

**Section Seven:**  
**Health, Mental**  
**Health, Stressful**  
**Life Events**

**Construct:**  
**Stressful Life Events**

Construct: Stressful life events

Question #: 8.1

Study: EHS- 1 Month

	<u>YES</u>	<u>NO</u>	<u>NA</u>
8.1. A. Have you been robbed, mugged, or attacked in the past year?.....	01	00	
B. Has one of you children been robbed, mugged or attacked in the past year?.....	01	00	-4
C. Have you had a relative or close friend in jail?	01	00	
D. Has your electricity or phone been cut off?....	01	00	
E. Have you had people living with you- relatives Friends- who you wish weren't there?.....	01	00	
F. Have you had some sort of problems with any of your former girlfriends (wife/partner)?...	01	00	-4
G. Has someone you were close to died or been killed in the last year?.....	01	00	
H. During the past year, have you lived in a household where someone had a problem with alcohol or drugs?.....	01	00	
I. Has someone abused you physically, emotionally, or sexually?.....	01	00	

**Construct:**  
**Health Status**

Construct: Health status

Question #: 8.2

Study: EHS- 1 Month

8.2. In general, would you say your health is...

- Excellent,..... 01
- Very good,..... 02
- Good,..... 03
- Fair, or..... 04
- Poor?..... 05

Construct: Health status

Question #: 9.1

Study: EHS- 6 Months

9.1 In general, would you say your health is...

- Excellent,..... 01
- Very good,..... 02
- Good,..... 03
- Fair, or..... 04
- Poor?..... 05

Construct: Health status

Question #: Q69

Study: ECLS-B, Resident Father

Q69. In general, would you say your health is...

- Excellent..... 01
- Very good..... 02
- Good..... 03
- Fair, or..... 04
- Poor?..... 05

Construct: Health Status

Question #: H3

Study: ECLS-B, Non-Resident Father

H3. Would you say your health in general is...

- Excellent..... 1
- Very good..... 2
- Good..... 3
- Fair, or..... 4
- Poor?..... 5
- DON'T KNOW..... 98
- REFUSED..... 99

Construct: Health Status

Question #: G1

Study: FF-F

G1. Now I have some questions about your health. In general, how is your health?

Would you say it is...

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

**Construct:**  
**Depression**



Construct: Depression

Question #: 8.3

Study: EHS – 3 Month

8.3. I am going to read a list of ways you may have felt or behaved. Looking at the categories on this card, please tell me how often you have felt this way during the past week. NOTE: RESPONDENT CAN READ NUMBERS IF PRIVACY IS AN ISSUE.

How often during the past week have you felt (READ STATEMENT) – would you say: rarely or never, some or a little of the time, occasionally or a moderate amount of the time, or most or all of the time?

		RARELY OR NEVER (Less Than 1 Day)	SOME OR A LITTLE (1-2 Days)	OCCASIONALLY OR MODERATE (3-4 Days)	MOST OR ALL (5-7 Days)
A.	Bothered by things that usually don't bother you.....	01	02	03	04
B.	That you did not feel like eating; your appetite was poor.....	01	02	03	04
C.	That you could not shake off the blues, even with help from family and friends.....	01	02	03	04
D.	That you were as good as other people.....	01	02	03	04
E.	You had trouble keeping your mind on what you were doing.....	01	02	03	04
F.	Depressed.....	01	02	03	04
G.	That everything you did was an effort.....	01	02	03	04
H.	Hopeful about the future.....	01	02	03	04
I.	Your life has been a failure.....	01	02	03	04
J.	Fearful.....	01	02	03	04
K.	Your sleep was restless.....	01	02	03	04
L.	You were happy.....	01	02	03	04
M.	You talked less than usual.....	01	02	03	04
N.	You felt lonely.....	01	02	03	04
O.	People were unfriendly.....	01	02	03	04
P.	You enjoyed life.....	01	02	03	04
Q.	You had crying spells.....	01	02	03	04
R.	You felt sad.....	01	02	03	04
S.	You felt that people dislike you.....	01	02	03	04
T.	You could not get "going".....	01	02	03	04

Construct: Depression

Question #: H3

Study: ECLS-B, Non-Resident Father

H3. Would you say your health in general is...

