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

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

FUNCT1
In general, would you say your health is:
   Excellent ........................1
   Very good ........................2
   Good .............................3
   Fair ..............................4
   Poor ..............................5

FUNCT2
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

FUNCT3
   …Climbing several flights of stairs
   Yes, limited a lot ...........1
   Yes, limited a little .........2
   No, not limited at all .......3

FUNCT4
   During the past 4 weeks, have you accomplished less than you would like as a result of your physical health?
   Yes .............................1
   No ...............................0

FUNCT5
   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

FUNCT6
   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 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

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 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

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 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

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 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

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 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
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:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Hearing a voice that other people couldn’t hear? ................................................. 1 0</td>
<td></td>
</tr>
<tr>
<td>B. Believing that people were following you or trying to hurt you? ............................... 1 0</td>
<td></td>
</tr>
<tr>
<td>C. Feeling that you could actually hear another person’s thoughts? .............................. 1 0</td>
<td></td>
</tr>
<tr>
<td>D. Feeling that someone else was putting thoughts in your mind? .................................. 1 0</td>
<td></td>
</tr>
</tbody>
</table>

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:
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:

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
Appendix D: CPIC Baseline, 6-month, and 12-month client surveys, page 8

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:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Talk to you about depression, stress or emotions in your life or give you information like a brochure about these problems?</td>
<td>1</td>
</tr>
<tr>
<td>B.</td>
<td>Suggest that you see a specialist or special program for depression, stress or emotions in your life?</td>
<td>1</td>
</tr>
<tr>
<td>C.</td>
<td>Suggest that you take medication for or encourage you to stay on a treatment plan for depression, stress or emotions in your life?</td>
<td>1</td>
</tr>
<tr>
<td>D.</td>
<td>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?</td>
<td>1</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Talk to you about depression, stress or emotions in your life or give you information like a brochure about these problems?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>B. Suggest that you see a specialist or special program for depression, stress or emotions in your life?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>C. Suggest that you take medication for or encourage you to stay on a treatment plan for depression, stress or emotions in your life?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>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?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>E. Refer you to see a specialist or special program for depression, stress or emotions</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>F. Refer you to see a physician or to a clinic where you would be able to be prescribed medication for depression</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>G. Did the case manager him or herself call the specialist, special program, physician or clinic to make the referral?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>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?</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

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
Usually ......................3
Always ......................4

SERV27
Help you to do more activities that you enjoy or help you increase positive activities in your life?

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

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

<table>
<thead>
<tr>
<th>Choice</th>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Free medication which has some side effects, is taken daily for 6 months, with a 67% chance of cure</td>
<td>........................................................................................................</td>
<td></td>
</tr>
<tr>
<td>2. 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</td>
<td>........................................................................................................</td>
<td></td>
</tr>
<tr>
<td>3. Individual counseling one hour per week for 3 months, it costs you $25 a session or $300 total, with a 67% chance of cure</td>
<td>........................................................................................................</td>
<td></td>
</tr>
<tr>
<td>4. Group counseling one hour per week for 3 months, it costs you $5 per session or $75 total, with a 67% chance of cure</td>
<td>........................................................................................................</td>
<td></td>
</tr>
<tr>
<td>5. Wait and see, no treatment, no cost, with a 40% chance of cure</td>
<td>........................................................................................................</td>
<td></td>
</tr>
</tbody>
</table>
BELIEFS ABOUT TREATING DEPRESSION

BETRT1
To what extent do you agree or disagree with the following statements about depression?
Depression is a medical condition.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

BETRT2
Antidepressant medicines are usually addictive.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

BETRT3
Depressed people have more trouble doing everyday activities like working or taking care of their family.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

BETRT4
Antidepressant medications can be helpful to most people with depression

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

BETRT5
Counseling or therapy can help an individual learn new ways of coping with problems.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

BETRT6
Therapy patients are wasting time and money.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
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:

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

**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?]

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Dietary Supplements, such as vitamins</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>B. Herbal Remedies, such as Spearmint or Yerbabuena tea</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>C. Use of cactus juice, such as aloe or nopal</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>D. Home remedies, such as soups, warm milk, garlic</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>E. Exercise</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>F. Visited a Certified Massage Therapist</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>G. Visited a Folk Healer</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>H. Acupuncture</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
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 often .....................5

COPE2
You thought about what you needed to do for your problem
Never..........................1
Rarely ..........................2
Sometimes .....................3
Fairly often ....................4
Very often .....................5

COPE3
You talked to a friend, neighbor or relative about it
Never..........................1
Rarely ..........................2
Sometimes .....................3
Fairly often ....................4
Very often .....................5

COPE4
You made a plan of action and followed it
Never..........................1
Rarely ..........................2
Sometimes .....................3
Fairly often ....................4
Very often .....................5
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

<table>
<thead>
<tr>
<th>Response</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>All of the time</td>
<td>1</td>
</tr>
<tr>
<td>Most of the time</td>
<td>2</td>
</tr>
<tr>
<td>A good bit of the time</td>
<td>3</td>
</tr>
<tr>
<td>Some of the time</td>
<td>4</td>
</tr>
<tr>
<td>A little of the time</td>
<td>5</td>
</tr>
<tr>
<td>None of the time</td>
<td>6</td>
</tr>
</tbody>
</table>

### SUPP7
Someone to help you if you could not get out of bed

<table>
<thead>
<tr>
<th>Response</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>All of the time</td>
<td>1</td>
</tr>
<tr>
<td>Most of the time</td>
<td>2</td>
</tr>
<tr>
<td>A good bit of the time</td>
<td>3</td>
</tr>
<tr>
<td>Some of the time</td>
<td>4</td>
</tr>
<tr>
<td>A little of the time</td>
<td>5</td>
</tr>
<tr>
<td>None of the time</td>
<td>6</td>
</tr>
</tbody>
</table>

### SUPP8
Someone to take you to the doctor

<table>
<thead>
<tr>
<th>Response</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>All of the time</td>
<td>1</td>
</tr>
<tr>
<td>Most of the time</td>
<td>2</td>
</tr>
<tr>
<td>A good bit of the time</td>
<td>3</td>
</tr>
<tr>
<td>Some of the time</td>
<td>4</td>
</tr>
<tr>
<td>A little of the time</td>
<td>5</td>
</tr>
<tr>
<td>None of the time</td>
<td>6</td>
</tr>
</tbody>
</table>

### SUPP9
How often do you participate in religious or church activities?

<table>
<thead>
<tr>
<th>Response</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>0</td>
</tr>
<tr>
<td>Less than once a month</td>
<td>1</td>
</tr>
<tr>
<td>Once a month</td>
<td>2</td>
</tr>
<tr>
<td>A few times a month</td>
<td>3</td>
</tr>
<tr>
<td>Once a week</td>
<td>4</td>
</tr>
<tr>
<td>A few times a week</td>
<td>5</td>
</tr>
<tr>
<td>Every day</td>
<td>6</td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Response</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>0</td>
</tr>
<tr>
<td>Less than once a month</td>
<td>1</td>
</tr>
<tr>
<td>Once a month</td>
<td>2</td>
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<tr>
<td>A few times a month</td>
<td>3</td>
</tr>
<tr>
<td>Once a week</td>
<td>4</td>
</tr>
<tr>
<td>A few times a week</td>
<td>5</td>
</tr>
<tr>
<td>Every day</td>
<td>6</td>
</tr>
</tbody>
</table>
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
EMPLOY10B
How many different employers do you currently work for?
NUMBER (1-20): __ __ SKIP TO EMPLOY11

EMPLOY11
Have you worked at all during the past 12 months?
YES ........... 1
NO ............ 0 SKIP TO EMPLOY12B

EMPLOY12
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

EMPLOY12A
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): __ __ __

EMPLOY12B
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

EMPLOY13
[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

EMPLOY14
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): __ __ __

EMPLOY15
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 ≥ 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 ≥ 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

VAL3DS
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 UNEMPLOYMENT COMPENSATION, WORKER'S COMPENSATION, TEMPORARY ASSISTANCE FOR NEEDY FAMILIES, 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.]

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
CPIC CLIENT SIX-MONTH 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.

DEMO206
The first question is about your current situation. What is your marital status?
- Now married ..................................................... 1
- Widowed ......................................................... 2
- Divorced or separated ........................................ 3
- Single, never married ........................................ 4
- Living with someone (as though married) ... 5

DEMO306
Which one of the following best describes your living situation?

| @1. I own my home or condo .................................................... | 1 |
| @2. I pay rent ........................................................................ | 1 |
| @3. I live in Section 8 or other subsidized housing ......................... | 1 |
| @4. I live with friends or family and do not pay rent ........................ | 1 |
| @5. I live in transitional housing ............................................. | 1 |
| @6. I live in a supported housing program .................................. | 1 |
| @7. I am homeless or living in a shelter ..................................... | 1 |
| @8. Something else .................................................................. | 1 |

IF NO TO DEMO306@8, GO TO DEMO3A06, ELSE SKIP TO FUNCTINT06

DEMO3A06
What best describes your living situation?

_________________________ (80 CHARACTERS)
FUNCTIONING

FUNCTINT06
I will be asking you questions about your health and use of services. At times I will be asking you about feelings of depression. By depression I mean feeling sad, blue, feeling down, feeling less than, feeling that you can’t get out of it or feeling stressed almost all of the time.
The first question is about your health now and your current daily activities. Please try to answer the question as accurately as you can.

FUNCT106
In general, would you say your health is:
   Excellent .................. 1
   Very good .................. 2
   Good ....................... 3
   Fair ........................ 4
   Poor ........................ 5

FUNCT206
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

FUNCT306
…Climbing several flights of stairs
   Yes, limited a lot .......... 1
   Yes, limited a little ...... 2
   No, not limited at all ..... 3

FUNCT406
During the past 4 weeks, have you accomplished less than you would like as a result of your physical health?
   YES .......................... 1
   NO ............................ 0

FUNCT506
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

FUNCT606
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

FUNCT706
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
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 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

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 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

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

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 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

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

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
FUNCT1406
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

FUNCT1506
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

FUNCT1606
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): __ __

FUNCT1706
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): __ __
DEPRESSION

PHQINT06
In the past two weeks, how often have you been bothered by any of the following problems:

PHQ106
In the past two weeks, how often have you been bothered by little interest or pleasure in doing things
- Not at all.......................... 0
- Several Days ..................... 1
- More than Half the Days....... 2
- Nearly Every Day ............... 3

PHQ206
In the past two weeks, how often have you been bothered by feeling down, depressed, or hopeless
- Not at all.......................... 0
- Several Days ..................... 1
- More than Half the Days....... 2
- Nearly Every Day ............... 3

PHQ306
(In the past two weeks, how often have you been bothered by) trouble falling or staying asleep, or sleeping too much
- Not at all.......................... 0
- Several Days ..................... 1
- More than Half the Days....... 2
- Nearly Every Day ............... 3

PHQ406
(In the past two weeks, how often have you been bothered by) feeling tired or having little energy
- Not at all.......................... 0
- Several Days ..................... 1
- More than Half the Days....... 2
- Nearly Every Day ............... 3

PHQ506
(In the past two weeks, how often have you been bothered by) poor appetite or overeating
- Not at all.......................... 0
- Several Days ..................... 1
- More than Half the Days....... 2
- Nearly Every Day ............... 3

PHQ606
(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
- Not at all.......................... 0
- Several Days ..................... 1
- More than Half the Days....... 2
- Nearly Every Day ............... 3
PHQ706
(In the past two weeks, how often have you been bothered by) trouble concentrating on things such as reading the newspaper or watching television

Not at all.............................. 0
Several Days ....................... 1
More than Half the Days......... 2
Nearly Every Day ................. 3

PHQ806
(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.

Not at all.............................. 0
Several Days ....................... 1
More than Half the Days......... 2
Nearly Every Day ................. 3

PHQ906
(In the past two weeks, how often have you been bothered by) feeling down, sad, or hopeless

Not at all.............................. 0
Several Days ....................... 1
More than Half the Days......... 2
Nearly Every Day ................. 3

PHQ1006
In the past two weeks, how often have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way

Not at all.............................. 0
Several Days ....................... 1
More than Half the Days......... 2
Nearly Every Day ................. 3
USE OF HEALTH SERVICES

SERVINT06
Now I am going to ask you some questions about your use of health services for emotional, mental, alcohol or drug problems.

SERV106
During the past 6 months, did you stay overnight in a hospital for emotional, mental health, alcohol or drug problems?

YES ......................................1
NO.................................0 SKIP TO SERV206@n

SERV1B06@n
During the past 6 months, that is since [FILL MONTH AND YEAR OF 6 MONTHS PRIOR TO TODAY], how many nights did you stay in a hospital for any emotional, mental, alcohol, or drug problem?

NUMBER OF NIGHTS (1-183): ___ ___

SERV206@n
During the past 6 months, that is since [FILL MONTH AND YEAR OF 6 MONTHS PRIOR TO TODAY], how many nights did you stay overnight in a residential treatment program for alcohol or drug problems?

NUMBER OF NIGHTS (0-183): ___ ___

SERV306@n
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 SERV406@n

SERV3A06@n
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): ___ ___

SERV406
During the past 6 months, that is since [FILL MONTH AND YEAR OF 6 MONTHS PRIOR TO TODAY], 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 SERV506

SERV4A06@n
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 SERV4A06@n > SERV406, SCREEN SHOULD DISPLAY:
INTERVIEWER, CLIENT REPORTED MORE VISITS IN SERV4A06 THAN THE TOTAL GIVEN IN SERV406. CONFIRM RESPONSES WITH CLIENT AND FIX PROPER ITEMS. YOU CANNOT MOVE FORWARD UNTIL THE RESPONSES ARE CONSISTENT.

SERV4B06@n
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 SERV4B06@n > SERV406, SCREEN SHOULD DISPLAY:
INTERVIEWER, CLIENT REPORTED MORE VISITS IN SERV4B06 THAN THE TOTAL GIVEN IN SERV406. CONFIRM RESPONSES WITH CLIENT AND FIX PROPER ITEMS. YOU CANNOT MOVE FORWARD UNTIL THE RESPONSES ARE CONSISTENT.

SERV4C06
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.

SERV4C06@1-SERV4C06@4
What was the first/second/third/fourth place you visited?
________________________ (80 CHARACTERS)

SERV4C1X06@1-SERV4C4X06@4
Where is this [FILL SERV4C06@1-SERV4C06@4/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]
________________________ (80 CHARACTERS)

SERV506
During the past 6 months, did you attend any self-help or family support groups for people with emotional or mental health problems? Do not include AA, CA or NA.

YES ______________________1
NO ________________________0 SKIP TO SERV606

SERV5A06
On how many days did you attend a meeting like that during the past 6 months? (Do not include AA, CA or NA.)

NUMBER OF DAYS (1-183): __ __ __

SERV606
During the past 6 months, that is since [FILL MONTH AND YEAR OF 6 MONTHS PRIOR TO TODAY], 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 SERV706

SERV6A06
How many times did you go to substance abuse agencies or self-help meetings during the past 6 months?

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

SERV706
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 SERV806

SERV7A06
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): __ __ __
Appendix D: CPIC Baseline, 6-month, and 12-month client surveys, page 54

SERV806
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 SERV906

SERV8A06
How many times did you go to a medical provider?
NUMBER OF VISITS (1-365): __ __ __

SERV906
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, that is since [FILL MONTH AND YEAR OF 6 MONTHS PRIOR TO TODAY], did you go to or have contact [PROBE IF NECESSARY; telephone, office visits, home visits] with 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 SERV1006

SERV9A06
How many times did you go to or have contact with [PROBE IF NECESSARY; telephone, office visits, home visits] a social service agency during the past 6 months?
NUMBER OF VISITS (1-365): __ __ __

SERV1006
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 SERV1106

SERV10A06
How many times did you go to religious or spiritual places during the past 6 months?
NUMBER OF VISITS (1-365): __ __ __

SERV1106
During the past 6 months, that is since [FILL MONTH AND YEAR OF 6 MONTHS PRIOR TO TODAY], did you go to any parks and recreation or community centers?

