

INTRODUCTION TO SURVEY

intr. I'm calling from RAND about the telephone survey that you and your family participated in on [FILL DATE]. We are now conducting a follow-up study about people's quality of life, physical and emotional well-being, and use of health services. Our study is sponsored by the U.S. National Institutes of Health and the Robert Wood Johnson Foundation.

If you agree to participate in our study, we'll pay you \$25, and the interview will take about 30-60 minutes. (IF PREPAYMENT: We sent you a \$25 check along with the letter and brochure asking you to participate.) Your participation would help improve tomorrow's health care. Would you like to participate in our study?

(Circle One)

- NO 1
- WANTS A LETTER BEFORE DECIDING 3
- YES 5

intr1. Now I need to explain how we protect the confidentiality of any information that you provide for our survey.

We will keep confidential any information that could identify you, and we will use the information you give us for research purposes only. This study has the added protection of a federal certificate of confidentiality. That means the study would not have to disclose your identity even under court order. Federally-funded studies can be audited and we may need to report emergency situations, such as cases in which children are in danger, but only if you tell us about them. We will not be asking you about this subject.

As we mentioned in the letter and brochure we mailed you, your participation is voluntary and you can decide whether or not to answer any particular question. Do you have any questions? [READ SECTIONS OF LETTER AS NECESSARY]
[OFFER TO MAIL THEM ANOTHER COPY IF THEY WISH]

intr2. Is this a good time to complete the interview?

(Circle One)

- YES (PROCEED WITH INTERVIEW) 1
- NO (SUBJECT TOO ILL) 2
- NO (RESPONDENT WANTS LETTER) ... 3
- REFUSED 5
- CALLBACK x

**HEALTHCARE FOR COMMUNITIES:
A COLLATERAL STUDY TO THE COMMUNITY TRACKING STUDY**

SECTION AA: DEMOGRAPHICS

AA1. Before we begin, I need to tell you that for purposes of quality control my supervisor may monitor this call.

The first question is what is your date of birth?

MONTH DAY YEAR
DON'T KNOW d
REFUSED r

AA2. [INTERVIEWER CODE: ASKING ONLY IF NECESSARY]
(Are you male or female?)

(Circle One)

MALE 1
FEMALE 5

AA3. Were you born in the United States?

(Circle One)

NO 1
YES 5 → GO TO AA6
REFUSED r

AA4. How long have you lived in the United States?
(IF LESS THAN 1 YEAR THEN CODE "0")

YEARS: _____
DON'T KNOW r
REFUSED d

["d", "r" OR IF TWO YEARS OR MORE → GOTO AA5; OTHERWISE → GOTO AA4a]

AA4a. What month and year did you arrive?

ENTER MONTH:
ENTER YEAR:
DON'T KNOW d
REFUSED r

AA5. Are you a United States citizen?

(Circle One)

- NO 1
- YES 5
- REFUSED r

AA6. Including yourself, how many people live in your household?

NUMBER OF PEOPLE: _____

REFUSED r

[IF "1" THEN GOTO A1; OTHERWISE GOTO AA7]

AA7. What is your marital status?

(Circle One)

- MARRIED 1
- SINGLE (DIVORCED / WIDOWED
SEPARATED, NEVER MARRIED) 2
- LIVING WITH A PARTNER /
COMPANION / SIGNIFICANT OTHER ... 3
- DON'T KNOW d
- REFUSED r

[IF "SINGLE" THEN GOTO AA8; OTHERWISE GOTO AA9]

AA8. Are you living with a partner or companion in a spouse-like relationship?

(Circle One)

- NO 1
- YES 5
- DON'T KNOW d
- REFUSED r

AA9. Do you have any dependents?

(PROBE: 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.)

(Circle One)

- NO 1 → GOTO At1
- YES 5
- DON'T KNOW d
- REFUSED r

[IF "YES" GOTO AA10; OTHERWISE GOTO At1 CHECK BEFORE AA11]

AA10. How many dependents do you have?

NUMBER: _____
DON'T KNOW d
REFUSED r

At1. [IF SINGLE AND NOT IN SPOUSE-LIKE RELATIONSHIP AND DOB 1972 OR GREATER, THEN GOTO AA11; OTHERWISE GOTO A1]

AA11. Are you the dependent of someone else in your household?

(PROBE: By a dependent I mean someone else in the household can claim you as a dependent on their tax form. These usually include your parents.)

(Circle One)

NO 1 → GOTO A1
YES 5
DON'T KNOW 1 → GOTO A1
REFUSED 1 → GOTO A1

AA12. How many people are in your family? Include any siblings that live in the household with you and your parent or parents or whoever claims you as a dependent.

NUMBER: _____
DON'T KNOW d
REFUSED r

SECTION A: HEALTH AND DAILY ACTIVITIES

SF - 12

A1. The first part of the survey is about your health and your daily activities. Please try to answer every question as accurately as you can. In general, would you say your health is:

(Circle One)

- Excellent 1
- Very good 2
- Good 3
- Fair 4
- Poor 5
- DON'T KNOW d
- REFUSED r

A2. I am going to read you 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 doing these activities.

(Circle One Number on Each Line)

[DON'T KNOW/REFUSED available at each item]

| <u>ACTIVITIES</u> | Yes, Limited a Lot | Yes, Limited a Little | No, Not Limited at All |
|--|--------------------------|-----------------------------|------------------------------|
| a. First, <u>Vigorous Activities</u> , such as running, lifting heavy objects or participating in strenuous sports | 1 | 2 | 3 |
| b. <u>Moderate Activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | 1 | 2 | 3 |
| c. Climbing <u>several</u> flights of stairs | 1 | 2 | 3 |

A3. The following 2 questions ask you about your physical health and your daily activities.

(Circle One Number on Each Line)

[DON'T KNOW/REFUSED available at each item]

| | <u>No</u> | <u>Yes</u> |
|--|-----------|------------|
| a. During the past 4 weeks, have you <u>accomplished less</u> than you would like as a result of your physical health? | 1 | 5 |
| b. During the past 4 weeks, were you limited in the <u>kind</u> of work or other activities as a result of your physical health? | 1 | 5 |

A4. The following 2 questions ask about your emotions and your daily activities.

(Circle One Number n Each Line)

[DON'T KNOW/REFUSED available at each item]

| | <u>No</u> | <u>Yes</u> |
|--|-----------|------------|
| a. During the past 4 weeks, have you <u>accomplished less</u> than you would like as a result of any emotional problems? | 1 | 5 |
| b. During the past 4 weeks, did you not do work or other activities as <u>carefully</u> as usual as a result of any emotional problems such as feeling depressed or anxious? | 1 | 5 |

A5. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

(Circle One)

| | |
|--------------------|---|
| Not at all | 1 |
| A little bit | 2 |
| Moderately | 3 |
| Quite a lot | 4 |
| Extremely | 5 |
| DON'T KNOW | d |
| REFUSED | r |

A6. The next questions are about how you feel and how things have been with you during the past 4 weeks. As I read each statement, please give me the one answer that comes closest to the way you have been feeling. The choices are all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time? How much of the time in the past four weeks have you:

(Circle One Number on Each Line)

[DON'T KNOW/REFUSED available at each item]

| | <u>All of the Time</u> | <u>Most of the Time</u> | <u>A Good Bit of the Time</u> | <u>Some of the Time</u> | <u>A Little of the Time</u> | <u>None of the Time</u> |
|---|------------------------|-------------------------|-------------------------------|-------------------------|-----------------------------|-------------------------|
| a. Been a very nervous person? | 1 | 2 | 3 | 4 | 5 | 6 |
| b. Felt so down in the dumps that nothing could cheer you up? | 1 | 2 | 3 | 4 | 5 | 6 |
| c. Felt calm and peaceful? | 1 | 2 | 3 | 4 | 5 | 6 |
| d. Did you have a lot of energy? | 1 | 2 | 3 | 4 | 5 | 6 |
| e. Felt downhearted and blue? | 1 | 2 | 3 | 4 | 5 | 6 |
| f. Been a happy person? | 1 | 2 | 3 | 4 | 5 | 6 |

A7. 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.?

(Circle One)

- 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
- DON'T KNOW d
- REFUSED r

A8. How often in the past 4 weeks did you have problems in your relationships with others?

(Circle One)

- Very often 1
- Fairly often 2
- Sometimes 3
- Once in a while 4
- Never 5
- DON'T KNOW d
- REFUSED r

A9. Now I am going to read you a list of statements about activities that may be affected by your health. As I read them, please tell me if they are definitely true, mostly true, mostly false or definitely false about you.

(Circle One Number on Each Line)

[DON'T KNOW/REFUSED available at each item]

| | Definitely <u>True</u> | Mostly <u>True</u> | Mostly <u>False</u> | Definitely <u>False</u> |
|---|---------------------------|-----------------------|------------------------|----------------------------|
| I often act irritable toward those around me, for example, snap at people, give sharp answers, criticize easily | 1 | 2 | 3 | 4 |
| I am doing fewer social activities with groups of people | 1 | 2 | 3 | 4 |
| I am not doing the things I usually do to take care of my children or family | 1 | 2 | 3 | 4 |

A10. 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: _____
- DON'T KNOW d
- REFUSED r

[IF DK GOTO A10a] [OTHERWISE GOTO A11]

A10a. Was it at least one day?

(Circle One)

- NO 1
- YES 5
- DON'T KNOW d
- REFUSED r

A11. During the past 4 weeks, how many days did you cut down on things you usually do for one-half day or more because of your physical health, emotional or mental health, alcohol, or drug problems?

- NUMBER OF DAYS: _____
- DON'T KNOW d
- REFUSED r

[IF DK GOTO A11a] [OTHERWISE GOTO A12]

A11a. Was it at least one day?

(Circle One)

- NO 1
- YES 5
- DON'T KNOW d
- REFUSED r

| |
|---------------------------|
| CHRONIC CONDITIONS |
|---------------------------|

A12. Here is a list of health problems some people have. Please indicate if you now have any of these problems:

[DON'T KNOW/REFUSED available at each item]

| | <u>No</u> | <u>Yes</u> |
|--|-----------|------------|
| a. Asthma | 1 | 5 |
| b. High blood sugar or diabetes | 1 | 5 |
| c. Hypertension or high blood pressure | 1 | 5 |
| d. Arthritis or rheumatism | 1 | 5 |
| e. A physical disability such as a loss of an arm or leg, or loss of your eyesight or hearing, or a birth defect | 1 | 5 |
| f. Trouble breathing, for example, caused by emphysema or chronic lung disease | 1 | 5 |
| g. Cancer diagnosed within the last three years (not skin cancer) | 1 | 5 |
| h. A neurological condition, such as epilepsy, convulsions, fainting spells, or Parkinson's Disease | 1 | 5 |
| i. Stroke or major paralysis (inability to use arms or walk) | 1 | 5 |
| j. Angina, heart failure or coronary artery disease | 1 | 5 |
| k. Chronic back problems (including disk or spine) | 1 | 5 |

| | | |
|---|---|---|
| l. Stomach ulcer, chronic inflamed bowel, enteritis or colitis | 1 | 5 |
| m. Chronic liver disease, such as cirrhosis or chronic hepatitis | 1 | 5 |
| n. Migraine or other chronic severe headaches | 1 | 5 |
| o. Chronic problems urinating or bladder infections | 1 | 5 |
| p. WOMEN ONLY: Chronic gynecologic problems (or women's health problems), such as severe cramps, heavy bleeding, or problems with menopause | 1 | 5 |
| q. Other chronic pain condition | 1 | 5 |

| |
|---------------|
| <i>WEIGHT</i> |
|---------------|

A13. What is your height without shoes? _____ FEET _____ INCHES

DON'T KNOW ... d
REFUSED r

A14. About how much do you weigh? _____ POUNDS
(IF ASKED: ...without clothes.)

(Circle One)

DON'T KNOW d
REFUSED r

A15. Do you think you are overweight?

(Circle One)

NO 1
YES 5
DON'T KNOW d
REFUSED r

SECTION B: MENTAL HEALTH

GENERALIZED ANXIETY DISORDER

B1. This next section contains questions about your moods and emotions.
During the past 12 months, did you ever have a period lasting one month or longer when most of the time you felt worried and anxious?

(Circle One)

- NO 1 → GO TO B6
- YES 5
- DON'T KNOW d → GO TO B6
- REFUSED r → GO TO B6

B2. Has that period ended or is it still going on?

(Circle One)

- ENDED 1
- STILL GOING ON .. 5 → GO TO B2b
- DON'T KNOW d
- REFUSED r

B2a. How many months or years did it go on before it ended?

- _____ # OF MONTHS OR _____ # OF YEARS
- DON'T KNOW d → GO TO B6
 - REFUSED r → GO TO B6

(IF R VOLUNTEERS, "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER.") - 99
IF LESS THAN 6 MONTHS, SKIP TO B6; ELSE GO TO B3a

B2b. How many months or years has it been going on?

- _____ # OF MONTHS OR _____ # OF YEARS
- DON'T KNOW d → GO TO B6
 - REFUSED r → GO TO B6

(IF R VOLUNTEERS, "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER.") - 99
IF LESS THAN 6 MONTHS, SKIP TO B6, ELSE GO TO B4a

B3a. [IF B2 is PERIOD ENDED], During that period did you worry about things that were not likely to happen?

(Circle One)

- NO 1 → GO TO B3b
- YES 5 → GO TO B3c
- DON'T KNOW d → GO TO B3b
- REFUSED r → GO TO B3b

B3b. Did you worry a great deal about things that were not really serious?

(Circle One)

- NO 1 → GO TO B6
- YES 5
- DON'T KNOW d → GO TO B6
- REFUSED r → GO TO B6

B3c. During that period did you have different worries on your mind at the same time?

(Circle One)

- NO 1 → GO TO B6
- YES 5 → GO TO B5
- DON'T KNOW d → GO TO B6
- REFUSED r → GO TO B6

B4a. [IF B2 is "PERIOD STILL GOING ON"] Do you worry about things that are not likely to happen?

(Circle One)

- NO 1 → GO TO B4b
- YES 5 → GO TO B4c
- DON'T KNOW d → GO TO B4b
- REFUSED r → GO TO B4b

B4b. Do you worry a great deal about things that are not really serious?

(Circle One)

- NO 1 → GO TO B6
- YES 5
- DON'T KNOW d → GO TO B6
- REFUSED r → GO TO B6

B4c. Do you have different worries on your mind at the same time?

(Circle One)

- NO 1 → GO TO B6
- YES 5 → GO TO B5
- DON'T KNOW d → GO TO B6
- REFUSED r → GO TO B6

B5. When you (are/were) worried or anxious, (are/were) you also . . .

[DON'T KNOW/REFUSED available at each item]

| | <u>No</u> | <u>Yes</u> |
|--|-----------|------------|
| a. Restless? | 1 | 5 |
| b. Keyed up or on edge? | 1 | 5 |
| c. Particularly irritable? | 1 | 5 |
| d. Aware of your heart pounding or racing? | 1 | 5 |
| e. Easily tired? | 1 | 5 |
| f. (Do/Did) you also have trouble falling asleep or staying asleep? | 1 | 5 |
| g. (Do/Did) you feel faint or unreal? | 1 | 5 |

DEPRESSION

B6. During the past 12 months, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row?

[IF VOLUNTEERED: "I WAS ON MEDICATION/ANTI-DEPRESSANTS," THEN ASK, "Does that mean you would say 'yes' or 'no' to this question?"]

[IF ANSWER TO PROBE IS "No" - CODE AS "6"]

(Circle One)

- NO 1 → GO TO B13
- YES 5
- ON MEDICATION/ANTI-DEPRESSANTS 6 → GO TO B13
- DON'T KNOW d → GO TO B13
- REFUSED r → GO TO B13

depressn. For the next few questions, please think of the two-week period during the past 12 months when these feelings were the worst.