- Excellent..... 1
- Very good..... 2
- Good..... 3
- Fair, or..... 4
- Poor?..... 5
- DON'T KNOW..... 98
- REFUSED..... 99

Construct: Depression

Question #: H4

Study: ECLS-B, Non-Resident Father

H4. Do you have a physical or mental health problem now that keeps you from working at a job or business or attending school or limits the kind or amount of work you can do?

- YES..... 1
- NO..... 2
- DON'T KNOW..... 98
- REFUSED..... 99

Construct: Depression

Question #: 9.2

Study: EHS- 6 Months

9.2 I am going to read a list of ways you may have felt or behaved. Looking at the categories on this card, please tell me how often you have felt this way during the past week.

		Rarely or Never (less than 1 day)	Some or a Little (1-2 Days)	Occasionally or Moderate (3-4 Days)	Most or all (5-7 Days)
A.	Bothered by things that usually don't bother you.....	01	02	03	04
B.	That you did not feel like eating; your appetite was poor.....	01	02	03	04
C.	That you could not shake off the blues, even with the help from family and friends.....	01	02	03	04
D.	That you were as good as other people.....	01	02	03	04
E.	You had trouble keeping your mind on what you were doing.....	01	02	03	04
F.	Depressed.....	01	02	03	04
G.	That everything you did was an effort.....	01	02	03	04
H.	Hopeful about the future.....	01	02	03	04
I.	Your life has been a failure.....	01	02	03	04
J.	Fearful.....	01	02	03	04
K.	Your sleep was restless.....	01	02	03	04
L.	You were happy.....	01	02	03	04
M.	You talked less than usual.....	01	02	03	04
N.	You felt lonely.....	01	02	03	04
O.	People were unfriendly.....	01	02	03	04
P.	You enjoyed life.....	01	02	03	04
Q.	You had crying spells.....	01	02	03	04
R.	You felt sad.....	01	02	03	04
S.	You felt that people dislike you.....	01	02	03	04
T.	You could not get "going".....	01	02	03	04

Construct: Depression

Question #: Q71

Study: ECLS-B, Resident Father

Q71. Below is a list of ways you may have felt or behaved recently. How often during the past week have you felt these ways? Would you say rarely or never, some or a little of the time, occasionally or a moderate amount of the time, or most or all of the time? How often during the past week have you felt...

*(For each item, mark (X) one response)*

		Rarely or never (less than 1 Day)	Some or a little (1-2 Days)	Occasionally or moderate (3-4 Days)	Most or all (5-7 days)
A.	Bothered by things that usually don't bother you?				
B.	You did not feel like eating; your appetite was poor?.....				
C.	That you could not shake off the blues, even when help from your family and friends?.....				
D.	You had trouble keeping you mind on what you were doing?.....				
E.	Depressed?.....				
F.	That everything you did was an effort?.....				
G.	Fearful?.....				
H.	Your sleep was restless?.....				
I.	You talked less than usual?.....				
J.	Lonely?.....				
K.	Sad?.....				
L.	You could not get "going"?.....				

Construct: Depression

Question #: H5

Study: ECLS-B, Non-Resident Father

H5. Now I am going to read a list of things you may have felt or done. Please tell me how often you have felt this way during the past week.

Would you say rarely or never, some or a little of the time, occasionally or a moderate amount of the time, or most of the time? How often during the past week have you felt...

		Rarely or Never (Less Than 1 Day)	Some or a Little (1-2 days)	Occasionally or Moderate (4-3 Days)	Most or all (5-7 days)	Don't Know	Refused
a.	Bothered by things that usually don't bother you?	1	2	3	4	98	99
b.	You did not feel like eating; your appetite was poor?	1	2	3	4	98	99
c.	That you could not shake off the blues, even with help from your family and friends?	1	2	3	4	98	99
d.	You had trouble keeping your mind on what you were doing?	1	2	3	4	98	99
e.	Depressed?	1	2	3	4	98	99
f.	That everything you did was an effort?	1	2	3	4	98	99
g.	Fearful?	1	2	3	4	98	99
h.	Your sleep was restless?	1	2	3	4	98	99
i.	You talked less than usual?	1	2	3	4	98	99
j.	Lonely?	1	2	3	4	98	99
k.	Sad?	1	2	3	4	98	99
l.	You could not get "going?"	1	2	3	4	98	99

Construct: Depression

Question #: G9

Study: FF-F

G9. Next is a list of the ways you might have felt or behaved during the past week.