YES .............................. 1
NO .............................. 0  GO TO NSERV12CHECK06

SERV11A06
How many times did you go to any parks and recreation or community centers during the past 6 months?
NUMBER OF VISITS (1-365): __ __ __

NSERV12CHECK06
[PROGRAMMER: IF SERV606 = 0, SKIP TO NSERV13CHECK06; ELSE CONTINUE]

NSERV12A06
When you visited a substance abuse agency or self-help meeting during the past 6 months, during how many of these visits did anyone there talk to you about depression or medication for depression, suggest you see a specialist, or counsel you about depression, stress, or emotions in your life?

NUMBER OF VISITS (0-365): __ __ __
PROGRAMMER, IF NSERV12A06 > SERV6A06, SCREEN SHOULD DISPLAY:
INTERVIEWER, CLIENT REPORTED MORE VISITS IN NSERV12A06 THAN THE TOTAL
Appendix D: CPIC Baseline, 6-month, and 12-month client surveys, page 55

GIVEN IN SERV6A06. CONFIRM RESPONSES WITH CLIENT AND FIX PROPER ITEMS.
YOU CANNOT MOVE FORWARD UNTIL THE RESPONSES ARE CONSISTENT.

NSERV12C106@A
Can you give me the names of the substance abuse agencies or self-help places you visited during the past 6 months where someone did any of those things? [INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: Is this the same place you told me about before? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]

SERV4C106...............1
SERV4C206...............2
SERV4C306...............3
SERV4C406...............4
NEW PLACE ...............99 ____________________ (60 CHARACTERS)

NSERV12C1X06
Where is this [FILL NSERV12C106/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]

_________________ (60 CHARACTERS)

NSERV12C206
ENTER 2ND PLACE (SUBSTANCE ABUSE AGENCIES OR SELF HELP MEETINGS)
[INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]

SERV4C106...............1
SERV4C206...............2
SERV4C306...............3
SERV4C406...............4
NSERV12C106 ............5
NEW PLACE ...............99 ____________________ (60 CHARACTERS)
NO OTHER PLACE.....0 GO TO NSERV13CHECK06

NSERV12C2X06
Where is this [FILL NSERV12C206/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]

_________________ (60 CHARACTERS)

NSERV12C306
ENTER 3RD PLACE (SUBSTANCE ABUSE AGENCIES OR SELF HELP MEETINGS)
[INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]

SERV4C106...............1
SERV4C206...............2
SERV4C306...............3
SERV4C406...............4
NSERV12C106 ............5
NSERV12C206 ............6
NEW PLACE ...............99 ____________________ (60 CHARACTERS)
NO OTHER PLACE.....0 GO TO NSERV13CHECK06

NSERV12C3X06
Where is this [FILL NSERV12C306/place] located?
NSERV13CHECK06
[PROGRAMMER: IF SERV806 = 0, SKIP TO NSERV14CHECK06; ELSE CONTINUE]

NSERV13A06
When you visited a medical provider during the past 6 months, during how many of these visits did anyone there talk to you about depression or medication for depression, suggest you see a specialist, or counsel you about depression, stress, or emotions in your life?

NUMBER OF VISITS (0-365): ___ ___

IF 0, SKIP TO NSERV14CHECK06

PROGRAMMER, IF NSERV13A06 > SERV806, SCREEN SHOULD DISPLAY: INTERVIEWER, CLIENT REPORTED MORE VISITS IN NSERV13A06 THAN THE TOTAL GIVEN IN SERV806. CONFIRM RESPONSES WITH CLIENT AND FIX PROPER ITEMS. YOU CANNOT MOVE FORWARD UNTIL THE RESPONSES ARE CONSISTENT.

NSERV13C106
Can you give me the names of the medical providers you visited during the past 6 months where someone did any of those things? [INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]

SERV4C106...............1
SERV4C206..............2
SERV4C306..............3
SERV4C406..............4
NSERV12C106 ...........5
NSERV12C206 ...........6
NSERV12C306 ...........7
NEW PLACE ............99 ___________________ (60 CHARACTERS)

NSERV13C1IX06
Where is this [FILL NSERV13C106/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]

____________________ (60 CHARACTERS)

NSERV13C206
ENTER 2ND PLACE (MEDICAL PROVIDERS)
[INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]

SERV4C106...............1
SERV4C206..............2
SERV4C306..............3
SERV4C406..............4
NSERV12C106 ...........5
NSERV12C206 ...........6
NSERV12C306 ...........7
NSERV13C106 ...........8
NEW PLACE ............99 ___________________ (60 CHARACTERS)

NO OTHER PLACE.....0 GO TO NSERV14CHECK06
NSERV13C2X06
Where is this [FILL NSERV13C206]/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]
_________________________ (60 CHARACTERS)

NSERV13C306
ENTER 3RD PLACE (MEDICAL PROVIDERS)
[INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]
SERV4C106..............1
SERV4C206..............2
SERV4C306..............3
SERV4C406..............4
NSERV12C106 ..........5
NSERV12C206 ..........6
NSERV12C306 ..........7
NSERV13C106 ..........8
NSERV13C206 ..........9
NEW PLACE..........99 __________________________ (60 CHARACTERS)
NO OTHER PLACE.....0 GO TO NSERV14CHECK06

NSERV13C3X06
Where is this [FILL NSERV13C306]/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]
_________________________ (60 CHARACTERS)

NSERV14CHECK06
[PROGRAMMER: IF SERV906 = 0, SKIP TO NSERV15CHECK06; ELSE CONTINUE]

NSERV14A06
When you visited a social services agency during the past 6 months, during how many of those visits [PROBE IF NECESSARY; telephone, office visits, home visits] did anyone there talk to you about depression or medication for depression, suggest you see a specialist, or counsel you about depression, stress, or emotions in your life?

NUMBER OF VISITS (0-365): _____
IF 0, SKIP TO NSERV15CHECK06
PROGRAMMER, IF NSERV14A06 > SERV906, SCREEN SHOULD DISPLAY:
INTERVIEWER, CLIENT REPORTED MORE VISITS IN NSERV14A06 THAN THE TOTAL GIVEN IN SERV906. CONFIRM RESPONSES WITH CLIENT AND FIX PROPER ITEMS. YOU CANNOT MOVE FORWARD UNTIL THE RESPONSES ARE CONSISTENT.

NSERV14C106
Can you give me the names of the social service agencies you visited during the past 6 months where someone did any of those things? [INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]
SERV4C106.........1
SERV4C206.........2
SERV4C306.........3
SERV4C406.........4
NSERV12C106.........5
NSERV12C206.........6
Appendix D: CPIC Baseline, 6-month, and 12-month client surveys, page 58

NSERV12C306 ............7
NSERV13C106 ............8
NSERV13C206 ............9
NSERV13C306 ............10
NEW PLACE ............99                                     (60 CHARACTERS)

NSERV14C1X06
Where is this [FILL NSERV14C106/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US
IDENTIFY LOCATION.]
                                      (60 CHARACTERS)

NSERV14C206
ENTER 2ND PLACE (SOCIAL SERVICE AGENCIES)
[INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME
PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO,
ENTER 99 AND TYPE IN NEW NAME]
SERV4C106..............1
SERV4C206..............2
SERV4C306..............3
SERV4C406..............4
NSERV12C106 ............5
NSERV12C206 ............6
NSERV12C306 ............7
NSERV13C106 ............8
NSERV13C206 ............9
NSERV13C306 ............10
NSERV14C106 ............11
NEW PLACE ............99                                     (60 CHARACTERS)
NO OTHER PLACE.....0 GO TO NSERV15CHECK06

NSERV14C2X06
Where is this [FILL NSERV14C206/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US
IDENTIFY LOCATION.]
                                      (60 CHARACTERS)

NSERV14C306
ENTER 3RD PLACE (SOCIAL SERVICE AGENCIES)
[INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME
PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO,
ENTER 99 AND TYPE IN NEW NAME]
SERV4C106..............1
SERV4C206..............2
SERV4C306..............3
SERV4C406..............4
NSERV12C106 ............5
NSERV12C206 ............6
NSERV12C306 ............7
NSERV13C106 ............8
NSERV13C206 ............9
NSERV13C306 ............10
NSERV14C106 ............11
NSERV14C206 ............12
NEW PLACE ............99                                     (60 CHARACTERS)
Appendix D: CPIC Baseline, 6-month, and 12-month client surveys, page 59

NO OTHER PLACE.....0 GO TO NSERV15CHECK06

NSERV14C3X06
Where is this [FILL NSERV14C306]/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]
_________________________ (60 CHARACTERS)

NSERV15CHECK06
[PROGRAMMER: IF SERV1006 = 0, SKIP TO NSERV16CHECK06; ELSE CONTINUE]

NSERV15A06
When you visited religious or spiritual places during the past 6 months, during how many of these visits [PROBE IF NECESSARY; telephone, office visits, home visits] did anyone there talk to you about depression or medication for depression, suggest you see a specialist, or counsel you about depression, stress, or emotions in your life?
NUMBER OF VISITS (0-365): ______
IF 0, SKIP TO NSERV16CHECK06
PROGRAMMER, IF SERV15A06 > SERV1006, SCREEN SHOULD DISPLAY: INTERVIEWER, CLIENT REPORTED MORE VISITS IN SERV15A06 THAN THE TOTAL GIVEN IN SERV1006. CONFIRM RESPONSES WITH CLIENT AND FIX PROPER ITEMS. YOU CANNOT MOVE FORWARD UNTIL THE RESPONSES ARE CONSISTENT.

NSERV15C106
Can you give me the names of the religious or spiritual places you visited during the past 6 months where someone did any of those things? [INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]
SERV4C106..............1
SERV4C206..............2
SERV4C306..............3
SERV4C406..............4
NSERV12C106...........5
NSERV12C206...........6
NSERV12C306...........7
NSERV13C106...........8
NSERV13C206...........9
NSERV13C306...........10
NSERV14C106...........11
NSERV14C206...........12
NSERV14C306...........13
NEW PLACE.............99 ______________________ (60 CHARACTERS)

NSERV15C1X06
Where is this [FILL NSERV15C106]/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]
_________________________ (60 CHARACTERS)

NSERV15C206
ENTER 2ND PLACE (RELIGIOUS OR SPIRITUAL PLACES)
[INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]
SERV4C106..............1
SERV4C206..............2
Appendix D: CPIC Baseline, 6-month, and 12-month client surveys, page 60

SERV4C306..................3
SERV4C406.................4
NSERV12C106..............5
NSERV12C206..............6
NSERV12C306..............7
NSERV13C106..............8
NSERV13C206..............9
NSERV13C306..............10
NSERV14C106..............11
NSERV14C206..............12
NSERV14C306..............13
NSERV15C106..............14
NEW PLACE ...............99 (60 CHARACTERS)

NO OTHER PLACE.....0 GO TO NSERV16CHECK06

NSERV15C2X06
Where is this [FILL NSERV15C206/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]

____________________ (60 CHARACTERS)

NSERV15C306
ENTER 3RD PLACE (RELIIGIOUS OR SPIRITUAL PLACES)
[INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]

SERV4C106..............1
SERV4C206..............2
SERV4C306..............3
SERV4C406..............4
NSERV12C106..............5
NSERV12C206..............6
NSERV12C306..............7
NSERV13C106..............8
NSERV13C206..............9
NSERV13C306..............10
NSERV14C106..............11
NSERV14C206..............12
NSERV14C306..............13
NSERV15C106..............14
NSERV15C206..............15
NEW PLACE ...............99 (60 CHARACTERS)

NO OTHER PLACE.....0 GO TO NSERV16CHECK06

NSERV15C3X06
Where is this [FILL NSERV15C306/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]

____________________ (60 CHARACTERS)

NSERV16CHECK06
(PROGRAMMER: IF SERV1106 = 0, SKIP TO NSERV1706; ELSE CONTINUE]
Appendix D: CPIC Baseline, 6-month, and 12-month client surveys, page 61

NSERV16A06
When you visited parks and recreation or community centers during the past 6 months, during how many of these visits [PROBE IF NECESSARY; telephone, office visits, home visits] did anyone there talk to you about depression or medication for depression, suggest you see a specialist, or counsel you about depression, stress, or emotions in your life?

NUMBER OF VISITS (0-365): __ ___
IF 0, SKIP TO NSERV1706
PROGRAMMER, IF NSERV16A06 > SERV1106, SCREEN SHOULD DISPLAY:
INTERVIEWER, CLIENT REPORTED MORE VISITS IN NSERV16A06 THAN THE TOTAL GIVEN IN SERV1106. CONFIRM RESPONSES WITH CLIENT AND FIX PROPER ITEMS.
YOU CANNOT MOVE FORWARD UNTIL THE RESPONSES ARE CONSISTENT.

NSERV16C106
Can you give me the names of the parks and recreation or community centers you visited during the past 6 months where someone did any of those things? [INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]
SERV4C106 ............. 1
SERV4C206 ............. 2
SERV4C306 ............. 3
SERV4C406 ............. 4
NSERV12C106 ........... 5
NSERV12C206 ........... 6
NSERV12C306 ........... 7
NSERV13C106 ........... 8
NSERV13C206 ........... 9
NSERV13C306 ........... 10
NSERV14C106 ........... 11
NSERV14C206 ........... 12
NSERV14C306 ........... 13
NSERV15C106 ........... 14
NSERV15C206 ........... 15
NSERV15C306 ........... 16
NEW PLACE ........... 99

NSERV16C1X06
Where is this [FILL NSERV16C106/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]

NSERV16C206
ENTER 2ND PLACE (PARKS AND RECREATION OR COMMUNITY CENTERS) [INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]
SERV4C106 ............. 1
SERV4C206 ............. 2
SERV4C306 ............. 3
SERV4C406 ............. 4
NSERV12C106 ........... 5
NSERV12C206 ........... 6
NSERV12C306 ........... 7
NSERV13C106 ........... 8
NSERV13C206 ........... 9
Appendix D: CPIC Baseline, 6-month, and 12-month client surveys, page 62

NSERV13C306 ............10
NSERV14C106 ............11
NSERV14C206 ............12
NSERV14C306 ............13
NSERV15C106 ............14
NSERV15C206 ............15
NSERV15C306 ............16
NSERV16C106 ............17
NEW PLACE ............99 .................................................. (60 CHARACTERS)
NO OTHER PLACE .....0 GO TO NSERV1706

NSERV16C2X06
Where is this [FILL NSERV16C206/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]
.................................................. (60 CHARACTERS)

NSERV16C306
ENTER 3RD PLACE (PARKS AND RECREATION OR COMMUNITY CENTERS) [INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]
SERV4C106 ............1
SERV4C206 ............2
SERV4C306 ............3
SERV4C406 ............4
NSERV12C106 ............5
NSERV12C206 ............6
NSERV12C306 ............7
NSERV13C106 ............8
NSERV13C206 ............9
NSERV13C306 ............10
NSERV14C106 ............11
NSERV14C206 ............12
NSERV14C306 ............13
NSERV15C106 ............14
NSERV15C206 ............15
NSERV15C306 ............16
NSERV16C106 ............17
NSERV16C206 ............18
NEW PLACE ............99 .................................................. (60 CHARACTERS)
NO OTHER PLACE .....0 GO TO NSERV1706

NSERV16C3X06
Where is this [FILL NSERV16C306/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]
.................................................. (60 CHARACTERS)

NSERV1706
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, a senior or in-home care service or a homeless shelter.
YES .......................... 1
NO .................................. 0 SKIP TO NSERV1806

SERV17A06
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.