B6a. During that time, did the feelings of being sad, blue or depressed usually last all day long, most of the day, about half the day, or less than half the day?

(Circle One)

- ALL DAY LONG ... 1
- MOST 2
- ABOUT HALF 3
- LESS THAN HALF 4 → GO TO B13
- DON'T KNOW d → GO TO B13
- REFUSED r → GO TO B13

B6b. During those two weeks, did you feel this way every day, almost every day, or less often?

(Circle One)

- EVERY DAY 1
- ALMOST EVERY DAY .. 2
- LESS OFTEN 3 → GO TO B13
- DON'T KNOW d → GO TO B13
- REFUSED r → GO TO B13

B6c. During those two weeks, did you lose interest in most things?

(Circle One)

- NO 1
- YES (*Losing interest*) .. 5
- DON'T KNOW d
- REFUSED r

B6d. Did you feel tired out or low on energy all the time?
(INTERVIEWER: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes")

(Circle One)

- NO 1
- YES (*Feeling tired*) 5
- DON'T KNOW d
- REFUSED r

B7. Did you gain or lose weight without trying, or did you stay about the same?

(INTERVIEWER: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes.")

(Circle One)

- GAIN (*Gaining weight*) 1 → GO TO B7a
- LOSE (*Losing weight*) 2 → GO TO B7a
- BOTH GAINED & LOST WEIGHT .. 3 → GO TO B7a
- R WAS ON A DIET 4 → GO TO B8
- STAY ABOUT THE SAME 5 → GO TO B8
- DON'T KNOW d → GO TO B8
- REFUSED r → GO TO B8

B7a. About how much did (you gain/you lose/your weight change)?

POUNDS: _____

DON'T KNOW d

REFUSED r

(INTERVIEWER: IF R GIVES A FRACTION, PROBE: "Please round to the nearest pound.")

B8. Did you have more trouble falling asleep than you usually do?

(INTERVIEWER: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes.")

(Circle One)

- NO 1 → GO TO B9
- YES (*Trouble Falling Asleep*). 5
- DON'T KNOW d → GO TO B9
- REFUSED r → GO TO B9

B8a. Did that happen every night, nearly every night, or less often during those two weeks?

(Circle One)

- EVERY NIGHT 1
- NEARLY EVERY NIGHT .. 2
- LESS OFTEN 3
- DON'T KNOW d
- REFUSED r

B9. Did you have a lot more trouble concentrating than usual?

(INTERVIEWER: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes.")

(Circle One)

- NO 1
- YES (*Trouble Concentrating*)... 5
- DON'T KNOW d
- REFUSED r

B10. People sometimes feel down on themselves, no good or worthless. Did you feel this way?
(INTERVIEWER: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes.")

(Circle One)

- NO 1
- YES (*Feeling Down on Yourself*) .. 5
- DON'T KNOW d
- REFUSED r

B11. Did you think a lot about death -- either your own, someone else's, or death in general?
(INTERVIEWER: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes.")

(Circle One)

- NO 1
- YES (*Thoughts about Death*).... 5
- DON'T KNOW d
- REFUSED r

B11a. During the past 12 months, have you ever felt so low you thought about committing suicide?

(Circle One)

- NO 1
- YES 5
- DON'T KNOW d
- REFUSED r

B12. Reviewing what you just told me, you had two weeks in a row during the past 12 months when you were sad, blue, or depressed and also had some other things like (READ ALL DESCRIPTIONS IN YES BOXED RESPONSES - CATI).

About how many weeks altogether did you feel this way during the past 12 months?

- NUMBER OF WEEKS:
- DON'T KNOW d
- REFUSED r

| |
|--|
| INTERVIEWER CHECKPOINT - (COUNT "YES" RESPONSES IN B6c-B11a) |
| 1. ZERO "YES" RESPONSES = GOTO B13 |
| 2. ONE OR MORE "YES" RESPONSES = GOTO B20 |

B13. During the past 12 months, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

[IF VOLUNTEERED: I WAS ON MEDICATION/ANTI-DEPRESSANTS, THEN ASK: Does that mean you would say 'no' or 'yes' to this question?]

[IF ANSWER TO PROBE IS "No" – THEN CODE "6"]

(Circle One)

- NO 1 → GO TO B20
- YES 5 → GO TO B13a
- ON MEDICATION/ANTI-DEPRESSANTS 6 → GO TO B20
- DON'T KNOW 1 → GO TO B20
- REFUSED 1 → GO TO B20

Intro. For the next few questions, please think of the two-week period during the past 12 months when you had the most complete loss of interest in things.

B13a. During that two-week period, did the loss of interest usually last all day long, most of the day, about half the day, or less than half the day?

(Circle One)

- ALL DAY LONG 1
- MOST 2
- ABOUT HALF 3
- LESS THAN HALF 4 → GO TO B13c
- DON'T KNOW d → GO TO B13c
- REFUSED r → GO TO B13c

B13b. Did you feel this way every day, almost every day, or less often during the two weeks?

(Circle One)

- EVERY DAY 1
- ALMOST EVERY DAY 2
- LESS OFTEN 3 → GO TO B20
- DON'T KNOW d
- REFUSED r

B13c. During those two weeks, did you feel tired out or low on energy all the time?

(Circle One)

- NO 1
- YES (*Feeling Tired*) 5
- DON'T KNOW d
- REFUSED r

B14. Did you gain weight, lose weight, or stay about the same?

(INTERVIEWER: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes.")

(Circle One)

- GAIN (*Gaining weight*)..... 1 → GO TO B14a
- LOSE (*Losing weight*)..... 2 → GO TO B14a
- BOTH GAINED & LOST WEIGHT 3 → GO TO B14a
- R WAS ON A DIET 4 → GO TO B15
- STAY ABOUT THE SAME 5 → GO TO B15
- DON'T KNOW d → GO TO B15
- REFUSED r → GO TO B15

B14a. About how much did (you gain/you lose/your weight change)?

- POUNDS: _____
- DON'T KNOW d
- REFUSED r

(INTERVIEWER: IF R GIVES A FRACTION, PROBE: "Please round to the nearest pound.")

B15. Did you have more trouble falling asleep than you usually do?

(INTERVIEWER: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes.")

(Circle One)

- NO 1 → GO TO B16
- YES (*Trouble Falling Asleep*). 5
- DON'T KNOW d → GO TO B16
- REFUSED r → GO TO B16

B15a. Did that happen every night, nearly every night, or less often during those two weeks?

(Circle One)

- EVERY NIGHT 1
- NEARLY EVERY NIGHT .. 2
- LESS OFTEN 3
- DON'T KNOW d
- REFUSED r

B16. Did you have a lot more trouble concentrating than usual?

(INTERVIEWER: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes.")

(Circle One)

- NO 1
- YES (*Trouble Concentrating*) .. 5
- DON'T KNOW d
- REFUSED r

B17. People sometimes feel down on themselves, no good or worthless. Did you feel this way?
(INTERVIEWER: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes.")

(Circle One)

- NO 1
- YES (*Feeling Down on Yourself*) .. 5
- DON'T KNOW d
- REFUSED r

B18. Did you think a lot about death – either your own, someone else's, or death in general?
(INTERVIEWER: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes.")

(Circle One)

- NO 1
- YES (*Thoughts about Death*) ... 5
- DON'T KNOW d
- REFUSED r

[IF B11a ASKED, THEN SKIP B18a & GOTO B19]

B18a. During the past 12 months, have you ever felt so low you thought about committing suicide?

(Circle One)

- NO 1
- YES 5
- DON'T KNOW d
- REFUSED r

B19. Reviewing what you just told me, you had two weeks in a row during the past 12 months when you lost interest in most things and also had some other things like (READ ALL DESCRIPTIONS IN YES BOXED RESPONSES - CATI).

About how many weeks did you feel this way during the past 12 months?

- _____ # OF WEEKS
- DON'T KNOW d
- REFUSED r

| |
|------------------|
| DYSTHYMIA |
|------------------|

- B20. I already asked you about two weeks in a row of feeling sad or depressed. In the next few questions, I will ask you about similar feelings but over longer periods.

(READ SLOWLY) During the past 12 months, did you feel sad or depressed most of the time, even if there were some days when you felt OK?

[IF VOLUNTEERED: "I WAS ON MEDICATION/ANTI-DEPRESSANTS," THEN ASK, "Does that mean you would say 'no' or 'yes' to this question?"]

[IF ANSWER TO PROBE IS "No" - CODE AS "6"]

(Circle One)

| | | |
|--------------------------------------|---|-------------|
| NO | 1 | → GO TO B24 |
| YES | 5 | → GO TO B21 |
| ON MEDICATION/ANTI-DEPRESSANTS | 6 | → GO TO B24 |
| DON'T KNOW | d | → GO TO B24 |
| REFUSED | r | → GO TO B24 |

- B21. On the days you felt sad or depressed, did these feelings usually last all day long, most of the day, about half the day, or less than half the day?

(Circle One)

| | | |
|----------------------|---|-------------|
| ALL DAY LONG | 1 | |
| MOST | 2 | |
| ABOUT HALF | 3 | |
| LESS THAN HALF | 4 | → GO TO B24 |
| DON'T KNOW | d | → GO TO B24 |
| REFUSED | r | → GO TO B24 |

- B22. During the past two years, has this been a pretty constant thing that happens just about every day or something that comes and goes from day to day?

(Circle One)

| | | |
|-----------------------|---|--------------|
| PRETTY CONSTANT | 1 | → GO TO B23 |
| COMES AND GOES | 2 | → GO TO B22a |

(IF VOLUNTEERED) ONLY ONE TIME 6 → GO TO B22a

| | | |
|------------------|---|-------------|
| DON'T KNOW | d | → GO TO B23 |
| REFUSED | r | → GO TO B23 |

- B22a. During the past two years, have you had a period of 2 months in a row or more when you have not felt sad or depressed?

(Circle One)

| | | |
|------------------|---|--|
| NO | 1 | |
| YES | 5 | |
| DON'T KNOW | d | |
| REFUSED | r | |

- B23. During the period(s) when you (are/were) sad or depressed,
 [DON'T KNOW/REFUSED *available at all items*]
- | | <u>No</u> | <u>Yes</u> |
|--|-----------|------------|
| a. (Do/Did) you frequently feel hopeless? | 1 | 5 |
| b. (Do/Did) you lose your appetite? | 1 | 5 |
| c. (Do/Did) you lack energy or feel tired out all the time even when you (have/had) not been working very hard? | 1 | 5 |
| d. (Are/Were) you unable to make up your mind about things you ordinarily (have/had) no trouble deciding about? | 1 | 5 |

LIFETIME MANIA

- B24. Has there ever been a period of at least 4 days when you were so happy or excited that you got into trouble, or your family or friends worried about it, or a doctor said you were manic?

(Circle One)

- | | |
|------------------|---|
| NO | 1 |
| YES | 5 |
| DON'T KNOW | d |
| REFUSED | r |

PSYCHOTICISM SCREENER

- B25. Has a doctor ever said that you had schizophrenia or schizoaffective disorder?

(Circle One)

- | | |
|------------------|---|
| NO | 1 |
| YES | 5 |
| DON'T KNOW | d |
| REFUSED | r |

PANIC SCREENER

- B26. Now I would like to ask you about attacks of fear, terror, or anxiety that could occur suddenly and unpredictably and could happen anywhere.

In your entire lifetime, have you ever had an attack when all of a sudden you felt frightened, anxious or very uneasy?

(Circle One)

- | | | |
|------------------|---|------------|
| NO | 1 | → GO TO C1 |
| YES | 5 | |
| DON'T KNOW | d | → GO TO C1 |
| REFUSED | r | → GO TO C1 |

B27. Did any of those attacks occur when you were not in a life-threatening situation?

(Circle One)

- NO 1 → GO TO C1
 - YES 5
 - DON'T KNOW d → GO TO C1
 - REFUSED r → GO TO C1
-

B28. Have you more than once had an attack like that which was totally unexpected?

(Circle One)

- NO 1 → GO TO C1
 - YES 5
 - DON'T KNOW d → GO TO C1
 - REFUSED r → GO TO C1
-

B29. During your attacks of feeling frightened or anxious, did you have problems like your heart pounding, feeling short of breath or faint, or trembling which began suddenly and then got worse within the first few minutes of the attack?

(Circle One)

- NO 1 → GO TO C1
 - YES 5
 - DON'T KNOW d → GO TO C1
 - REFUSED r → GO TO C1
-

B30. Have you had an attack like that in the last 12 months?

(Circle One)

- NO 1
- YES 5
- DON'T KNOW d
- REFUSED r

SECTION C: ALCOHOL AND DRUGS

C1. These next questions are about alcohol. Some of these questions may not apply to you, but we need to ask them of everyone. Thinking about the past 12 months, how often do you have a drink containing alcohol?

(Circle One)

- Never 0 GOTO C11
- Monthly or less 1
- 2 to 4 times a month 2
- 2 to 3 times a week 3
- 4 or more times a week 4
- DON'T KNOW d GOTO C11
- REFUSED r GOTO C11

C2. Thinking about the past 12 months, how many drinks containing alcohol do you have on a typical day when you are drinking?
 DEFINITION: A drink means a can of beer, a glass of wine, a wine cooler, a shot of hard liquor, or a mixed drink that has a shot of hard liquor in it.

- NUMBER OF DRINKS: _____
- DON'T KNOW d
- REFUSED r

C3. Thinking about the past 12 months, how often do you have six or more drinks on one occasion?

(Circle One)

- Never 0
- Less than monthly 1
- Monthly 2
- Weekly 3
- Daily or almost daily 4
- DON'T KNOW d
- REFUSED r

C4. How often during the past 12 months have you found that you were not able to stop drinking once you had started?

(Circle One)

- Never 0
- Less than monthly 1
- Monthly 2
- Weekly 3
- Daily or almost daily 4
- DON'T KNOW d
- REFUSED r

C5. How often during the past 12 months have you failed to do what was normally expected of you because of drinking?

(Circle One)

- Never 0
- Less than monthly 1
- Monthly 2
- Weekly 3
- Daily or almost daily 4
- DON'T KNOW d
- REFUSED r

C6. How often during the past 12 months have you needed a first drink in the morning to get yourself going after a heavy drinking session?

(Circle One)

- Never 0
- Less than monthly 1
- Monthly 2
- Weekly 3
- Daily or almost daily 4
- DON'T KNOW d
- REFUSED r

C7. How often during the past 12 months have you had a feeling of guilt or remorse after drinking?

(Circle One)

- Never 0
- Less than monthly 1
- Monthly 2
- Weekly 3
- Daily or almost daily 4
- DON'T KNOW d
- REFUSED r

C8. How often during the past 12 months have you been unable to remember what happened the night before because you had been drinking?

(Circle One)

- Never 0
- Less than monthly 1
- Monthly 2
- Weekly 3
- Daily or almost daily 4
- DON'T KNOW d
- REFUSED r

C9. In the past 12 months, have you or someone else been injured as a result of your drinking?

(Circle One)

- No 1
- Yes 5
- DON'T KNOW d
- REFUSED r

C10. In the past 12 months, has a relative, friend, doctor, or other health worker been concerned about your drinking or suggested you cut down?

(Circle One)

- No 1
- Yes 5
- DON'T KNOW d
- REFUSED r

DRUG ABUSE & DEPENDENCY

C11. The next questions are about your use of drugs on your own. By “on your own” we mean either without a doctor’s prescription, or in larger amounts than prescribed, or for a longer period than prescribed. With this definition in mind . . .

Did you ever use any of the following drugs on your own during the past 12 months?

