

**Indiana Consortium for Mental Health
Services Research**



**THE CENTRAL STATE HOSPITAL
DISCHARGE STUDY**

**In-Depth Patient Interview 3
INTERVIEW SCHEDULE**

CASE ID: |_|_|_|_|_|_|_|_|

INTERVIEWER Name: _____ Number: _____

Wave 3

BASELINE INTERVIEW SCHEDULE -- PART A

DATE: / /

SECTION A - INTRODUCTION

START TIME: AM/PM

(READ) This interview is part of a project that is researching how you and the other former patients at Central State Hospital feel about the closing of Central State Hospital and what has happened since you left. We are also interested in how the people you care about outside of the hospital are affected by this decision. We do not work for the hospital or the Government. We are I.U. researchers who are interested in reporting what you feel and what you have experienced because of the hospital closing.

Before we begin, I need to explain to you that everything you tell me will be kept in strictest confidence. That is, we will not tell anyone associated with the government or the mental health center (this hospital) anything you say. However, if you get sick during the interview, we may need to talk about the situation with the mental health center (hospital) staff so that they can help you. But, we will never tell them your answers to any of the questions you answer in the interview.

You do not have to answer any question that you don't want to. We have divided the interview into three parts to make it easier for you. Each part is about 30 minutes long, depending on how much you have to say. We can also do more than one part at a time if you like.

We would also like to interview some of the people you know in the community. In any case, we will never tell any of the people you mention during the interview any of your answers to our interview questions. So, feel free to be honest.

Before we get started, I need for you to look over the Informed Consent Form. When you're done, let me know.. **WHEN DONE, ASK:** Is there anything you want to ask about the study before we start? **ANSWER ANY QUESTIONS; HAVE RESPONDENT SIGN CONSENT FORM AND GIVE R THE TOP COPY OF THE FORM.**

SECTION B -- OPEN-ENDED QUESTIONS ON THE CLOSURE PROCESS

INTERVIEWER: TURN TAPE RECORDER ON. CHECK TO MAKE SURE THAT IT IS WORKING AND THAT VOLUME IS TURNED ALL THE WAY UP AND THAT THE TAPE SPEED (1/2) IS SET CORRECTLY!

RECORD START TIME: _____ AM/PM

B1. I would like to start by asking you to tell me about your life right now. How do you feel about your life right now since you left Central State Hospital?

- PROBE: a.) What do you like about your life right now?
 b.) What don't you like about it?
 c.) Is it better or worse?
 d.) How do you feel about yourself since you left Central State?

B2. How do you handle problems when they come up? What do you do?

PROBE: Are there people that you can count on to help you? any family? friends? professionals? people from your church?

B3. Tell me who are the people you see and talk to the most right now?

- PROBE: a.) Who are the most important people in your life right now?
b.) How often do you see or talk to them?
c.) Where do these people live?

B4. What are your biggest concerns, or the things that worry you the most right now?

PROBE: Anything else? **INTERVIEWER CODE EACH MENTION SEPARATELY:**

CONCERNS/WORRIES

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

B5. What do you like most about your life right now, or what excites you the most?

PROBE: Anything else? **INTERVIEWER CODE EACH MENTION SEPARATELY:**

HOPES/MOST EXCITES

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____

B6. Thinking about where you are living now, how is it different from where you thought you would live?

PROBE: Better or worse?

B7. What do you think life will be like 6 months from now?

PROBE: Better or worse?

Now, I am going to turn the tape recorder off.

TURN TAPE RECORDER OFF!!! **RECORD ENDING TIME:** _____ **AM/PM**

SECTION C - DEMOGRAPHIC AND BACKGROUND CHARACTERISTICS

The next few questions are about your background. Let's start with your marital status...

- C1. Are you:
- | | |
|---------------------|------------------------------------|
| 1 currently married | 4 widowed |
| 2 divorced | 5 cohabitating/living with someone |
| 3 separated | 6 never married |
- (GO TO CIA & C1B.)** **(GO TO C2.)**

C1a. Is/was that your first marriage?

- 1 YES **(SKIP TO C2)**
- 5 NO

C1b. How many times have you been married? _____

C2. Do you have children? (BIOLOGICAL, LIVING OR DEAD)

- 1 YES
- 5 NO **(SKIP TO C3)**
- 9 DK/RF/NA **(SKIP TO C3)**

C2a. How many? _____

C2b. How many children do you take care of? (Can include step-children) _____

(IF NOT MARRIED CURRENTLY ASK C3; ELSE SKIP TO C4):

C3. Is there someone that you consider to be a "special friend" or that you are dating or going out with?

- 1 YES
- 5 NO **(SKIP TO C4)**
- 9 DK/RF/NA **(SKIP TO C4)**

C3a. What is his or her name? _____

ASK ONLY IF NOT CLEAR. (SO=Significant Other)

C3b. S.O.'S GENDER: 1 MALE
 2 FEMALE

C3c. Where did you meet this person?

- 1 AT CENTRAL STATE
- 2 AT ANOTHER MENTAL HOSPITAL OR FACILITY
- 3 OTHER (SPECIFY: _____)

C3d. How long have you been seeing or dating this person? _____
(DAYS/WEEKS/MONTHS/YEARS) [] [] [] [] [] [] [] [] [] []

CURRENT JOB

C5. What kind of job is that? **INTERVIEWER: USE QSN C6 & C7 TO ANSWER THIS.**

- 1 COMPETITIVE JOB (JOB IN REGULAR MARKET)
- 2 TRANSITIONAL EMPLOYMENT (PAID JOB THROUGH VOCATIONAL REHAB/TRAINING)
- 3 WORK TRAINING
- 4 SHELTERED WORKSHOP
- 5 VOLUNTEER POSITION

C6. What is that job called? _____

C7. What do you actually do in that job? Tell me, what are some of your main duties?

C8. How long have you been working on this job?

_____ (DAYS/WEEKS/MONTHS/YEARS)

--	--	--	--	--	--

C8a. When did you start this job? DATE: / /

C9. How much money do you earn on this job?

_____ (PER DAY/WEEK/MONTH/YEAR)

--	--	--	--	--	--

C10. In the last month, how many days, including paid vacation and sick leave, did you work for pay, either full- or part-time? **IF NONE, GO TO C11, ELSE GO TO C12**

_____ DAYS | | | |

- 1 Full-Time
- 2 Part-Time
- 9 DK/RF/NA

C11. **(IF ANSWER TO C10 IS NONE)** What was the main reason you did not work (some of the time) in the last month?

PROBE: Were there any other reasons? **(Circle ALL THAT APPLY)**

- 1 Could not find work
- 2 Retired/too old
- 3 Unable to work because of mental illness
- 4 Unable to work because of other illness or disability
- 5 On temporary layoff
- 6 Going to school
- 7 Other (SPECIFY _____) | | |
- 9 DK/RF/NA

ASK ALL

C12. How many jobs have you had since the last interview? _____ **IF 0 or 1 confirm the above job (C6 & C7) is accounted for, then, SKIP TO C30:**

(If held jobs other than current job (C6 & C7), then USE GRID ON NEXT PAGE TO REPEAT THIS SECTION FOR EACH OF THE JOBS HELD SINCE THE LAST INTERVIEW.)

COLLECT FOR ALL JOBS FROM LAST INTERVIEW TO CURRENT JOB. ADD SHEETS IF NEEDED.:

Around when did you start the FIRST/SECOND/ETC job? (GET DATE)

How long did you work there?

What kind of job was that? (1=COMPETITIVE JOB, 2=TRANSITIONAL EMPLOYMENT, 3=WORK TRAINING, 4=SHELTERED WORKSHOP, 5=VOLUNTEER POSITION) (USE NEXT TWO COLUMNS TO ANSWER THIS.)

What was that job called?

What did you actually do in that job? Tell me, what were some of your main duties?

How much money did you earn on that job?

Which of these jobs was your best-paying job? **CIRCLE THE BEST-PAYING JOB; IF CURRENT JOB CHECK HERE ____.**

	Start Date	How long? <i>circle units</i>		Kind of Job?	Job titles:	Duties?	Money earned? <i>Circle units</i>	
First Job	/ /		days weeks months years	1=comp job 2=transemp 3=work tr. 4=sheltered workshop 5=volunt				per day week month year period
Second Job	/ /		days weeks months years	1=comp job 2=transemp 3=work tr. 4=sheltered workshop 5=volunt				per day week month year period
Third Job	/ /		days weeks months years	1=comp job 2=transemp 3=work tr. 4=sheltered workshop 5=volunt				per day week month year period
Fourth Job	/ /		days weeks months years	1=comp job 2=transemp 3=work tr. 4=sheltered workshop 5=volunt				per day week month year period

	Start Date	How long? <i>circle units</i>		Kind of Job?	Job titles:	Duties?	Money earned? <i>Circle units</i>	
Fifth Job	/ /		days weeks months years	1=comp job 2=transemp 3=work tr. 4=sheltered workshp 5=volunt				per day week month year period
Sixth Job	/ /		days weeks months years	1=comp job 2=transemp 3=work tr. 4=sheltered workshp 5=volunt				per day week month year period
Seventh Job	/ /		days weeks months years	1=comp job 2=transemp 3=work tr. 4=sheltered workshp 5=volunt				per day week month year period
Eighth Job	/ /		days weeks months years	1=comp job 2=transemp 3=work tr. 4=sheltered workshp 5=volunt				per day week month year period

C13. Now, I'd like to know a little bit about how you're getting along financially these days. First, where do you usually get money to spend (EXCEPT THE MONEY FROM YOUR CURRENT JOB)? (RECORD VERBATIM--probe if R says group home: Is that social security--ssi OR ssd?)