NSERV17C106-NSERV17C406
What was the first/second/third/fourth place you visited?
_________________________ (80 CHARACTERS)

NSERV17C1X06-NSERV17C4X06
Where is this [FILL SERV17C106-SERV17C406]/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]
_________________________ (80 CHARACTERS)

SERV17B06
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): __ __ __

NSERV1806
A case manager is a person who helps coordinate and links you to needed services. A case manager can be called a case worker or outreach worker and some case managers also provide counseling.

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 SERV19CHECK06

NSERV18A06
When you visited a case manager during the past 6 months, during how many of these visits [PROBE IF NECESSARY: telephone, office visits, home visits] did the case manager talk to you about depression or medication for depression, suggest you see a specialist, or counsel you about depression, stress, or emotions in your life?
NUMBER OF VISITS (0-365): __ __ __

NSERV18B06
Can you give me the name of the place where you visited with the case-manager?
[INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]
SERV4C106.................. 1
SERV4C206.................. 2
SERV4C306.................. 3
SERV4C406.................. 4
NSERV12C106 ............ 5
NSERV12C206 .......... 6
NSERV12C306 .......... 7
NSERV13C106 .......... 8
NSERV13C206 .......... 9
Appendix D: CPIC Baseline, 6-month, and 12-month client surveys, page 64

NSERV13C306 ..........10
NSERV14C106 ..........11
NSERV14C206 ..........12
NSERV14C306 ..........13
NSERV15C106 ..........14
NSERV15C206 ..........15
NSERV15C306 ..........16
NSERV16C106 ..........17
NSERV16C206 ..........18
NSERV16C306 ..........19
NEW PLACE ..........99

NSERV18C3X06
Where is this [FILL]/place] located?
[Interviewer, enter cross streets or other notes that may help us
identify location.]

NSERV18B206
Enter 2nd place (case managers)
[Interviewer, if r names a place already in this list, say: is this the same place
you told me about before? if yes, enter the code for that place. if no, enter 99
and type in new name]
SERV4C106..........1
SERV4C206..........2
SERV4C306..........3
SERV4C406..........4
NSERV12C106 .......5
NSERV12C206 .......6
NSERV12C306 .......7
NSERV13C106 .......8
NSERV13C206 .......9
NSERV13C306 .......10
NSERV14C106 .......11
NSERV14C206 .......12
NSERV14C306 .......13
NSERV15C106 .......14
NSERV15C206 .......15
NSERV15C306 .......16
NSERV16C106 .......17
NSERV16C206 .......18
NSERV16C306 .......19
NSERV18B06 .......20
NEW PLACE ..........99

NO OTHER PLACE.....0 go to SERV19CHECK06

NSERV18C2X06
Where is this [FILL NSERV18B206]/place] located?
[Interviewer, enter cross streets or other notes that may help us
identify location.]

SERV19CHECK06 – identify those who have had counseling
if serv4b06>0 or serv12a06>0 or serv13a06>0 or serv14a06>0 or serv15a06>0 or
serv16a06>0 or serv1706=1 or serv18a06>0, then go to serv19int. else go to med106.
SERV19INT06
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 SERV4B06>0, NSERV12A06>0, NSERV13A06>0, NSERV14A06>0, NSERV15A06>0, NSERV16A06>0, NSERV1706=1, NSERV18A06>0. IF COUNT >1, GO TO NSERV1906. ELSE SKIP TO SERV20INT06.]

NSERV1906@c
What is the name of the organization or place where you saw the counselor you saw the most often?
   SERV4C106..............1
   SERV4C206..............2
   SERV4C306..............3
   SERV4C406..............4
   NSERV12C106 ...........5
   NSERV12C206 ..........6
   NSERV12C306 ..........7
   NSERV13C106 ..........8
   NSERV13C206 ..........9
   NSERV13C306 ..........10
   NSERV14C106 ..........11
   NSERV14C206 ..........12
   NSERV14C306 ..........13
   NSERV15C106 ..........14
   NSERV15C206 ..........15
   NSERV15C306 ..........16
   NSERV16C106 ..........17
   NSERV16C206 ..........18
   NSERV16C306 ..........19
   NSERV18B06 ..........20
   NSERV18B206 ..........20

SERV20INT06
In the past 6 months, when you received counseling, how often did your counselor do the following:


SERV2006
Help you look at your thoughts more realistically?
   Never......................1
   Sometimes ..............2
   Usually ..................3
   Always ..................4

SERV2106
Teach you methods of physical relaxation, such as slow breathing or muscle relaxation techniques?
   Never......................1
   Sometimes ..............2
   Usually ..................3
   Always ..................4
SERV2206
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

SERV2306
Help you problem solve issues in your life?

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

SERV2406
Help you to understand how your behaviors, activities, and mood are related?

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

SERV2506
Help you to understand how your relationships with people and mood are related?

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

SERV2606
Help you to develop more effective coping strategies for stressful experiences?

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

SERV2706
Help you to do more activities that you enjoy or help you increase positive activities in your life?

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

SERV28INT06
During the past 6 months, did you get information about depression or mood problems from any of the following:

SERV28A06
Television?

YES ..........................1
NO ............................0 SKIP TO SERV28B06

SERV28AB06
Was it very helpful, somewhat helpful, or not very helpful?

VERY HELPFUL ................1
SOMewhat HELPFUL ..........2
NOT VERY HELPFUL ..........3
SERV28B06
(During the past 6 months, did you get information about depression or mood problems from) newspapers or magazines?

YES ......................... 1
NO ......................... 0 SKIP TO SERV28C06

SERV28BB06
Was it very helpful, somewhat helpful, or not very helpful?

VERY HELPFUL ............... 1
SOMewhat HELPFUL ........... 2
NOT VERY HELPFUL .......... 3

SERV28C06
(During the past 6 months, did you get information about depression or mood problems from) other written materials (like brochures, pamphlets or books) ?

YES ......................... 1
NO ......................... 0 SKIP TO SERV28D06

SERV28CB06
Was it very helpful, somewhat helpful, or not very helpful?

VERY HELPFUL ............... 1
SOMewhat HELPFUL ........... 2
NOT VERY HELPFUL .......... 3

SERV28D06
(During the past 6 months, did you get information about depression or mood problems from) videotapes or DVDs?

YES ......................... 1
NO ......................... 0 SKIP TO SERV28E06

SERV28DB06
Was it very helpful, somewhat helpful, or not very helpful?

VERY HELPFUL ............... 1
SOMewhat HELPFUL ........... 2
NOT VERY HELPFUL .......... 3

SERV28E06
(During the past 6 months, did you get information about depression or mood problems from) the Internet?

YES ......................... 1
NO ......................... 0 SKIP TO SERV28F06

SERV28EB06
Was it very helpful, somewhat helpful, or not very helpful?

VERY HELPFUL ............... 1
SOMewhat HELPFUL ........... 2
NOT VERY HELPFUL .......... 3

SERV28F06
(During the past 6 months, did you get information about depression or mood problems from) a community talk, lecture or activity?

YES ......................... 1
NO ......................... 0 SKIP TO SERV28G06

SERV28FB06
Was it very helpful, somewhat helpful, or not very helpful?

VERY HELPFUL ............... 1
SOMewhat HELPFUL ........... 2
NOT VERY HELPFUL .......... 3
MEDICATION QUESTIONS

MED206
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 BARR106

MED2A06
Did you take any of them regularly for a month or more?
YES........................1
NO............................0 SKIP TO BARR106

MED2B06@n
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): ___ ___

MED2C06@n
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): $ ___ ___ ___ ___ ___

MED3A06 – MED3J06
[PROGRAMMER: 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. What is the name of the first medication?
[IF NECESSARY: 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.]
[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?

MED4A06 – MED4J06
During the past 6 months, how many months did you take [CATI FILL MEDICATION NAMES REPORTED IN MED3A06-MED3J06. 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
BARR106
Now I’m going to ask you about things that kept you from getting help for emotional or personal problems. In the past 6 months, were there times when you didn’t get as much help as you needed or had delays in getting care for emotional or personal problems because...

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>You worried about the cost</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>B.</td>
<td>The provider wouldn’t accept your health insurance</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>C.</td>
<td>Your health plan wouldn’t pay for treatment</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>D.</td>
<td>You could not find out where to go for help</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>E.</td>
<td>You couldn’t get an appointment soon enough</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>F.</td>
<td>You couldn’t get to the provider’s office when it was open</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>G.</td>
<td>It takes too long to get to the office from your house or work</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>H.</td>
<td>You couldn’t get through on the telephone</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I.</td>
<td>You didn’t think you could be helped</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>J.</td>
<td>You were embarrassed to discuss the problem with anyone</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>K.</td>
<td>You were afraid of what others would think</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>L.</td>
<td>You would lose pay from work</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>M.</td>
<td>You needed someone to take care of your children</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>N.</td>
<td>No one spoke your language at the clinic</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>O.</td>
<td>You felt discriminated against because of your race or ethnicity</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>P.</td>
<td>You thought you could get over your problems by yourself</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Q.</td>
<td>You needed to spend the money on other things like food, clothing or housing</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
SATISFACTION WITH COMMUNITY SERVICES

SAT106
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

[PROGRAMMER: DISPLAY FIRST SENTENCE IN SAT106 AT THE TOP OF THE SCREEN FOR ITEMS SAT106 THROUGH SAT306]

SAT206
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

SAT306
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

SAT406
How much of the time do you think agencies in your community have difficulty working together to address health or mental health concerns of the community?

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

SAT506
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

SAT606
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

**BEDEPINT06**
Please tell me how much you agree or disagree with the following statements.

**BEDEP106**
Depression is an important issue for my community.

<table>
<thead>
<tr>
<th>Agreement Level</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>1</td>
</tr>
<tr>
<td>Agree</td>
<td>2</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>3</td>
</tr>
<tr>
<td>Disagree</td>
<td>4</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>5</td>
</tr>
</tbody>
</table>

**BEDEP206**
I have no patience with a person who is always feeling blue or down.

<table>
<thead>
<tr>
<th>Agreement Level</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>1</td>
</tr>
<tr>
<td>Agree</td>
<td>2</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>3</td>
</tr>
<tr>
<td>Disagree</td>
<td>4</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>5</td>
</tr>
</tbody>
</table>

**BEDEP306**
I would be embarrassed if people thought I was depressed.

<table>
<thead>
<tr>
<th>Agreement Level</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>1</td>
</tr>
<tr>
<td>Agree</td>
<td>2</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>3</td>
</tr>
<tr>
<td>Disagree</td>
<td>4</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>5</td>
</tr>
</tbody>
</table>

**BEDEP406**
I feel helpless to make a difference with someone who is always feeling blue.

<table>
<thead>
<tr>
<th>Agreement Level</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>1</td>
</tr>
<tr>
<td>Agree</td>
<td>2</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>3</td>
</tr>
<tr>
<td>Disagree</td>
<td>4</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>5</td>
</tr>
</tbody>
</table>

**BEDEP506**
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?

<table>
<thead>
<tr>
<th>Difficulty Level</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A lot of difficulty</td>
<td>1</td>
</tr>
<tr>
<td>Some difficulty</td>
<td>2</td>
</tr>
<tr>
<td>A little difficulty</td>
<td>3</td>
</tr>
<tr>
<td>No difficulty</td>
<td>4</td>
</tr>
</tbody>
</table>

**BEDEP606**
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?

<table>
<thead>
<tr>
<th>Difficulty Level</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A lot of difficulty</td>
<td>1</td>
</tr>
<tr>
<td>Some difficulty</td>
<td>2</td>
</tr>
<tr>
<td>A little difficulty</td>
<td>3</td>
</tr>
<tr>
<td>No difficulty</td>
<td>4</td>
</tr>
</tbody>
</table>

**BEDEP706**
How much do you think your relationships with your friends would suffer if they thought you had a recent history of depression?

<table>
<thead>
<tr>
<th>Suffering Level</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A lot</td>
<td>1</td>
</tr>
<tr>
<td>Some</td>
<td>2</td>
</tr>
<tr>
<td>A little</td>
<td>3</td>
</tr>
<tr>
<td>None</td>
<td>4</td>
</tr>
</tbody>
</table>
CHOICE OF CARE

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

BETRT106
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

BETRT206
Antidepressant medicines are usually addictive.

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

BETRT306
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

BETRT406
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

BETRT506
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

BETRT606
Therapy patients are wasting time and money.

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

BETRT706
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

BETRT1406
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 (0-10):___
USE OF DRUGS/ALCOHOL

ALCINT06
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.

ALC106
How often do you have a drink containing alcohol? Is it:
   Never........................................ 0 (GO TO DRUGINT06)
   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

ALC206
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): ____ ____

ALC306
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

DRUGINT06
The following questions concern information about your possible involvement with drugs not counting alcohol and tobacco during the past 6 months. These drugs may include but are not limited to: cannabis (e.g., marijuana, hash), solvents (e.g., gas, paints), tranquilizers (e.g., Valium), barbiturates, cocaine, and stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., Heroin). Remember that the questions do not include alcohol or tobacco.

DRUG106
In the past 6 months:

<table>
<thead>
<tr>
<th>Question</th>
<th>YE</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>A06. Have you used drugs other than those required for medical reasons?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>B06. Do you abuse more than one drug at a time? By abuse, we mean using drugs in larger amounts than prescribed or for non-medical reasons, such as to get high</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>C06. Are you always able to stop using drugs when you want to?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>D06. Have you had “blackouts” or “flashbacks” as a result of drug use?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>E06. Do you ever feel bad or guilty about your drug use?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>F06. Does your spouse (or parent) ever complain about your involvement with drugs?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>G06. Have you neglected your family because of your use of drugs?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>H06. Have you engaged in illegal activities in order to obtain drugs?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I06. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>J06. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding etc…)?</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
OTHER COMMUNITY THERAPIES

THERAPY06
Now I’m going to ask about things you may have tried to help with your problems. During the past 6 months have you used any of the following for problems with your emotional or mental health or problems with alcohol or drugs?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>A06. Dietary Supplements, such as vitamins</td>
<td>1</td>
</tr>
<tr>
<td>B06. Herbal Remedies, such as Spearmint or Yerbabuena tea</td>
<td>1</td>
</tr>
<tr>
<td>C06. Use of cactus juice, such as aloe or nopal</td>
<td>1</td>
</tr>
<tr>
<td>D06. Home remedies, such as soups, warm milk, garlic</td>
<td>1</td>
</tr>
<tr>
<td>E06. Exercise</td>
<td>1</td>
</tr>
<tr>
<td>F06. Visited a Certified Massage Therapist</td>
<td>1</td>
</tr>
<tr>
<td>G06. Visited a Folk Healer</td>
<td>1</td>
</tr>
<tr>
<td>H06. Acupuncture</td>
<td>1</td>
</tr>
<tr>
<td>I06. Relaxation or meditation techniques</td>
<td>1</td>
</tr>
</tbody>
</table>
LIFE DIFFICULTIES DURING THE PAST SIX MONTHS

DIFFINT06
During the past 6 months, did any of the following things happen to you?

DIFF106
(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

DIFF206
(During the past 6 months) Were you evicted or did you have your house foreclosed?

YES .....................1
NO .......................0

DIFF306
(During the past 6 months) Did you see or witness someone being beaten, abused, or killed?

YES .....................1
NO .......................0

DIFF406
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

DIFF506
(During the past 6 months) Did someone close to you die?

YES .....................1
NO .......................0

DIFF606
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

DIFF706
(During the past 6 months) Were you arrested or on probation at any time?

YES .....................1
NO .......................0

DIFF806
(During the past 6 months) Were your work hours involuntarily reduced?

YES .....................1
NO .......................0
NOT WORKING .......9

DIFF906
During the past 6 months, were you laid off or fired from work?