[DON’T KNOW/REFUSED *available at all items.*]

| | NO | YES |
|---|----|-----|
| a. sedatives, including either barbiturates (bar-BIT-chew-its) or sleeping pills on your own? (e.g. Seconal, Halcion, Methaqualone) | 1 | 5 |
| b. tranquilizers or “nerve pills” on your own? (e.g. Librium, Valium, Ativan, Meprobamate, Xanax) | 1 | 5 |
| c. amphetamines (am-FET-ah-means) or other stimulants on your own (e.g. Methamphetamine, Preludin, Dexedrine, Ritalin, “Speed”) | 1 | 5 |
| C11d. (During the past 12 months did you use.....) | | |
| d. analgesics (an-uhl-JEEZ-icks) or other prescription painkillers on your own? (NOTE: this does not include normal use of aspirin, tylenol without codeine, etc., but <u>does</u> include use of tylenol with codeine and other Rx painkillers like Demerol, Darvon, Percodan, Codeine, Morphine, and Methadone) | 1 | 5 |
| e. inhalants that you sniff or breathe to get high or to feel good? (e.g., Amyl nitrate, Freon, Nitrous Oxide (“Wippets”), Gasoline, Spray Paint) | 1 | 5 |
| f. marijuana (mare-ih-WAH-nah) or hashish (HASH-eesh)? | 1 | 5 |
| g. cocaine (KO-kane) or crack or free base? | 1 | 5 |
| h. LSD or other hallucinogens (ha-LOOSE-en-oh-jens)? (e.g., PCP, angel dust, peyote, ecstasy (MDMA), mescaline) | 1 | 5 |
| i. heroin (HAIR-oh-in) | 1 | 5 |

IF NONE, SKIP TO NEXT SECTION

C12. In the past 12 months, did you ever find that you had to use much larger amounts of (IF ONE, NAME OF DRUG/ IF MORE THAN ONE, any of these drugs) than usual to get the same effect or that the same amount had less effect on you than before?

(Circle One)

- No 1
- Yes 5
- DON’T KNOW d
- REFUSED r

C13. In the past 12 months, did you ever have any emotional or psychological problems from using (NAME OF DRUG/any of these drugs) such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?

(Circle One)

- No 1
- Yes 5
- DON'T KNOW d
- REFUSED r

INTERVIEWER: ASK THE FOLLOWING ONLY FOR CATEGORIES OF DRUGS WHICH USE WAS REPORTED IN PAST 12 MONTHS:

RECENT DRUG USE

C14. In the past 30 days, how many days did you use sedatives, including either barbiturates or sleeping pills, on your own?

- NUMBER OF DAYS: _____
- DON'T KNOW d
- REFUSED r

C15. In the past 30 days, how many days did you use tranquilizers or "nerve pills" on your own?

- NUMBER OF DAYS: _____
- DON'T KNOW d
- REFUSED r

C16. In the past 30 days, how many days did you use amphetamines or other stimulants on your own?

- NUMBER OF DAYS: _____
- DON'T KNOW d
- REFUSED r

C17. In the past 30 days, how many days did you use analgesics or other prescription painkillers on your own?

- NUMBER OF DAYS: _____
- DON'T KNOW d
- REFUSED r

C18. In the past 30 days, how many days did you use inhalants that you sniff or breathe to get high or to feel good?

- NUMBER OF DAYS: _____
- DON'T KNOW d
- REFUSED r

C19. In the past 30 days, how many days did you use marijuana or hashish?

NUMBER OF DAYS: _____
DON'T KNOW d
REFUSED r

C20. In the past 30 days, how many days did you use cocaine or crack or free base?

NUMBER OF DAYS: _____
DON'T KNOW d
REFUSED r

C21. In the past 30 days, how many days did you use LSD or other hallucinogens?

NUMBER OF DAYS: _____
DON'T KNOW d
REFUSED r

C22. In the past 30 days, how many days did you use heroin?

NUMBER OF DAYS: _____
DON'T KNOW d
REFUSED r

SECTION D: MEDICATIONS

D1. In the past 12 months, did you take any medications (prescribed, over-the-counter, or non prescribed) at least several times a week for at least one month (4 weeks)? Include vitamins and herbs, and any medications you take every day.
 (INTERVIEWER: INCLUDE BIRTH CONTROL PILLS BUT NOT ANTIBIOTICS OR INSULIN.)

(Circle One)

- NO 1 → GO TO E1
 YES 5
 DON'T KNOW d → GO TO E1
 REFUSED r → GO TO E1

D1a. How many different medications did you take, at least several times a week, for a month or more, in the past 12 months?

- _____ # OF MEDICATIONS
 DON'T KNOW d
 REFUSED r

introD2. Now I'm going to ask about each of these medications. You may need to get your medication containers for these questions. Can you take a moment to do that? (WAIT FOR RESPONDENT IF NECESSARY.) Now I am going to get the name of each medication that you took at least several times a week for a month (4 weeks) or more.

[DON'T KNOW/REFUSED are available for all items below]

| | | ASK FOR PSYCHOACTIVE CODES ONLY: | |
|--|---|--|---|
| | | | |
| . Please give me the name of each medication that you took at least several times a week for at least one month or more. (SPELL OUT NAME) <i>[Program spell checks and lists some alternative spellings if that is what is wrong; interviewer probes patient to determine if one of the alternative spellings is the correct spelling.]</i> | What was your usual total daily dose. (PROBE: How many pills a day and how many milligrams each pill? | In the past 12 months, how many months did you take this [NAME OF MEDICATION] regularly? | Was this medication prescribed for you by a doctor? |
| enter1. _____ NAME OF MEDICATION #1 | D1b. _____ PILLS/MILLIG. | D1aa. _____ # OF MONTHS | D1c. YES/NO |
| d2. _____ NAME OF MEDICATION #2 | D2b. _____ PILLS/MILLIG. | D2a. _____ # OF MONTHS | D2c. YES/NO |
| d3. _____ NAME OF MEDICATION #3 | D3b. _____ PILLS/MILLIG. | D3a. _____ # OF MONTHS | D3c. YES/NO |
| d4. _____ NAME OF MEDICATION #4 | D4b. _____ PILLS/MILLIG. | D4a. _____ # OF MONTHS | D4c. YES/NO |

| | | | |
|---|-----------------------------|----------------------------|--------------|
| d5. _____ NAME OF MEDICATION #5 | D5b. _____ PILLS/MILLIG. | D5a. _____ # OF MONTHS | D5c. YES/NO |
| d6. _____ NAME OF MEDICATION #6 | D6b. _____ CODE NUMBER | D6a. _____ # OF MONTHS | D6c. YES/NO |
| d7. _____ NAME OF MEDICATION #7 | D7b. _____ CODE NUMBER | D7a. _____ # OF MONTHS | D7c. YES/NO |
| d8. _____ NAME OF MEDICATION #8 | D8b. _____ CODE NUMBER | D8a. _____ # OF MONTHS | D8c. YES/NO |
| d9. _____ NAME OF MEDICATION #9 | D9b. _____ CODE NUMBER | D9a. _____ # OF MONTHS | D9c. YES/NO |
| d10. _____ NAME OF MEDICATION #10 | D10b. _____ CODE NUMBER | D10a. _____ # OF MONTHS | D10c. YES/NO |
| d11. _____ NAME OF MEDICATION #11 | D11b. _____ CODE NUMBER | D11a. _____ # OF MONTHS | D11c. YES/NO |
| d12. _____ NAME OF MEDICATION #12 | D12b. _____ CODE NUMBER | D12a. _____ # OF MONTHS | D12c. YES/NO |
| d13. _____ NAME OF MEDICATION #13 | D13b. _____ CODE NUMBER | D13a. _____ # OF MONTHS | D13c. YES/NO |
| d14. _____ NAME OF MEDICATION #14 | D14b. _____ CODE NUMBER | D14a. _____ # OF MONTHS | D14c. YES/NO |
| d15. _____ NAME OF MEDICATION #15 | D15b. _____ CODE NUMBER | D15a. _____ # OF MONTHS | D15c. YES/NO |

SECTION E: HEALTH INSURANCE

introE. This section asks a few questions about your health insurance. If you are unsure about your health insurance coverage you may need to look at your health benefits brochure (or ask another family member.) If you don't know the answer to a question just tell me that you don't know.

E1a. When we last spoke with you on [FILL IN DATE OF INTERVIEW] you told us you had no health insurance. Do you have health insurance now, either through an employer health plan, Medicare, Medicaid, or some other plan?

(Circle One)

- NO (*No Insurance*).. 1 → GO TO F1
- YES 5 → GO TO E2
- DON'T KNOW d → GO TO F1
- REFUSED r → GO TO F1

E1b. IF INSURANCE: When we last spoke with you on [FILL DATE] you told us your insurance was [FILL]. Has your insurance plan changed?

(Circle One)

- NO 1
- YES 5 → GO TO E2

- WRONG BASELINE INFORMATION 8 → GOTO E4

- NO CHANGE - BASELINE INFO INCOMPLETE 9

- DON'T KNOW d
- REFUSED r

[IF ANY INS TYPE = c or d, GOTO E1c; OTHERWISE GOTO check pattern before E12e]

E1c. What is the name of the employer or union that provides your insurance?
 [PROBE: In addition to this survey, we will also be conducting separate surveys from other agencies, such as employers and health care organizations, in different areas. Your employer may be in a separate survey, but you will never be identified to them. If your employer is in our survey, we'd like to be able to match the information they give us about the plans they offer, to the information you give us on how that affects your ability to access care and what you like and don't like about your health care. Would you tell us the name of the employer or union that provides your insurance plan?

EMPLOYER/UNION: _____

E1d. Is this the same employer or union that provided insurance when we spoke with you on [FILL IN DATE OF INTERVIEW]?

- NO 1 GO TO E7
- YES 5 → GO TO CHECK PATTERN BEFORE E12e
- DON'T KNOW..... d → GO TO E7
- REFUSED r → GO TO E7

E2. When did that change occur? (In what month?)
_____ MONTH/YEAR

DON'T KNOW d

REFUSED r

[IF E1a = YES GO TO E4]

Else: If Multiple =0, Go to E3a, If Multiple = 1, Go to E3c]

E3a. Do you have a new insurance plan that replaces the plan you told us about on [FILL DATE], do you have a new plan that is in addition to the plan you previously told us about, or are you now uninsured?

(Circle One)

NEW PLAN REPLACES PREVIOUS PLAN..... 3 → GOTO E4

NEW PLAN IN ADDITION TO PREVIOUS PLAN..... 4 → GOTO E4

UNINSURED 5 → GOTO F1

DON'T KNOW d → GOTO F1

REFUSED r → GOTO F1

E3c. [FOR MULTIPLE INSURANCE CASES ONLY] Are you uninsured now?

(Circle One)

NO 1 → GO TO E4

YES 5 → GO TO F1

DON'T KNOW d → GO TO F1

REFUSED r → GO TO F1

E4. IF MULTIPLE INSURANCE CASE THEN READ: I'm interested in knowing about your current insurance coverage. Is your insurance:
OTHERWISE READ: I'm interested in knowing about your new insurance coverage. Is this plan:

[DON'T KNOW/REFUSED are available for all items below]

(Code All That Apply)

- 1) [MEDICAID FILL*] *WE WILL USE STATE SPECIFIC NAMES.
- 2) Medicare?
- 3) through your current employer or union?
- 4) through the employer of someone else in the household?
- 5) through insurance bought by you or someone else in the family?
- 6) CHAMPUS
- 7) CHAMP-VA
- 8) Tricare/Standard/Prime/Extra
- 9) Some other military health plan
- 10) Indian Health Service
- 11) Other state plans [OR STATE SPECIFIC NAME*]
- 12) Another program that I have not mentioned?

NAME: _____

NOTE TO INTERVIEWER: IF RESPONDENT OFFERS THAT S/HE IS SELF-EMPLOYED AND BOUGHT OWN INSURANCE, MARK "5"

"NEW PLAN TYPE" VARIABLE CREATED HERE: If 1 is checked, that = NPT

If more than 1 is checked, NPT = E4a If E4a=j or NPT = E4b

If E4b=d/k or j, NPT = type filled in by CATI

INTERVIEWER CHECK: IF MORE THAN ONE PLAN IN E4 THEN GOTO E4a

OTHERWISE:

IF E4 =1-2 or 6-12, GOTO E8

IF E4=5, GOTO E5

IF E4=3-4 GOTO E6a

E4a. Which of your new insurance plans includes coverage for mental health conditions?

[DON'T KNOW/REFUSAL are available for all items below]

(INTERVIEWER: DON'T READ LIST, JUST CHECK—CATI PROGRAMMING WILL FILL NAMES OF INSURANCE PLANS RESPONDENT INDICATED IN E4)

(CODE ALL THAT APPLY BUT IF CODE MORE THAN ONE THEN GOTO E4b)

- 1) [MEDICAID FILL*]? → GOTO E8 *WE WILL USE STATE SPECIFIC NAMES
- 2) MEDICARE? → GOTO E8
- 3) THROUGH YOUR CURRENT EMPLOYER OR UNION? → GOTO E6a
- 4) THROUGH THE EMPLOYER OF SOMEONE ELSE IN THE HOUSEHOLD? → GOTO E6a
- 5) THROUGH INSURANCE BOUGHT BY YOU OR SOMEONE ELSE IN THE FAMILY? → GOTO E5
- 6) CHAMPUS? → GOTO E8
- 7) CHAMP-VA? → GOTO E8
- 8) TRICARE/STANDARD/PRIME/EXTRA? → GOTO E8
- 9) SOME OTHER MILITARY HEALTH PLAN? → GOTO E8
- 10) INDIAN HEALTH SERVICE? → GOTO E8
- 11) OTHER STATE PLANS [OR STATE SPECIFIC NAME*]? → GOTO E8
- 12) ANOTHER PROGRAM THAT I HAVE NOT MENTIONED? → GOTO E8

E4b. Which plan do you consider your main insurance plan?

(CATI PROGRAMMING WILL FILL IN NAMES)

- 1) [MEDICAID FILL*]? → GOTO E8 *WE WILL USE STATE SPECIFIC NAMES
- 2) MEDICARE? → GOTO E8
- 3) THROUGH YOUR CURRENT EMPLOYER OR UNION? → GOTO E6a
- 4) THROUGH THE EMPLOYER OF SOMEONE ELSE IN THE HOUSEHOLD? → GOTO E6a
- 5) THROUGH INSURANCE BOUGHT BY YOU OR SOMEONE ELSE IN THE FAMILY? → GOTO E5
- 6) CHAMPUS? → GOTO E8
- 7) CHAMP-VA? → GOTO E8
- 8) TRICARE/STANDARD/PRIME/EXTRA? → GOTO E8
- 9) SOME OTHER MILITARY HEALTH PLAN? → GOTO E8
- 10) INDIAN HEALTH SERVICE? → GOTO E8
- 11) OTHER STATE PLANS [OR STATE SPECIFIC NAME*]? → GOTO E8
- 12) ANOTHER PROGRAM THAT I HAVE NOT MENTIONED? → GOTO E8
- d) DON'T KNOW → GOTO INTRO5
- r) REFUSED → GOTO INTRO5

INTRO5. I'd like to ask you some questions about [FILL]. Please answer these questions thinking about this insurance plan.

E5. How much is the insurance premium for this policy?

\$ _____ PER _____ WEEK _____ MONTH _____ YEAR _____ OTHER

DON'T KNOW d

REFUSED r

GO TO E7

E6a. What is the name of the employer or union that provides this insurance plan?
[PROBE: In addition to this survey, we will also be conducting separate surveys from other agencies, such as employers and health care organizations, in different areas. Your employer may be in a separate survey, but you will never be identified to them. If your employer is in our survey, we'd like to be able to match the information they give us about the plans they offer, to the information you give us on how that affects your ability to access care and what you like and don't like about your health care. Would you tell us the name of the employer or union that provides your insurance plan?]