ITEMIZE SOURCES OR ACTIVITIES USED TO GET MONEY MENTIONED ABOVE AND LIST THEM SEPARATELY. IF INDIVIDUALS, PLEASE INDICATE BOTH THEIR NAMES AND RELATIONSHIPS TO THE FR. THEN FOR EACH SOURCE ASK:

C14. About how much on average would you say you get from (READ SOURCE FROM LIST ABOVE) per month?
 (ROUND AMOUNTS TO NEAREST WHOLE DOLLAR)

SOURCE (NAME AND/OR RELATIONSHIP)	LEAVE CODE BLANK	AMOUNT
a: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
e: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
f: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
g: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

C15. Does anyone help you manage your spending money?

- 1 Yes
- 5 No (SKIP TO C16)
- 9 DK/NA/RF (SKIP TO C16)

C15a. What kind of help do you receive?

1st: 2nd: 3rd:

C15b. Who helps you with that?

- 1 SPOUSE/PARTNER
- 2 HOSPITAL/MENTAL HEALTH CENTER
- 3 PARENT
- 4 SIBLING OR OTHER RELATIVE
- 5 OTHER (SPECIFY: _____) |
- 9 DK/RF/NA

ASK ALL, DO NOT INFER.

C16. How do you describe your sexual orientation right now? Is it:

- 1 Straight or Heterosexual
- 2 Bisexual
- 3 Gay, Lesbian, or Homosexual
- 4 Something Else (SPECIFY: _____) |
- 8 DK
- 9 RF/NA

Next, I'd like to ask you a few questions about religion.

C17. Do you have a religious preference? Are you Catholic, Protestant, Jewish, some other religion or no religion?

- 1 CATHOLIC (SKIP TO C20)
- 2 JEWISH (SKIP TO C18)
- 3 PROTESTANT (SKIP TO C19)
- 4 OTHER (SPECIFY: _____) (SKIP TO C20)
- 5 NONE (SKIP TO section D.)

- C18. Are you: 1 Reform Judaism
 2 Conservative
 3 Orthodox
 4 Reconstructionist
(SKIP TO C20)

- C19. **IF R SAID PROTESTANT:** Can you tell me what specific denomination that is?
INTERVIEWER; LOOK CAREFULLY FOR DENOMINATION BEFORE MARKING "OTHER" PROBE FOR NAMES AND TAKE COMPLETE NOTES.

BAPTIST

- 01 AMERICAN BAPTIST ASSOCIATION
 02 AMERICAN BAPTIST CHURCHES
 03 NATIONAL BAPTIST CONVENTION OF AMERICA
 04 NATIONAL BAPTIST CONVENTION, USA, INC
 05 SOUTHERN BAPTIST CONVENTION
 06 OTHER BAPTIST (SPECIFY _____)
 09 BAPTIST, DON'T KNOW WHICH

METHODIST

- 11 AFRICAN METHODIST EPISCOPAL CHURCH
 12 AFRICAN METHODIST EPISCOPAL ZION
 13 UNITED METHODIST CHURCH
 14 OTHER METHODIST (SPECIFY: _____)
 15 METHODIST, DON'T KNOW WHICH

LUTHERAN

- 21 EVANGELICAL LUTHERAN (FORMERLY AMERICAN LUTHERAN CHURCH OR LUTHERAN CHURCH OF AMERICA)
 22 LUTHERAN CHURCH- MISSOURI SYNOD
 23 WISCONSIN EVANGELICAL LUTHERAN SYNOD
 24 OTHER LUTHERAN (SPECIFY: _____)
 29 LUTHERAN, DON'T KNOW WHICH

PRESBYTERIAN

- 31 PRESBYTERIAN CHURCH IN THE US
 32 UNITED PRESBYTERIAN CHURCH IN THE U.S. OF AMERICA
 33 OTHER PRESBYTERIAN (SPECIFY _____)
 39 PRESBYTERIAN, DON'T KNOW WHICH

41 EPISCOPAL CHURCH

51 LATTER DAY SAINTS, MORMONS

52 CHRISTIAN SCIENTIST

FUNDAMENTALIST

- 61 ASSEMBLIES OF GOD
- 62 CHURCH OF CHRIST (NOT UNITED COC)
- 63 CHURCH OF CHRIST, EVANGELICAL
- 64 CHURCH OF GOD
- 65 CHURCH OF GOD IN CHRIST (OR IN CHRIST HOLINESS)
- 66 CHURCH OF THE NAZARENE
- 67 EVANGELICAL
- 68 JEHOVAH'S WITNESS
- 69 PENTECOSTAL CHURCH (OR ASSEMBLY) OF GOD
- 70 THE SALVATION ARMY
- 71 SEVENTH DAY ADVENTIST
- 72 UNITED PENTECOSTAL CHURCH
- 74 DISCIPLES OF CHRIST

LIBERAL

- 81 FRIENDS, QUAKERS
- 82 CONGREGATIONALISTS, UNITED CHURCH OF CHRIST (NOT CH. OF CHRIST)
- 83 UNITARIAN/UNIVERSALIST

91 CHRISTIAN (NO OTHER DENOMINATION SPECIFIED)

94 OTHER (SPECIFY): _____
TAKE GOOD NOTES. CODERS WILL BE RECLASSIFYING

93 NO DENOMINATION GIVEN OR NON-DENOMINATIONAL CHURCH

99 REFUSED

C20. What is the name of the church/temple that you go to (or would go to) for services?
(RECORD EXACTLY; GET STREET ADDRESS)

C21. How religious are you? Would you call yourself a very strong (Rs RELIGION NAME), a strong (Rs RELIGION NAME), a moderate (Rs RELIGION NAME), or not so strong a (Rs RELIGION NAME)?

- 1 VERY STRONG
- 2 STRONG
- 3 MODERATE
- 4 NOT SO STRONG
- 8 DON'T KNOW/NOT SURE
- 9 NA/RF

C22. How often do you attend religious services?

- 1 Never
- 2 Less than Once a Year
- 3 About Once or Twice a Year
- 4 Several Times a Year
- 5 About Once a Month
- 6 2-3 Times a Month
- 7 Nearly Every Week
- 8 Every Week
- 9 Several Times a Week
- 99 DK/rf/NA

SECTION D - RESIDENT SATISFACTION SCALE

This next group of questions is about the place where you live now.

**IF CLIENT IS LIVING IN A STATE HOSPITAL, ASK STAFF MEMBER
HOW MANY PEOPLE ARE ON WARD TODAY. RECORD IN D1B.**

D1. Do you live alone or with other people?

- 1 Alone (**SKIP TO D3**)
- 2 With others

D1a. How many other people do you live with? _____

D1b. HOW MANY PEOPLE ON THE WARD? _____

D2. How many of your fellow residents are also consumers of mental health services? _____

For each of the following items, rate the degree to which you are satisfied with each aspect of your living situation. **USE HAND CARD I**

D3. How satisfied are you with the coolness of your place in the summer? Are you:

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- 9 DK/RF/NA

D4. How satisfied are you with the repair and condition of your apartment/house? Are you:

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- 9 DK/RF/NA

D5. How satisfied are you with how close your neighborhood is to stores?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- 9 DK/RF/NA

D6. How satisfied are you with how close your neighborhood is to friends?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- 9 DK/RF/NA

D7. How satisfied are you with how close your neighborhood is to work?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- 9 DK/RF/NA

D8. How satisfied are you with the safety of the place you live?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- 9 DK/RF/NA

D9. Here are some things that people like or dislike about their living situation. Tell me how satisfied you are with each of these in your present living situation.

USE HAND CARD I

a. the amount of room/space:

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- 9 DK/RF/NA

b. the people you live with/living alone:

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- 9 DK/RF/NA

c. the neighbors:

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- 9 DK/RF/NA

d. the landlord:

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- 9 DK/RF/NA

e. the amount of privacy:

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- 9 DK/RF/NA

f. the price or cost:

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- 9 DK/RF/NA

g. the staff where you live:

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- 9 DK/RF/NA

h. any other things: (specify)_____)

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- 9 DK/RF/NA

D10. Overall, how satisfied are you, in terms of day-to-day living, in the place that you live? Are you:

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- 9 DK/RF/NA

D11. Do you feel your housing situation is appropriate for your needs? Would you say it is:

- 1 Very appropriate **(SKIP TO D12)**
- 2 Somewhat appropriate **(SKIP TO D12)**
- 3 Somewhat inappropriate
- 4 Not appropriate at all
- 9 DK/RF/NA

D11a. Why not? _____

D12. If you could move, would you?