Please tell me on how many days during the past week did you:

NUMBER OF DAYS IN PAST WEEK

A	Feel bothered by things that usually don't bother you?	None	1	2	3	4	5	6	7
B	Not feel like eating; your appetite was poor?	None	1	2	3	4	5	6	7
C	Feel that you could not shake off the blues even with help from your family or friends?	None	1	2	3	4	5	6	7
D	Have trouble keeping your mind on what you were doing?	None	1	2	3	4	5	6	7
E	Feel depressed?	None	1	2	3	4	5	6	7
F	Feel that everything you did was an effort?	None	1	2	3	4	5	6	7
G	Feel fearful?	None	1	2	3	4	5	6	7
H	Sleep restlessly?	None	1	2	3	4	5	6	7
I	Talk less than usual?	None	1	2	3	4	5	6	7
J	Feel lonely?	None	1	2	3	4	5	6	7
K	Feel sad?	None	1	2	3	4	5	6	7
L	Feel you could not get going?	None	1	2	3	4	5	6	7

**Construct:**  
**Cigarette Smoking,**  
**Drug and Alcohol Use**

Construct: Cigarette smoking, drug and alcohol use

Question #: Q74

Study: ECLS-B, Resident Father

Q74. Do you smoke cigarettes now?

- YES
- NO

Construct: Cigarette smoking, drug and alcohol use

Question #: Q75

Study: ECLS-B, Resident Father

Q75. How many cigarettes or packs of cigarettes do you smoke on an average day now?

/ (Insert #) / CIGARETTES PER DAY OR / (Insert #) / PACKS PER DAY

Construct: Cigarette smoking, drug and alcohol use

Question #: Q76

Study: ECLS-B, Resident Father

Q76. Do you currently drink any alcoholic beverages?

- YES
- NO



Construct: Cigarette smoking, drug and alcohol use

Question #: Q77

Study: ECLS-B, Resident Father

Q77. How many alcoholic drinks do you have in an average week now?

- None
- Less than 1 drink
- 1 to 3 drinks
- 4 to 6 drinks
- 7 to 13 drinks
- 14 to 19 drinks
- 20 or more drinks

Construct: Cigarette smoking, drug and alcohol use

Question #: Q78

Study: ECLS-B, Resident Father

Q78. In the last month, how many times did you drink five or more alcoholic drinks at one sitting?

/ (Insert #) / TIMES

Construct: Cigarette smoking, drug and alcohol use

Question #: Q79

Study: ECLS-B, Resident Father

Q79. Which of these, if any, have happened to you in your whole life?

		Yes	No
a.	Have you ever been suspended or expelled from school?.....		
b.	Have you ever been fired or laid off from a job because of behavior, attitude, or work performance?.....		
c.	Have you ever been in a facility overnight for a psychological or mental health problem?.....		
d.	Have you ever been convicted of driving while intoxicated or drunk driving?.....		
e.	Have you ever been put in jail, arrested or convicted of a crime, other than drunk driving?.....		

Construct: Cigarette smoking, drug and alcohol use

Question #: Q80

Study: ECLS-B, Resident Father

Q80a. Have you or any of your blood relatives ever had an alcohol abuse problem or disorder?

- YES
- NO

If YES, was that you, your mother, father, brother, sister, or another blood relative? (*Mark (X) all that apply.*)

- Myself
- Mother
- Father
- Brother
- Sister
- Other blood relative (such as an aunt, uncle, cousin, or grandparents)

Q80b. Have you or any of your blood relatives ever had a drug abuse problem or disorder?

- YES
- NO

If YES, was that you, your mother, father, brother, sister, or another blood relative? (*Mark (X) all that apply.*)

- Myself
- Mother
- Father
- Brother
- Sister
- Other blood relative (such as an aunt, uncle, cousin, or grandparents)

Q80c. Have you or any of your blood relatives ever had major depression?

- YES
- NO

If YES, was that you, your mother, father, brother, sister, or another blood relative? (*Mark (X) all that apply.*)

- Myself
- Mother
- Father
- Brother
- Sister
- Other blood relative (such as an aunt, uncle, cousin, or grandparent)

Q80d. Have you or any of your blood relatives ever had a serious mental illness, she as schizophrenia, a paranoid disorder, bipolar disorder, or manic episodes?

- YES
- NO

If YES, was that you, your mother, father, brother, sister or another blood relative? (*Mark (X) all that apply.*)

- Myself
- Mother
- Father
- Brother
- Sister
- Other blood relative (such as an aunt, uncle, cousin, or grandparents)

Q80e. Have you or any of your blood relatives ever had asthma?