EMPLOYER/UNION: _____

E7. I'd like to ask you some questions about your coverage under your new employer. What is the name of the (new) insurance plan? By that I mean the name of the company that either manages your health care or processes your claims, for example [FILL WITH HMO'S LIKE BLUE CROSS, BLUE SHIELD, MAXICARE, PRUDENTIAL – SPECIFIC NAMES WILL VARY BY REGION OR STATE]
[PROBE: Your plan name is usually on an insurance card or other document that you may have.]

PLAN NAME _____

E8. Does this insurance plan require you to sign up with a certain primary care doctor, group of doctors, or clinic to which you must go to for all your routine care? (Do not include emergency care or care from a specialist to whom you were referred.)

(Circle One)

- NO 1
- YES 5
- DON'T KNOW d
- REFUSED r

E9. Under this insurance plan, do you need approval or a referral to see a specialist or get special care?

(Circle One)

- NO 1
- YES 5
- DON'T KNOW d
- REFUSED r

E10. Is there a book, directory, or list of doctors associated with the plan that you must use in order to get care?

(Circle One)

- NO 1
- YES 5
- DON'T KNOW d
- REFUSED r

E11. Is the insurance plan an HMO, that is, a Health Maintenance Organization?

[PROBE: With an HMO, you must generally receive care from HMO doctors; otherwise the expense is not covered unless you were referred by the HMO or there was a medical emergency.]

(Circle One)

NO 1 → GOTO E12b

YES 5

DON'T KNOW ... d → GOTO E12b

REFUSED r → GOTO E12b

[IF "YES" AND NEW PLAN TYPE VARIABLE = 1,2,10,11 OR 12 → GOTO E12a; OTHERWISE GOTO E12b]

E12a. What is the name of your HMO?

[PROBE: Your HMO name is usually on an insurance card or other document that you may have.]

PLAN NAME: _____

E12b. If you do not have a referral, will the insurance plan pay for the costs of visits to doctors who are not associated with the plan?

(Circle One)

NO 1

YES 5

DON'T KNOW ... d

REFUSED r

IF NEW PLAN TYPE variable = 3 or 4, go to E12c; Else go to Check Pattern before E12e

E12c. Does the employer that offers this plan offer more than one health insurance plan to its employees?

(Circle One)

NO 1

YES 5

DON'T KNOW ... d

REFUSED r

[IF "YES" GOTO E12d; OTHERWISE GOTO CHECK PATTERN BEFORE E12e]

E12d. Does the employer offer any [HMO/non HMO] plans? [IF PERSON HAS HMO, SAY nonHMO. IF PERSON HAS nonHMO, ASK ABOUT HMO.]

(Circle One)

- NO 1
- YES 5
- DON'T KNOW ... d
- REFUSED r

CHECK PATTERN BEFORE E12e: CATI: IF (more than one insurance plan reported in CTS and E1b=no) then, GO TO E12e, else GO TO E13.

E12e. Of all your insurance plans, which includes coverage for mental health conditions?

(CATI PROGRAMMING WILL FILL IN NAMES)

- 1) [MEDICAID FILL*]? *WE WILL USE STATE SPECIFIC NAMES
- 2) MEDICARE?
- 3) THROUGH YOUR CURRENT EMPLOYER OR UNION?
- 4) THROUGH THE EMPLOYER OF SOMEONE ELSE IN THE HOUSEHOLD?
- 5) THROUGH INSURANCE BOUGHT BY YOU OR SOMEONE ELSE IN THE FAMILY?
- 6) CHAMPUS/CHAMP-VA, TRICARE?
- 7) INDIAN HEALTH SERVICE?
- 8) OTHER STATE PLANS?
- 9) ANOTHER PROGRAM THAT I HAVE NOT MENTIONED?
- 10) BOTH/ALL/MORE THAN ONE PLAY
- 11) NONE OF THE PLANS
- d) DON'T KNOW
- r) REFUSED

[IF 1-9 OR REFUSAL, THEN GOTO iE13]

[IF 10-11 OR DON'T KNOW, THEN GOTO E12f]

E12f. Which plan do you consider your main insurance plan?

(CATI PROGRAMMING WILL FILL IN NAMES)

- 1) [MEDICAID FILL*]? *WE WILL USE STATE SPECIFIC NAMES
- 2) MEDICARE?
- 3) THROUGH YOUR CURRENT EMPLOYER OR UNION?
- 4) THROUGH THE EMPLOYER OF SOMEONE ELSE IN THE HOUSEHOLD?
- 5) THROUGH INSURANCE BOUGHT BY YOU OR SOMEONE ELSE IN THE FAMILY?
- 6) CHAMPUS/CHAMP-VA, TRICARE?
- 7) INDIAN HEALTH SERVICE?
- 8) OTHER STATE PLANS?
- 9) ANOTHER PROGRAM THAT I HAVE NOT MENTIONED?
- d) DON'T KNOW
- r) REFUSED

iE13. I'd like you to answer the next few questions thinking about this plan.

E13. Does your insurance cover any of the costs of prescription medications?

(Circle One)

- NO 1 → GO TO E15
- YES 5
- DON'T KNOW d → GO TO E15
- REFUSED r → GO TO E15

E14. Under your current insurance plan, how much do you have to pay for each prescription? Is it a set dollar amount for each prescription, a percentage of the cost of each prescription, does it vary with the drug prescribed or does it vary by something else?

- 1. DOLLAR AMOUNT GOTO E14amt
- 2. PERCENT OF COST GOTO E14pct
- 3. VARIES WITH DRUG GOTO E15
- 4. VARIES WITH GENERIC/NON-GENERIC..... GOTO E14a
- 5. VARIES BY SOMETHING ELSE..... [SPECIFY] GOTO E15
- 6. RESPONDENT PAYS NOTHING..... GOTO E15
- d. DON'T KNOW GOTO E15
- r. REFUSED GOTO E15

E14amt. What is the dollar amount that you pay?

- \$ AMOUNT _____ → GO TO E15
- DON'T KNOW d → GO TO E15
- REFUSED r → GO TO E15

E14pct. What is the percentage of the cost of each prescription?

- % OF THE COST _____ → GO TO E15
- DON'T KNOW d → GO TO E15
- REFUSED r → GO TO E15

E14a. What do you pay for generic drugs?

- 1. DOLLAR AMOUNTGOTO gE14amt
- 2. PERCENT OF COSTGOTO gE14pct
- 3. VARIES WITH DRUG.....GOTO E14b
- 4. RESPONDENT PAYS NOTHING.....GOTO E14b
- d. DON'T KNOWGOTO E14b
- r. REFUSEDGOTO E14b

gE14amt. What is the dollar amount that you pay?

- \$ AMOUNT _____ → GO TO E14b
- DON'T KNOW d → GO TO E14b
- REFUSED r → GO TO E14b

gE14pct. What is the percentage of the cost of each prescription?

- % OF THE COST _____ → GO TO E14b
- DON'T KNOW d → GO TO E14b
- REFUSED r → GO TO E14b

E14b. What do you pay for non-generic drugs?

- 1. DOLLAR AMOUNTGOTO E14bamt
- 2. PERCENT OF COSTGOTO E14bpct
- 3. VARIES WITH DRUG.....GOTO E15
- 4. RESPONDENT PAYS NOTHING.....GOTO E15
- d. DON'T KNOWGOTO E15
- e. REFUSEDGOTO E15

E14bamt. What is the dollar amount that you pay?

- \$ AMOUNT _____ → GO TO E15
- DON'T KNOW d → GO TO E15
- REFUSED r → GO TO E15

E14bpct. What is the percentage of the cost of each prescription?

- % OF THE COST _____ → GO TO E15
- DON'T KNOW d → GO TO E15
- REFUSED r → GO TO E15

E15. Do your insurance benefits include coverage for treatment of alcohol and drug problems?

[PROBE: If you got treatment for substance abuse, would your insurance pay for some of the costs of that treatment?]

(Circle One)

- NO 1
- YES 5
- DON'T KNOW d
- REFUSED r

E16. Do your insurance benefits include coverage for treatment of mental health problems, such as visits to a psychologist or psychiatrist?

[PROBE: If you got treatment for emotional or mental health, would your insurance pay for some of the costs of that treatment?]

(Circle One)

- NO1 If E15=yes GOTO E17, else go to F1
- YES 5 GOTO E17
- DON'T KNOW d IF E15=yes, GOTO E17, else to GOTO F1
- REFUSED r IF E15=yes, GOTO E17, else to GOTO F1

E17. Under your insurance plan, is an approval or referral required before seeing a specialist for emotional or mental health care or for alcohol or drug problems?

(Circle One)

- NO 1 GOTO E18f
- YES 5
- DON'T KNOW d GOTO E18f
- REFUSED r GOTO E18f

E18. How much would your insurance plan require you to pay for a visit to a specialist for mental health, alcohol or drug problems if you sought an approval or referral first?
 [READ ONLY IF NECESSARY: Would you not have to pay anything, or have to pay a certain dollar amount for each visit, or have to pay a certain percentage of the cost of the visit, or have to pay for the entire cost of the visit until a deductible was met, or would the amount vary per visit?]

[PROBE: A deductible is an amount of money that you have to pay for the costs of your care before your insurance company will pay for any of the costs.]

- 1. NOTHING..... GOTO E18c
- 2. AMOUNT PER VISIT GOTO E18amt
- 3. PERCENT OF CHARGES..... GOTO E18pct
- 4. CERTAIN AMOUNT DEPENDING ON COST OF VISIT
 GOTO E18amt
- 5. ALL, UNTIL DEDUCTIBLE IS MET..... GOTO E18a
- d. DON'T KNOW..... GOTO E18c
- e. REFUSED..... GOTO E18c

E18amt. What is the dollar amount that you pay?

- \$ AMOUNT _____ → GOTO E18c
- DON'T KNOW d → GOTO E18c
- REFUSED r → GOTO E18c

E18pct. What is the percentage of the cost of each visit?

- % AMOUNT _____ → GOTO E18c
- DON'T KNOW d → GOTO E18c
- REFUSED r → GOTO E18c

E18a. How much is your deductible each year?

- \$ AMOUNT _____ → GOTO E18b
- DON'T KNOW d → GOTO E18b
- REFUSED r → GOTO E18b

E18b. Once the deductible was met, how much would you have to pay?

- 1. NOTHING → GOTO E18c
- 2. AMOUNT PER VISIT → GOTO E18bamt
- 3. PERCENT OF CHARGES → GOTO E18bpct
- d. DON'T KNOW → GOTO E18c
- r. REFUSED → GOTO E18c

E18bamt. What is the dollar amount that you pay?

- \$ AMOUNT _____ → GOTO E18c
- DON'T KNOW d → GOTO E18c
- REFUSED r → GOTO E18c

E18bpct. What is the percentage of those charges?

- % AMOUNT _____ → GOTO E18c
- DON'T KNOW d → GOTO E18c
- REFUSED r → GOTO E18c

E18c. If you wanted to see a specialist for mental health, alcohol, or drug problems and did not first get an approval from your insurance or a referral, how much would you have to pay for a visit?

[READ ONLY IF NECESSARY: Would you not have to pay anything, or have to pay a certain dollar amount for each visit, or have to pay a certain percentage of the cost of the visit, or have to pay for the entire cost of the visit until a deductible was met, or would the amount vary per visit?]

[PROBE: A deductible is an amount of money that you have to pay for the costs of your care before your insurance company will pay for any of the costs.]

- 1. NOTHING..... GOTO introF
- 2. AMOUNT PER VISIT GOTO E18camt
- 3. PERCENT OF CHARGES..... GOTO E18cpct
- 4. CERTAIN AMOUNT DEPENDING ON COST OF VISIT . GOTO E18camt
- 5. ALL, UNTIL DEDUCTIBLE IS MET..... GOTO E18d
- 6. MUST PAY ALL..... GOTO introF
- d. DON'T KNOW..... GOTO introF
- r. REFUSED..... GOTO introF

E18camt. What is the dollar amount that you pay?

- \$ AMOUNT _____ → GOTO introF
- DON'T KNOW d → GOTO introF
- REFUSED r. → GOTO introF

E18cpct. What is the percentage of those charges?

- % AMOUNT _____ → GOTO introF
- DON'T KNOW d → GOTO introF
- REFUSED r. → GOTO introF

E18d. How much is your deductible each year?

- \$ AMOUNT _____ → GOTO E18e
- DON'T KNOW d → GOTO E18e
- REFUSED r. → GOTO E18e

E18e. Once the deductible was met, how much would you have to pay?

- 1. NOTHING → GOTO introF
- 2. AMOUNT PER VISIT → GOTO E18beamt
- 3. PERCENT OF CHARGES → GOTO E18epct
- d. DON'T KNOW → GOTO introF
- r. REFUSED → GOTO introF

E18eamt. What is the dollar amount that you pay?

- \$ AMOUNT _____ → GOTO introF
- DON'T KNOW d → GOTO introF
- REFUSED r. → GOTO introF

E18epct. What is the percentage of those charges?

- % AMOUNT _____ → GOTO E18c
- DON'T KNOW d → GOTO introF
- REFUSED r. → GOTO introF

E18f. If you wanted to see a specialist for mental health, alcohol, or drug problems, how much would you have to pay for a visit? [READ ONLY IF NECESSARY: Would you not have to pay anything, have to pay a certain dollar amount for each visit, or have to pay a certain percentage of the cost of the visit, or would the amount vary per visit, or would you have to pay for the entire cost of the visit until a deductible was met?

[PROBE: A deductible is an amount of money that you have to pay for the costs of your care before your insurance company will pay for any of the costs of your care.) .]

- 1. NOTHING..... GOTO introF
- 2. AMOUNT PER VISIT GOTO E18famt
- 3. PERCENT OF CHARGES..... GOTO E18fpct
- 4. CERTAIN AMOUNT DEPENDING ON COST OF VISIT.....GOTO E18famt
- 5. ALL, UNTIL DEDUCTIBLE IS MET..... GOTO E18g
- d. DON'T KNOW..... GOTO introF
- r. REFUSED..... GOTO introF

E18famt. What is the dollar amount that you pay?

- \$ AMOUNT _____ → GOTO introF
- DON'T KNOW d → GOTO introF
- REFUSED r. → GOTO introF

E18fpct. What is the percentage of those charges?

- % AMOUNT _____ → GOTO E18g
- DON'T KNOW d → GOTO E18g
- REFUSED r. → GOTO E18g

E18g. How much is your deductible each year?

- \$ AMOUNT _____ → GOTO E18h
- DON'T KNOW d → GOTO E18h
- REFUSED r. → GOTO E18h

E18h. Once the deductible was met, how much would you have to pay?

- 1. NOTHING → GOTO introF
- 2. AMOUNT PER VISIT → GOTO E18hamt
- 3. PERCENT OF CHARGES → GOTO E18hpct
- d. DON'T KNOW.. → GOTO introF
- r. REFUSED → GOTO introF

E18hamt. What is the dollar amount that you pay?

\$ AMOUNT _____ → GOTO introF

DON'T KNOW d → GOTO introF

REFUSED r. → GOTO introF

E18hpct. What is the percentage of those charges?

% AMOUNT _____ → GOTO introF

DON'T KNOW d → GOTO introF

REFUSED r → GOTO introF

SECTION F: ACCESS, UTILIZATION, QUALITY OF CARE

HOSPITALIZATIONS

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

screen1. In the past 12 months, have you received any treatment for emotional, mental health, alcohol, or drug problems?

(Circle One)

- NO.....1
- YES.....5
- DON'T KNOW.....d
- REFUSED.....r

screen2. Have you ever stayed overnight in a hospital for emotional, mental health, alcohol, or drug problems?