YES .....................1
NO .......................0
NOT WORKING .......9
DIFF1006
(During the past 6 months) Did you lose health insurance coverage?
YES ............................ 1
NO ............................ 0
NEVER HAD IT .......... 9

DIFF1106
(During the past 6 months) did you have a major financial problem?
YES ............................ 1
NO ............................ 0

DIFF1206
During the past 6 months, did you have arguments or other difficulties with people at work?
YES ............................ 1
NO ............................ 0
NOT WORKING ........... 9

DIFF1306
(During the past 6 months) did you have a serious argument with someone who lives with you?
YES ............................ 1
NO ............................ 0

DIFF1406
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

DIFF1506
During the past 6 months, did you try to find work but give up because jobs were hard to find?
YES ............................ 1
NO ............................ 0

DIFF1606
Have you or your family been affected by changes in the economy during the past two years?
YES ............................ 1
NO ............................ 0 SKIP TO COPEINT06

DIFF16B06
Have the changes that you have experienced been mostly negative, somewhat negative, mixed, somewhat positive, or mostly positive?
MOSTLY NEGATIVE .......... 1
SOMewhat NEGATIVE ....... 2
MIXED .......................... 3
SOMewhat POSITIVE....... 4
MOSTLY POSITIVE .......... 5
COPEINT06
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?


COPE106
You became more informed about your problem, such as read books or magazines
Never..........................1
Rarely..........................2
Sometimes ......................3
Fairly often....................4
Very often ......................5

COPE206
You thought about what you needed to do for your problem
Never..........................1
Rarely..........................2
Sometimes ......................3
Fairly often....................4
Very often ......................5

COPE306
You talked to a friend, neighbor or relative about it
Never..........................1
Rarely..........................2
Sometimes ......................3
Fairly often....................4
Very often ......................5

COPE406
You made a plan of action and followed it
Never..........................1
Rarely..........................2
Sometimes ......................3
Fairly often....................4
Very often ......................5

COPE506
Currently how true is each of the next two statements in describing you?

COPE5A06
I am able to adapt when changes occur.
Not at all true ..................1
Rarely true........................2
Sometimes true..................3
Often true ........................4
True nearly all of the time......5
COPE5B06
I tend to bounce back after illness, injury or other hardships.
Not at all true .......................1
Rarely true..........................2
Sometimes true......................3
Often true ..........................4
True nearly all of the time........5

SUPP906
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

SUPP1006
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 SUPP906
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

COND606
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

COND206
During the past 7 days, how many cigarettes did you smoke per day?
NUMBER PER DAY (0-99): _ _

CHAOS01
The following questions are about your life in general. Tell us how true or false each of the following statements are for you.
My life is organized.
Definitely true .......................1
Somewhat true ......................2
Unsure ..............................3
Somewhat false ....................4
Definitely false ....................5
CHAOS02
My life is unstable.

<table>
<thead>
<tr>
<th>definitely true</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>somewhat true</td>
<td>2</td>
</tr>
<tr>
<td>unsure</td>
<td>3</td>
</tr>
<tr>
<td>somewhat false</td>
<td>4</td>
</tr>
<tr>
<td>definitely false</td>
<td>5</td>
</tr>
</tbody>
</table>

CHAOS03
My routine is the same from week to week.

<table>
<thead>
<tr>
<th>definitely true</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>somewhat true</td>
<td>2</td>
</tr>
<tr>
<td>unsure</td>
<td>3</td>
</tr>
<tr>
<td>somewhat false</td>
<td>4</td>
</tr>
<tr>
<td>definitely false</td>
<td>5</td>
</tr>
</tbody>
</table>

CHAOS04
My daily activities from week to week are unpredictable.

<table>
<thead>
<tr>
<th>definitely true</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>somewhat true</td>
<td>2</td>
</tr>
<tr>
<td>unsure</td>
<td>3</td>
</tr>
<tr>
<td>somewhat false</td>
<td>4</td>
</tr>
<tr>
<td>definitely false</td>
<td>5</td>
</tr>
</tbody>
</table>

CHAOS05
Keeping a schedule is difficult for me.

<table>
<thead>
<tr>
<th>definitely true</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>somewhat true</td>
<td>2</td>
</tr>
<tr>
<td>unsure</td>
<td>3</td>
</tr>
<tr>
<td>somewhat false</td>
<td>4</td>
</tr>
<tr>
<td>definitely false</td>
<td>5</td>
</tr>
</tbody>
</table>

CHAOS06
I don’t like to make appointments too far in advance because I don’t know what might come up.

<table>
<thead>
<tr>
<th>definitely true</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>somewhat true</td>
<td>2</td>
</tr>
<tr>
<td>unsure</td>
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<tr>
<td>somewhat false</td>
<td>4</td>
</tr>
<tr>
<td>definitely false</td>
<td>5</td>
</tr>
</tbody>
</table>
EMPLOYMENT OF RESPONDENT

EMPLINT06
Which of the following describe your employment situation right now? You might fit into more than one category. Are you:

EMPLINT06
Unemployed?
   YES ........ 1
   NO .......... 0

EMPLINT206
On sick leave?
   YES ........ 1
   NO .......... 0

EMPLINT306
Temporarily laid off or on other leave?
   YES ........ 1
   NO .......... 0

EMPLINT406
Disabled?
   YES ........ 1
   NO .......... 0

EMPLINT506
Retired?
   YES ........ 1
   NO .......... 0

EMPLINT606
A homemaker?
   YES ........ 1
   NO .......... 0

EMPLINT706
A student?
   YES ........ 1
   NO .......... 0

EMPLINT806
Working now?
   YES ........ 1
   NO .......... 0

EMPLINT1A06
PROGRAMMER CHECK: ONLY ASK EMLINT1A06 IF EMLINT106=1
In what month and year did you become unemployed?
   MONTH (1-12): __ __
   YEAR (1940-2011): __ __ __ __
   PROGRAMMER: DO NOT ALLOW ENTRY OF FUTURE DATES
   ENTER n IF R WAS NEVER EMPLOYED
EMPLOY2A06
PROGRAMMER CHECK: ONLY ASK EMPLOY2A06 IF EMPLOY206=1
Do you expect to go back to the job that you are on sick leave from?
   YES .................. 1
   NO .................. 0

EMPLOY2B06
PROGRAMMER CHECK: ONLY ASK EMPLOY2B06 IF EMPLOY2A06=1
In what month and year did you last work on this job?
   MONTH (1-12): __ __
   YEAR (1940-2011): __ __ __ ___
   PROGRAMMER: DO NOT ALLOW ENTRY OF FUTURE DATES

EMPLOY3A06
PROGRAMMER CHECK: ONLY ASK EMPLOY3A06 IF EMPLOY306=1
Do you expect to go back to the job that you are on temporary or other leave from?
   YES .................. 1
   NO .................. 0

EMPLOY3B06
PROGRAMMER CHECK: ONLY ASK EMPLOY3B06 IF EMPLOY3A06=1
In what month and year did you last work on this job?
   MONTH (1-12): __ __
   YEAR (1940-2011): __ __ __ ___
   PROGRAMMER: DO NOT ALLOW ENTRY OF FUTURE DATES

EMPLOY4A06
PROGRAMMER CHECK: ONLY ASK EMPLOY4A06 IF EMPLOY406=1
In what month and year did you become disabled?
   MONTH (1-12): __ __
   YEAR (1940-2011): __ __ __ ___
   PROGRAMMER: DO NOT ALLOW ENTRY OF FUTURE DATES
   ENTER n IF R WAS ALWAYS DISABLED

EMPLOY5A06
PROGRAMMER CHECK: ONLY ASK EMPLOY5A06 IF EMPLOY506=1
In what month and year did you retire?
   MONTH (1-12): __ __
   YEAR (1940-2011): __ __ __ ___
   PROGRAMMER: DO NOT ALLOW ENTRY OF FUTURE DATES

EMPLOY7A06
PROGRAMMER CHECK: ONLY ASK EMPLOY7A06 IF EMPLOY706=1
Are you a full time student?
   YES .................. 1
   NO .................. 0

EMPLOY1006 – IDENTIFY THOSE WHO ARE EMPLOYED
PROGRAMMER CHECK: IF EMPLOY806=1 OR EMPLOY2A06=1 OR EMPLOY3A06=1, STORE 1 AND SKIP TO EMPLOY10A06. OTHERWISE, ASK:
Are you doing any work for pay at the present time?
   YES ............ 1
   NO ............. 0 SKIP TO EMPLOY1106
EMPLOY10A06
Are you employed at more than 1 job?
YES .................................. 1
NO ................................... 0 SKIP TO EMPLOY1206

EMPLOY10B06
How many different employers do you currently work for?
NUMBER (1-20): __ __ SKIP TO EMPLOY1206

EMPLOY1106
Have you worked at all during the past 6 months?
YES ............ 1
NO ............ 0 SKIP TO EMPLOY12B06

EMPLOY1206
How many hours per week [IF EMPLOY1006=1, INSERT “do”; IF EMPLOY1106=1, INSERT “did”] you usually work [IF EMPLOY10A06=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 EMPLOY10A06=1 GO TO EMPLOY12A06; ELSE SKIP TO EMPLOY12B06

EMPLOY12A06
How many hours per week do you usually work (IF EMPLOY10B06=2, INSERT “at your other job”; IF EMPLOY10B06>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): __ __ __

EMPLOY12B06
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 EMPLOY1006=0 AND EMPLOY1106=0, SKIP TO WORK106; ELSE GO TO EMPLOY1306

EMPLOY1306
[IF EMPLOY10A06=1, INSERT “On your main job,”] [IF EMPLOY10A06=1, INSERT “are”; IF EMPLOY10A06=0, INSERT “Are”; IF EMPLOY1106=1, INSERT “Were”] you employed by a private company, or [IF EMPLOY10A06=1, INSERT “are”; IF EMPLOY1106=1, INSERT “were”] you a federal, state, or local government employee, or [IF EMPLOY10A06=1, INSERT “are”; IF EMPLOY1106=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

EMPLOY1406
About how many weeks did you work during the past 6 months, including weeks of paid vacation? [PROBE IF NEEDED: If you worked every single week, you would have worked 26 weeks.]
NUMBER OF WEEKS (1-26): __ __ __
WORK MISSED

PROGRAMMER CHECK: IF EMPLOY1006=1, GO TO WORK106; ELSE GO TO END06

WORK106
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 WORK206

WORK1A06
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 WORK1A06 \geq WORK106, SCREEN SHOULD DISPLAY: INTERVIEWER, CLIENT REPORTED MORE DAYS MISSED IN WORK1A06 THAN THE TOTAL GIVEN IN WORK106. CONFIRM RESPONSES WITH CLIENT AND GO BACK TO THE PROPER ITEMS TO FIX RESPONSES. YOU CANNOT MOVE FORWARD UNTIL THE RESPONSES ARE CONSISTENT.

WORK206
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 END06

WORK2A06
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 WORK2A06 \geq WORK206, SCREEN SHOULD DISPLAY: INTERVIEWER, CLIENT REPORTED MORE DAYS MISSED IN WORK1A06 THAN THE TOTAL GIVEN IN WORK106. CONFIRM RESPONSES WITH CLIENT AND GO BACK TO THE PROPER ITEMS TO FIX RESPONSES. YOU CANNOT MOVE FORWARD UNTIL THE RESPONSES ARE CONSISTENT.

END06
# CPIC CLIENT TWELVE-MONTH 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.

## DEMO212

The first question is about your current situation. What is your marital status?

- Now married ................................................. 1
- Widowed ....................................................... 2
- Divorced or separated ................................. 3
- Single, never married ................................. 4
- Living with someone (as though married) ... 5

## DEMO312

The next questions are about your living situation. Over the past 6 months, did you:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
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</tr>
</tbody>
</table>

IF NO TO ALL ITEMS IN DEMO312, ASK DEMO3A12, ELSE SKIP TO DEMO412

## DEMO3A12

What best describes your living situation?

_____________________________ (80 CHARACTERS)

## DEMO412

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.

<table>
<thead>
<tr>
<th>Income Range</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0-$10,000</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>$10,001-$20,000</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>$20,001-$25,000</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>$25,001-$30,000</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>$30,001-$35,000</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>$35,001-$40,000</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>$40,001-$45,000</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>$45,001-$50,000</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>More than $50,000</td>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>
DEMO512
About how much income did you and other members of your family receive from government programs in the last 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) ........................................... 0
  Less than $1,000 ........................... 1
  Between $1,000 and $5,000.......... 2
  Between $5,001 and $10,000........... 3
  More than $10,000 .......................... 4

DEMO612
Was your mother born in the United States?

  YES ........................................ 1  SKIP TO DEMO712
  NO ......................................... 0
  DON’T KNOW ............d  SKIP TO DEMO712
  REFUSED .................................r  SKIP TO DEMO712

DEMO6A12
What was the name of the country where your mother was born?

  ____________________________ (60 CHARACTERS)

DEMO712
Was your father born in the United States?

  YES ........................................ 1  SKIP TO DEMO812
  NO ......................................... 0
  DON’T KNOW ............d  SKIP TO DEMO812
  REFUSED .................................r  SKIP TO DEMO812

DEMO7A12
What was the name of the country where your father was born?

  ____________________________ (60 CHARACTERS)

DEMO812
What is your racial background?

@ 1. American Indian/Alaska Native .................................................. 1 0
@ 2. Asian, includes East Indian ...................................................... 1 0
@ 3. Native Hawaiian or other Pacific Islander .................................. 1 0
@ 4. Black or African American ...................................................... 1 0
@ 5. White/Caucasian, not of Hispanic/Latino descent ......................... 1 0
@ 6. White/Caucasian, of Hispanic/Latino descent .............................. 1 0
@ 7. Something else.................................................................. 1 0

IF YES TO DEMO812@7, ASK DEMO8A12, ELSE SKIP TO FUNCTINT12

DEMO8A12
What best describes your racial background?

  ____________________________ (80 CHARACTERS)
FUNCTIONING

FUNCTINT12
I will be asking you questions about your health and use of services. At times I will be asking you about feelings of depression. By depression I mean feeling sad, blue, feeling down, feeling less than, feeling that you can’t get out of it or feeling stressed almost all of the time.

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

FUNCT112
In general, would you say your health is:
   Excellent .................. 1
   Very good .................. 2
   Good ......................... 3
   Fair .......................... 4
   Poor .......................... 5

FUNCT212
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

FUNCT312
…Climbing several flights of stairs
   Yes, limited a lot .......... 1
   Yes, limited a little ....... 2
   No, not limited at all ....... 3

FUNCT412
During the past 4 weeks, have you accomplished less than you would like as a result of your physical health?
   YES .......................... 1
   NO .......................... 0

FUNCT512
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

FUNCT612
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

FUNCT712
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
FUNCT812
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 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

FUNCT912
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 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

FUNCT1012
How much of the time during the past 4 weeks...have you felt calm and peaceful?
   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

FUNCT1112
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 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

FUNCT1212
How much of the time during the past 4 weeks...have you felt downhearted and blue?
   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

FUNCT1312
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
FUNCT1412
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

FUNCT1512
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

FUNCT1612
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): __ __

FUNCT1712
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): __ __

FUNCT1812
Have you felt sad, low, or depressed most of the time for the past two years?