- YES
- NO

If YES, was that you, your mother, father, brother, sister, or another blood relative? (*Mark (X) all that apply.*)

- Myself
- Mother
- Father
- Brother
- Sister
- Other blood relative (such as an aunt, uncle, cousin, or grandparents)

Q80f. Have you or any of your blood relatives ever had a learning disability?

- YES
- NO

If YES, was that you, your mother, father, brother, sister, or another blood relative? (*Mark (X) all that apply.*)

- Myself
- Mother
- Father
- Brother
- Sister
- Other blood relative (such as an aunt, uncle, cousin, or grandparents)

Construct: Cigarette smoking, drug & alcohol use

Question #: H8

Study: ECLS-B, Non-Resident Father

H8. Do you smoke cigarettes no?

- YES..... 1
- NO..... 2
- DON'T KNOW..... 98
- REFUSED..... 99

Construct: Cigarette smoking, drug & alcohol use

Question #: H9

Study: ECLS-B, Non-Resident Father

H9. How many cigarettes or packs of cigarettes do you smoke on an average day  
now?

- / (Insert #) / NUMBER OF CIGARETTES PER DAY
- OR / (Insert #) / NUMBER OF PACKS
- LESS THAN 1 CIGARETTE A DAY.....000
- DON'T KNOW.....998
- REFUSED.....999

Construct: Cigarette smoking, drug & alcohol use  
Question #: H10  
Study: ECLS-B, Non-Resident Father

H10. Do you currently drink any alcoholic beverages?

- YES.....1
- NO.....2
- DON'T KNOW.....98
- REFUSED.....99

Construct: Cigarette smoking, drug & alcohol use  
Question #: H11  
Study: ECLS-B, Non-Resident Father

H11. How many alcoholic beverages do you have in an average week now?

- NONE.....0
- LESS THAN 1.....1
- 1 TO 3.....2
- 4 TO 6.....3
- 7 TO 13.....4
- 14 TO 19.....5
- 20 OR MORE.....6
- DON'T KNOW.....98
- REFUSED.....99

Construct: Cigarette smoking, drug & alcohol use  
Question #: H12  
Study: ECLS-B, Non-Resident Father

H12. In the last month, how many times did you drink five or more alcoholic drinks at one sitting?

/ (Insert #) / TIMES  
 DID NOT DRINK AT ALL.....0  
 DON'T KNOW.....98  
 REFUSED.....99

Construct: Cigarette smoking, drug & alcohol use  
Question #: H13  
Study: ECLS-B, Non-Resident Father

H13. Which of these, if any, have happened to you in your whole life?

		YES	NO	DON'T KNOW	REFUSED
a.	Have you ever been suspended or expelled from school?.....	1	2	98	99
b.	Have you ever been fired or laid off from a job because of behavior, attitude, or work performance?.....	1	2	98	99
c.	Have you ever been in a facility overnight for a psychological or mental health problem?.....	1	2	98	99
d.	Have you ever been convicted of driving while intoxicated or drunk driving?.....	1	2	98	99
e.	Have you ever been put in jail, arrested or convicted of a crime, other than drunk driving?.....	1	2	98	99



Construct: Cigarette smoking, drug & alcohol use  
Question #: H14  
Study: ECLS-B, Non-Resident Father

H14. Have you or any of your blood relatives ever had...

PROBE: Blood relatives include parents, brothers, sisters, aunts, uncles, cousins, and grandparents.

		YES	NO	DON'T KNOW	REFUSED
a.	An alcohol abuse problem or disorder?.....	1	2	98	99
b.	A drug abuse problem or disorder?.....	1	2	98	99
c.	Major depression?.....	1	2	98	99
d.	A serious mental illness, such as schizophrenia, a paranoid disorder, a bipolar disorder, or manic episodes?.....	1	2	98	99
e.	Asthma?.....	1	2	98	99
f.	Learning disability?.....	1	2	98	99

Construct: Cigarette smoking, drug & alcohol use  
Question #: H15  
Study: ECLS-B, Non-Resident Father

H15. [FOR EACH “YES” AT H14:] Was that you, your mother, father, brother, sister, or another blood relative? [CODE ALL THAT APPLY.]