(Circle One)

- NO1 → GO TO Fcheck1
- YES5 → GO TO F1a
- DON'T KNOW.....d → GO TO Fcheck1
- REFUSED.....r → GO TO Fcheck1

F1a. Were you ever in a hospital overnight because of experiences such as:
[DON'T KNOW/REFUSED are available at all items]

| | <u>No</u> | <u>Yes</u> |
|---|-----------|------------|
| Hearing a voice that other people couldn't hear?, | 1 | 5 |
| Believing that people were following you or trying to hurt you?, | 1 | 5 |
| Feeling that you could actually hear another person's thoughts?, | 1 | 5 |
| Feeling that someone else was putting thoughts in your mind or taking thoughts out of your mind? | 1 | 5 |

[Fcheck1. IF screen1 IS "NO" THEN GOTO F5]

F1b. Now I am going to ask you a series of questions about treatment you may have received in the past 12 months.

During the past 12 months, did you stay overnight in a hospital for emotional, mental health, alcohol or drug problems?

(Circle One)

- NO.....1 → GOTO F2
- YES.....5
- DON'T KNOW.....d → GOTO F2
- REFUSED.....r → GOTO F2

F1c. How many nights?

NUMBER OF NIGHTS: _____ → GO TO F2
DON'T KNOW d → GO TO F1d
REFUSED r → GO TO F2

F1d. Was it more than one night?

(Circle One)

NO 1
YES 5
DON'T KNOW..... d
REFUSED r

F2. Now I'm going to ask you a series of questions about treatment you may have received in the past 12 months.

In the past 12 months, did you stay overnight in a residential treatment program for alcohol or drug problems?

(Circle One)

NO 1 → GO TO F3
YES 5
D/K d → GO TO F3
REFUSED... r → GO TO F3

F2a. How many nights?

NUMBER OF NIGHTS: _____ → GO TO F2c
DON'T KNOW d → GO TO F2b
REFUSED r → GO TO F2c

F2b. Was it more than one night?

(Circle One)

NO 1
YES 5
D/K..... d
REFUSED r

[Fchek1. IF E1a EQ "NO" OR E3a EQ "YES" OR E3c EQ "YES" THEN GOTO F3; OTHERWISE GOTO F2c]

F2c.....Were all of these stays in the residential treatment center covered by your health plan?

(Circle One)

NO 1

YES 5

D/K..... d

REFUSED r

F3. In the past 12 months, did you receive care in an emergency room for emotional, mental health, alcohol, or drug problems?

(Circle One)

NO 1

YES 5

D/K..... d

REFUSED r

[“YES” GOTO F3a; OTHERWISE GOTO F5]

F3a. How many times did you receive care in an emergency room for emotional, mental health, alcohol, or drug problems?

NUMBER OF TIMES:_____.

DON'T KNOW d

REFUSED r

[0 OR REFUSAL = GOTO F5; DK GOTO F3b; OTHERWISE GOTO Fchk2]

F3b. Was it more than five?

(Circle One)

NO 1

YES 5

D/K..... d

REFUSED r

[Fchk2. IF E1a EQ “NO” OR IF E3a OR E3c EQ “YES” THEN GOTO F4a]

F4. Were all of these visits to an emergency room covered by your regular health plan?

(Circle One)

- NO 1
- YES 5
- D/K..... d
- REFUSED r

F4a. In the past 6 months, how many times did you receive care in an emergency room for emotional, mental health, alcohol, or drug problems?

- NUMBER OF VISITS: _____ → GO TO F5
- DON'T KNOW d → GO TO F4b
- REFUSED r → GO TO F5

F4b. Was it more than five?

(Circle One)

- NO 1
- YES 5
- D/K..... d
- REFUSED r

| |
|---------------------------|
| <i>MENTAL HEALTH CARE</i> |
|---------------------------|

F5. In the past 12 months, did you think you needed help for emotional or mental health problems, such as feeling sad, blue, anxious or nervous?

(Circle One)

- NO 1
- YES 5
- DON'T KNOW d
- REFUSED r

[IF screen1 EQ "NO" THEN GOTO F8; OTHERWISE GOTO F6]

F6. In the past 12 months, have you seen a mental health provider, such as a psychiatrist, psychologist, social worker, psychiatric nurse, or counselor, for emotional or mental health problems? Don't count overnight stays, emergency room visits, or visits just for drug or alcohol problems.

(Circle One)

- NO 1 → GO TO F7
- YES 5 → GO TO F6a
- DON'T KNOW..... d → GO TO F7
- REFUSED..... r → GO TO F7

F6a. How many visits did you make in the past 12 months?

- NUMBER OF VISITS:_____.
- DON'T KNOW d
- REFUSED r

[DK GOTO F6b; REFUSAL GOTO F7; OTHERWISE GOTO Fchk3]

F6b. Was it more than five?

(Circle One)

- NO.....1
- YES.....5
- DON'T KNOW.....d
- REFUSED.....r

[Fchk3. IF E1a EQ "NO" OR E3a OR E3c EQ "YES" THEN GOTO F6d]

F6c. Were all of these visits covered by your regular health plan?

(Circle One)

- NO.....1
- YES.....5
- DON'T KNOW.....d
- REFUSED.....r

F6d. In the past 6 months, how many visits did you make to a mental health provider?

- NUMBER OF VISITS:_____ → GO TO F7
- DON'T KNOW d → GO TO F6e
- REFUSED r → GO TO F7

F6e. Was it more than five?

(Circle One)

- NO.....1
- YES.....5
- DON'T KNOW.....d
- REFUSED.....r

F7. In the past 12 months, did you attend any self-help meetings for people with emotional or mental health problems? Do not include groups for alcohol or drug abuse.

(Circle One)

- NO 1 → GO TO F8
- YES 5
- D/K d → GO TO F8
- REFUSED r → GO TO F8

F7a. On how many days did you attend a meeting like that in the past 12 months?

- NUMBER OF DAYS: _____ → GO TO F7c
- DON'T KNOW d → GO TO F7b
- REFUSED r → GO TO F7c

→

F7b. Was it more than five?

(Circle One)

- NO 1
- YES 5
- D/K d
- REFUSED r

F7c. In the past 6 months, how many days did you attend a meeting like that?

- NUMBER OF DAYS: _____ → GO TO F8
- DON'T KNOW d → GO TO F7d
- REFUSED r → GO TO F8

F7d. Was it more than five?

(Circle One)

- NO 1 →
- YES 5
- D/K d
- REFUSED r

| |
|---|
| <i>SUBSTANCE ABUSE & SPECIALTY CARE</i> |
|---|

F8. These next questions are about treatment for alcohol or drug problems.
In the last 12 months, did you think you needed help for alcohol or drug problems?

(Circle One)

- NO 1
- YES 5
- D/K d
- REFUSED r

[IF screen1 EQ "NO" THEN GOTO F12]

F9. Not counting overnight stays or emergency room visits, have you seen a substance abuse specialist, such as a counselor, social worker, psychologist, or psychiatrist, for alcohol or drug problems, or attended an alcohol or drug program in the past 12 months? Don't include self-help groups like AA; I'll ask about those later.

(Circle One)

NO 1 → GO TO F11

YES 5

DON'T KNOW d → GO TO F11

REFUSED r → GO TO F11

F9a. How many visits like that did you make in the past 12 months?

NUMBER OF VISITS: _____ → GO TO F9c

DON'T KNOW d → GO TO F9b

REFUSED r → GO TO F9c

F9b. Was it more than five?

(Circle One)

NO 1

YES 5

DON'T KNOW d

REFUSED r

F9c. In how many of the last 12 months did you receive this care?

[PROBE: You said you had [FILL # FROM F9a] visits in the last 12 months.]

NUMBER OF MONTHS: _____.

DON'T KNOW d

REFUSED r

[Fchk3a. IF F6 EQ "NO" OR "REFUSED" THEN GOTO F9h; OTHERWISE TO F9d]

F9d. Were you required by a court to have this care?

DEFINITION: "Court" could mean the following:

a judge ordered, a condition of parole, a condition of the juvenile court/child welfare system to get children back, a condition to get driver's license back.

(Circle One)

- NO 1
- YES 5
- DON'T KNOW d
- REFUSED r

F9e. Were any of these visits the same as the [FILL # VISITS AT F6a] visits you told me about earlier, where you saw a mental health provider for emotional or mental health problems?

(Circle One)

- NO 1 → GO TO Fchck4
- YES 5
- DON'T KNOW d → GO TO Fchck4
- REFUSED r → GO TO Fchck4

F9f. How many were the same visits?

- NUMBER OF VISITS: _____.
- DON'T KNOW d
- REFUSED r

[Fchk4. IF E1a EQ "NO" OR E3a OR E3c EQ "YES" THEN GOTO FCHK5]

F9h. Were all of your visits to a substance abuse specialist or program covered by your regular health plan?

(Circle One)

- NO 1
- YES 5
- DON'T KNOW d
- REFUSED r

[FCHK5. IF F2 OR F9 EQ "YES" GOTO F10; OTHERWISE GOTO F11]

F10. As part of getting treatment for alcohol or drug problems in the past 12 months, did you receive:

[DON'T KNOW/REFUSED are available at each item below]

| | <u>No</u> | <u>Yes</u> |
|--|-----------|------------|
| a. A physical exam? | 1 | 5 |
| b. An evaluation or treatment for emotional or mental health problems? | 1 | 5 |
| c. Any employment, vocational, or job counseling? | 1 | 5 |
| d. Any counseling on problems with relationships? | 1 | 5 |

F10a. In the past 6 months, how many visits did you make to a substance abuse specialist program?

NUMBER OF VISITS: _____. → GO TO F11
 DON'T KNOW d → GO TO F10b
 REFUSED r → GO TO F11

F10b.. Was it more than five?

(Circle One)

NO..... 1
 YES 5
 DON'T KNOW..... d
 REFUSED..... r

F11. In the past 12 months, did you attend any self-help meetings for people with alcohol or drug problems, such as AA, CA, or NA?

(Circle One)

NO 1 → GO TO F12
 YES 5
 DON'T KNOW d → GO TO F12
 REFUSED r → GO TO F12

F11a. On how many days did you attend a meeting like that in the past 12 months?

NUMBER OF DAYS: _____. → GO TO F11c
 DON'T KNOW d → GO TO F11b
 REFUSED r → GO TO F12

F11b. Was it more than five?

(Circle One)

- NO 1
- YES 5
- DON'T KNOW d
- REFUSED r

F11c. In the past 6 months, on how many days did you attend a meeting like that?

- NUMBER OF DAYS: _____ . → GO TO F12
- DON'T KNOW d → GO TO F11d
- REFUSED r → GO TO F12

F11d. Was it more than five?

(Circle One)

- NO 1
- YES 5
- DON'T KNOW d
- REFUSED r

| |
|---------------------|
| <i>PRIMARY CARE</i> |
|---------------------|

F12. Now I'm going to ask you about general medical visits. Have you visited a medical provider, such as a primary care doctor or family physician, general internist, nurse or physician assistant, a chiropractor, or health clinic in the past 12 months?

(Circle One)

- NO 1
- YES 5
- DON'T KNOW d
- REFUSED r

[5 GOTO F13; OTHERWISE IF screen1 EQ "NO" GOTO intro2]
 [OTHERWISE GOTO Fchk7]

F13. In the past 12 months, did any of these medical providers (REFERS TO MEDICAL PROVIDERS IN F12):

[DON'T KNOW/REFUSED available at all items below]

| | <u>No</u> | <u>Yes</u> |
|---|-----------|------------|
| a. Ask you about how much you use alcohol or drugs (that is, illegal drugs or prescription drugs that you use on your own)? | 1 | 5 |
| b. Suggest that you cut down or stop using alcohol or drugs? | 1 | 5 |
| c. Ask you about feeling tense, anxious, sad, or depressed? | 1 | 5 |
| d. Suggest that you see a specialist or special program for an emotional, mental health, alcohol or drug problem? | 1 | 5 |
| e. Suggest that you take medication for an emotional, mental health, alcohol or drug problem? | 1 | 5 |
| f. Spend at least 5 minutes counseling you about an emotional, mental health, alcohol or drug problem? | 1 | 5 |

[CHECK: IF NO TO ALL AT F13 THEN GOTO F13g] [OTHERWISE GOTO F14]

F13g. Did a medical provider ever talk to you about emotional, mental health, alcohol or drug problems in past 12 months?

NO.....1 [GOTO Fchk7]
 YES.....5
 DON'T KNOW.....d
 REFUSED.....r [GOTO Fchk7]

F14. How many visits did you make to a medical provider or health clinic in the past 12 months, during which the provider talked to you about emotional, mental health, alcohol or drug problems?

NUMBER OF VISITS: _____.
 DON'T KNOW d
 REFUSED r

["0" OR "REFUSED GOTO Fchk7; OTHERWISE GOTO Fchk6]

Fchk6. [IF E1a EQ "NO" OR IF E3a OR e3c EQ "YES" THEN GOTO Fchk7]

F15. Were all of these visits covered by your regular health plan?

(Circle One)

NO 1
 YES 5
 DON'T KNOW d
 REFUSED r

ALL PROVIDERS

[Fchk7. IF screen1 EQ "YES" GOTO F16]
 [IF F5 OR F8 EQ "YES" GOTO F17]
 [OTHERWISE GOTO intro2]

F16. In the past 12 months, when you received care for emotional, mental health, alcohol or drug problems, did you receive any help with:

[DON'T KNOW/REFUSED are available at all items below]

| | <u>No</u> | <u>Yes</u> |
|--|-----------|------------|
| a. Improving your social skills or relationships with others? | 1 | 5 |
| b. Coping with losses? | 1 | 5 |
| c. Teaching you ways to relax? (Relaxation therapy, hypnosis, biofeedback, guided imagery)? | 1 | 5 |
| d. Encouraging you to do more of the things you enjoy? | 1 | 5 |
| e. Encouraging you to take responsibility for an alcohol or drug problem? (12-step) | 1 | 5 |
| f. Teaching you how to avoid having a <u>repeat or recurrence</u> of an emotional, mental health, alcohol, or drug problem in the future? (prevention and relapse prevention)? | 1 | 5 |

| |
|---|
| <i>BARRIERS AND SATISFATION WITH PRIMARY CARE</i> |
|---|

F17. Were there any times during the past 12 months when you got less treatment for emotional, mental health, alcohol, or drug problems than you needed, or had difficulties or delays in getting care?

(Circle One)

- NO 1 → GOTO intro2
- YES..... 5
- DON'T KNOW d → GO TO intro2
- REFUSED r → GO TO intro2

F18. (IF YES TO F17) What were the main reasons you got less treatment than you needed or had delays or difficulties in getting care? Was it because:

[DON'T KNOW/REFUSED *available at all items below*]

| | <u>No</u> | <u>Yes</u> |
|--|-----------|------------|
| a. You worried about the cost | 1 | 5 |
| b. The provider wouldn't accept your health insurance | 1 | 5 |
| c. Your health plan wouldn't pay for treatment | 1 | 5 |
| d. You could not find out where to go for help | 1 | 5 |
| e. You couldn't get an appointment soon enough | 1 | 5 |
| f. You couldn't get to the provider's office when it was open | 1 | 5 |
| g. It takes too long to get to the office from your house or work ... | 1 | 5 |
| h. You couldn't get through on the telephone | 1 | 5 |
| i. You didn't think you could be helped | 1 | 5 |
| j. You were embarrassed to discuss the problem with anyone | 1 | 5 |
| k. You would lose pay from work | 1 | 5 |
| l. You needed someone to take care of your children | 1 | 5 |
| m. You worried that someone else such as an employer might find out | 1 | 5 |
| n. You had to wait too long to get into treatment | 1 | 5 |

intro2. For these next questions, we want you to think about the health care available to you during the past 12 months, whether or not you used it.

F19. How satisfied or dissatisfied were you with the overall health care available to you during the past 12 months?