- 1 Yes
- 5 No **SKIP TO D14**
- 9 DK/RF/NA **SKIP TO D14**

D13. If so, to where? **(ASK OPEN-ENDED)**

- 1 HOSPITAL
- 2 NURSING HOME
- 3 GROUP HOME/HALFWAY HOUSE
- 4 COMMUNITY CARE HOME
- 5 ONE ROOM W/OUT A KITCHEN
- 6 APARTMENT OR HOME
- 7 FAMILY HOME
- 8 FOSTER FAMILY HOME
- 9 TEMPORARY SHELTER
- 10 OTHER (SPECIFY): _____
- 99 DK/RF/NA

D14. Tell me how true these things are for your neighborhood:
USE HAND CARD J--interviewer note, there is no 3.

a. Street noise/heavy traffic:

- 1 Very true
- 2 Somewhat true
- 4 Not very true
- 5 Not at all true
- 9 DK/RF/NA

b. Streets always need repair/open ditches

- 1 Very true
- 2 Somewhat true
- 4 Not very true
- 5 Not at all true
- 9 DK/RF/NA

c. Neighborhood crime

- 1 Very true
- 2 Somewhat true
- 4 Not very true
- 5 Not at all true
- 9 DK/RF/NA

d. The presence of odors, smoke or gas

- 1 Very true
- 2 Somewhat true
- 4 Not very true
- 5 Not at all true
- 9 DK/RF/NA

e. Verbal harassment on the street

- 1 Very true
- 2 Somewhat true
- 4 Not very true
- 5 Not at all true
- 9 DK/RF/NA

f. This house/apartment has enough space so that I can do the things I want to do without others in the household getting in my way or distracting me.

- 1 Very true
- 2 Somewhat true
- 4 Not very true
- 5 Not at all true
- 9 DK/RF/NA

D15. How many staff members do you have where you live? _____

D16. How many staff members are usually present at any given time? _____

D17. Do you feel that the amount of supervision you receive is too high, too low, or just about right for you?

- 1 Too high
- 2 Too low
- 3 Just right
- 9 DK/RF/NA

D18. Do you have more freedom now than at Central State Hospital?

- 1 More freedom
- 2 Same amount
- 3 Less freedom
- 9 DK/RF/NA

SECTION E - Client Rating of Choice in Housing

E1. How important is it for you to have a choice over where you live?

- 1 Not at all important
- 2 A little important
- 3 Somewhat important
- 4 Fairly important
- 5 Very important
- 9 DK/RF/NA

E2. How much information did you have to make your choice of a place to live?

- 1 Not enough, I didn't know what my options were
- 2 Enough, I felt I knew what my options were
- 9 DK/RF/NA

E3. How much choice did you have over the neighborhood you moved into?

- 1 No choice at all
- 2 Almost no choice
- 3 Some choice
- 4 A fair amount of choice
- 5 A great deal of choice
- 9 DK/RF/NA

E4. How much choice did you have over the specific place you moved into?

- 1 No choice at all
- 2 Almost no choice
- 3 Some choice **(SKIP TO E5)**
- 4 A fair amount of choice **(SKIP TO E5)**
- 5 A great deal of choice **(SKIP TO E5)**
- 9 DK/RF/NA **(SKIP TO E5)**

E4a. If you did not have choice, were you consulted about where you were being placed?

- 1 Yes
- 5 No
- 9 DK/RF/NA

E4b. If you did not have choice, could you turn the placement down or ask for a different placement?

- 1 Yes
- 5 No
- 9 DK/RF/NA

E5. How important is it for you to have a choice over **who** you live with?

- 1 Not at all important
- 2 A little important
- 3 Somewhat important
- 4 Fairly important
- 5 Very important
- 9 DK/RF/NA

E6. How much choice did you have over who you live with (living alone)?

- 1 No choice at all
- 2 Almost no choice
- 3 Some choice
- 4 A fair amount of choice
- 5 A great deal of choice
- 9 DK/RF/NA

E7. How much did others influence you in your choice over the place you live in?

- 1 Others made the choice
- 2 A lot of influence
- 3 Some influence
- 4 I made the choice
- 9 DK/RF/NA

E8. Did you receive help in finding a place to live?

- 1 Yes
- 5 No
- 9 DK/RF/NA

E9. How do you feel about the help you received?

- 1 It was far too much
- 2 It was too much
- 3 It was just enough
- 4 It was not enough
- 5 It was by far not enough
- 9 DK/RF/NA

SECTION F - HOUSING BATTERY

I'm going to read a series of statements to you about the place where you live now. Some of these statements compare where you live now with Central State Hospital.

F1. Do you feel safer where you live now than you did at Central State Hospital?

- 1 Yes
- 5 No
- 8 DK
- 9 RF/NA

F2. Do you have more, less, or the same amount of freedom to do what you want where you live now than you did at Central State?

- 1 More
- 2 Same amount
- 3 Less
- 8 DK
- 9 RF/NA

F3. Do you have more, less, or the same amount of freedom of sexual expression now than at Central State Hospital?

- 1 More
- 2 Same amount
- 3 Less
- 8 DK
- 9 RF/NA

F4. Do you have more activities where you live now than you did at Central State?

- 1 Yes
- 5 No
- 8 DK
- 9 RF/NA

F5. Do you see your family more where you live now than you did at Central State?

- 1 Yes
- 5 No
- 8 DK
- 9 RF/NA

F6. Do you get more emotional support where you live now than you did at Central State?

- 1 Yes
- 5 No
- 8 DK
- 9 RF/NA

F7. Do you have more friends where you live now than you did at Central State?

- 1 Yes
- 5 No
- 8 DK
- 9 RF/NA

F8. Is the area where you are living now prettier than Central State?

- 1 Yes
- 5 No
- 8 DK
- 9 RF/NA

F9. Do you prefer living where you live now to living at Central State?

- 1 Yes
- 5 No
- 8 DK
- 9 RF/NA

I'm going to read you several statements about where you live now. Please tell me whether you agree strongly, agree, disagree, or disagree strongly with each statement. **USE HAND CARD K**

F10. I feel comfortable walking around the neighborhood where I live now.

- 1 Agree Strongly
- 2 Agree
- 3 Disagree
- 4 Disagree Strongly
- 8 DK
- 9 RF/NA

F11. I would recommend where I live now to a friend who was looking for a place to live.

- 1 Agree Strongly
- 2 Agree
- 3 Disagree
- 4 Disagree Strongly
- 8 DK
- 9 RF/NA

F12. I like the appearance of the place where I live now.

- 1 Agree Strongly
- 2 Agree
- 3 Disagree
- 4 Disagree Strongly
- 8 DK
- 9 RF/NA

F13. Sometimes I wish I still lived at Central State.

- 1 Agree Strongly
- 2 Agree
- 3 Disagree
- 4 Disagree Strongly
- 8 DK
- 9 RF/NA

F14. I wish I had more help planning my activities now.

- 1 Agree Strongly
- 2 Agree
- 3 Disagree
- 4 Disagree Strongly
- 8 DK
- 9 RF/NA

F15. I feel comfortable bringing my friends to where I live now.

- 1 Agree Strongly
- 2 Agree
- 3 Disagree
- 4 Disagree Strongly
- 8 DK
- 9 RF/NA

F16. I often feel bored where I live now.

- 1 Agree Strongly
- 2 Agree
- 3 Disagree
- 4 Disagree Strongly
- 8 DK
- 9 RF/NA

F17. I visit with a friend just about every week.

- 1 Agree Strongly
- 2 Agree
- 3 Disagree
- 4 Disagree Strongly
- 8 DK
- 9 RF/NA

F18. Where I live now, it's very difficult to find a staff person when you need them.

- 1 Agree Strongly
- 2 Agree
- 3 Disagree
- 4 Disagree Strongly
- 8 DK
- 9 RF/NA

OPTIONAL FIRST STOPPING POINT. ___ CHECK IF YOU STOPPED HERE. IF YOU DID NOT RESUME IN THIS SETTING on the same day within 1 hour, FILL OUT stop 1.

WAVE 3 INTERVIEW SCHEDULE -- PART B

CASE ID:

INTERVIEWER Name: _____ Number: _____

DATE: / /

SECTION A - INTRODUCTIONS

START TIME: AM/PM

(READ) As I explained last time (earlier when) we talked, this project is researching how you feel about the closing of Central State Hospital and what has happened to you since you left Central State. We are also interested in how the people you care about outside of the hospital are affected by this decision. We do not work for the hospital or the Government. We are IU researchers who are interested in reporting what you feel and what has happened to you since you left CSH.

Before we begin, I want to remind you again that everything you tell me will be kept in strictest confidence.

Is there anything you want to ask about the study before we start? **ANSWER ANY QUESTIONS**

IF INTERVIEW DID NOT STOP ON PRECEDING PAGE, DO NOT READ SECTION A, BUT DO FILL IN DATE AND TIME!