- YES ......................... 1
- NO ........................... 0
DEPRESSION & ANXIETY

PHQINT12
In the past two weeks, how often have you been bothered by any of the following problems:

PHQ112
In the past two weeks, how often have you been bothered by little interest or pleasure in doing things
Not at all............................... 0
Several Days ....................... 1
More than Half the Days....... 2
Nearly Every Day ............... 3

PHQ212
In the past two weeks, how often have you been bothered by feeling down, depressed, or hopeless
Not at all............................... 0
Several Days ....................... 1
More than Half the Days....... 2
Nearly Every Day ............... 3

PHQ312
(In the past two weeks, how often have you been bothered by) trouble falling or staying asleep, or sleeping too much
Not at all............................... 0
Several Days ....................... 1
More than Half the Days....... 2
Nearly Every Day ............... 3

PHQ412
(In the past two weeks, how often have you been bothered by) feeling tired or having little energy
Not at all............................... 0
Several Days ....................... 1
More than Half the Days....... 2
Nearly Every Day ............... 3

PHQ512
(In the past two weeks, how often have you been bothered by) poor appetite or overeating
Not at all............................... 0
Several Days ....................... 1
More than Half the Days....... 2
Nearly Every Day ............... 3

PHQ612
(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
Not at all............................... 0
Several Days ....................... 1
More than Half the Days....... 2
Nearly Every Day ............... 3
PHQ712
(In the past two weeks, how often have you been bothered by) trouble concentrating on things such as reading the newspaper or watching television

Not at all.......................... 0
Several Days ..................... 1
More than Half the Days....... 2
Nearly Every Day .............. 3

PHQ812
(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.

Not at all.......................... 0
Several Days ..................... 1
More than Half the Days....... 2
Nearly Every Day .............. 3

PHQ912
(In the past two weeks, how often have you been bothered by) feeling down, sad, or hopeless

Not at all.......................... 0
Several Days ..................... 1
More than Half the Days....... 2
Nearly Every Day .............. 3

PHQ1012
(In the past two weeks, how often have you been bothered by) thoughts that you would be better off dead or of hurting yourself in some way

Not at all.......................... 0
Several Days ..................... 1
More than Half the Days....... 2
Nearly Every Day .............. 3

now
Are these thoughts bothering you now? (INTERVIEWER PROBE: Now is today or the past several days.)

YES.................................... 1
NO........................................ 0

GAD112
(In the past two weeks, how often have you been bothered by) feeling nervous, anxious or on edge

Not at all.......................... 0
Several Days ..................... 1
More than Half the Days....... 2
Nearly Every Day .............. 3

GAD212
(In the past two weeks, how often have you been bothered by) not being able to stop or control worrying

Not at all.......................... 0
Several Days ..................... 1
More than Half the Days....... 2
Nearly Every Day .............. 3
GAD312
(In the **past two weeks**, how often have you been bothered by) worrying too much about different things

<table>
<thead>
<tr>
<th>Rating</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>0</td>
</tr>
<tr>
<td>Several Days</td>
<td>1</td>
</tr>
<tr>
<td>More than Half the Days</td>
<td>2</td>
</tr>
<tr>
<td>Nearly Every Day</td>
<td>3</td>
</tr>
</tbody>
</table>

GAD412
(In the **past two weeks**, how often have you been bothered by) trouble relaxing

<table>
<thead>
<tr>
<th>Rating</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>0</td>
</tr>
<tr>
<td>Several Days</td>
<td>1</td>
</tr>
<tr>
<td>More than Half the Days</td>
<td>2</td>
</tr>
<tr>
<td>Nearly Every Day</td>
<td>3</td>
</tr>
</tbody>
</table>

GAD512
(In the **past two weeks**, how often have you been bothered by) being so restless that it is hard to sit still

<table>
<thead>
<tr>
<th>Rating</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>0</td>
</tr>
<tr>
<td>Several Days</td>
<td>1</td>
</tr>
<tr>
<td>More than Half the Days</td>
<td>2</td>
</tr>
<tr>
<td>Nearly Every Day</td>
<td>3</td>
</tr>
</tbody>
</table>

GAD612
(In the **past two weeks**, how often have you been bothered by) becoming easily annoyed or irritable

<table>
<thead>
<tr>
<th>Rating</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>0</td>
</tr>
<tr>
<td>Several Days</td>
<td>1</td>
</tr>
<tr>
<td>More than Half the Days</td>
<td>2</td>
</tr>
<tr>
<td>Nearly Every Day</td>
<td>3</td>
</tr>
</tbody>
</table>

GAD712
(In the **past two weeks**, how often have you been bothered by) feeling afraid as if something awful might happen

<table>
<thead>
<tr>
<th>Rating</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>0</td>
</tr>
<tr>
<td>Several Days</td>
<td>1</td>
</tr>
<tr>
<td>More than Half the Days</td>
<td>2</td>
</tr>
<tr>
<td>Nearly Every Day</td>
<td>3</td>
</tr>
</tbody>
</table>
USE OF HEALTH SERVICES

SERVINT12
Now I am going to ask you some questions about your use of health services for emotional, mental, alcohol or drug problems.

SERV112
During the past 6 months, did you stay overnight in a hospital for emotional, mental health, alcohol or drug problems?

YES ..............................................................1
NO ..............................................................0 SKIP TO SERV212@n

SERV1B12@n
During the past 6 months, that is since [FILL MONTH AND YEAR OF 6 MONTHS PRIOR TO TODAY], how many nights did you stay in a hospital for any emotional, mental, alcohol, or drug problem?

NUMBER OF NIGHTS (1-183): ___ ___

SERV212@n
During the past 6 months, that is since [FILL MONTH AND YEAR OF 6 MONTHS PRIOR TO TODAY], how many nights did you stay overnight in a residential treatment program for alcohol or drug problems?

NUMBER OF NIGHTS (0-183): ___ ___

SERV312@n
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 SERV412

SERV3A12@n
During how many of those [FILL SERV312@n] hospital emergency room or urgent care visits did you discuss emotional, mental, alcohol or drug problems?

NUMBER OF VISITS (0-365): ___ ___

SERV412
During the past 6 months, did you attend any self-help or family support groups for people with emotional or mental health problems? Do not include AA, CA or NA.

YES ..............................................................1
NO ..............................................................0 SKIP TO SERV512

SERV4A12
On how many days did you attend a meeting like that during the past 6 months? (Do not include AA, CA or NA.)

NUMBER OF DAYS (1-183): ___ ___

SERV512
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 SERV612@n

SERV5A12
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): ___ ___
SERV612@n
During the past 6 months, that is since [FILL MONTH AND YEAR OF 6 MONTHS PRIOR TO TODAY], 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 SERV712@n

SERV6A12@n
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 SERV6A12@n > SERV612@n, SCREEN SHOULD DISPLAY:
INTERVIEWER, CLIENT REPORTED MORE VISITS IN SERV6A12@n THAN THE TOTAL GIVEN IN SERV612@n. CONFIRM RESPONSES WITH CLIENT AND FIX PROPER ITEMS. YOU CANNOT MOVE FORWARD UNTIL THE RESPONSES ARE CONSISTENT.

SERV6B12@n
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 SERV6B12@n > SERV612@n, SCREEN SHOULD DISPLAY:
INTERVIEWER, CLIENT REPORTED MORE VISITS IN SERV6B12@n THAN THE TOTAL GIVEN IN SERV612@n. CONFIRM RESPONSES WITH CLIENT AND FIX PROPER ITEMS. YOU CANNOT MOVE FORWARD UNTIL THE RESPONSES ARE CONSISTENT.

SERV6C12
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.

SERV6C12@A-SERV6C12@D
What was the first/second/third/fourth place you visited?
_________________________ (72 CHARACTERS)

SERV6C12@AX-SERV6C12@DX
Where is this [FILL SERV6C12@A-SERV6C12@D]/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]
_________________________ (72 CHARACTERS)

SERV712
During the past 6 months, that is since [FILL MONTH AND YEAR OF 6 MONTHS PRIOR TO TODAY], did you go to any substance abuse agencies that have programs for people with drug or alcohol problems or attend any self-help meetings such as AA, CA or NA?

YES ____________________1
NO _____________________0 SKIP TO SERV812

SERV7A12
How many times did you go to substance abuse agencies or self-help meetings during the past 6 months?
NUMBER OF VISITS (1-365): ___ ___ ___
NSERV7A12
When you visited a substance abuse agency or self-help meeting during the past 6 months, during how many of these visits did anyone there talk to you about depression or medication for depression, suggest you see a specialist, or counsel you about depression, stress, or emotions in your life?

NUMBER OF VISITS (0-365): ___ ___

PROGRAMMER, IF NSERV7A12@n > SERV7A12@n, SCREEN SHOULD DISPLAY:
INTERVIEWER, CLIENT REPORTED MORE VISITS IN NSERV7A12@n THAN THE TOTAL GIVEN IN SERV7A12@n. CONFIRM RESPONSES WITH CLIENT AND FIX PROPER ITEMS. YOU CANNOT MOVE FORWARD UNTIL THE RESPONSES ARE CONSISTENT.

SERV7C112@A
Can you give me the names of the substance abuse agencies or self-help places 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 about depression, stress, or emotions in your life]

[INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: Is this the same place you told me about before? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]

SERV6C12@A ..........1
SERV6C12@B ..........2
SERV6C12@C ..........3
SERV6C12@D ..........4
NEW PLACE ..........99 ____________________ (60 CHARACTERS)

SERV7C1X12
Where is this [FILL SERV7C112@B/place] located?

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

__________________ (60 CHARACTERS)

SERV7C212@A
ENTER 2ND PLACE (SUBSTANCE ABUSE AGENCIES OR SELF HELP MEETINGS)

[INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]

SERV6C12@A ..........1
SERV6C12@B ..........2
SERV6C12@C ..........3
SERV6C12@D ..........4
SERV7B12@A ..........5
NEW PLACE ..........99 ____________________ (60 CHARACTERS)
NO OTHER PLACE.....0 GO TO SERV812

SERV7C2X12
Where is this [FILL SERV7C212@A/place] located?

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

__________________ (60 CHARACTERS)

SERV7C312@A
ENTER 3RD PLACE (SUBSTANCE ABUSE AGENCIES OR SELF HELP MEETINGS)

[INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]
Appendix D: CPIC Baseline, 6-month, and 12-month client surveys, page 96

SERV6C12@A ..........1
SERV6C12@B ..........2
SERV6C12@C ..........3
SERV6C12@D ..........4
SERV7B12@A ..........5
SERV7B12@B ..........6
NEW PLACE..........99 __________________________ (60 CHARACTERS)
NO OTHER PLACE.....0 GO TO SERV812

SERV7C3X12

Where is this [FILL SERV7C312@B/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]
________________________ (60 CHARACTERS)

SERV7C412@A

ENTER 4TH PLACE (SUBSTANCE ABUSE AGENCIES OR SELF HELP MEETINGS)
[INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]
SERV6C12@A ..........1
SERV6C12@B ..........2
SERV6C12@C ..........3
SERV6C12@D ..........4
SERV7B12@A ..........5
SERV7B12@B ..........6
SERV7B12@C ..........7
NEW PLACE..........99 __________________________ (60 CHARACTERS)
NO OTHER PLACE.....0 GO TO SERV812

SERV7C4X12

Where is this [FILL SERV7C412@B/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]
________________________ (60 CHARACTERS)

SERV812

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 SERV912

SERV8A12

How many times did you go to a medical provider?
NUMBER OF VISITS (1-365): __ __ __

NSERV8A12

When you visited a medical provider during the past 6 months, during how many of these visits did anyone there talk to you about depression or medication for depression, suggest you see a specialist, or counsel you about depression, stress, or emotions in your life?
NUMBER OF VISITS (0-365): __ __ __

PROGRAMMER, IF NSERV8A12@n > SERV8A12@n, SCREEN SHOULD DISPLAY:
INTERVIEWER, CLIENT REPORTED MORE VISITS IN NSERV8A12@n THAN THE TOTAL GIVEN IN SERV8A12@n. CONFIRM RESPONSES WITH CLIENT AND FIX PROPER ITEMS. YOU CANNOT MOVE FORWARD UNTIL THE RESPONSES ARE CONSISTENT.
SERV8C112@A
Can you give me the names of the medical providers you visited during the past 6 months where someone did any of those things? [INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: Is this the same place you told me about before? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]

SERV6C12@A ..........1
SERV6C12@B ..........2
SERV6C12@C ..........3
SERV6C12@D ..........4
SERV7B12@A ..........5
SERV7B12@B ..........6
SERV7B12@C ..........7
SERV7B12@D ..........8
NEW PLACE ..........99 ______________________ (60 CHARACTERS)

SERV8C1X12
Where is this [FILL SERV8C112@B/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]

____________________ (60 CHARACTERS)

SERV8C212@A
ENTER 2ND PLACE (MEDICAL PROVIDERS)
[INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]

SERV6C12@A ..........1
SERV6C12@B ..........2
SERV6C12@C ..........3
SERV6C12@D ..........4
SERV7B12@A ..........5
SERV7B12@B ..........6
SERV7B12@C ..........7
SERV7B12@D ..........8
SERV8B12@A ..........9
NEW PLACE ..........99 ______________________ (60 CHARACTERS)
NO OTHER PLACE.....0 GO TO SERV912

SERV8C2X12
Where is this [FILL SERV8C212@B/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]

____________________ (60 CHARACTERS)

SERV8C312@A
ENTER 3RD PLACE (MEDICAL PROVIDERS)
[INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]

SERV6C12@A ..........1
SERV6C12@B ..........2
SERV6C12@C ..........3
SERV6C12@D ..........4
SERV7B12@A ..........5
SERV7B12@B ..........6
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SERV7B12@C ..........7
SERV7B12@D ..........8
SERV8B12@A ..........9
SERV8B12@B ..........10
NEW PLACE ..........99 ________________ (60 CHARACTERS)
NO OTHER PLACE ....0 GO TO SERV912

SERV8C3x12
Where is this [FILL SERV8C312@B/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]
______________ (60 CHARACTERS)

SERV8C412@A
ENTER 4TH PLACE (MEDICAL PROVIDERS)
[INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE Same PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]
SERV6C12@A ..........1
SERV6C12@B ..........2
SERV6C12@C ..........3
SERV6C12@D ..........4
SERV7B12@A ..........5
SERV7B12@B ..........6
SERV7B12@C ..........7
SERV7B12@D ..........8
SERV8B12@A ..........9
SERV8B12@B ..........10
SERV8B12@C ..........10
NEW PLACE ..........99 ________________ (60 CHARACTERS)
NO OTHER PLACE ....0 GO TO SERV912

SERV8C4x12
Where is this [FILL SERV8C412@B/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]
______________ (60 CHARACTERS)

SERV912
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, that is since [FILL MONTH AND YEAR OF 6 MONTHS PRIOR TO TODAY], did you go to or have contact [PROBE IF NECESSARY: telephone, office visits, home visits] with 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 SERV1012

SERV9A12
How many times did you go to or have contact with [PROBE IF NECESSARY: telephone, office visits, home visits] a social service agency during the past 6 months?
NUMBER OF VISITS (1-365): __ __ __
NSERV9A12
When you visited a social services agency during the past 6 months, during how many of those visits [PROBE IF NECESSARY: telephone, office visits, home visits] did anyone there talk to you about depression or medication for depression, suggest you see a specialist, or counsel you about depression, stress, or emotions in your life?

NUMBER OF VISITS (0-365): ___ __
PROGRAMMER, IF NSERV9A12@n > SERV9A12@n, SCREEN SHOULD DISPLAY:
INTERVIEWER, CLIENT REPORTED MORE VISITS IN NSERV9A12@n THAN THE TOTAL GIVEN IN SERV9A12@n. CONFIRM RESPONSES WITH CLIENT AND FIX PROPER ITEMS. YOU CANNOT MOVE FORWARD UNTIL THE RESPONSES ARE CONSISTENT.