(Circle One)

- Very satisfied 1
- Satisfied 2
- Neither satisfied nor dissatisfied 3
- Dissatisfied 4
- Very dissatisfied 5
- DON'T KNOW d
- REFUSED r
- DIDN'T USE HEALTH CARE..... n

F20. How satisfied or dissatisfied were you with the health care available to you for personal or emotional problems during the past 12 months?

(Circle One)

- Very satisfied 1
- Satisfied 2
- Neither satisfied nor dissatisfied 3
- Dissatisfied 4
- Very dissatisfied 5
- DON'T KNOW d
- REFUSED r
- DIDN'T USE HEALTH CARE..... n

F21. How satisfied or dissatisfied were you with the health care available to you for alcohol or drug problems during the past 12 months?

(Circle One)

- Very satisfied 1
- Satisfied 2
- Neither satisfied nor dissatisfied ... 3
- Dissatisfied 4
- Very dissatisfied 5
- DON'T KNOW d
- REFUSED r
- DIDN'T USE HEALTH CARE n

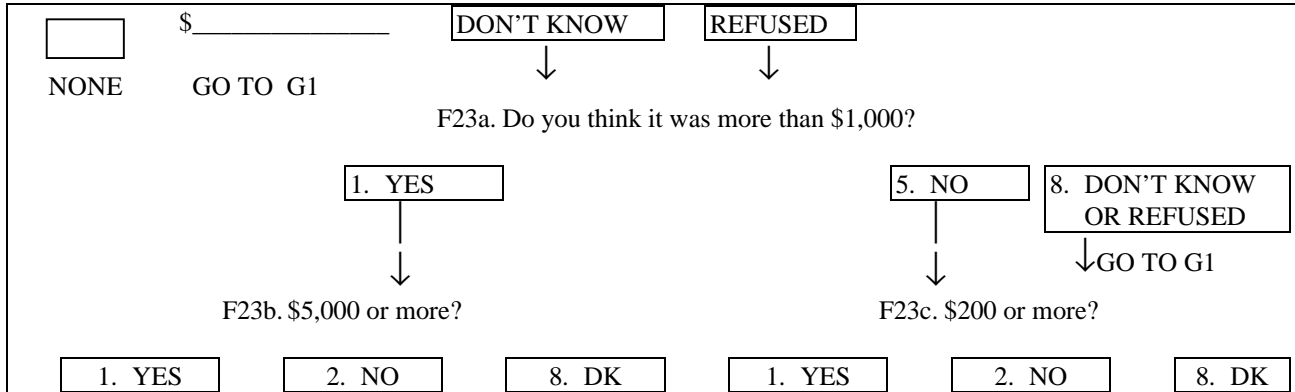
F22. During the past 12 months, about how much did you and your family spend out-of-pocket for medical care, including mental health and substance abuse treatment for all members of the family? Please include dental care and any insurance premiums you pay yourself.

(PROBE: This would include any family members who may have lived with you in the past 12 months. PROBE IF NECESSARY: By family I mean you, your spouse or partner and any dependents that you have that are living in this household. PROBE IF NECESSARY AND RESPONDENT IS A DEPENDENT: If you are the dependent of someone else in the household, by family I mean you, your siblings and whoever claims you as a dependent. PROBE: 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.)

| | | | | | | | |
|---|-----------------------|---|--|-------|--|---|--|
| <input style="width: 40px; height: 20px;" type="text"/> NONE | \$ _____ GO TO F23 | <input style="width: 100%; height: 20px;" type="text" value="DON'T KNOW"/> ↓ | <input style="width: 100%; height: 20px;" type="text" value="REFUSED"/> ↓ | | | | |
| F22a. Do you think it was more than \$1,000? | | | | | | | |
| | | <input style="width: 100%; height: 20px;" type="text" value="1. YES"/> ↓ | | | <input style="width: 100%; height: 20px;" type="text" value="5. NO"/> ↓ | <input style="width: 100%; height: 20px;" type="text" value="8. DON'T KNOW OR REFUSED"/> ↓ | |
| F22b. \$5,000 or more? | | | F22c. \$200 or more? | | | | |
| 1. YES | 2. NO | 8. DK | 1. YES | 2. NO | 8. DK | | |

F23. [IF screen1 EQ "NO" THEN GOTO SECTION G] About how much money have you or your family spent in the past year on your own care for emotional, mental health, alcohol or drug problems?

(PROBE: This would include any family members who may have lived with you in the past 12 months. PROBE IF NECESSARY: By family I mean you, your spouse or partner and any dependents that you have that are living in this household. PROBE IF NECESSARY AND RESPONDENT IS A DEPENDENT: If you are the dependent of someone else in the household, by family I mean you, your siblings and whoever claims you as a dependent. PROBE: 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.)



SECTION G: LABOR MARKET, INCOME & WEALTH

IntroG. One goal of this study is to understand how health affects people's lives and finances.

EMPLOYMENT OF RESPONDENT

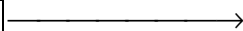
G1. Which of the following describe your employment situation right now – feel free to tell me if you fit into more than one category. Are you: working, unemployed, on sick leave, temporarily laid off or on other leave, disabled, retired, a homemaker, a student, or something else?

[CHECK ALL THAT APPLY.]

ASK ALL APPROPRIATE FOLLOW-UP QUESTIONS ON THIS PAGE FOR EACH APPLICABLE CATEGORY.

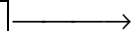
[DON'T KNOW/REFUSED *are available on all items below*]

G1@1. WORKING
NOW



NEXT, MARK "YES" AT G2 BELOW AND GO TO NEXT STATUS

G1@2. UNEMPLOYED

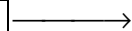


G1b. In what month and year did you become unemployed?

_____/_____
MONTH YEAR

GO TO NEXT STATUS OR G2

G1@3. ON SICK LEAVE



G1c. Do you expect to go back to this job?

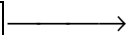
5. YES 1. NO → GO TO NEXT STATUS
OR G2

G1d. In what month and year did you last work on this job?

_____/_____
MONTH YEAR

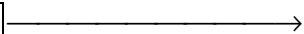
MARK G2 "YES" AND GO TO NEXT STATUS OR G2

G1@4. TEMPORARILY LAID OFF OR ON OTHER LEAVE



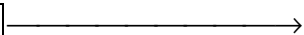
G1e. Do you expect to go back to this job?
5. YES 1. NO → GO TO NEXT STATUS OR G2
↓
G1f. In what month and year did you last work on this job?
_____/_____
MONTH YEAR
MARK G2 "YES" AND GO TO NEXT STATUS OR G2

G1@5. DISABLED



G1g. In what month and year did you become disabled?
_____/_____
MONTH YEAR
GO TO NEXT STATUS OR G2

G1@6. RETIRED



G1h. In what month and year did you retire?
_____/_____
MONTH YEAR
GO TO NEXT STATUS OR G2 (NEXT PAGE)

G1@7. HOMEMAKER

G1@8. STUDENT

G1@9. OTHER

5. YES 1. NO → GO TO NEXT STATUS
↓ OR G2
5. YES 1. NO → GO TO NEXT STATUS
↓ OR G2
5. YES 1. NO

G2. Are you doing any work for pay at the present time?

(Circle One)

- NO 1 → GO TO G3
- YES 5 → GO TO G4
- REFUSED r → GO TO G3

G3. Have you worked at all in the past 12 months?

(Circle One)

- NO 1 → GO TO G4a
- YES 5 → GO TO G4
- REFUSED r → GO TO G4a

G4. How many hours a week do you usually work?

IF G2=NO or G1c=YES or if G1e=YES read; When you were working, how many hours a week did you usually work?

NUMBER OF HOURS _____

DON'T KNOW d

REFUSED r

INTERVIEWER CHECK: If G1aa is marked and if G4=40 hours or more, skip to G4b

G4a. Are you unable to work or unable to work as much as you'd like to because of your health?

(Circle One)

- NO 1
- YES 5
- REFUSED r

INTERVIEWER CHECK: If G2 =YES OR If G3=YES, GOTO G4b
If G3 = 1, GOTO ckg9

G4b. Are/were you self-employed or do you work for someone else:

(Circle One)

- SELF EMPLOYED 1 GOTO G5
- WORK FOR SOMEONE ELSE 5
- BOTH 9
- DON'T KNOW d GOTO G5
- REFUSED r GOTO G5

G4c. Did/Do you get time off from your job with pay when you are ill or for doctor visits?

(Circle One)

- NO 1
- YES 5
- DON'T KNOW d
- REFUSED r

G5. About how many weeks did you work in the past 12 months, including weeks of paid vacation? (If you worked every single week, you would have worked 52 weeks.)

NUMBER WEEKS WORKED _____

DON'T KNOW d

REFUSED r

G6. How many different employers (including yourself, if you were self employed) have you worked for in the past 12 months?

OF EMPLOYERS: _____

DON'T KNOW d
REFUSED r

G7. [SKIP IF SELF-EMPLOYED (G4b=1)]Some employers have a program which offers confidential assistance for personal or alcohol or drug problems, usually called employee assistance programs or counseling programs.
(Did your last/does your current) employer have such a program?

(Circle One)

NO 1
YES 5
DON'T KNOW d
REFUSED r

WORK / SCHOOL

G8. (IF YES TO G2) During the last 30 days, how many whole days of work did you miss? Include days missed for any reason.

NUMBER OF DAYS: . _____ .
DON'T KNOW d
REFUSED r

[IF G8 = "0" OR "DK" OR "REFUSAL → GO TO ckg9; OTHERWISE GOTO G8a]

G8a. [If G8 greater than 0] How many of these days were missed because you had problems with your physical or emotional health, or alcohol or drugs?

NUMBER OF DAYS _____
DON'T KNOW d
REFUSAL r

ckg9. [IF G1@8 IS YES FOR STUDENT THEN GOTO G9; OTHERWISE GOTO G10]

G9. IF STUDENT (YES TO G1hh) During the last month, how many whole days of school did you miss?

NUMBER OF DAYS _____
DON'T KNOW d
REFUSAL R

[IF "0" THEN GOTO G10; OTHERWISE GOTO G9a]

G9a. [If G9 greater than 0] How many of these days were missed because you had problems with your physical or emotional health, or alcohol or drugs?

NUMBER OF DAYS _____

DON'T KNOW d

REFUSED r

VALUE / SAVINGS

G10. Do you (or your family) own your home or apartment, do you pay rent, or do you have some other housing arrangement?

(PROBE IF NECESSARY: By family I mean your spouse or partner and any dependents that you have that are living in this household. PROBE IF RESPONDENT IS A DEPENDENT: If you are the dependent of someone else in the household, by family I mean you, your siblings and whoever claims you as a dependent.)

(PROBE: 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.)

(Circle One)

OWNS OR IS BUYING 1

PAYS RENT 2

NEITHER OWNS NOR RENTS 3

DON'T KNOW d

REFUSED r

G11. [IF E10 IS 'OWNS,' ADD: Excluding your mortgage...] 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 IF NECESSARY: By family I mean your spouse or partner and any dependents that you have that are living in this household.)

(PROBE: 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.)

(Circle One)

NO 1 → GO TO G11f

YES 5

DON'T KNOW d → GO TO G11f

REFUSED r → GO TO G11f

G11a. (IF YES) About how much would that be?

\$ _____ → GO TO G11f **OR**

(Circle One)

DON'T KNOW d → GO TO G11b

REFUSED r → GO TO G11b

G11b. Would it amount to \$1,000 or more?

(Circle One)

- NO 1 → GO TO G11f
- YES 5 → GO TO G11c
- DON'T KNOW d → GO TO G11f
- REFUSED r → GO TO G11f

G11c. Would it amount to \$5,000 or more?

(Circle One)

- NO 1 → GO TO G11f
- YES 5 → GO TO G11d
- DON'T KNOW d → GO TO G11f
- REFUSED r → GO TO G11f

G11d. \$10,000 or more?

(Circle One)

- NO 1 → GO TO G11f
- YES 5 → GO TO G11e
- DON'T KNOW d → GO TO G11f
- REFUSED r → GO TO G11f

G11e. \$20,000 or more?

(Circle One)

- NO 1
- YES 5
- DON'T KNOW d
- REFUSED r

G11f. 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 IF NECESSARY: By family I mean your spouse or partner and any dependents that you have that are living in this household.)

(PROBE: 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.)

(Circle One)

- NO 1 → GOTO chkG2
- YES 5
- DON'T KNOW d → GOTO chkG2
- REFUSED r → GOTO chkG2

G11g. (IF YES) About how much would that be?

\$ _____ → GOTO chkG2 **OR**
(Circle One)

DON'T KNOW d → GO TO G11h
REFUSED r → GOTO G11h

G11h. Would it amount to \$1,000 or more?

(Circle One)

NO 1 → GO TO G11k
YES 5 → GO TO G11i
DON'T KNOW d → GOTO chkG2
REFUSED r → GOTO chkG2

G11i. \$5,000 or more?

(Circle One)

NO 1 → GOTO chkG2
YES 5 → GO TO G11j
DON'T KNOW d → GOTO chkG2
REFUSED r → GOTO chkG2

G11j. \$10,000 or more?

(Circle One)

NO 1
YES 5
DON'T KNOW d
REFUSED r

[GOTO chckG2]

G11k. \$200 or more?

(Circle One)

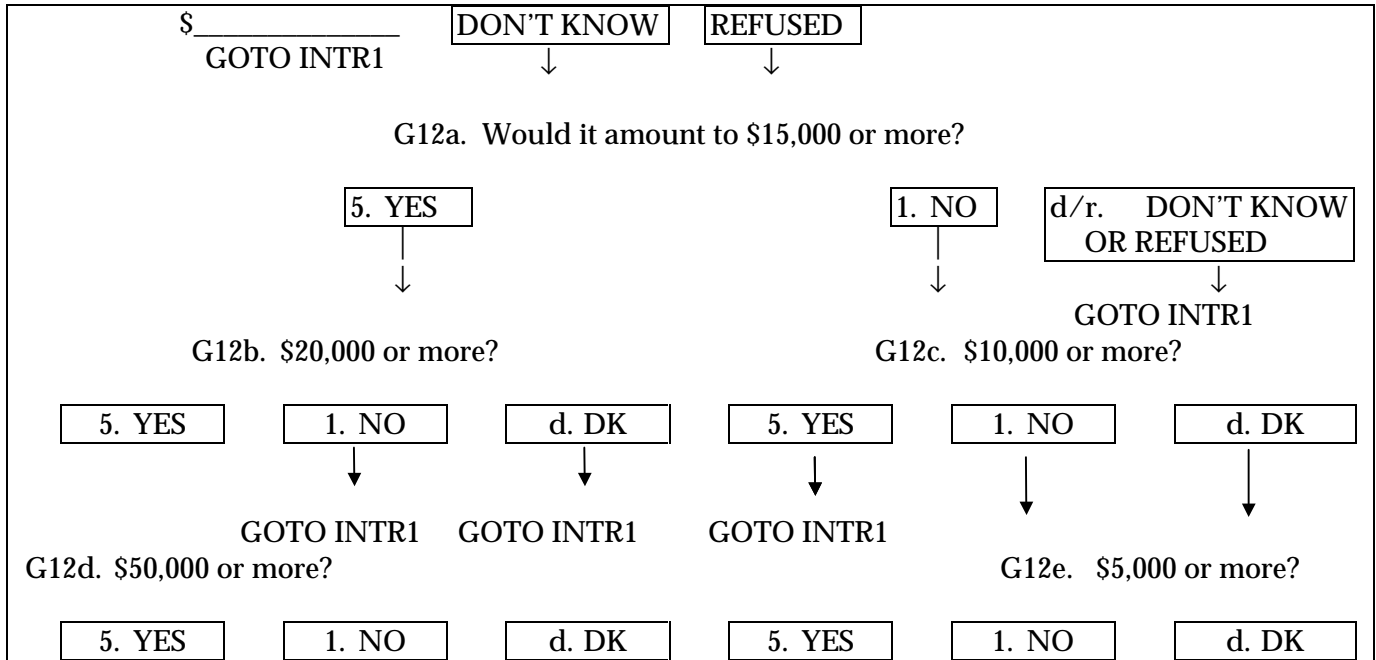
NO 1
YES 5
DON'T KNOW d
REFUSED r

chkG2. [IF G3 = "1" THEN GOTO INTR1]

INCOME

G12. How much income did **you** earn from **work** in 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.