SECTION B--QUALITY OF LIFE

This set of questions asks you to describe different aspects of your life right now. First, tell me how you feel about:

	Bad	OK	Good	DK/RF/NA
B1. Your life in general?	1	2	3	9
B2. How you get along with other people in general? . .	1	2	3	9
B3. The amount of friendship in your life?	1	2	3	9
B4. The amount of fun you have?	1	2	3	9
B5. How comfortable and well-off you are financially? .	1	2	3	9
B6. Are there survival needs (food, clothing, etc.) you have to do without?				
1 YES				
5 NO				
9 DK/RF/NA				
	Bad	OK	Good	DK/RF/NA
B7. The neighborhood where you live now?	1	2	3	9
B8. Your current type of housing?	1	2	3	9
B9. The amount of privacy where you live?	1	2	3	9
B10. The amount of space you have where you live? . .	1	2	3	9
B11. The amount of freedom you have?	1	2	3	9
B12. The food you usually eat?	1	2	3	9
B13. How you are getting along with your family?	1	2	3	9
B14. How often do you talk with your family?				
1 Seldom or never				
2 Once a month				
3 Two or three times a month				
4 Once a week				
5 Daily or almost daily				
9 DK/RF/NA				

	Bad	OK	Good	DK/RF
B15. The way you spend your days	1	2	3	9
B16. Your current employment status	1	2	3	9

CODE B17 BASED ON C4 IN SECTION A.

B17. DO YOU CURRENTLY HAVE A JOB?

- 1 YES
- 5 NO

	Bad	OK	Good	DK/RF
B18. The protection you have against being robbed or attacked?	1	2	3	9
B19. Your health in general?	1	2	3	9
B20. Do you have any specific health problems (e.g., dental work that needs to be done, sore feet, stomach problems)?				

- 1 YES
- 5 NO
- 9 DK/RF/NA

B21. How often are any physical problems on your mind?

- 1 Constantly
- 2 Occasionally
- 3 Never
- 9 DK/RF/NA

B22. In the last six months have you been assaulted or physically attacked?

- 1 YES
- 5 NO
- 9 DK/RF/NA

B23. In the last six months have you been robbed or had something stolen?

- 1 Yes
- 5 No
- 9 DK/RF/NA

- B24. Are you worried about being able to buy the things you will need in the future?
- 1 Very worried
 - 2 Somewhat worried
 - 3 Not at all worried
 - 9 DK/RF/NA
- B25. In all, considering your life situation now, how bothered are you by your problems?
- 1 Extremely bothered
 - 2 Somewhat bothered
 - 3 Not at all bothered
 - 9 DK/RF/NA
- B26. How often do your problems prevent you from doing the things you would like to do?
- 1 Almost always
 - 2 Sometimes
 - 3 Never
 - 9 DK/RF/NA
- B27. How satisfied are you with yourself on the whole?
- 1 Not at all
 - 2 Average/ Somewhat
 - 3 Very satisfied
 - 9 DK/RF/NA
- B28. How satisfied are you with your current psychological condition?
- 1 Not at all
 - 2 Average/ Somewhat
 - 3 Very satisfied
 - 9 DK/RF/NA
- B29. Compared to most people, how much enjoyment from life do you get?
- 1 Less than most
 - 2 About same
 - 3 More than most
 - 9 DK/RF/NA

B30. Where do you get your clothes?

- 1 Given to me by charities or churches
- 2 Buy them at the Salvation Army, etc
- 3 Buy them at discount stores (e.g., K-Mart)

VOLUNTEERED ANSWERS: DO NOT READ, DO CODE

- 4 Other (SPECIFY: _____) |
- 5 THE MALL
- 9 DK/RF/NA

B31. How many full meals do you eat a day?

- 0 None
- 1 One full meal
- 2 Two full meals
- 3 Three full meals
- 4 Other (Specify: _____)
- 9 DK/RF/NA

B32. Do you have a pet that you care about a lot?

- 1 YES
- 5 NO
- 9 DK/RF/NA

B33. Would you say your life now is

- 1 A lot better
- 2 Somewhat better
- 3 About the same
- 4 Somewhat worse
- 5 A lot worse
- 9 DK/RF/NA

B34. How do you expect your life to be six months from now? Would you say:

- 1 A lot better
- 2 Somewhat better
- 3 About the same
- 4 Somewhat worse
- 5 A lot worse
- 9 DK/RF/NA

SECTION C: SELF-ESTEEM AND MASTERY

C1. Now I would like to ask you some questions about how you feel about yourself. I will read a series of sentences, and I would like you to tell me how strongly you agree or disagree with each of them. **Card A** will help you with your responses.

	SA	A	M	D	SD	NA/RF/DK
a. I feel I am a person of worth, at least on an equal basis with others	1	2	3	4	5	9
b. I feel that I have a number of good qualities	1	2	3	4	5	9
c. All in all, I am inclined to feel that I am a failure	1	2	3	4	5	9
d. I am able to do things as well as most other people	1	2	3	4	5	9
e. I feel I do not have much to be proud of . . .	1	2	3	4	5	9
f. I take a positive attitude toward myself . . .	1	2	3	4	5	9
g. On the whole, I am satisfied with myself . .	1	2	3	4	5	9
h. I wish I could have more respect for myself	1	2	3	4	5	9
i. I certainly feel useless at times.	1	2	3	4	5	9
j. At times, I think I am no good at all	1	2	3	4	5	9
k. There is no way I can solve some of the problems I have	1	2	3	4	5	9
l. Sometimes, I feel that I am being pushed around in life.	1	2	3	4	5	9
m. I have little control over the things that happen to me.	1	2	3	4	5	9
n. I can do just about anything I really set my mind to	1	2	3	4	5	9
o. I often feel helpless in dealing with the problems of life.	1	2	3	4	5	9
p. What happens to me in the future mostly depends on me.	1	2	3	4	5	9
q. There is little I can do to change many of the important things in my life.	1	2	3	4	5	9

SECTION D--MEASURE OF DEVALUATION AND DISCRIMINATION

D1. Now I have some questions about some things you may feel or some things you may do. You can answer yes or no. First,

a. Is it easier for you to be friends with people who have been psychiatric patients?

- 1 YES
- 5 NO
- 9 DK/RF/NA

b. Would you avoid the kind of person who looks down on people who have been in a mental hospital?

- 1 YES
- 5 NO
- 9 DK/RF/NA

c. Would you apply for a job if you knew the employer was going to ask about your history of mental hospitalization?

- 1 YES
- 5 NO
- 9 DK/RF/NA

d. When you meet people for the first time do you ever tell them that you were once a patient in a mental hospital?

- 1 YES
- 5 NO
- 9 DK/RF/NA

e. Would you apply for a job if you knew the employer didn't like to hire former mental patients

- 1 YES
- 5 NO
- 9 DK/RF/NA

f. Do you sometimes avoid people because you think they might look down on people who were in a mental hospital?

- 1 YES
- 5 NO
- 9 DK/RF/NA

g. Do you sometimes hide the fact that you were a patient in a mental hospital?

- 1 YES
- 5 NO
- 9 DK/RF/NA

h. Do you think it is a good idea to keep your history of mental hospitalization a secret?

- 1 YES
- 5 NO
- 9 DK/RF/NA

i. Would you advise a close relative who had been treated for a mental illness not to tell anyone about it?

- 1 YES
- 5 NO
- 9 DK/RF/NA

j. Do you wait until you know a person well before you tell them you have been a patient in a mental hospital?

- 1 YES
- 5 NO
- 9 DK/RF/NA

k. When you look for a job, do you think it is a good idea to tell the employer that you were once in a mental hospital?

- 1 YES
- 5 NO
- 9 DK/RF/NA

l. After being hospitalized for mental illness were people uncomfortable around you?

- 1 YES
- 5 NO
- 9 DK/RF/NA

D2. Sometimes people who have been in treatment for mental health problems report that they are rejected or discriminated against as a result. Others report few experiences like this. We are interested in whether any of the following experiences have happened to you? Again, you can just answer yes or no.

a. Since you left Central State, have you lost a job because your boss found out that you were once a patient in a mental hospital?

- 1 YES
- 5 NO
- 9 DK/RF/NA

b. Since you left Central State, have some of your friends treated you differently since you had been a patient in a mental hospital?

- 1 YES
- 5 NO
- 9 DK/RF/NA

c. Since you left Central State, have you been refused an apartment or room because you had been a patient in a mental hospital?

- 1 YES
- 5 NO
- 9 DK/RF/NA

d. Since you left Central State, have you been refused a license or permit of any kind because you had been a patient in a mental hospital?

- 1 YES
- 5 NO
- 9 DK/RF/NA

e. Since you left Central State, do you believe that many people are afraid of people who have been in mental hospitals?

- 1 YES
- 5 NO
- 9 DK/RF/NA

f. Since you left Central State, have you been avoided by people because they knew you were hospitalized in a mental hospital?

- 1 YES
- 5 NO
- 9 DK/RF/NA

g. Since you left Central State, have people used the fact that you were in a mental hospital to hurt your feelings?