- SELF..... 1
- MOTHER..... 2
- FATHER..... 3
- BROTHER..... 4
- SISTER..... 5
- OTHER BLOOD RELATIVE..... 6
- DON'T KNOW..... 98
- REFUSED..... 99

Construct: Cigarette smoking, drug and alcohol use

Question #: G2

Study: FF-F

G2. In the past three months, about how often did you drink alcoholic beverages?

- NEARLY EVERY DAY..... 1
- SEVERAL TIMES A WEEK..... 2
- SEVERAL TIMES A MONTH..... 3
- LESS THAN ONCE A MONTH..... 4
- NEVER..... 5

G2A. In the past three months, was there ever a time when you had 3 or more drinks on the same day?

- YES..... 1
- NO..... 2

Construct: Cigarette smoking, drug and alcohol use

Question #: G3

Study: FF-F

G3. In the past three months, about how often did you use drugs such as marijuana, crack cocaine, or heroin?

- NEARLY EVERY DAY..... 1
- SEVERAL TIMES A WEEK..... 2
- SEVERAL TIMES A MONTH..... 3
- LESS THAN ONCE A MONTH..... 4
- NEVER..... 5

Construct: Cigarette smoking, drug and alcohol use

Question #: G4

Study: FF-F

G4. In the last three months, how many cigarettes did you smoke? Did you smoke...

2 or more packs a day..... 1

1 or more but less than 2..... 2

Less than 1 pack a day..... 3

None..... 4

Construct: Cigarette smoking, drug and alcohol use

Question #: G5

Study: FF-F

G5. In the past year, has drinking or using drugs ever interfered with your work on a job or with your personal relationships?

YES..... 1

NO..... 2

Construct: Cigarette smoking, drug and alcohol use

Question #: G6

Study: FF-F

G6. Have you ever sought help for or been treated for drug or alcohol problems?

YES..... 1

NO..... 2

**Construct:**  
**Family History of:**  
**Cigarette Smoking, Drug & Alcohol**  
**Use, Depression, Mental Disorders,**  
**Asthma, and Learning Disability**

HEALTH, MENTAL HEALTH, STRESSFUL LIFE EVENTS: Construct: Family  
History of: Cigarette Smoking, Drug & Alcohol Use, Depression, Mental Disorders,  
Asthma, Learning Disability

Construct: Family history of: Cigarette smoking, drug & alcohol use, depression, mental disorders, asthma, learning disability

Question #: Q80

Study: ECLS-B, Resident Father

Q80a. Have you or any of your blood relatives ever had an alcohol abuse problem or disorder?

- YES
- NO

If YES, was that you, your mother, father, brother, sister, or another blood relative? (*Mark (X) all that apply.*)

- Myself
- Mother
- Father
- Brother
- Sister
- Other blood relative (such as an aunt, uncle, cousin, or grandparents)

Q80b. Have you or any of your blood relatives ever had a drug abuse problem or disorder?

- YES
- NO

If YES, was that you, your mother, father, brother, sister, or another blood relative? (*Mark (X) all that apply.*)

- Myself
- Mother
- Father
- Brother
- Sister
- Other blood relative (such as an aunt, uncle, cousin, or grandparents)

HEALTH, MENTAL HEALTH, STRESSFUL LIFE EVENTS: Construct: Family History of: Cigarette Smoking, Drug & Alcohol Use, Depression, Mental Disorders, Asthma, Learning Disability

Q80c. Have you or any of your blood relatives ever had major depression?

- YES
- NO

If YES, was that you, your mother, father, brother, sister, or another blood relative? (*Mark (X) all that apply.*)

- Myself
- Mother
- Father
- Brother
- Sister
- Other blood relative (such as an aunt, uncle, cousin, or grandparent)

Q80d. Have you or any of your blood relatives ever had a serious mental illness, she as schizophrenia, a paranoid disorder, bipolar disorder, or manic episodes?

- YES
- NO

If YES, was that you, your mother, father, brother, sister or another blood relative? (*Mark (X) all that apply.*)

- Myself
- Mother
- Father
- Brother
- Sister
- Other blood relative (such as an aunt, uncle, cousin, or grandparents)

Q80e. Have you or any of your blood relatives ever had asthma?

- YES
- NO

HEALTH, MENTAL HEALTH, STRESSFUL LIFE EVENTS: Construct: Family History of: Cigarette Smoking, Drug & Alcohol Use, Depression, Mental Disorders, Asthma, Learning Disability

If YES, was that you, your mother, father, brother, sister, or another blood relative? (*Mark (X) all that apply.*)

- Myself
- Mother
- Father
- Brother
- Sister
- Other blood relative (such as an aunt, uncle, cousin, or grandparents)

Q80f. Have you or any of your blood relatives ever had a learning disability?