[DON'T KNOW/REFUSED available at the items below]



INTR1.

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 in the past 12 months. (Later I'll ask about other people in your family.)

G13. Have you received any income in the past 12 months from AFDC, AFDC-UP or TANF?

IF NECESSARY TO EXPLAIN: AFDC is Aid to Families with Dependent Children, a government program that provides monthly assistance to low-income families; AFDC-UP is the same program for two-parent families where one parent is employed; TANF is the new program that replaces AFDC.

(INTERVIEWER NOTE: IF RESPONDENT OFFERS THAT OTHERS IN THE FAMILY ARE RECEIVING AFDC, SAY: Right now, I am only interested in AFDC that you yourself have received. I'll be asking about AFDC that other people in your family may have received a little bit later.)

DON'T KNOW d..[GOTO G14]

REFUSED r [GOTO G14]

5. YES



1. NO ↖

Go to G14

G13a. How many months out of the past 12 months did you receive AFDC?

_____ MONTHS (1-12)

DON'T KNOW d

REFUSED r

G13b. Are you currently receiving AFDC?

(Circle One)

NO 1

YES 5 GOTO G13e

DON'T KNOW d

REFUSED r

G13c. When did you last receive AFDC or TANF?

_____ MONTH _____ YEAR

DON'T KNOW d

REFUSED r

G13d. Why did you stop receiving AFDC?

(Circle One)

CHILD TURNED 18 1

GOT MARRIED 2

NONCITIZEN IMMIGRANT WHO

IS NO LONGER ELIGILBLE..... 3

WENT BACK TO WORK 4

OTHER _____ (specify the reason) 5

DON'T KNOW d

REFUSED r

G13e. About how much money per month (did/do) you receive from AFDC or TANF?

\$ _____
DON'T KNOW d
REFUSED r

G13f. How many years altogether have your received AFDC or TANF in your life?

_____ YEARS
DON'T KNOW d
REFUSED r

INTERVIEWER CHECK: IF DON'T KNOW, Go to G13g, otherwise skip to G14

G13g. Was it more than two years?

(Circle One)

NO 1 GOTO G14
YES 5
DON'T KNOW d GOTO G14
REFUSED r GOTO G14

G13h. Was it more than five years?

(Circle One)

NO 1
YES 5
DON'T KNOW d
REFUSED r

G14. Have you received any income in the past 12 months from Supplemental Security Income (SSI)?

IF NECESSARY TO EXPLAIN: SSI is a government program that provides monthly cash assistance to low-income elderly individuals and low-income disabled individuals.

(INTERVIEWER NOTE: IF RESPONDENT OFFERS THAT OTHERS IN THE FAMILY ARE RECEIVING SSI, SAY: Right now I am only interested in SSI that you yourself have received. I'll be asking about SSI that other people in your family may have received a little bit later.)

(Circle One)

NO 1 GOTO G15
YES 5
DON'T KNOW d GOTO G15
REFUSED r GOTO G15

G14a. How many months out of the past 12 months did you receive SSI?

- MONTHS (1-12)
- DON'T KNOW d
- REFUSED r

G14b. Are you currently receiving SSI?

(Circle One)

- NO 1
- YES 5 GOTO G14e
- DON'T KNOW d GOTO G14e
- REFUSED r GOTO G14e

G14c. When did you last receive SSI?

- _____MONTH _____YEAR
- DON'T KNOW d GOTO G14e
 - REFUSED r GOTO G14e

G14d. Why did you stop receiving SSI?

(Circle One)

- SUBSTANCE ABUSER WHO IS NO LONGER ELIGIBLE 1
- DR. OR SOCIAL SECURITY ADMINISTRATOR DECIDED I WAS NO
LONGER DISABLED(R may mention CDR, Continuing Disability Review) 2
- WENT BACK TO WORK..... 3
- NONCITIZEN IMMIGRANT WHO IS NO LONGER ELIGIBLE 4
- OTHER..... 5
- DON'T KNOW..... d
- REFUSED r

G14e. About how much money per month did/do you receive from SSI?

- \$
- DON'T KNOW d
- REFUSED r

G14f. How many years altogether have you received SSI in your life?

- _____YEARS GO TO G14i
- DON'T KNOW GO TO G14g
- REFUSED GOTO G14I

G14g. Was it more than two years?

(Circle One)

- NO 1 GOTO G14i
- YES 5 GO TO G14h
- DON'T KNOW d GO TO G14i
- REFUSED r GOTO G14i

G14h. Was it more than five years?

(Circle One)

- NO 1 GO TO G14i
- YES 5 GO TO G14i
- DON'T KNOW d GOTO G14i
- REFUSED r GOTO G14i

G14i. Did you qualify for SSI because of some kind of disability?

- NO..... 1
- YES..... 5
- DON'T KNOW..... d
- REFUSED..... r

[IF "YES" THEN GOTO G14j; OTHERWISE GOTO G15]

G14j. What disabilities (currently qualifies/qualified) you? A mental health disability, a physical disability, or a disability caused by a substance abuse?

(Circle All That Apply)

- MENTAL 1
- PHYSICAL 2
- SUBSTANCE ABUSE 3 → GO TO G14I
- DON'T KNOW d
- REFUSED r

G14k. Did you previously receive SSI on the basis of a disability from substance abuse?

(Circle One)

- NO 1 GOTO G15
- YES 5
- DON'T KNOW d GOTO G15
- REFUSED r GOTO G15

G14l. Did you go through or are you now going through a process to see if you qualify for SSI on the basis of some other disability besides substance abuse?

IF NECESSARY READ:

Recently it was decided that people disabled from substance abuse could no longer receive SSI benefits. Before losing their benefits, substance abusers who had mental health, emotional, or physical problems could ask to be re-assessed to see if they could get SSI benefits because of their mental or physical problems.

(Circle One)

- NO 1 Go to G15
- YES 5
- DON'T KNOW d GOTO G15
- REFUSED r GOTO G15

G14m. (IF YES) And did you hear back that you were denied, approved, or are you still waiting to hear back?

(Circle One)

- DENIED 1
- APPROVED..... 3
- WAITING TO HEAR 5
- DON'T KNOW d
- REFUSED r

G15. Have you received any income in the past 12 months from Disability Insurance?

IF NECESSARY TO EXPLAIN: Disability Insurance is also known as DI or SSDI.

It is a government program that provides monthly cash assistance to disabled individuals.

(INTERVIEWER NOTE: IF RESPONDENT OFFERS THAT OTHERS IN THE FAMILY ARE RECEIVING DI, SAY: Right now I am only interested in DI that you yourself have received. I'll be asking about DI that other people in your family may have received a little bit later.)

(Circle One)

- NO 1 → GOTO G16
- YES 5
- DON'T KNOW d → GOTO G16
- REFUSED r → GOTO G16

ASK ONLY IF STATE=CA, NJ, NY, RI, HI, PR

G15a. Is the Disability Insurance you receive from the federal government, state government, both, or don't you know?

(Circle One)

- STATE 1 Go to G15b
- FEDERAL 2 Go to G15d
- BOTH..... 3 Go to G15b
- D/KNOW d Go to G15d
- REFUSEDr Go to G15d

G15b. IF STATE OR BOTH: How much money did you receive from state disability in the past 12 months? _____ AMOUNT

- DON'T KNOW d
- REFUSED r

G15c. What disability qualified you for state disability?

(Circle All That Apply)

(Circle One)

- PHYSICAL HEALTH 1
- MENTAL HEALTH 2
- SUBSTANCE ABUSE 3
- DON'T KNOW d
- REFUSED r

IF STATE ONLY, Go to G16

G15d.

[FOR BOTH SAY: I'd like you to answer the next few questions thinking about your disability insurance from the Federal government.]

How many months out of the past 12 months did you receive DI?

- _____ MONTHS (1-12)
- DON'T KNOW d
- REFUSED r

G15e. Are you currently receiving DI?

(Circle One)

- NO 1
- YES 5 GOTO G15g
- DON'T KNOW d
- REFUSED r

G15f. When did you last receive DI?

_____ MONTH _____ YEAR

DON'T KNOW d

REFUSED r

G15g. About how much money per month (did/do) you receive from DI?

\$ _____

DON'T KNOW d

REFUSED r

[IF G15e EQUALS "5" GOTO g15I; OTHERWISE GOTO G15h]

G15h. Why did you stop receiving DI?

1. SUBSTANCE ABUSER WHO IS NO LONGER ELIGIBLE

2. DR. OR SSA DECIDED I WAS NO LONGER DISABLED

3. WENT BACK TO WORK

4. OTHER

d. DON'T KNOW

r. REFUSED

G15i. How many years altogether have your received DI in your life?

_____ YEARS GO TO G15I

REFUSED GOTO G15I

DON'T KNOW GO TO G15j

G 15j. Was it more than two years?

(Circle One)

NO 1 GOTO G15I

YES 5 GO TO G15k

DON'T KNOW d GO TO G15I

REFUSED r GOTO G15I

G15k. Was it more than five years?

(Circle One)

NO 1

YES 5

DON'T KNOW..... d

REFUSED r

G15l. Did you qualify for DI because of a mental health disability, a physical disability, or a disability caused by a substance abuse?

(Circle All That Apply)

- MENTAL 1
- PHYSICAL 2
- SUBSTANCE ABUSE 3 GOTO G15n
- DON'T KNOW d
- REFUSED r

G15m. Did you previously receive DI on the basis of a disability from substance abuse?

(Circle One)

- NO 1 → GOTO G16
- YES 5
- DON'T KNOW d → GOTO G16
- REFUSED r → GOTO G16

G15n. Did you go through or are you now going through a process to see if you qualify for DI on the basis of some other disability besides substance abuse?

IF NECESSARY READ: Recently it was decided that people disabled from substance abuse could no longer receive DI benefits. Before losing their benefits, substance abusers who had mental health, emotional, or physical problems could ask to be re-assessed to see if they could get DI benefits because of their mental or physical problems.

(Circle One)

- NO 1 GOTO G16
- YES 5
- DON'T KNOW d GOTO G16
- REFUSED r GOTO G16

G15o. (IF YES) And did you hear back that you were denied, approved, or are you still waiting to hear back?

(Circle One)

- DENIED 1
- APPROVED..... 3
- WAITING TO HEAR 5
- DON'T KNOW d
- REFUSED r

G16. Have you received any income in the past 12 months from Worker's Compensation?

(INTERVIEWER NOTE: IF RESPONDENT OFFERS THAT OTHERS IN THE FAMILY ARE RECEIVING WORKER'S COMPENSATION, SAY: Right now I am only interested in Worker's Compensation that you yourself have received. I'll be asking about Worker's Compensation that other people in your family may have received a little bit later.)

(Circle One)

- NO 1 → GO TO G17
- YES 5
- DON'T KNOW d → GO TO G17
- REFUSED r → GO TO G17

G16a. How many months out of the past 12 months did you receive Worker's Compensation?

- _____ MONTHS (1-12)
- DON'T KNOW d
- REFUSED r

G16b. Are you currently receiving Worker's Compensation?

(Circle One)

- NO 1
- YES 5
- DON'T KNOW d
- REFUSED r

["5" GOTO G16d; OTHERWISE GOTO G16c]

G16c. When did you last receive Worker's Compensation?

- _____ YEAR _____ MONTH
- DON'T KNOW d
- REFUSED r

G16d. About how much money per month (did/do) you receive from Worker's Compensation?

- \$ _____,
- LUMP SUM _____
- DON'T KNOW d
- REFUSED r

G16e. How many years altogether have you received Worker's Compensation in your life?

- _____ YEARS GO TO G16h
- DON'T KNOW GO TO G16f
- REFUSED GOTO G16h

G16f. Was it more than two years?

(Circle One)

- NO 1 GOTO G16h
- YES 5 GO TO G16g
- D/KNOW d GO TO G16h
- REFUSED r GOTO G16h

G16g. Was it more than five years?

(Circle One)

- NO 1
- YES 5
- DON'T KNOW..... d
- REFUSED r

G16h. Did you qualify for Worker's Compensation because of a physical disability, emotional or mental disability, or a disability caused by drugs and alcohol?

(Circle All That Apply)

- MENTAL OR EMOTIONAL ... 1
- PHYSICAL..... 2
- SUBSTANCE ABUSE 3
- DON'T KNOW d
- REFUSED r

G16i. What disability rating did you receive?

(Circle One)

- 100% permanent, 1
- Partial permanent, 2
- 100% temporary, or 3
- Partial temporary? 4
- OTHER 5
- DON'T KNOW d
- REFUSE r

G17. Did you receive any income from General Assistance (GA), General Relief (GR), or unemployment compensation over the past 12 months?

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

- No.....1
- Yes.....5
- DON'T KNOW.....d
- REFUSED r

[IF "NO" THEN GOTO tfam; OTHERWISE GOTO G18]

G18. Which did you receive?

- 1.....GENERAL ASSISTANCE/GENERAL RELIEF
- 2.....UNEMPLOYMENT COMPENSATION
- 3.....BOTH OF THE ABOVE
- d.....DON'T KNOW
- r.....REFUSED

[IF G18 EQ <2> THEN GOTO G21; REF OR DK GOTO tfam; OTHERWISE GOTO G18]

G19. About how much did you receive each month for General Assistance/General Relief?

- \$_____
- DON'T KNOW d
- REFUSED r

G20. And how many months out of the last 12 months did you receive these payments?

- NUMBER OF MONTHS _____
- DON'T KNOW d
- REFUSED r

[IF G18 EQUALS "BOTH OF THE ABOVE" GOTO G21; OTHERWISE GOTO tfam]

G21. About how much did you receive each month from Unemployment Compensation in the last 12 months?

- \$_____
- DON'T KNOW d
- REFUSED r

G22. And how many months out of the last 12 months did you receive these payments?

- NUMBER OF MONTHS _____
- DON'T KNOW d
- REFUSED r

tfam. [If AA6 equals <1> goto INTR2A]

INTR2. 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 any dependents you have that are living in this household (or if you are the dependent of someone else in the household, by family I mean you, your siblings and whoever claimed you as a dependent).

[GOTO G23]

INTR2A. Now we have some questions about sources of income that other family members may have received over the past year.

ASK OR CONFIRM WITH RESPONDENT AS NECESSARY AND CODE BELOW

You told me earlier that you currently live alone. During the past twelve months, did any family live with you? (By family I mean a spouse or partner or any dependents who lived with you or if you were the dependent of someone else in the household, by family I mean you, your siblings and whoever claimed you as a dependent).

IF FAMILY MEMBERS HAVE LIVED WITH R IN PAST 12 MONTHS CODE YES AND SAY:

Please include them when I ask these next questions.

IF NO FAMILY MEMBERS HAVE LIVED WITH R IN PAST 12 MONTHS CODE NO AND SAY: Then we can skip these questions.