- 1 YES
- 5 NO
- 9 DK/RF/NA

SECTION E: CENTRAL STATE ATTITUDE BATTERY

Now, I would like to get your opinion about mental health programs and the decision to close Central State Hospital. I am going to read a series of sentences, and I would like you to tell me how strongly you agree or disagree with each sentence. **Use hand card.**

	SA	A	D	SD	DK	RF
E1. First, programs for the mentally ill should be a high priority for state government funding. Do you:.....	1	2	5	7	8	9
E2. The decision to close Central State Hospital was a good one. Do you:.....	1	2	5	7	8	9
E4. The next statement is, I am very committed to programs to assist the mentally ill. Do you:.....	1	2	5	7	8	9
E5. The people who were released from Central State Hospital will probably end up living in the streets of Indianapolis. Do you:.....	1	2	5	7	8	9
E6. The problems at Central State Hospital should have been fixed so that it could have stayed open. Do you:.....	1	2	5	7	8	9
E7. The quality of the lives of the people discharged from Central State Hospital is better when they are treated in the community. Do you:.....	1	2	5	7	8	9
E8. The medical care for the people discharged from Central State Hospital is better when they are treated in the community. Do you:.....	1	2	5	7	8	9
E9. The state should provide help (for example, in the form of financial support for hiring helpers) to the family or other caregivers of the mentally ill adults discharged from Central State Hospital. Do you:.....	1	2	5	7	8	9
E10. I would support a tax increase specifically targeted to help with the community-based programs for the people discharged from Central State Hospital. Do you:.....	1	2	5	7	8	9

SA A D SD DK RF

E11. I would oppose having a group home for these mentally ill people in my neighborhood.

Do you: 1 2 5 7 8 9

E12. Overall, people from Central State Hospital are better off being cared for in the

community. Do you: 1 2 5 7 8 9

E3. What is the main reason why you think the decision to close Central State Hospital was made? (RECORD VERBATIM AND LEAVE CODES BLANK)

CODES: a: | | | | b: | | | | c: | | | | d: | | | |

.....

SECTION F--SOCIAL NETWORKS, IMPORTANT MATTERS

Now, I'd like you to tell who are the most important people in your life right now. What I mean is...most people discuss IMPORTANT MATTERS with other people. and we all need people we can DEPEND ON FOR HELP.

F1. Who are the people in your life right now who you feel you can talk to about important matters? Who can you depend on for help?

These can be anyone in your life: family, friends, people who live nearby or people who live far away. What we are interested in are the ones that you are most likely to talk to about really important matters in your life.

So, who are the people in you life with whom you can discuss important matters? Who are the people you can really count on?

(RECORD NAMES IN COLUMN 1 OF SECTION F1 OF THE NETWORK DATA FORM)

F2. Is there anyone who always wants to talk to you about your important matters in your life, whether you want them to or not? Who are they?

(RECORD NAMES IN COLUMN 1 OF SECTION F2 OF THE NETWORK DATA FORM)

F3. Are there people who bother you because they want to talk to you about their important matters? Who are they?

(RECORD NAMES IN COLUMN 1 OF SECTION F3 OF THE NETWORK DATA FORM)

F4. Have there been any important changes recently in the people you talk to about important matters? That is, are there people who you used to talk to about important matters that you don't talk to any more? Are there any people who no longer talk to you? These could be people who you no longer feel close to, who might have moved or died. Who are they?

(RECORD NAMES IN COLUMN 1 OF SECTION F4 OF THE NETWORK DATA FORM)

SECTION G--SOCIAL NETWORKS--HEALTH MATTERS

Now, I'd like you to tell me who, among all the people in your life, that you talk to about mental health or physical health problems when they come up. Again these people can be family, friends, people who have been really helpful to you, anyone you mentioned before or someone new.

- G1. So...who are the people in your life that you can discuss your mental or physical health? Who can you really count on when you have emotional or physical health problems?

(RECORD NAMES IN COLUMN 1 OF SECTION G1 OF THE NETWORK DATA FORM)

- G2. Are there people who are always talking to you about your mental or physical health or trying to get you to do something about your health, whether you want them to or not? Who are they?

(RECORD NAMES IN COLUMN 1 OF SECTION G2 OF THE NETWORK DATA FORM)

- G3. Are there people who bother you a lot because of their emotional or physical health problems or because they always want to talk about their own health with you, even if you don't want to? Who are they?

(RECORD NAMES IN COLUMN 1 OF SECTION G3 OF THE NETWORK DATA FORM)

- G4. Have there been any important changes recently in the people you talk to about your mental or physical health? That is, are there people who you used to talk to about your health that you don't talk to any more? Are there any people who no longer talk to you about your health? These could be people who you no longer feel close to, who might have moved or died. Who are they?

(RECORD NAMES IN COLUMN 1 OF SECTION G4 OF THE NETWORK DATA FORM)

INTERVIEWER: REVIEW NAMES GIVEN AT LAST INTERVIEW. ASK RESPONDENT ABOUT ANY NAMES NOT MENTIONED THIS TIME.

I noticed you didn't mention _____ as one of the people you talk to about **Important Matters/Health Matters**. Why is that?

IF R SAYS:

- 1 I FORGOT. GO BACK AND RECORD NAME ON THE NETWORK FORMS WITH A ** TO INDICATE THEY WERE ADDED BY PROMPTING.

Which list would you put _____ on, the people you discuss **important/health** matters with, the people who bug you about your **important/health** matters, or bug you about their **important/health** matters?

- 2 ANY OTHER REASON. NAMES THAT SHOULD NOT BE ADDED, LIST BELOW ALONG WITH REASONS WHY RESPONDENT DOESN'T WANT THE NAME ON THE CURRENT LIST.

NAME:

REASONS FOR LEAVING OFF: (PROBE FOR ALL REASONS)

AFTER ASKING R ITEMS F1-F4 AND G1-G4, EXPLAIN:

Now, I would like to ask some questions about each of the people you just mentioned. Let's begin with (FIRST NAME ON LIST).

IF A PERSON IS LISTED ON MORE THAN ONE LIST, YOU DO NOT NEED TO ASK THE DESCRIPTIVE QUESTIONS AGAIN. RECORD THE LINE NUMBER WHERE THE INFORMATION FOR THE PERSON ALREADY MENTIONED IS ALREADY RECORDED. IF A PERSON IS MENTIONED ON THE CHANGE/LOSS LIST, RECORD ALL INFORMATION REQUESTED THEN RECORD VERBATIM THE REASON FOR THE CHANGE/LOSS. IF CHANGE/LOSS PERSON WAS MENTIONED IN ANOTHER SECTION, RECORD ONLY THE LINE NUMBER AND REASON FOR CHANGE/LOSS.

3. **ASK ONLY IF UNCLEAR** Is (NAME) male or female?

1=Male, 2=Female, 8=NA/DK/RF

4. Is (NAME) Asian, Black, Hispanic, White, or something else?

1=Asian, 2=Black, 3=Hispanic, 4=White, 5=Other, 8=NA/DK/RF

5. How old is (NAME)?

PROBE: (IF R NOT SURE): What would be your best guess?

6. What is your relationship to (NAME)? **RECORD PRIMARY RELATIONSHIP(S) TO THE RESPONDENT FROM THE RESPONDENT'S POINT OF VIEW**

7. How close are you to (NAME)? Would you say?

1=Very Close, 2=Sort of Close, 3=Not Very Close, 8=NA/DK/RF

8. How often do you see or talk to him/her?

1=Daily or Almost Every Day, 2=At Least Once a Week,
3=At Least Once a Month, 4=Less than Once a Month, 8=NA/DK/RF

9. How much faith does (NAME) put in medical doctors and psychiatrists to take care of people's problems?

1=A lot, 2=Some, 3=Not Much, 8=NA/DK/RF

10. **IF LISTED AS CHANGE/LOSS: ASK ONLY 4-9 AND PROBE:** How has your relationship with (NAME) changed? What happened?

RECORD RESPONSES ON THE LINE WHERE THE PERSON WAS MENTIONED FIRST AND IN THE COLUMNS (3-10) ON THE NETWORK DATA MATRIX FORM CORRESPONDING TO THE QUESTIONS ABOVE----->

SECTION I: NETWORK TIE IDENTIFICATION AND TRACING NAMES

Finally, as we explained last time we talked, we would like to interview some of the people we were just talking about.

Remember we will never tell them anything that you said. We are only interested in finding out what they think about Central State Hospital closing and how they were affected by this change in your treatment.

11. Would it be alright with you if we contacted (FIRST NAME LISTED IN SECTION G1, G2, OR G3)?

IF RESPONDENT SAYS YES, LIST THE PERSON'S NAME ON THE "CONSENT TO INTERVIEW PEOPLE I KNOW IN THE COMMUNITY" FORM AND IN ADDRESS IN QUESTION 12.

IF RESPONDENT SAYS NO, WRITE THE PERSON'S NAME IN THE DO NOT INTERVIEW SPACE BELOW.

THEN REPEAT FOR EACH NAME LISTED IN SECTION G1, G2, OR G3.

DO NOT INTERVIEW:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

READ IF R GAVE PERMISSION TO INTERVIEW MORE THAN TWO PEOPLE We will interview only two people on this list. The people we actually interview will depend on who my supervisor thinks it will be best to contact and who can do the interview.

