my home or condo
☐ I pay rent
☐ I live in Section 8 or other subsidized housing
☐ I live with friends or family and do not pay rent
☐ I live in transitional housing
☐ I live in a supported housing program
☐ I am homeless or living in a shelter
☐ Something else

↓
What?



60599

23. About how much income did you and other members of your family earn from work in the past 12 months? By family we mean you, your spouse or partner and other family members who live with you including any dependents you have.

- ☐ \$0 - \$10,000
- ☐ \$10,001 - \$20,000
- ☐ \$20,001 - \$25,000
- ☐ \$25,001 - \$30,000
- ☐ \$30,001 - \$35,000
- ☐ \$35,001 - \$40,000
- ☐ \$40,001 - \$45,000
- ☐ \$45,001 - \$50,000
- ☐ More than \$50,000

24. About how much income did you and other members of your family receive from government programs in the past 12 months?

Government programs include disability, SSDI or SSI, workers compensation, temporary cash assistance or TCA, Family Investment Program or FIP, general assistance, unemployment compensation, or veterans' benefits.


- ☐ \$0 (none)
- ☐ Less than \$1,000
- ☐ Between \$1,001 and \$5,000
- ☐ Between \$5,001 and \$10,000
- ☐ More than \$10,001

25. How much do you agree with this statement:

"My community knows how to support people with mental health or emotional problems."

- ☐ Agree strongly
- ☐ Agree somewhat
- ☐ Unsure
- ☐ Disagree somewhat
- ☐ Disagree strongly

26. Do you know the name of the provider or staff member you see at this agency?

- ☐ No
- ☐ Yes 

Who? Write the name in this space:



60599



THANK YOU!

**Tell a CPIC staff member
that you are finished so you
can receive \$5!**



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CPIC Staff Use Only

Wave

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SPA

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Agency ID

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Site/Program ID

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PHQ

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INT ID #

- ☐ NOT EL.
- ☐ REFUSED
- ☐ SIGNED CONSENT
- ☐ NEEDS PHONE CONSENT

☐ Int
☐ R

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Date