- YES
- NO

If YES, was that you, your mother, father, brother, sister, or another blood relative? (*Mark (X) all that apply.*)

- Myself
- Mother
- Father
- Brother
- Sister
- Other blood relative (such as an aunt, uncle, cousin, or grandparents)

Construct: Family history of: Cigarette smoking, drug & alcohol use, depression, disorders, asthma, learning disability

Question #: H14

Study: ECLS-B, Non-Resident Father

H14. Have you or any of your blood relatives ever had...

		YES	NO	DON'T KNOW	REFUSED
a	An alcohol abuse problem or disorder?.....	1	2	98	99
b	A drug abuse problem or disorder?.....	1	2	98	99
c	Major depression?.....	1	2	98	99
d	A serious mental illness, such as schizophrenia, a paranoid disorder, a bipolar disorder, or manic episodes?.....	1	2	98	99
e	Asthma?.....	1	2	98	99
f	Learning disability?.....	1	2	98	99

Construct: Family history of: Cigarette smoking, drug & alcohol use, depression, disorders, asthma, learning disability

Question #: H15

Study: ECLS-B, Non-Resident Father

H15. [FOR EACH “YES” AT H14:] Was that you, your mother, father, brother, sister, or another blood relative? [CODE ALL THAT APPLY.]

- SELF.....1
- MOTHER.....2
- FATHER.....3
- BROTHER.....4
- SISTER.....5
- OTHER BLOOD RELATIVE.....6
- DON'T KNOW.....98
- REFUSED.....99

HEALTH, MENTAL HEALTH, STRESSFUL LIFE EVENTS: Construct: Family History of: Cigarette Smoking, Drug & Alcohol Use, Depression, Mental Disorders, Asthma, Learning Disability



**Construct:**  
**Self Esteem**

Construct: Self Esteem

Question #: G7

Study: FF-F

G7. Next are some questions about how you see yourself and your life. On the whole would you say that you are very satisfied with yourself?

YES..... 1

NO..... 2

**Construct:**  
**Locus of Control**

Construct: Locus of Control

Question #: G8

Study: FF-F

G8. Do you often feel that you are being pushed around in life?

YES..... 1

NO..... 2

**Construct:**  
**Limiting Conditions**

Construct: Limiting conditions  
Question #: Q70  
Study: ECLS-B, Resident Father

- Q70. Do you have a physical or mental health problem now that keeps you from working at a job or business or attending school or limits the kind or amount of work you can do?
- YES
  - NO

Construct: Limiting conditions  
Question #: H4  
Study: ECLS-B, Non-Resident Father

- H4. Do you have a physical or mental health problem now that keeps you from working at a job or business or attending school or limits the kind or amount of work you can do?
- |                 |    |
|-----------------|----|
| YES.....        | 1  |
| NO.....         | 2  |
| DON'T KNOW..... | 98 |
| REFUSED.....    | 99 |

Construct: Limiting conditions

Question #: J2

Study: FF-F

J2. Do you have a serious health problem that limits the amount or kind of work you can do?

YES..... 1

NO..... 0

**Construct:**  
**Professional Treatment**  
**For Emotional or Mental Problems**



Construct: Professional treatment for emotional or mental problems

Question #: Q72

Study: ECLS-B, Resident Father

Q72. In the past 12 months, have you talked with a psychiatrist, psychologist, doctor, or counselor for any emotional or psychological problem?

- YES
- NO

Construct: Professional treatment for emotional or mental problems

Question #: Q73

Study: ECLS-B, Resident Father

Q73. During the past 12 months, have you felt, or has anyone suggested, that you needed help for any emotional or psychological problem?

- YES
- NO

Construct: Professional treatment for emotional or mental problems

Question #: H6

Study: ECLS-B, Non-Resident Father

HEALTH, MENTAL HEALTH, STRESSFUL LIFE EVENTS:  
Construct: Professional Treatment For Emotional or Mental Problems

H6. In the past 12 months, have you talked with a psychiatrist, psychologist, doctor, or counselor for any motional or psychological problem?

- YES..... 1
- NO..... 2
- DON'T KNOW..... 98
- REFUSED..... 99