====> HAVE RESPONDENT SIGN CONSENT FORM <====

12. In order to contact these people for an interview, we need the address and phone number of each of these people. **(RECORD AS MUCH INFORMATION AS R KNOWS. IF INFORMATION IS INCOMPLETE, PROBE FOR ALL SOURCES WHERE INFORMATION MAY BE AVAILABLE, INCLUDING ADDRESS BOOKS, OTHER FRIENDS OR RELATIVES, OR STAFF RECORDS.**

Offer to check staff records. DO IT.

A1:NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: (_____) _____

A2:NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: (_____) _____

A3:NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER:(_____) _____

A4:NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER:(_____) _____

A5:NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER:(_____) _____

SECTION J: SUBJECTIVE HEALTH STATUS AND PERCEIVED STRESS

Finally, I am going to ask some questions about your health and the stress in your life.

J1. In general, would you say your physical health is:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 9 DK/RF/NA

J2. How much bodily pain have you had during the past month?

- 1 None
- 2 Very mild
- 3 Mild
- 4 Moderate
- 5 Severe
- 9 DK/RF/NA

J3. Does your physical health keep you from working at a job, doing work around the house, going to school, participating in scheduled activities, or doing other things that you normally like to do?

- 1 Yes, for more than 3 months
- 2 Yes, for 3 months or less
- 5 No
- 9 DK/RF/NA

J4. How much of the time, during the past month, has your physical health limited your social activities (like visiting with friends or close relatives)?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time
- 9 DK/RF/NA

J5. I am going to read a series of short statements about your health. For each statement, tell me whether you think it is definitely true, mostly true, mostly false, definitely false, or whether you are not sure. Here is a card to help you with your responses. **USE HAND CARD C**

	DT	T	MF	DF	NS	DK/RF/NA
a. I am physically ill	1	2	3	4	8	9
b. I am as physically healthy as anyone I know	1	2	3	4	8	9
c. My physical health is	1	2	3	4	8	9
d. Physically, I have been feeling bad lately . .	1	2	3	4	8	9

J6. In general, would you say your mental health is:

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor
- 9 DK/RF/NA

J7. How much mind pain have you had during the past month?

- 1 None
- 2 Very mild
- 3 Mild
- 4 Moderate
- 5 Severe
- 9 DK/RF/NA

J8. Does your mental health keep you from working at a job, doing work around the house, going to school, participating in scheduled activities, or doing other things that you normally like to do?

- 1 Yes, for more than 3 months
- 2 Yes, for 3 months or less
- 5 No
- 9 DK/RF/NA

J9. How much of the time, during the past, month, has your mental health limited your social activities (like visiting with friends or close relatives)?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time
- 9 DK/RF/NA

OPTIONAL STOPPING POINT. ___ CHECK IF YOU STOPPED HERE. IF YOU DID NOT RESUME IN THIS SETTING same day within 1 hour, FILL OUT STOP 2.

WAVE 3 INTERVIEW SCHEDULE -- PART C

CASE ID:

INTERVIEWER Name: _____ Number _____

DATE: / /

SECTION A - INTRODUCTIONS

START TIME: AM/PM

(READ) This is the third and final part of our interview that we will do. As we told you last time, these interviews are part of a research project that is looking at how you are affected by the closing of Central State Hospital.

Before we begin, I want to remind again you that everything you tell me will be kept in strictest confidence.

Is there anything you want to ask about the study before we start? **(ANSWER ANY QUESTIONS)**

IF INTERVIEW DID NOT STOP ON PRECEDING PAGE, DO NOT READ SECTION A, BUT DO FILL IN DATE AND TIME!

B1. Now, I would like to ask you some questions about the services that you have been receiving from (CURRENT SERVICE PROVIDER)? You can use **Card E** to help you with your responses.

	Very	Somewhat	Not at all	DK/NA/RF
a. How helpful has the (FACILITY NAME) been for you?	1	2	3	9
b. How warm and caring are the staff?	1	2	3	9
c. How convenient are the center's programs and services?	1	2	3	9
d. How easy is it to get in contact with a staff person?	1	2	3	9
e. How knowledgeable are the staff about your treatments?	1	2	3	9
f. How helpful are staff in helping you with your goals?	1	2	3	9
g. How helpful are the social workers in helping you with your goals	1	2	3	9
h. Considering your particular needs, how appropriate are the center's services? . . .	1	2	3	9
i. How satisfied are you with the advice and information you get from the staff? . . .	1	2	3	9
j. How well informed are you about your treatment plan?	1	2	3	9
k. How well informed are you about your medications?	1	2	3	9

B4. How do you get along with your social worker(s) here at (FACILITY NAME)?

PROBE: Does this person care about you? Do you trust them? Does the person know a lot about how to help you? **(RECORD VERBATIM BELOW -- Ask for name; verify with staff that the person is or is not a social worker--record yes or no in BLUE ink.)**

B5. Would you say the care you are receiving is:

- 1 Much better than the care you got at Central State
- 2 Better than the care you got at Central State
- 3 About the same
- 4 Worse than the care you got at Central State
- 5 Much worse than the care you got at Central State
- 9 DK/NA/RF

SECTION C - MEDICATION COMPLIANCE

Now, I'm going to ask you some questions about your medication:

C1a. Are there any doctor-prescribed medications which you are supposed to be taking for your mental condition?

- 1 YES
- 5 NO
- 9 DK/RF/NA

C1b. Are there any doctor-prescribed medications which you are supposed to be taking for your mental condition, but are not?

- 1 YES
- 5 NO
- 9 DK/RF/NA

SECTION D: NEEDS

Now I'd like to ask you about other services that you may or may not need and if you get help in the community.

D1. Do you think you need help with (SERVICE AREA) now?

D2. Are you getting professional help with (SERVICE AREA) from (PROVIDER NAME)?

SERVICE AREA:	Need help <u>now</u> ?			Get help <u>now</u> ?		
	Y	N	DK	Y	N	DK
a. getting or keeping housing (e.g., supervised housing).....	1	5	9	1	5	9
b. getting and/or keeping work or employment.....	1	5	9	1	5	9
c. getting, taking, or keeping medication.....	1	5	9	1	5	9
d. additional therapy or treatment...	1	5	9	1	5	9
e. daycare or aftercare for you.....	1	5	9	1	5	9
f. welfare, social security, or food stamp benefits.....	1	5	9	1	5	9
g. training programs to help you take better care of yourself, to plan your diet or leisure time, or to go shopping.....	1	5	9	1	5	9
h. support for family or friends (e.g., support groups).....	1	5	9	1	5	9
I. support for you (e.g., support groups).....	1	5	9	1	5	9
j. taking care of children or other people you have responsibility for.....	1	5	9	1	5	9
k. transportation to work or other activities.....	1	5	9	1	5	9

SECTION E - ATTITUDES AND BELIEFS

Now I'd like to ask you about some of your opinions and beliefs. Let's start with the following:

E1. The questions ask about your opinions regarding medicine, health, and health care. Tell me whether you agree or disagree with each of the following statements. You can look at **Card A** to help with your answers.

	SA	A	M	D	SD	NA/RF/DK
a. Psychiatric medication is harmful to the body	1	2	3	4	5	9
b. If symptoms are no longer present, people should discontinue medication. . .	1	2	3	4	5	9
c. Taking medication interferes with daily activities	1	2	3	4	5	9
d. Taking medication helps people deal with day-to-day stresses	1	2	3	4	5	9
e. Taking medication makes it easier in their relations with family and friends .	1	2	3	4	5	9
f. I think medication helps people control their symptoms	1	2	3	4	5	9
g. Taking medication makes people feel better about themselves	1	2	3	4	5	9

SECTION F - PATIENT INSTRUMENT ECONOMIC IMPACT BURDEN

F1. Do you usually pay your medical bills (other than prescription costs) yourself?

- 1 All
- 2 Some
- 3 None
- 9 DK/RF/NA

F1a Does anyone, other than you, regularly pay your medical bills (other than prescription costs)?

- 1 YES
- 5 NO (SKIP TO F2)
- 9 DK/RF/NA (SKIP TO F2)

F1b. If so, what is your relationship with this person?

- 1 Family
- 2 Friend
- 3 Other (SPECIFY) _____

F2. Do you usually pay for your prescription medicines yourself?

- 1 All
- 2 Some
- 3 None
- 9 DK/RF/NA

F2a. Does anyone, other than you, regularly pay for your prescription medicines?

- 1 YES
- 5 NO (SKIP TO F3)
- 9 DK/RF/NA (SKIP TO F3)

F2b. If so, what is your relationship with this person?

- 1 Family.
- 2 Friend
- 3 Other (SPECIFY) _____

F3. Do you usually pay for help around the house or personal care?

- 1 All
- 2 Some
- 3 None
- 9 DK/RF/NA

F3a. Does anyone, other than you, regularly pay for your help around the house or personal care?

- 1 YES
- 5 NO (SKIP TO F4)
- 9 DK/RF/NA (SKIP TO F4)

F3b. If so, what is your relationship with this person?