SERV9C112@A
Can you give me the names of the social service agencies you visited during the past 6 months where someone did any of those things? [INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: Is this the same place you told me about before? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]

SERV6C12@A ..........1
SERV6C12@B ..........2
SERV6C12@C ..........3
SERV6C12@D ..........4
SERV7B12@A ..........5
SERV7B12@B ..........6
SERV7B12@C ..........7
SERV7B12@D ..........8
SERV8B12@A ..........9
SERV8B12@B ..........10
SERV8B12@C ..........11
SERV8B12@D ..........12
NEW PLACE ............99 ____________________ (60 CHARACTERS)

SERV9C1X12
Where is this [FILL SERV9C112@B/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]

___________________ (60 CHARACTERS)

SERV9C212@A
ENTER 2ND PLACE (SOCIAL SERVICE AGENCIES)
[INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]

SERV6C12@A ..........1
SERV6C12@B ..........2
SERV6C12@C ..........3
SERV6C12@D ..........4
SERV7B12@A ..........5
SERV7B12@B ..........6
SERV7B12@C ..........7
SERV7B12@D ..........8
SERV8B12@A ..........9
SERV8B12@B ..........10
SERV8B12@C ..........11
SERV8B12@D ..........12
SERV9B12@A ..........13
NEW PLACE ............99 ____________________ (60 CHARACTERS)
Appendix D: CPIC Baseline, 6-month, and 12-month client surveys, page 100

NO OTHER PLACE.....0 GO TO SERV1012

SERV9C2X12
Where is this [FILL SERV9C212@B/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]
____________________________________ (60 CHARACTERS)

SERV9C312@A
ENTER 3RD PLACE (SOCIAL SERVICE AGENCIES)
[INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]
SERV6C12@A ..........1
SERV6C12@B ..........2
SERV6C12@C ..........3
SERV6C12@D ..........4
SERV7B12@A ..........5
SERV7B12@B ..........6
SERV7B12@C ..........7
SERV7B12@D ..........8
SERV8B12@A ..........9
SERV8B12@B ..........10
SERV8B12@C ..........11
SERV8B12@D ..........12
SERV9B12@A ..........13
SERV9B12@B ..........14
NEW PLACE ..........99 ____________________________________ (60 CHARACTERS)
NO OTHER PLACE.....0 GO TO SERV1012

SERV9C3X12
Where is this [FILL SERV9C312@B/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]
____________________________________ (60 CHARACTERS)

SERV9C412@A
ENTER 4TH PLACE (SOCIAL SERVICE AGENCIES)
[INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]
SERV6C12@A ..........1
SERV6C12@B ..........2
SERV6C12@C ..........3
SERV6C12@D ..........4
SERV7B12@A ..........5
SERV7B12@B ..........6
SERV7B12@C ..........7
SERV7B12@D ..........8
SERV8B12@A ..........9
SERV8B12@B ..........10
SERV8B12@C ..........11
SERV8B12@D ..........12
SERV9B12@A ..........13
SERV9B12@B ..........14
SERV9B12@C ............15
NEW PLACE ...............99 .................................. (60 CHARACTERS)
NO OTHER PLACE.....0 GO TO SERV1012

SERV9C4X12
Where is this [FILL SERV9C412@B/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]
........................................... (60 CHARACTERS)

SERV1012
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 SERV1112

SERV10A12
How many times did you go to religious or spiritual places during the past 6 months?
NUMBER OF VISITS (1-365): __ __ __

NSERV10A12
When you visited religious or spiritual places during the past 6 months, during how many of these visits did anyone there talk to you about depression or medication for depression, suggest you see a specialist, or counsel you about depression, stress, or emotions in your life?
NUMBER OF VISITS (0-365): __ __ __
PROGRAMMER, IF NSERV10A12@n > SERV10A12@n SCREEN SHOULD DISPLAY:
INTERVIEWER, CLIENT REPORTED MORE VISITS IN NSERV10A12@n THAN THE TOTAL GIVEN IN SERV10A12@n. CONFIRM RESPONSES WITH CLIENT AND FIX PROPER ITEMS. YOU CANNOT MOVE FORWARD UNTIL THE RESPONSES ARE CONSISTENT.

SERV10C112@A
Can you give me the names of the religious or spiritual places you visited during the past 6 months where someone did any of those things? [INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: Is this the same place you told me about before? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]

SERV6C12@A ............1
SERV6C12@B ............2
SERV6C12@C ............3
SERV6C12@D ............4
SERV7B12@A ............5
SERV7B12@B ............6
SERV7B12@C ............7
SERV7B12@D ............8
SERV8B12@A ............9
SERV8B12@B ...........10
SERV8B12@C ..........11
SERV8B12@D ..........12
SERV9B12@A ............13
SERV9B12@B ..........14
SERV9B12@C ..........15
SERV9B12@D ............16
NEW PLACE ...............99 .................................. (60 CHARACTERS)

SERV10C1X12
Where is this [FILL SERV10C112@B/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]

__________________________ (60 CHARACTERS)

SERV10C212@A
ENTER 2ND PLACE (RELIGIOUS OR SPIRITUAL PLACES)
[INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]
SERV6C12@A ..........1
SERV6C12@B ..........2
SERV6C12@C ..........3
SERV6C12@D ..........4
SERV7B12@A ..........5
SERV7B12@B ..........6
SERV7B12@C ..........7
SERV7B12@D ..........8
SERV8B12@A ..........9
SERV8B12@B ..........10
SERV8B12@C ..........11
SERV8B12@D ..........12
SERV9B12@A ..........13
SERV9B12@B ..........14
SERV9B12@C ..........15
SERV9B12@D ..........16
SERV10B12@A ........17
NEW PLACE ............99 ______________________ (60 CHARACTERS)
NO OTHER PLACE.....0 GO TO SERV1112

SERV10C2X12
Where is this [FILL SERV10C212@B/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]

__________________________ (60 CHARACTERS)

SERV10C312
ENTER 3RD PLACE (RELIGIOUS OR SPIRITUAL PLACES)
[INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]
SERV6C12@A ..........1
SERV6C12@B ..........2
SERV6C12@C ..........3
SERV6C12@D ..........4
SERV7B12@A ..........5
SERV7B12@B ..........6
SERV7B12@C ..........7
SERV7B12@D ..........8
SERV8B12@A ..........9
SERV8B12@B ..........10
SERV8B12@C ..........11
SERV8B12@D ..........12
SERV9B12@A ..........13
SERV9B12@B ..........14
SERV9B12@C ..........15
SERV9B12@D ..........16
Appendix D: CPIC Baseline, 6-month, and 12-month client surveys, page 103

SERV9B12@D ..........16
SERV10B12@A ..........17
SERV10B12@B ..........18
NEW PLACE ...........99  ___________________________ (60 CHARACTERS)
NO OTHER PLACE.....0 GO TO SERV1112

SERV10C3X12
Where is this [FILL SERV10C312@B/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]
_________________________ (60 CHARACTERS)

SERV10C412
ENTER 4TH PLACE (RELIGIOUS OR SPIRITUAL PLACES)
[INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]
SERV6C12@A ..........1
SERV6C12@B ..........2
SERV6C12@C ..........3
SERV6C12@D ..........4
SERV7B12@A ..........5
SERV7B12@B ..........6
SERV7B12@C ..........7
SERV7B12@D ..........8
SERV8B12@A ..........9
SERV8B12@B ..........10
SERV8B12@C ..........11
SERV8B12@D ..........12
SERV9B12@A ..........13
SERV9B12@B ..........14
SERV9B12@C ..........15
SERV9B12@D ..........16
SERV10B12@A ..........17
SERV10B12@B ..........18
SERV10B12@C ..........19
NEW PLACE ...........99  ___________________________ (60 CHARACTERS)
NO OTHER PLACE.....0 GO TO SERV1112

SERV10C4X12
Where is this [FILL SERV10C412@B/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]
_________________________ (60 CHARACTERS)

SERV1112
During the past 6 months, that is since [FILL MONTH AND YEAR OF 6 MONTHS PRIOR TO TODAY], did you go to any parks and recreation or community centers?
YES .....................1
NO .......................0 GO TO SERV1212

SERV11A12
How many times did you go to any parks and recreation or community centers during the past 6 months?
NUMBER OF VISITS (1-365): ____ ____
NSERV11A12
When you visited parks and recreation or community centers during the past 6 months, during how many of these visits did anyone there talk to you about depression or medication for depression, suggest you see a specialist, or counsel you about depression, stress, or emotions in your life?

NUMBER OF VISITS (0-365): __ __ __
PROGRAMMER, IF NSERV11A12@n > SERV11A12@n, SCREEN SHOULD DISPLAY:
INTERVIEWER, CLIENT REPORTED MORE VISITS IN NSERV11A12@n THAN THE TOTAL GIVEN IN SERV11A12@n. CONFIRM RESPONSES WITH CLIENT AND FIX PROPER ITEMS. YOU CANNOT MOVE FORWARD UNTIL THE RESPONSES ARE CONSISTENT.

SERV11C112
Can you give me the names of the parks and recreation or community centers you visited during the past 6 months where someone did any of those things? [INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: Is this the same place you told me about before? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]

SERV6C12@A ..........1
SERV6C12@B ..........2
SERV6C12@C ..........3
SERV6C12@D ..........4
SERV7B12@A ..........5
SERV7B12@B ..........6
SERV7B12@C ..........7
SERV7B12@D ..........8
SERV8B12@A ..........9
SERV8B12@B ..........10
SERV8B12@C ..........11
SERV8B12@D ..........12
SERV9B12@A ..........13
SERV9B12@B ..........14
SERV9B12@C ..........15
SERV9B12@D ..........16
SERV10B12@A ..........17
SERV10B12@B ..........18
SERV10B12@C ..........19
SERV10B12@D ..........20
NEW PLACE ..........99 __________________________ (60 CHARACTERS)

SERV11C1X12
Where is this [FILL SERV11C112@B/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]
________________________ (60 CHARACTERS)

SERV11C212
ENTER 2ND PLACE (PARKS AND RECREATION OR COMMUNITY CENTERS) [INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]

SERV6C12@A ..........1
SERV6C12@B ..........2
SERV6C12@C ..........3
SERV6C12@D ..........4
SERV7B12@A ..........5
SERV7B12@B ..........6
Appendix D: CPIC Baseline, 6-month, and 12-month client surveys, page 105

SERV7B12@C ..........7
SERV7B12@D ..........8
SERV8B12@A ..........9
SERV8B12@B ..........10
SERV8B12@C ..........11
SERV8B12@D ..........12
SERV9B12@A ..........13
SERV9B12@B ..........14
SERV9B12@C ..........15
SERV9B12@D ..........16
SERV10B12@A ..........17
SERV10B12@B ..........18
SERV10B12@C ..........19
SERV10B12@D ..........20
SERV11B12@A ..........21
NEW PLACE ..........99  ______________________ (60 CHARACTERS)
NO OTHER PLACE .....0 GO TO SERV1212

SERV11C2X12
Where is this [FILL SERV11C212@B/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]
____________________ (60 CHARACTERS)

SERV11C312
ENTER 3RD PLACE (PARKS AND RECREATION OR COMMUNITY CENTERS) [INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]
SERV6C12@A ..........1
SERV6C12@B ..........2
SERV6C12@C ..........3
SERV6C12@D ..........4
SERV7B12@A ..........5
SERV7B12@B ..........6
SERV7B12@C ..........7
SERV7B12@C ..........8
SERV8B12@A ..........9
SERV8B12@B ..........10
SERV8B12@C ..........11
SERV8B12@C ..........12
SERV9B12@A ..........13
SERV9B12@B ..........14
SERV9B12@C ..........15
SERV9B12@C ..........16
SERV10B12@A ..........17
SERV10B12@B ..........18
SERV10B12@C ..........19
SERV10B12@C ..........20
SERV11B12@A ..........21
SERV11B12@B ..........22
NEW PLACE ..........99  ______________________ (60 CHARACTERS)
NO OTHER PLACE .....0 GO TO SERV1212

SERV11C3X12
Appendix D: CPIC Baseline, 6-month, and 12-month client surveys, page 106

Where is this [FILL SERV11C312@B/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]
_________________________ (60 CHARACTERS)

SERV11C412
ENTER 4TH PLACE (PARKS AND RECREATION OR COMMUNITY CENTERS) [INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]

SERV6C12@A ..........1
SERV6C12@B ..........2
SERV6C12@C ..........3
SERV6C12@D ..........4
SERV7B12@A ..........5
SERV7B12@B ..........6
SERV7B12@C ..........7
SERV7B12@D ..........8
SERV8B12@A ..........9
SERV8B12@B ..........10
SERV8B12@C ..........11
SERV8B12@D ..........12
SERV9B12@A ..........13
SERV9B12@B ..........14
SERV9B12@C ..........15
SERV9B12@D ..........16
SERV10B12@A ..........17
SERV10B12@B ..........18
SERV10B12@C ..........19
SERV10B12@D ..........20
SERV11B12@A ..........21
SERV11B12@B ..........22
SERV11B12@C ..........23
NEW PLACE ............99 ________________________ (60 CHARACTERS)
NO OTHER PLACE .....0 GO TO SERV1212

SERV11C4X12
Where is this [FILL SERV11C412@B/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]
_________________________ (60 CHARACTERS)

SERV1212
A case manager is a person who helps coordinate and links you to needed services. A case manager can be called a case worker or outreach worker and some case managers also provide counseling.

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 SERV1412

SERV12A12
How many times did you meet with a case manager either in person, by telephone, or in your home over the past 6 months?

NUMBER OF TIMES (1-365): ___ ___ ___
NSERV12A12
When you met with a case manager during the past 6 months, during how many of these visits either in person, by telephone, or in your home did the case-manager talk to you about depression or medication for depression, suggest you see a specialist, or counsel you about depression, stress, or emotions in your life?

NUMBER OF VISITS (0-365): ___ ___

PROGRAMMER, IF NSERV12A12@n > SERV12A12@n, SCREEN SHOULD DISPLAY: INTERVIEWER, CLIENT REPORTED MORE VISITS IN NSERV12A12@n THAN THE TOTAL GIVEN IN SERV12A12@n. CONFIRM RESPONSES WITH CLIENT AND FIX PROPER ITEMS. YOU CANNOT MOVE FORWARD UNTIL THE RESPONSES ARE CONSISTENT.

SERV12C112
Can you give me the name of the place where you visited with a case-manager or can you tell me the name of the place where a case manager called from?

[INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]

| SERV6C12@A ..........1 |
| SERV6C12@B ..........2 |
| SERV6C12@C ..........3 |
| SERV6C12@D ..........4 |
| SERV7B12@A ..........5 |
| SERV7B12@B ..........6 |
| SERV7B12@C ..........7 |
| SERV7B12@D ..........8 |
| SERV8B12@A ..........9 |
| SERV8B12@B ..........10 |
| SERV8B12@C ..........11 |
| SERV8B12@D ..........12 |
| SERV9B12@A ..........13 |
| SERV9B12@B ..........14 |
| SERV9B12@C ..........15 |
| SERV9B12@D ..........16 |
| SERV10B12@A ..........17 |
| SERV10B12@B ..........18 |
| SERV10B12@C ..........19 |
| SERV10B12@D ..........20 |
| SERV11B12@A ..........21 |
| SERV11B12@B ..........22 |
| SERV11B12@C ..........23 |
| SERV11B12@D ..........24 |

NEW PLACE .............99 __________________________ (60 CHARACTERS)

SERV12C1X12
Where is this [FILL SERV12C112@B/place] located?