1.....NO, NO OTHER FAMILY MEMBERS LIVED IN HOUSEHOLD

5.....YES, OTHER FAMILY MEMBERS LIVED IN HOUSEHOLD

d.....DON'T KNOW

r.....REFUSED

[IF "5" THEN GOTO G23; OTHERWISE GOTO G25]

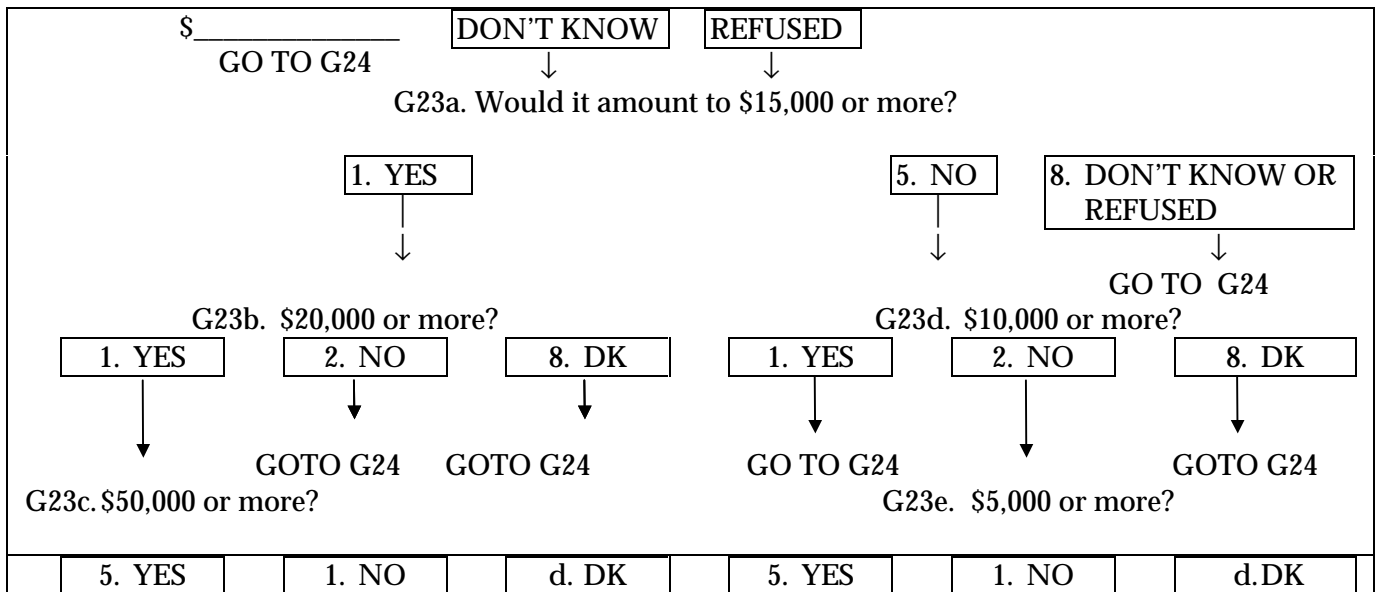
G23. Not including income YOU earned from work, how much income did other members of your family earn from work in the past twelve months? Include wage or salary income, bonuses, overtime, tips, commissions, profit from self-employed professional practice or trade, income from second job, military reserves, farming income, gardening income, income from roomers or boarders.

(PROBE: This would include any family members who may have lived with you in the past 12 months.)

(PROBE IF NECESSARY: By family I mean your spouse or partner and any dependents that you have that are living in this household.)

(PROBE: 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.)

[DON'T KNOW/REFUSED are available on all items below]



G24. Did other members of your family receive income in the past 12 months from AFDC, SSI, DI, Worker's Compensation, General Assistance, General Relief or unemployment compensation?

IF NECESSARY: Don't include public assistance income you have already told me about. For instance, if you already told me about AFDC that you receive, don't list it again here.

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

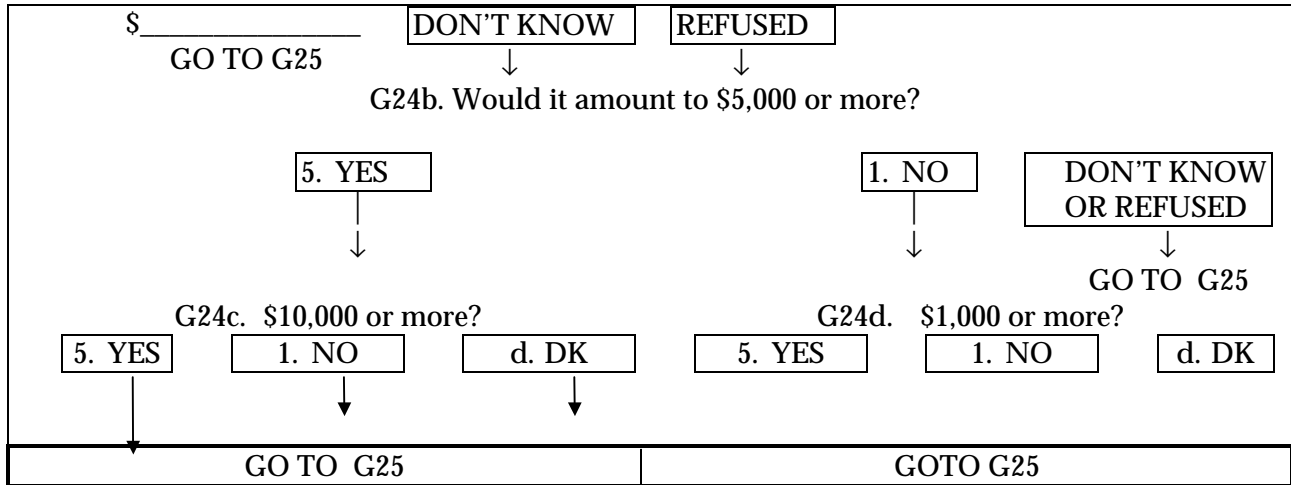
(PROBE: This would include any family members who may have lived with you in the past 12 months. By family I mean your spouse or partner and any dependents that you have that are living in this household. By dependents I mean people who you can claim as a dependent on your tax form.)

- 1.....NO
- 5.....YES
- d.....DON'T KNOW
- r.....REFUSED

[IF "YES" THEN GOTO G24a; OTHERWISE GOTO G25]

G24a. About how much income did the other people in your family receive from all of those sources altogether in the past twelve months?

[DON'T KNOW/REFUSED are available for the items below]



G25. Did you (and your family) receive food stamps over the past 12 months?

(PROBE: This would include any family members who may have lived with you in the past 12 months. By family I mean your spouse or partner and any dependents that you have that are living in this household. By dependents I mean people who you can claim as a dependent on your tax form.)

- 1.....NO
- 5.....YES
- d.....DON'T KNOW
- r.....REFUSED

[IF "NO/DON'T KNOW/REFUSED" THEN GOTO G28; OTHERWISE GOTO G26]

G26. How many dollars worth of stamps did you receive each month?

- \$ PER MONTH _____
- DON'T KNOW d
- REFUSED r

G27. And how many months out of the last 12 months did you receive them?

- NUMBER OF MONTHS _____
- DON'T KNOW d
- REFUSED R

G28. Did you (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 in the past 12 months.)

(PROBE IF NECESSARY: By family I mean your spouse or partner and any dependents that you have that are living in this household. PROBE IF RESPONDENT IS A DEPENDENT: If you are the dependent of someone else in the household, by family I mean your siblings and whoever claims you as a dependent.)

(PROBE: 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.)

- 1.....NO
- 5.....YES
- d.....DON'T KNOW
- r.....REFUSED

[IF "NO" THEN GOTO G30; OTHERWISE GOTO G29]

G29. About how much income did you (and your family) receive from those sources altogether over the past twelve months?

\$ _____
 DON'T KNOW d
 REFUSED r

G30. Did you (or anyone in your family) receive any income from other sources that I haven't mentioned yet such as 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 in the past 12 months.)

(PROBE IF NECESSARY: By family I mean your spouse or partner and any dependents that you have that are living in this household. PROBE IF RESPONDENT IS A DEPENDENT: If you are the dependent of someone else in the household, by family I mean your siblings and whoever claims you as a dependent.)

(PROBE: 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.)

- 1.....NO
- 5.....YES
- d.....DON'T KNOW
- r.....REFUSED

[IF "NO" GOTO H1; OTHERWISE GOTO G31]

G31. About how much income did you (and your family) receive from these sources altogether over the past twelve months?

\$ _____
 DON'T KNOW d
 REFUSED r

| |
|-------------------------------------|
| SECTION H: Life Difficulties |
|-------------------------------------|

- H1. Sometimes health is related to life difficulties like accidents or encounters with the police, so I will ask you about some of these issues. Let me remind you that this information will be treated confidentially and you can refuse to answer any questions.

During the past 12 months, did you have any of the following:

Did you have an accident while you were driving or riding in a motor vehicle?

(Circle One)

NO 1 GOTO H2
 YES 5
 DON'T KNOW d GOTO H2
 REFUSED r GOTO H2

H1a. How many accidents were you in?

ACCIDENTS _____
 DON'T KNOW d
 REFUSED r

- H2. (During the past 12 months,) Did anyone pressure or force you to have sexual contact? [PROBE: By sexual contact, I mean their touching your sexual parts, your touching their sexual parts, or sexual intercourse.]

(Circle One)

NO 1
 YES 5
 DON'T KNOW d
 REFUSED r

- H3. (During the past 12 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.

(Circle One)

NO 1
 YES 5
 DON'T KNOW d
 REFUSED r

- H4. (During the past 12 months,) Did you have no place to stay except for a homeless shelter or the street for at least 2 nights in a row?

(Circle One)

NO 1 GOTO H5
 YES 5
 DON'T KNOW d GOTO H5
 REFUSED r GOTO H5

H4a. How many nights were you without a place to stay?

NIGHTS _____
DON'T KNOW d
REFUSED r

H5. In the past 12 months, did you see or witness someone being beaten, abused, or killed?
(Circle One)

NO 1
YES 5
DON'T KNOW d
REFUSED r

H6. (During the past 12 months) Did someone close to you die?

(Circle One)

NO 1
YES 5
DON'T KNOW d
REFUSED r

H7. (During the past 12 months) Were you arrested at any time, even if you thought you did nothing wrong?

(Circle One)

NO 1 GOTO H8
YES 5
DON'T KNOW d GOTO H8
REFUSED r GOTO H8

H7a. How many times?

TIMES _____
DON'T KNOW d
REFUSED r

H8. (During the past 12 months) Were you on probation, detention, parole, in prison, or in jail, or under other court supervision?

(Circle One)

PROBATION 1
DETENTION 2
PAROLE 3
IN PRISON OR JAIL 4
ELECTRONIC SURVEILLANCE 5
OTHER SUPERVISION 6
MORE THAN ONE (specify)... 9
NONE.....0 GOTO H9
DON'T KNOW.d
REFUSED..... r

H8b. For how many days or months?

_____ DAYS
GOTO H9

_____ MONTHS
GOTO H9

DK=GOTO H8c
REFUSED = GOTO H8c

H8c. Was it more than one day?

(Circle One)

- NO 1
- YES 5
- DON'T KNOW d
- REFUSED r

H9. Were you involved in activities that would be considered illegal, whether or not you were arrested? Do not include traffic violations.

(Circle One)

- NO 1
- YES 5
- DON'T KNOW d
- REFUSED r

FUNCTIONING

H10. Now I am going to read you a list of statements about activities that may be affected by your health. As I read them, please tell me if they are definitely true, mostly true, mostly false, or definitely false about you.

[DON'T KNOW/REFUSED are available for all items below]

(Circle one number on each line)

| | Definitely True | Mostly True | Mostly False | Definitely False |
|---|----------------------------|------------------------|-------------------------|-----------------------------|
| I am going out less to visit people | 1 | 2 | 3 | 4 |
| I often act irritable toward those around me, for example, snap at people, give sharp answers, criticize easily | 1 | 2 | 3 | 4 |
| I show less affection | 1 | 2 | 3 | 4 |
| I am doing fewer social activities with groups of people | 1 | 2 | 3 | 4 |
| I act disagreeable to family members, for example, I act spiteful, I am stubborn | 1 | 2 | 3 | 4 |
| I am not doing the things I usually do to take care of my children or family | 1 | 2 | 3 | 4 |

SOCIAL SUPPORT

H11. 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 if you needed it during the past 4 weeks? READ CATEGORIES FIRST TIME. REPEAT AS NEEDED.

[DON'T KNOW/REFUSED are available for all items below]

(Circle One Number On Each Line)

| | <u>All of the Time</u> | <u>Most of the Time</u> | <u>A Good Bit of Time</u> | <u>Some of the Time</u> | <u>A Little of the Time</u> | <u>None of the Time</u> |
|---|--------------------------------|---------------------------------|-----------------------------------|---------------------------------|-------------------------------------|---------------------------------|
| a. Someone to help with daily chores if you were sick | 1 | 2 | 3 | 4 | 5 | 6 |
| b. Someone to love and make you feel wanted | 1 | 2 | 3 | 4 | 5 | 6 |
| c. Someone to confide in or talk to about yourself or your problems | 1 | 2 | 3 | 4 | 5 | 6 |
| d. Someone to have a good time with | 1 | 2 | 3 | 4 | 5 | 6 |
| e. Someone to give you information to help you understand a situation | 1 | 2 | 3 | 4 | 5 | 6 |
| f. Someone to give you money if you needed it | 1 | 2 | 3 | 4 | 5 | 6 |

ALTERNATIVE MEDICINE

H12. In the past 12 months, did you use any alternative or folk medicine, either from a practitioner or on your own? Alternative medicine includes therapies like homeopathic medicine, accupuncture, massage therapy, herbal medicine, and spiritual healing. (Other wording might include "non-standard" or "non-conventional")

- NO..... 1
- YES..... 5
- DON'T KNOW..... d
- REFUSED..... r

["YES" GOTO H12a; OTHERWISE GOTO H13]

H12a. How many visits to alternative practitioners did you make in the past 12 months? (IF RESPONDENT SELF ADMINISTERED ALTERNATIVE THERAPIES AND MADE NO VISITS TO PRACTITIONERS, CODE "0")

- _____ # VISITS
- DON'T KNOW d
- REFUSED r

[IF "0" THEN GOTO H12d; OTHERWISE GOTO H12b]

H12b. Were any of these visits or therapies to help you with emotional, mental health, alcohol or drug abuse problems?

- NO..... 1
- YES..... 5
- DON'T KNOW..... d
- REFUSED..... r

H12c. Were all of these visits or therapies covered by your regular health plan?

- NO..... 1
- YES..... 5
- DON'T KNOW..... d
- REFUSED..... r

H12d. How much did you or your family pay out of pocket for these alternative therapies in the past 12 months?

- \$ AMOUNT _____
- DON'T KNOW d
- REFUSED r-

H12e. How many of the [FILL # FROM H12a] visits to alternative practitioners that you told me about were in the last six months?

- NO.....1
- YES.....5
- DON'T KNOW d
- REFUSED r-

| |
|---------------------------|
| HEALTH PREFERENCES |
|---------------------------|

H13. Imagine that there is a treatment that would permit you to live in perfect physical and mental health, but it also reduces your life expectancy. If you had 10 years to live in your current state of life, how many months or years would you be willing to give up to live in perfect health?

- _____ MONTHS _____ YEARS
- DON'T KNOW d
- REFUSED r

PERCEPTIONS OF ACCESS AND QUALITY

H14. Compared to 2 years ago, is your health insurance coverage now better, worse, or about the same?

- BETTER..... 1
- WORSE..... 2
- ABOUT THE SAME..... 3
- DON'T KNOW..... d
- REFUSED..... r

H15. Compared to 2 years ago, is it easier, harder, or about the same to get good healthcare when you need it?

- EASIER..... 1
- HARDER..... 2
- ABOUT THE SAME..... 3
- DON'T KNOW..... d
- REFUSED..... r

END OF SURVEY

ckck. Just let me check to make sure I haven't missed anything.

thnks. Thank you very much for your time. The information you provided will help improve healthcare in the U.S. The Health Care For Communities Study will conduct future follow-up surveys and you may be contacted again in a year or so. We hope that you will be able to help us again if you are asked, and you will be sent a thank-you payment each time you are interviewed.