- 1 Family
- 2 Friend
- 3 Other (SPECIFY) _____

F4. Did you receive any treatment for your mental disorder in the past month?

- 1 YES
- 5 NO
- 9 DK/RF/NA

F5. Do you know what the total charge was for care in the past month for these service?

- 1 YES
- 5 NO
- 9 DK/RF/NA

F6. Did you or anyone in your family pay anything for these services? (Do not count any amounts that will be subsequently reimbursed.)

- 1 YES
- 5 NO
- 9 DK/RF/NA

F.7 How much did you or anyone in your family pay?

F.8 How do you usually get to the place where you **usually** go to receive treatment for your mental disorder?

- 1 Walking
- 2 Driving
- 3 Being driven
- 4 Taxi
- 5 Other public transit
- 6 Other (SPECIFY) _____
- 9 RF/DK/NA

F9 About how many **minutes** do you spend traveling to your usual source of care?

SECTION G - ALCOHOL, DRUGS, AND HIV/AIDS

In this part of the interview, I am going to ask some personal questions about drug use and sexual behavior. Sometimes people feel embarrassed about talking about these issues. The purpose of these questions is to find out what kinds of services are needed for people in your situation.

Remember that your answers to these questions will be **strictly confidential**. No one will **ever** know what you said, so please feel to be as honest and candid as you can.

I want to remind you once again that you are free to skip or not answer any questions that you feel uncomfortable answering.

ALCOHOL USE

G1. During the past month, would you say you have been drinking alcohol:

- 1 A lot
- 2 Some
- 3 Not at all
- 9 DK/RF/NA

G2. Have you ever gone to anyone for help because you were experiencing problems because of drinking alcohol?

- 1 YES
- 5 NO
- 9 DK/RF/NA

G3. Has anyone ever said you seemed different when you have been drinking alcohol?

- 1 Definitely no, never
- 2 Mostly no
- 3 Mostly yes
- 4 Definitely yes
- 9 DK/RF/NA

G4. Has your family or anyone else ever complained about your behavior when you drank alcohol?

- 1 Never
- 2 Once in a great while
- 3 Sometimes
- 4 Frequently
- 5 Quite Often
- 9 DK/RF/NA

G5. Have you ever tried to stop or cut down on your drinking of alcohol?

- 1 Never
- 2 I've thought about it but haven't done anything
- 3 I've tried a couple of times, but not very seriously
- 4 I've tried to stop several times
- 5 I struggle with quitting nearly every day
- 6 I have stopped
- 9 DK/RF/NA

G6. In the past 30 days, about how often did you drink beer? Would you say it was about:

- 0 Everyday
- 1 5-6 days a week
- 2 3-4 days a week
- 3 1-2 days a week
- 4 Less often than weekly
- 5 Not at all **(SKIP TO G8)**
- 9 RF/DK/NA **(SKIP TO G8)**

G7. On those days in the past month when you did drink beer, about how much beer did you typically drink? Would you say it was:

- 0 6 quarts or more
- 1 5 quarts
- 2 4 quarts
- 3 3 quarts
- 4 1-2 quarts
- 5 1-3 glasses
- 6 None
- 9 RF/DK/NA

G8. In the past 30 days, about how often did you drink wine? Would you say it was about:

- 0 Everyday
- 1 5-6 days a week
- 2 3-4 days a week
- 3 1-2 days a week
- 4 Less often than weekly
- 5 Not at all **(SKIP TO G10)**
- 9 RF/DK/NA **(SKIP TO G10)**

G9. On those days in the past month when you did drink wine, about how much wine did you typically drink? Would you say it was:

- 0 5 fifths or more
- 1 3-4 fifths
- 2 2 fifths
- 3 1 fifth
- 4 2 water glasses or 3-5 wine glasses
- 5 1 water glass or 1-2 wine glasses
- 6 None
- 9 RF/DK/NA

G10. In the past 30 days, about how often did you drink hard liquor? Would you say it was about:

- 0 Everyday
- 1 5-6 days a week
- 2 3-4 days a week
- 3 1-2 days a week
- 4 Less often than weekly
- 5 Not at all (SKIP TO G12)
- 9 RF/DK/NA (SKIP TO G12)

G11. On those days in the past month when you did drink hard liquor, about how much hard liquor did you typically drink? Would you say it was:

- 0 4 pints or more
- 1 3 pints
- 2 2 pints
- 3 1 pint
- 4 8-10 shots or drinks
- 5 5-7 shots or drinks
- 6 3-4 shots or drinks
- 7 1-2 shots or drinks
- 8 None
- 9 RF/DK/NA

G12. How would you describe your drinking behavior at the present time?

- 0 No drinking at all
- 1 Occasional drinking
- 2 Frequent drinking
- 3 Problem drinking or sprees/binges
- 4 Steady problem drinking
- 9 RF/DK/NA

G17. How often do you use a needle that another person already used?

- 0 Never
- 1 Once in awhile
- 2 Most times
- 3 Nearly every time
- 9 RF/DK/NA

FOR ALL WHO HAVE EVER USED ANY TYPE OF DRUG, ASK:

G18. In terms of drug abuse, would you say you had:

- 0 No problem
- 1 A slight problem
- 2 A mild problem
- 3 A moderate problem
- 4 A severe problem
- 9 RF/DK/NA

SECTION H: SEXUAL HIV/AIDS RISK BEHAVIORS

H1. Have you heard of a disease called AIDS or HIV?

- 1 YES
- 5 NO **(SKIP TO H9)**
- 9 DK/RF/NA

H2. How much would you say you know about AIDS?

- 1 A lot
- 2 Some
- 3 A little
- 4 Nothing
- 9 DK/RF/NA

H3. How worried are you about getting AIDS? Would you say:

- 1 Very worried
- 2 Somewhat worried
- 3 A little worried
- 4 Not at all worried
- 9 DK/RF/NA

H4. People get information about the disease AIDS and how to protect themselves against it from a lot of different places. I am going to read you a list of places that people can get information about AIDS, and all I would like you to do is tell me how much information about AIDS you have gotten from each of these sources? **USE HAND CARD H**

	Nothing	Little	Some	A lot	DK/NA/RF
a. your family.....	0.....	1.....	2.....	3.....	9
b. your friends.....	0.....	1.....	2.....	3.....	9
c. your medical doctor.....	0.....	1.....	2.....	3.....	9
d. other medical professional (e.g., nurse).....	0.....	1.....	2.....	3.....	9
e. your psychiatrist.....	0.....	1.....	2.....	3.....	9
f. other mental health professional (e.g., your therapist, case manger, or social worker).....	0.....	1.....	2.....	3.....	9
g. the newspaper or magazines.....	0.....	1.....	2.....	3.....	9
h. a TV or radio announcement or show.....	0.....	1.....	2.....	3.....	9
i. a handout, brochure or flyer.....	0.....	1.....	2.....	3.....	9
j. OTHER (Specify: _____)	0.....	1.....	2.....	3.....	9

H5. From which of these sources would you say you learned the most about AIDS?

- 1 Your family
- 2 Your friends
- 3 Your medical doctor (excluding psychiatrist)
- 4 Another medical professional (e.g., nurse)
- 5 Your psychiatrist
- 6 Another mental health professional
- 7 A TV or Radio Announcement or Show
- 8 The newspaper or magazines
- 9 A handout, brochure, or flyer
- 10 OTHER (Specify: _____)
- 98 Don't Remember/Don't Know
- 99 RF/NA

H6. These next questions are supposed to help us understand how much you know about AIDS. After I read each statement, tell me whether you think the statement is true or false.

	True	False	DK/RF/NA
a. Most people become sick quickly after getting the AIDS virus	1	5	9
b. Unborn babies can get AIDS from their mothers.+	1	5	9
c. People who can give you the AIDS virus always look sick	1	5	9
d. Men can't get AIDS if they only have sex with women	1	5	9
e. Washing after sex stops AIDS	1	5	9
f. You must have many sex partners to get AIDS	1	5	9
g. Sex with someone who has used injected drugs creates risk for AIDS.+	1	5	9
h. Only gay (homosexual) men get AIDS	1	5	9
i. Using condoms (rubbers) can help prevent AIDS.+	1	5	9

	True	False	DK/RF/NA
j. Women can't get AIDS if they only have sex with men	1	5	9
k. Using injection drugs increases a person's risk of getting AIDS.+	1	5	9
l. You can get the AIDS Virus through one sexual contact+	1	5	9

H7. Have you been tested for the HIV antibodies (an AIDS test) in the past year?

- 1 YES
- 5 NO **(SKIP TO H9)**
- 9 DK/RF/NA **(SKIP TO H9)**

in the past month?

- 1 YES
- 5 NO **(SKIP TO H9)**
- 9 DK/RF/NA **(SKIP TO H9)**

H8. Do you know what the results of this test/these tests was/were? We don't need to know the results, we just want to know whether or not you found out what the results were?