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

_____________________ (60 CHARACTERS)

SERV12C212
ENTER 2ND PLACE (CASE MANAGERS)

[INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]
SERV6C12@A ..........1
SERV6C12@B ..........2
SERV6C12@C ..........3
SERV6C12@D ..........4
SERV7B12@A ..........5
SERV7B12@B ..........6
SERV7B12@C ..........7
SERV7B12@D ..........8
SERV8B12@A ..........9
SERV8B12@B ..........10
SERV8B12@C ..........11
SERV8B12@D ..........12
SERV9B12@A ..........13
SERV9B12@B ..........14
SERV9B12@C ..........15
SERV9B12@D ..........16
SERV10B12@A ..........17
SERV10B12@B ..........18
SERV10B12@C ..........19
SERV10B12@D ..........20
SERV11B12@A ..........21
SERV11B12@B ..........22
SERV11B12@C ..........23
SERV11B12@D ..........24
SERV12B12@A ..........25
NEW PLACE.......................... (60 CHARACTERS)
NO OTHER PLACE.....0 GO TO SERV1312CHECK

SERV12C2X12
Where is this [FILL SERV12C212@B/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]

_______________ (60 CHARACTERS)

SERV12C312
ENTER 3RD PLACE (CASE MANAGERS)
[INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]
SERV6C12@A ..........1
SERV6C12@B ..........2
SERV6C12@C ..........3
SERV6C12@D ..........4
SERV7B12@A ..........5
SERV7B12@B ..........6
SERV7B12@C ..........7
SERV7B12@D ..........8
SERV8B12@A ..........9
SERV8B12@B ..........10
SERV8B12@C ..........11
SERV8B12@D ..........12
SERV9B12@A ..........13
SERV9B12@B ..........14
SERV9B12@C ..........15
SERV9B12@D ..........16
Appendix D: CPIC Baseline, 6-month, and 12-month client surveys, page 109

| SERV10B12@A | ......17 |
| SERV10B12@B | ......18 |
| SERV10B12@C | ......19 |
| SERV10B12@D | ......20 |
| SERV11B12@A | ......21 |
| SERV11B12@B | ......22 |
| SERV11B12@C | ......23 |
| SERV11B12@D | ......24 |
| SERV12B12@A | ......25 |
| SERV12B12@B | ......26 |
| NEW PLACE | ..........99 | (60 CHARACTERS) |

NO OTHER PLACE.....0 GO TO SERV1312CHECK

SERV12C3X12

Where is this [FILL SERV12C312@B/place] located?

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

(60 CHARACTERS)

SERV12C412

ENTER 4TH PLACE (CASE MANAGERS)

[INTERVIEWER, IF R NAMES A PLACE ALREADY IN THIS LIST, SAY: IS THIS THE SAME PLACE YOU TOLD ME ABOUT BEFORE? IF YES, ENTER THE CODE FOR THAT PLACE. IF NO, ENTER 99 AND TYPE IN NEW NAME]

| SERV6C12@A | ......1 |
| SERV6C12@B | ......2 |
| SERV6C12@C | ......3 |
| SERV6C12@D | ......4 |
| SERV7B12@A | ......5 |
| SERV7B12@B | ......6 |
| SERV7B12@C | ......7 |
| SERV7B12@D | ......8 |
| SERV8B12@A | ......9 |
| SERV8B12@B | ......10 |
| SERV8B12@C | ......11 |
| SERV8B12@D | ......12 |
| SERV9B12@A | ......13 |
| SERV9B12@B | ......14 |
| SERV9B12@C | ......15 |
| SERV9B12@D | ......16 |
| SERV10B12@A | ......17 |
| SERV10B12@B | ......18 |
| SERV10B12@C | ......19 |
| SERV10B12@D | ......20 |
| SERV11B12@A | ......21 |
| SERV11B12@B | ......22 |
| SERV11B12@C | ......23 |
| SERV11B12@D | ......24 |
| SERV12B12@A | ......25 |
| SERV12B12@B | ......26 |
| SERV12B12@C | ......27 |
| NEW PLACE | ..........99 | (60 CHARACTERS) |

NO OTHER PLACE.....0 GO TO SERV1312CHECK

SERV12C4X12
SERV1312CHECK: IDENTIFY THOSE WHO NAMED CASE MANAGERS IN SERV12B12@A - SERV12B12@D. CONTINUE TO SERV1312@5. ELSE SKIP TO SERV1412.

SERV1312_5
In the past 6 months, did your case manager(s) refer you to see a specialist or special program for depression, stress or emotions?

YES .......................... 1
NO ............................ 0 SKIP TO SERV1312_6

SERV1312_5A
Did your case manager(s) personally call the specialist or special program to make the referral?

YES .......................... 1
NO ............................ 0

SERV1312_5B
Did your case manager(s) contact you by phone, letter or in person after the referral to check whether you had received services?

YES .......................... 1
NO ............................ 0

SERV1312_6
Did your case manager(s) refer you to see a physician or to a clinic where you would be able to be prescribed medication for depression?

YES .......................... 1
NO ............................ 0 SKIP TO SERV1312_7

SERV1312_6A
Did your case manager(s) personally call the physician or clinic to make the referral?

YES .......................... 1
NO ............................ 0

SERV1312_6B
Did your case manager(s) contact you by phone, letter or in person after the referral to check whether you had received services?

YES .......................... 1
NO ............................ 0

SERV1312_7
Did a case manager ask you if you wanted telephone case-management?

YES .......................... 1
NO ............................ 0 SKIP TO SERV1312_8

SERV1312_7A
If yes, did you agree?

YES .......................... 1
NO ............................ 0 SKIP TO SERV1312_8

SERV1312_7B
If yes, how many telephone calls did you have with the case manager?

NUMBER OF CALLS (1-365): ___ ___ ___
SERV1312_8
In the past 6 months, did a case manager ask you if you wanted to attend a resiliency class?

YES ................................1
NO.....................................0 SKIP TO SERV1312_9

SERV1312_8A
If yes, did you agree?

YES ................................1
NO.....................................0 SKIP TO SERV1312_9

SERV1312@8B
If yes, how many classes did you attend?

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

SERV1312_9
Did a case manager ask you if you wanted to attend a CBT (cognitive behavioral therapy) group?

YES ................................1
NO.....................................0 SKIP TO SERV1412

SERV1312_9A
If yes, did you agree?

YES ................................1
NO.....................................0 SKIP TO SERV1412

SERV1312@9B
If yes, how many CBT group sessions did you attend?

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

SERV1412
During the past 6 months, are there any other places in the community that I haven’t mentioned where someone talked to you about depression or medication for depression, suggest you see a specialist, or counsel you about depression, stress, or emotions in your life? These could be places like a local business, such as CURVES or a hair salon, a senior or in-home care service or a homeless shelter.

YES ................................1
NO.....................................0 SKIP TO SERV19CHECK12

SERV14A12
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.

SERV14A12@A - SERV14A12@D
What was the first/second/third place you visited?
_________________________ (80 CHARACTERS)

SERV14C3X12- SERV14C4X12
Where is this [FILL SERV14A12@A - SERV14A12@D]/place] located?
[INTERVIEWER, ENTER CROSS STREETS OR OTHER NOTES THAT MAY HELP US IDENTIFY LOCATION.]
_________________________ (80 CHARACTERS)
SERV14B12
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): __ __ __

SERV15CHECK12: IDENTIFY THOSE WHO NAMED PLACES THEY VISITED. IF ANY PLACES NAMED IN SERV6C12@A - SERV12B12@D OR SERV14A12@A – SERV14A12@D, CONTINUE TO SERV1512. ELSE SKIP TO SERV19CHECK12.

SERV1512
During the past 6 months, did anyone at any of these places you have visited ask you about your use of alcohol or drugs?

YES ................................1
NO ................................0

SERV1512A
During the past 6 months, did you feel you needed help with alcohol or drug problems?

YES ................................1
NO ................................0 SKIP TO SERV1612

SERV1512B
Did you get the help you feel you needed for alcohol or drug problems?

YES ................................1
NO ................................0

SERV1612
Did anyone at any of the places you’ve visited during the past 6 months ask if you needed help with housing?

YES ................................1
NO ................................0

SERV1612A
During the past 6 months, did you feel you needed help with finding housing?

YES ................................1
NO ................................0 SKIP TO SERV1712

SERV1612B
Did you get the help you feel you needed for finding housing?

YES ................................1
NO ................................0

SERV1712
Did anyone at any of the places you’ve visited during the past 6 months ask if you needed help with finding employment?

YES ................................1
NO ................................0

SERV1712A
During the past 6 months, did you feel you needed help with finding employment?

YES ................................1
NO ................................0 SKIP TO SERV1812
SERV1712B
Did you get the help you feel you needed for finding employment?
YES .......................... 1
NO ............................ 0

SERV1812
Did anyone at any of the places you’ve visited during the past 6 months ask if you needed help with relationships?
YES .......................... 1
NO ............................ 0

SERV1812A
During the past 6 months, did you feel you needed help with relationships?
YES .......................... 1
NO ............................ 0

SERV1812B
Did you get the help you feel you needed for relationships?
YES .......................... 1
NO ............................ 0

SERV19CHECK12 – IDENTIFY THOSE WHO HAVE HAD COUNSELING. IF ANY OF SERV1312@1 - SERV1312@6 IS SELECTED, THEN GO TO SERV19INT12. ELSE GO TO SERV28INT12.

SERV19INT12
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: IF MORE THAN ONE PLACE IS SELECTED IN SERV1312@1 - SERV1312@6, GO TO SERV1912. ELSE SKIP TO SERV20INT12.

SERV1912
What is the name of the organization or place where you saw the counselor you saw the most often?
SERV6C12A ........ 1
SERV6C12B ........ 2
SERV6C12C ........ 3
SERV6C12D ........ 4
SERV7B12A ........ 5
SERV7B12B ........ 6
SERV7B12C ........ 7
SERV8B12A ........ 8
SERV8B12B ........ 9
SERV8B12C ........ 10
SERV9B12A ........ 11
SERV9B12B ........ 12
SERV9B12C ........ 13
SERV10B12A ........ 14
SERV10B12B ........ 15
SERV10B12C ........ 16
SERV11B12A ........ 17
SERV11B12B ........ 18
SERV20INT12
In the past 6 months, when you received counseling, how often did your counselor do the following:


SERV2012
Help you look at your thoughts more realistically?
Never.........................1
 Sometimes .....................2
 Usually ........................3
 Always ..........................4

SERV2112
Teach you methods of physical relaxation, such as slow breathing or muscle relaxation techniques?
Never.........................1
 Sometimes .....................2
 Usually ........................3
 Always ..........................4

SERV2212
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

SERV2312
Help you problem solve issues in your life?
Never.........................1
 Sometimes .....................2
 Usually ........................3
 Always ..........................4

SERV2412
Help you to understand how your behaviors, activities, and mood are related?
Never.........................1
 Sometimes .....................2
 Usually ........................3
 Always ..........................4

SERV2512
Help you to understand how your relationships with people and mood are related?
Never.........................1
 Sometimes .....................2
 Usually ........................3
 Always ..........................4

SERV2612
Help you to develop more effective coping strategies for stressful experiences?
Never.........................1
Sometimes ..................2
Usually ......................3
Always ........................4

SERV2712
Help you to do more activities that you enjoy or help you increase positive activities in your life?
Never........................1
Sometimes ..................2
Usually ......................3
Always ........................4

SERV28INT12
During the past 6 months, did you get information about depression or mood problems from any of the following:

SERV28B12
(During the past 6 months, did you get information about depression or mood problems from) the television, newspapers or magazines?
YES ..........................1
NO .............................0  SKIP TO SERV28C12

SERV28BB12
Was it very helpful, somewhat helpful, or not very helpful?
VERY HELPFUL ................1
SOMEWAT HELPFUL ........2
NOT VERY HELPFUL ........3

SERV28C12
(During the past 6 months, did you get information about depression or mood problems from) videotapes, DVDs, or written materials (like brochures, pamphlets or books) ?
YES ..........................1
NO .............................0  SKIP TO SERV28E12

SERV28CB12
Was it very helpful, somewhat helpful, or not very helpful?
VERY HELPFUL ................1
SOMEWAT HELPFUL ........2
NOT VERY HELPFUL ........3

SERV28E12
(During the past 6 months, did you get information about depression or mood problems from) the Internet using a cell phone or a computer?
YES ..........................1
NO .............................0  SKIP TO SERV28F12

SERV28EB12
Was it very helpful, somewhat helpful, or not very helpful?
VERY HELPFUL ................1
SOMEWAT HELPFUL ........2
NOT VERY HELPFUL ........3

SERV28F12
(During the past 6 months, did you get information about depression or mood problems from) a community talk, lecture or activity?
YES ..........................1
NO .............................0  SKIP TO CPIC112
SERV28FB12
Was it very helpful, somewhat helpful, or not very helpful?

VERY HELPFUL........................1
SOMewhat HELPFUL ..................2
NOT VERY HELPFUL .................3
MEDICATION QUESTIONS

MED212
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 BARR112

MED2A12
Did you take any of them regularly for a month or more?

YES........................1
NO...........................0 SKIP TO BARR112

MED2B12@n
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): __ __

MED2C12@n
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): $ __ __ __ __ __

MED2D12
Did a provider order any blood tests connected to being on these medications, for example to monitor medication levels or look for side effects?

YES........................1
NO...........................0

MED3A12 – MED3J12
[PROGRAMMER: 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. What is the name of the first medication?

[IF NECESSARY: 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.]

[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?

MED4A12 – MED4J12
During the past 6 months, how many months did you take [CATI FILL MEDICATION NAMES REPORTED IN MED3A12-MED3J12. 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
BARRIERS TO CARE

BARR112
Now I’m going to ask you about things that kept you from getting help for emotional or personal problems. In the past 6 months, were there times when you didn’t get as much help as you needed or had delays in getting care for emotional or personal problems because...

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>You worried about the cost</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>B.</td>
<td>The provider wouldn’t accept your health insurance</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>C.</td>
<td>Your health plan wouldn’t pay for treatment</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>D.</td>
<td>You could not find out where to go for help</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>E.</td>
<td>You couldn’t get an appointment soon enough</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>F.</td>
<td>You couldn’t get to the provider’s office when it was open</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>G.</td>
<td>It takes too long to get to the office from your house or work</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>H.</td>
<td>You couldn’t get through on the telephone</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I.</td>
<td>You didn’t think you could be helped</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>J.</td>
<td>You were embarrassed to discuss the problem with anyone</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>K.</td>
<td>You were afraid of what others would think</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>L.</td>
<td>You would lose pay from work</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>M.</td>
<td>You needed someone to take care of your children</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>N.</td>
<td>No one spoke your language at the clinic</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>O.</td>
<td>You felt discriminated against because of your race or ethnicity</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>P.</td>
<td>You thought you could get over your problems by yourself</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Q.</td>
<td>You needed to spend the money on other things like food, clothing or housing</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
SATISFACTION WITH COMMUNITY SERVICES

SAT112
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

[PROGRAMMER: DISPLAY FIRST SENTENCE IN SAT112 AT THE TOP OF THE SCREEN FOR ITEMS SAT212 THROUGH SAT612]

SAT212
During the past 6 months, how satisfied were you with social 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

SAT312
During the past 6 months, how satisfied were you with case management 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

SAT412
During the past 6 months, how satisfied were you with 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

SAT512
During the past 6 months, how satisfied were you with explanations given to you about treatment 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
SAT612
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

SAT712
How much of the time do you think agencies in your community have difficulty working together to address health or mental health concerns of the community?
- 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

SAT812
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

SAT912
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

CPIC112
Next, I’m going to ask you some questions about this study, Community Partners in Care or CPIC. Did anyone from CPIC call you and ask you about your personal welfare and safety?
- YES ..................................... 1
- NO ..................................... 0 SKIP TO CPIC212

CPIC1A12
How helpful was this call? Was it very helpful, somewhat helpful, or not very helpful?
- VERY HELPFUL ....................... 1
- SOMEWHAT HELPFUL ............. 2
- NOT VERY HELPFUL .............. 3

CPIC212
How much do you agree or disagree with the following statements? As a result of Community Partners in Care, I feel more comfortable about participating in research.
- Strongly Agree ....................... 1
- Agree .................................. 2
- Neither agree nor disagree ....... 3
- Disagree ............................. 4
- Strongly Disagree ................... 5
CPIC312
I developed personally from participating in Community Partners in Care.

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

CPIC412
If I had the opportunity to participate in Community Partners in Care again I would do it.

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

CPIC512
I would encourage individuals to participate in Community Partners in Care.

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

CPIC612
Is there anything you’d like to tell us about the experience of participating in this CPIC research project?

______________________________ (360 CHARACTERS)
EMPLOYMENT OF RESPONDENT

EMPLY12
Which of the following describe your employment situation right now? You might fit into more than one category. Are you:

EMPLY112
Unemployed?
   YES ........ 1
   NO .......... 0

EMPLY212
On sick leave?
   YES ........ 1
   NO .......... 0

EMPLY312
Temporarily laid off or on other leave?
   YES ........ 1
   NO .......... 0

EMPLY412
Disabled?
   YES ........ 1
   NO .......... 0

EMPLY512
Retired?
   YES ........ 1
   NO .......... 0

EMPLY612
A homemaker?
   YES ........ 1
   NO .......... 0

EMPLY712
A student?
   YES ........ 1
   NO .......... 0

EMPLY812
Working now?
   YES ........ 1
   NO .......... 0

EMPLY1A12
PROGRAMMER CHECK: ONLY ASK EMPLY1A12 IF EMPLY112=1
In what month and year did you become unemployed?
   MONTH (1-12): __ __
   YEAR (1940-2011): __ __ __
   PROGRAMMER: DO NOT ALLOW ENTRY OF FUTURE DATES
   ENTER n IF R WAS NEVER EMPLOYED

EMPLY2A12
Appendix D: CPIC Baseline, 6-month, and 12-month client surveys, page 123

PROGRAMMER CHECK: ONLY ASK EMPLOY2A12 IF EMPLOY212=1
Do you expect to go back to the job that you are on sick leave from?
  YES ...................... 1
  NO ...................... 0

EMPLOY2B12
PROGRAMMER CHECK: ONLY ASK EMPLOY2B12 IF EMPLOY2A12=1
In what month and year did you last work on this job?
  MONTH (1-12): __ __
  YEAR (1940-2011): __ __ __
  PROGRAMMER: DO NOT ALLOW ENTRY OF FUTURE DATES

EMPLOY3A12
PROGRAMMER CHECK: ONLY ASK EMPLOY3A12 IF EMPLOY312=1
Do you expect to go back to the job that you are on temporary or other leave from?
  YES ...................... 1
  NO ...................... 0

EMPLOY3B12
PROGRAMMER CHECK: ONLY ASK EMPLOY3B12 IF EMPLOY3A12=1
In what month and year did you last work on this job?
  MONTH (1-12): __ __
  YEAR (1940-2011): __ __ __
  PROGRAMMER: DO NOT ALLOW ENTRY OF FUTURE DATES
  ENTER n IF R WAS ALWAYS DISABLED

EMPLOY4A12
PROGRAMMER CHECK: ONLY ASK EMPLOY4A12 IF EMPLOY412=1
In what month and year did you become disabled?
  MONTH (1-12): __ __
  YEAR (1940-2011): __ __ __
  PROGRAMMER: DO NOT ALLOW ENTRY OF FUTURE DATES

EMPLOY5A12
PROGRAMMER CHECK: ONLY ASK EMPLOY5A12 IF EMPLOY512=1
In what month and year did you retire?
  MONTH (1-12): __ __
  YEAR (1940-2011): __ __ __
  PROGRAMMER: DO NOT ALLOW ENTRY OF FUTURE DATES

EMPLOY7A12
PROGRAMMER CHECK: ONLY ASK EMPLOY7A12 IF EMPLOY712=1
Are you a full time student?
  YES ...................... 1
  NO ...................... 0

EMPLOY1012 – IDENTIFY THOSE WHO ARE EMPLOYED
PROGRAMMER CHECK: IF EMPLOY812=1 OR EMPLOY2A12=1 OR EMPLOY3A12=1, STORE 1 AND SKIP TO
EMPLOY10A12. OTHERWISE, ASK:
Are you doing any work for pay at the present time?
  YES ............ 1
  NO ............ 0 SKIP TO EMPLOY1112
EMPLY10A12
Are you employed at more than 1 job?
YES .......................... 1
NO .......................... 0 SKIP TOEMPLY12B12

EMPLY10B12@n
How many different employers do you currently work for?
NUMBER (1-20): __ __ SKIP TOEMPLY12B12

EMPLY1112
Have you worked at all during the past 6 months?
YES .......... 1
NO .......... 0 SKIP TOEMPLY12B12

EMPLY12B12@n
How many hours per week [IF EMLPY1012=1, INSERT “do”; IF EMLPY1112=1, INSERT “did”] you usually work [IF EMLPY10A12=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 EMLPY10A12=1 GO TO EMLPY12A12; ELSE SKIP TO EMLPY12B12

EMPLPY12A12@n
How many hours per week do you usually work (IF EMLPY10B12@n=2, INSERT “at your other job”; IF EMLPY10B12@n>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): __ __ __

EMPLPY12B12
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 EMLPY1012=0 AND EMLPY1112=0, SKIP TO WORK112@n; ELSE GO TO EMLPY1312

EMPLPY1312
[IF EMLPY10A12=1, INSERT “On your main job,”] [IF EMLPY10A12=1, INSERT “are”; IF EMLPY10A12=0, INSERT “Are”; IF EMLPY1112=1, INSERT “Were”] you employed by a private company, or [IF EMLPY1012=1, INSERT “are”; IF EMLPY1112=1, INSERT “were”] you a federal, state, or local government employee, or [IF EMLPY1012=1, INSERT “are”; IF EMLPY1112=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

EMPLPY1412@n
About how many weeks did you work during the past 6 months, including weeks of paid vacation? [PROBE IF NEEDED: If you worked every single week, you would have worked 26 weeks.]

NUMBER OF WEEKS (1-26): __ __ __
WORK MISSED

PROGRAMMER CHECK: IF EMLPY1012=1, GO TO WORK112@n; ELSE GO TO BEDEPINT12

WORK112@n
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 WORK212@n

WORK1A12@n
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 WORK1A12@n ≥ WORK112@n, SCREEN SHOULD DISPLAY: INTERVIEWER, CLIENT REPORTED MORE DAYS MISSED IN WORK1A12@n THAN THE TOTAL GIVEN IN WORK112@n. CONFIRM RESPONSES WITH CLIENT AND GO BACK TO THE PROPER ITEMS TO FIX RESPONSES. YOU CANNOT MOVE FORWARD UNTIL THE RESPONSES ARE CONSISTENT.

WORK212@n
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 BEDEPINT12

WORK2A12@n
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 WORK2A12@n ≥ WORK212@n, SCREEN SHOULD DISPLAY: INTERVIEWER, CLIENT REPORTED MORE DAYS MISSED IN WORK1A12@n THAN THE TOTAL GIVEN IN WORK112@n. CONFIRM RESPONSES WITH CLIENT AND GO BACK TO THE PROPER ITEMS TO FIX RESPONSES. YOU CANNOT MOVE FORWARD UNTIL THE RESPONSES ARE CONSISTENT.
BELIEFS ABOUT PEOPLE WITH DEPRESSION

BEDEPINT12
Please tell me how much you agree or disagree with the following statements.

BEDEP112
Depression is an important issue for my community.

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

BEDEP212
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

BEDEP312
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

BEDEP412
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

BEDEP512
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

BEDEP612
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
BEDEP712
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
BELIEFS ABOUT TREATING DEPRESSION

BETRT112
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

BETRT212
Antidepressant medicines are usually addictive.

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

BETRT312
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

BETRT412
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

BETRT512
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

BETRT612
Therapy patients are wasting time and money.

- Strongly agree........................1
- Agree ....................................2
- Neither agree nor disagree ...........3
- Disagree ................................4
- Strongly disagree ......................5
BETR712
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

BETR7812
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

BETR7912
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

BETR71012
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

BETR71112
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

BETR71212
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

BETR71312
How acceptable is it to you to seek group 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
BETRT1412@n
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 (0-10): __

BETRT1512@n
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 (0-10): __ __

BETRT1612@n
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 (0-10): __ __

BETRT1712@n
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 (0-10): __ __
USE OF DRUGS/ALCOHOL

ALCINT12
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, etcetera.

ALC112
How often do you have a drink containing alcohol? Is it:

Never......................................... 0 (GO TO DRUGINT12)
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

ALC212@n
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): __ __

ALC312
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

DRUGINT12
The following questions concern information about your possible involvement with drugs not counting alcohol and tobacco during the past 6 months. These drugs may include but are not limited to: cannabis (e.g., marijuana, hash), solvents (e.g., gas, paints), tranquilizers (e.g., Valium), barbiturates, cocaine, and stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., Heroin). Remember that the questions do not include alcohol or tobacco.

DRUG112
In the past 6 months:

<table>
<thead>
<tr>
<th>YE</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>@A. Have you used drugs other than those required for medical reasons?</td>
<td>1</td>
</tr>
<tr>
<td>@B. Do you abuse more than one drug at a time? By abuse, we mean using drugs in larger amounts than prescribed or for non-medical reasons, such as to get high</td>
<td>1</td>
</tr>
<tr>
<td>@C. Are you always able to stop using drugs when you want to?</td>
<td>1</td>
</tr>
<tr>
<td>@D. Have you had “blackouts” or “flashbacks” as a result of drug use?</td>
<td>1</td>
</tr>
<tr>
<td>@E. Do you ever feel bad or guilty about your drug use?</td>
<td>1</td>
</tr>
<tr>
<td>@F. Does your spouse (or parent) ever complain about your involvement with drugs?</td>
<td>1</td>
</tr>
<tr>
<td>@G. Have you neglected your family because of your use of drugs?</td>
<td>1</td>
</tr>
<tr>
<td>@H. Have you engaged in illegal activities in order to obtain drugs?</td>
<td>1</td>
</tr>
<tr>
<td>@I. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?</td>
<td>1</td>
</tr>
<tr>
<td>@J. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding etc…)?</td>
<td>1</td>
</tr>
</tbody>
</table>
THERAPY12

Now I’m going to ask you about things you may have done to take care of yourself. During the past 6 months did you do any of the following to take care of yourself?

<table>
<thead>
<tr>
<th></th>
<th>YE</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>@A.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>@B.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>@C.</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
LIFE DIFFICULTIES DURING THE PAST SIX MONTHS

DIFFINT12
During the past 6 months, did any of the following things happen to you?

DIFF112
(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

DIFF212
(During the past 6 months) Were you evicted or did you have your house foreclosed?

YES .......................... 1
NO ............................ 0

DIFF312
(During the past 6 months) Did you see or witness someone being beaten, abused, or killed?

YES .......................... 1
NO ............................ 0

DIFF412
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

DIFF512
(During the past 6 months) Did someone close to you die?

YES .......................... 1
NO ............................ 0

DIFF612
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

DIFF712
(During the past 6 months) Were you arrested or on probation at any time?

YES .......................... 1
NO ............................ 0

DIFF812
(During the past 6 months) Were your work hours involuntarily reduced?

YES .......................... 1
NO ............................ 0
NOT WORKING ........... 9

DIFF912
During the past 6 months, were you laid off or fired from work?

YES .......................... 1
NO ............................ 0
NOT WORKING ........... 9
<table>
<thead>
<tr>
<th>DIFF1012</th>
<th>(During the past 6 months) Did you lose health insurance coverage?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES .......................... 1</td>
</tr>
<tr>
<td></td>
<td>NO ............................ 0</td>
</tr>
<tr>
<td></td>
<td>NEVER HAD IT ............ 9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DIFF1112</th>
<th>(During the past 6 months) did you have a major financial problem?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES .......................... 1</td>
</tr>
<tr>
<td></td>
<td>NO ............................ 0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DIFF1212</th>
<th>During the past 6 months, did you have arguments or other difficulties with people at work?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES .......................... 1</td>
</tr>
<tr>
<td></td>
<td>NO ............................ 0</td>
</tr>
<tr>
<td></td>
<td>NOT WORKING ............. 9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DIFF1312</th>
<th>(During the past 6 months) did you have a serious argument with someone who lives with you?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES .......................... 1</td>
</tr>
<tr>
<td></td>
<td>NO ............................ 0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DIFF1412</th>
<th>During the past 6 months, did you have a serious problem with a close friend, relative, or neighbor not living with you?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES .......................... 1</td>
</tr>
<tr>
<td></td>
<td>NO ............................ 0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DIFF1512</th>
<th>During the past 6 months, did you try to find work but give up because jobs were hard to find?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES .......................... 1</td>
</tr>
<tr>
<td></td>
<td>NO ............................ 0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DIFF1612</th>
<th>During the past 6 months, did you avoid answering the phone because of bill collectors?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES .......................... 1</td>
</tr>
<tr>
<td></td>
<td>NO ............................ 0</td>
</tr>
</tbody>
</table>
COPING, SOCIAL SUPPORT, & CHRONIC CONDITIONS

COPEINT12
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?


COPE112
You became more informed about your problem, such as read books or magazines
Never........................1
Rarely....................2
Sometimes.............3
Fairly often..........4
Very often.............5

COPE212
You thought about what you needed to do for your problem
Never.....................1
Rarely....................2
Sometimes.............3
Fairly often..........4
Very often.............5

COPE312
You talked to a friend, neighbor or relative about it
Never.....................1
Rarely....................2
Sometimes.............3
Fairly often..........4
Very often.............5

COPE412
You made a plan of action and followed it
Never.....................1
Rarely....................2
Sometimes.............3
Fairly often..........4
Very often.............5

COPE512
Currently how true is each of the next two statements in describing you?

COPE5A12
I am able to adjust when changes occur.
Not at all true..............1
Rarely true................2
Sometimes true............3
Often true..................4
True nearly all of the time...5
COPE5B12
I tend to bounce back after illness, injury or other hardships.
Not at all true ......................1
Rarely true ..........................2
Sometimes true .....................3
Often true ...........................4
True nearly all of the time ......5

SUPPINT12
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 SUPP112 THROUGH SUPP812: How often was each of the following kinds of support available to you whether or not you needed it during the past 4 weeks?

SUPP112
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

SUPP212
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

SUPP312
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

SUPP412
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
SUPP512
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

SUPP612
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

SUPP712
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

SUPP812
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

SUPP912
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

SUPP1012
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 SUPP912
   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
COND612
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

COND412
How much do you weigh?

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

COND512
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): __ __

NEWCOND12
During the past 6 months, have you had a physical exam that included checking your weight, blood pressure, heart and lungs?

YES ..............................1
NO ..............................0

COND212
During the past 7 days, how many cigarettes did you smoke per day?

NUMBER PER DAY (0-99): ___

CHAOS0112
The following questions are about your life in general. Tell me how true or false each of the following statements are for you.

CHAOS0212
My life is unstable.

Definitely true ............................. 1
Somewhat true ............................ 2
Unsure ................................. 3
Somewhat false ........................... 4
Definitely false ........................... 5

CHAOS0312
My routine is the same from week to week.

Definitely true ............................. 1
Somewhat true ............................ 2
Unsure ................................. 3
Somewhat false ........................... 4
Definitely false ........................... 5
CHAOS0612
I don’t like to make appointments too far in advance because I don’t know what might come up.

- Definitely true ........................................ 1
- Somewhat true ........................................ 2
- Unsure ..................................................... 3
- Somewhat false ........................................ 4
- Definitely false ........................................ 5

END12
This is the end of our research study for CPIC and we want to thank you for staying with us over the year. Would you like to say a few words that can be passed on to the researchers? I have space to type just a few sentences.

ALLOW 250 CHARACTERS