- 1 Yes, all
- 3 Yes, some
- 5 No, never
- 9 DK/RF/NA

H9. Now I am going to ask some questions about some behaviors that may put you at risk for getting HIV/AIDS. Some of them are rather personal. The information will help evaluate what types of additional services people in your situation might need. Remember your responses are completely confidential.

a. First, have you had sex or any type of sexual contact with another person **(PROBE FOR ALL FORMS OF SEXUAL CONTACT)** during the past year?

- 1 YES
- 5 NO
- 9 DK/RF/NA

during the past month?

- 1 YES
- 5 NO
- 9 DK/RF/NA

(IF NO SEXUAL CONTACT IN PAST MONTH OR PAST YEAR, SKIP TO END)

ASK R ABOUT HETEROSEXUAL CONTACTS FIRST, THEN HOMOSEXUAL CONTACTS. Be sure to list answers in correct space.

- b. How many different men have you had sex with (PROBE FOR ANY TYPE OF CONTACT)
- during the past year? □□□□
- during the past month? □□□□

- c. How many different women have you had sex with (PROBE FOR ANY TYPE OF CONTACT?)
- during the past year? □□□□
- during the past month? □□□□

H10. Now, I am going to read a list of situations that you may or may not have experienced. Tell me how many times you have experienced each of them during the past year and during the past month? **USE HAND CARD H**

	during the past year?				during the past month?					
	N	1-2	3-4	5+	DK/ RF/ NA	N	1-2	3-4	5+	DK/ RF/ NA
a. had sex in exchange for money, drugs, food, a place to stay, or anything else?.....	0	1	2	3	9	0	1	2	3	9
b. had sex with someone who you had known for less than 1 day?.....	0	1	2	3	9	0	1	2	3	9
c. was pressured or forced into having sex with someone when you didn't want to?...	0	1	2	3	9	0	1	2	3	9
d. had vaginal intercourse with someone without using a rubber (condom)?.....	0	1	2	3	9	0	1	2	3	9
e. had oral sex with someone without using a rubber (condom)?.....	0	1	2	3	9	0	1	2	3	9
f. had sex after using alcohol or drugs?.....	0	1	2	3	9	0	1	2	3	9
g. had sex with someone who used intravenous drugs?.....	0	1	2	3	9	0	1	2	3	9
h. had anal intercourse with someone without using a rubber (condom)?.....	0	1	2	3	9	0	1	2	3	9

STOP 3

OK, that's the end!

Thank you very much for your time and help.

There are a few things we need to do to wrap this up.

1. We will be contacting you again in a year to see how you're doing and talk to you again. Here's a business card with a telephone number if you would like to contact us. (**HAND RESPONDENT BUSINESS CARD**).
2. Finally, I need you to sign this sheet which says that you in fact received the \$15.00 for participating in this study. (**HAVE THEM SIGN RECEIPT AND HAND THEM PAY ENVELOPE**).

Thanks again. I am looking forward to doing our next interview. Have a good day!

FINISH TIME: AM/PM

INTERVIEWER, YOU MUST COMPLETE HAPPLA AND THE MINI-CHART REVIEW AS WELL AS THE INTERVIEWER OBSERVATIONS.

INTERVIEWER OBSERVATIONS**GLOBAL ASSESSMENT OF FUNCTIONING SCALE (GAF SCALE)**

INTERVIEWER CONSIDER THE RESPONDENTS PSYCHOLOGICAL, SOCIAL, AND OCCUPATIONAL FUNCTIONING ON A HYPOTHETICAL CONTINUUM OF MENTAL HEALTH-ILLNESS. DO NOT INCLUDE IMPAIRMENT DUE TO PHYSICAL (OR ENVIRONMENTAL) LIMITATIONS.

RATINGS SHOULD BE MADE FOR THEIR OVERALL FUNCTIONING AROUND THE TIME OF AND DURING THE INTERVIEW.

Code	Description
90 81	Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested in a wide range of activities, socially effective generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).
80 71	If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in school work).
70 61	Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.
60 51	Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with co-workers).
50 41	Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).
40 31	Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgement, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).
30 21	Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgement (e.g., sometimes incoherent, acts grossly inappropriate, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day; no job, home, or friends).
20 11	Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death, frequently violent, manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).
10 1	Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.
0	Insufficient information to judge.

CURRENT GAF: |__|__|

Interviewer thumbnail sketch. Use this space below to describe the interview situation and anything that will help us understand the respondent and his or her living situation. Include information about others present and their effect on the interview.

Validity of the Interview information:

- 1 GOOD-- no evidence of any inaccuracy
- 2 SOMEWHAT O.K. -- suspect some minor inconsistencies
- 3 FAIR - some minor inconsistencies obvious
- 4 SOMEWHAT POOR - suspect some major inconsistencies
- 5 VERY POOR - major inaccuracies evident

Please estimate the respondent's understanding of the interview

- 1 No difficulty
- 2 Just a little
- 3 A fair amount
- 4 A lot of difficulty

How cooperative was this respondent?

- 1 Very cooperative
- 2 Fairly cooperative
- 3 Not too cooperative
- 4 Openly hostile

Did the respondent seem intoxicated, high or under the influence of any substance (including psychotropic medications)?

- 1 Yes
- 5 No

INTERVIEWER OBSERVATIONS UNLESS YOU STOPPED FOR AT LEAST 1 HOUR, DO NOT USE THIS FORM

GLOBAL ASSESSMENT OF FUNCTIONING SCALE (GAF SCALE)

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CURRENT GAF: |__|__|

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- 4 A lot of difficulty

How cooperative was this respondent?

- 1 Very cooperative
- 2 Fairly cooperative
- 3 Not too cooperative
- 4 Openly hostile

Did the respondent seem intoxicated, high or under the influence of any substance (including psychotropic medications)?

- 1 Yes
- 5 No

STOP 2

Okay, that is the end of this interview!

Thank you very much for your time and help. As I said at the beginning, this is the second part of the interview. I will be contacting you again very soon to do the third part of the interview.

Here's a card with a telephone number if you have any questions about the study. (HAND RESPONDENT BUSINESS CARD)

Finally, here is your \$5.00 in cash. I need you to sign this sheet which says that you in fact received the \$5.00 in cash for participating in this study. (HAVE THEM SIGN RECEIPT AND HAND THEM PAY ENVELOPE)

Thanks again. I am looking forward to talking to doing our next interview. Have a good day!

STOPPING PAGE: | | |

FINISH TIME: | | | AM/PM

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0	Insufficient information to judge.

CURRENT GAF: |__|__|

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- 1 Very cooperative
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- 4 Openly hostile

Did the respondent seem intoxicated, high or under the influence of any substance (including psychotropic medications)?

- 1 Yes
- 5 No

Mini-Chart Review

Check the respondent's chart for the following information:

1. Is respondent currently receiving mental health psychiatric services?

1 YES

5 NO

9 Don't know because _____

Take a note here: is R in a group home, hospital etc. where services are supposed to be provided: (___ yes) (___ no)

2. What type of facility is that?

1 A MENTAL HEALTH CENTER **specify:** _____

2 ANOTHER STATE MENTAL HOSPITAL **specify:** _____

3 Other _____

3. What type of residential facility is respondent in? **(Note: there is no 1 or 5.)**

2 General Hospital

3 Private Residence (*house*
Or apartment)

4 Nursing Home

6 Correctional Facility

7 VA Hospital

8 Supervised Group Living

9 Semi-Independent Living, SILP/SL

10 State Hospital

11 Room and Board Facility

4. Section I2: Network ties and tracing names. Add any information available in Chart concerning addresses and telephone numbers. Include all contact information available, even if the person in the chart is not an NR. Put information on Nrs in section I2. Put others here.

People who were in listed Chart,
but not an NR:

5. CURRENT MEDICATION REGIME:

Drug Name	Dosage: how often	Dosage: how much
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Medicaid Number: _____
 Number has 12 digits—no letters

7. What is Respondent's current diagnosis? _____

8. What is Respondent's legal status? (Is client under commitment?) _____

Court _____ County _____

Cause # _____ Legal Date _____

9. Has Respondent spent any time in the hospital or in jail in the last year? If yes, collect the dates of admission or police contact and the number of days in hospital or jail on following pages. Please also describe the reason for contact.

In Hospital? ___ No ___ Yes (see below) **In Jail?** ___ No ___ Yes (see below)

Police Contacts:

Date: _____ Number of days in Jail _____

What happened? _____

Date: _____ Number of days in Jail _____

What happened? _____

Date: _____ Number of days in Jail _____

What happened? _____

Date: _____ Number of days in Jail _____

What happened? _____

Date: _____ Number of days in Jail _____

What happened? _____

Date: _____ Number of days in Jail _____

What happened? _____

Date: _____ Number of days in Jail _____

What happened? _____

Hospital Admissions:

Admission Date: _____ Number of days in Hospital _____

What happened? _____

Admission Date: _____ Number of days in Hospital _____

What happened? _____

Admission Date: _____ Number of days in Hospital _____

What happened? _____

Admission Date: _____ Number of days in Hospital _____

What happened? _____

Admission Date: _____ Number of days in Hospital _____

What happened? _____

Admission Date: _____ Number of days in Hospital _____

What happened? _____

Admission Date: _____ Number of days in Hospital _____

What happened? _____