

Indiana Consortium for Mental Health Services Research



Central State Hospital Discharge Study In-Depth Interview 2004

CASE ID: _____

INTERVIEWER Name: _____ Number: _____

DATE: _____

START TIME: _____ AM/PM

Year 10 Interview Schedule

SECTION A- INTRODUCTION

(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 any mental health center or any 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 these 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 two parts to make it easier for you. Each part is about 45 minutes long, depending on how much you have to say. We can also do more than one part at a time if you like.

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

INTERVIEWER NOTE: REMEMBER IF RESPONDENT SEEMS TIRED, OFFER A BREAK OR TO COMPLETE LATER, EVEN IF THE INTERVIEW IS NOT AT THE OPTIONAL STOPPING POINT 1 ON PAGE 32. THAT IS JUST A GUIDE. USE STOP 2 IF YOU NEED AN EXTRA STOP. IF RESPONDENT WANTS TO GO TO END, USE STOP 3.

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 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 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 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, LIST/CODE EACH MENTION SEPARATELY:**

HOPES/MOST EXCITES

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

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

PROBE: Is it better or worse?

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

PROBE: Will it be better or worse?

B8. RECOVERY, PROCOVERY, HOPE AND SERVICES

B8a. Thinking about yourself when you were living at Central State, and comparing yourself then to how you are now, on a scale of 1 to 10, where would you say you are in the process of recovery? _____ (1 = not at all. 10 = completely)

Recovery means different things to different people. What would you say it means to you?

Here is one definition that some people use: *'Attaining a productive and fulfilling life, regardless of the level of health assumed attainable.'* Where would you say you are, using that definition and the same scale of 1 to 10? _____

What is your opinion of that definition? How close do you think it comes?

B8b. Again, thinking about when you were at Central State Hospital and comparing it to now, how much do you agree with these statements? (USE HAND CARD K)

	Agree Strongly	Agree	Disagree	Disagree Strongly	D K	RF/ NA
My life is a success because I can now meet my ordinary daily needs.	1	2	4	5	8	9
My mental health care professionals work with me to manage my medication and other medical needs.	1	2	4	5	8	9
I am not my diagnosis.	1	2	4	5	8	9
The professionals who work with me have low expectations for my success.	1	2	4	5	8	9
I work with my family to manage my medical and other daily life needs.	1	2	4	5	8	9
I am able to make many of my own choices on issues important to me.	1	2	4	5	8	9
My family has low expectations for my success.	1	2	4	5	8	9
I can make progress, because I don't worry too much about what went wrong.	1	2	4	5	8	9
The mental health care professionals don't really listen to me.	1	2	4	5	8	9
My life is fulfilling.	1	2	4	5	8	9
For me, looking toward the future is the best way to a productive life.	1	2	4	5	8	9
My family doesn't really listen to me.	1	2	4	5	8	9

B8c. Again, given your life now, compared to your life while at Central State, please tell me how true each of these statements is about you.

	Definitely False	Somewhat False	Somewhat True	Definitely True	D K	RF/ NA
I can think of many ways to get out of a jam.	1	2	4	5	8	9
I energetically pursue my goals.	1	2	4	5	8	9
There are lots of ways around any problem.	1	2	4	5	8	9
I can think of many ways to get the things in life that are important to me.	1	2	4	5	8	9
Even when others get discouraged, I know I can find a way to solve the problem.	1	2	4	5	8	9
My past experiences have prepared me well for my future.	1	2	4	5	8	9
I've been pretty successful in life.	1	2	4	5	8	9
I meet the goals that I set for myself.	1	2	4	5	8	9

B8d. Where have you received services since the last interview? What service has helped you the most?

B8e. I am going to read a list of services people sometimes get. Please tell me if you have received any of these services or might be getting them now. First:

Service	Getting Now	Have Gotten
	Yes/No	Yes/No
Supported Employment	1 5	1 5
Assertive Community Treatment (ACT)	1 5	1 5
Group Counseling or Therapy	1 5	1 5
Help with medication	1 5	1 5
Assistance with grooming, housework, meals or finances	1 5	1 5
Clubhouse or day treatment activities	1 5	1 5

B8f. Since you left Central State Hospital, what have been the five most important activities, experiences or relationships of your life? The things that have meant the most to you?

PROBE: Anything else? INTERVIEWER, LIST EACH MENTION SEPARATELY: MOST IMPORTANT THINGS

1. _____
2. _____
3. _____
4. _____
5. _____

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

TURN TAPE RECORDER OFF!!! RECORD TIME.

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 (GO TO C1A & B)
- 2 divorced (GO TO C1A & B)
- 3 separated (GO TO C1A & B)
- 4 widowed (GO TO C2)
- 5 cohabitating/living with someone (GO TO C2)
- 6 never been married (GO TO C2)

C1a. Is/Was that your first marriage?

- 1 YES (SKIP TO C2)
- 2 NO

C1b. How many times have you been married? _____

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

- 1 YES
- 2 No
- 9 DK/RF/NA

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
- 2 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) _____

C4. Are you currently working full-time for pay, working part time for pay, going to school, keeping house, or something else? (CODE ALL THAT APPLY: PROBE for details.)

- 01 WORKING FULL-TIME FOR PAY SKIP TO C5
- 02 WORKING PART-TIME FOR PAY SKIP TO C5
- 03 HAVE A JOB. TEMPORARILY LAID OFF SKIP TO C5
- 04 ON LEAVE OR VACATION FROM A JOB SKIP TO C5
- 05 IN SCHOOL SKIP TO C10
- 06 KEEPING HOUSE SKIP TO C10
- 07 FULL-TIME VOLUNTEER SKIP TO C10
- 08 PART-TIME VOLUNTEER SKIP TO C10
- 09 UNEMPLOYED, CAN'T FIND A JOB (ASK C4A)
- 10 UNEMPLOYED, DON'T WANT TO WORK (ASK C4A)
- 11 UNEMPLOYED, AFRAID OF LOSING BENEFITS (ASK C4A)
- 12 RETIRED (ASK C4A)
- 13 PHYSICALLY DISABLED/UNABLE TO WORK SKIP TO C10
- 14 MENTALLY DISABLED/UNABLE TO WORK SKIP TO C10
- 15 OTHER (SPECIFY: _____) SKIP TO C10

C4a. (IF 09-12) ASK: How long? SKIP TO C10
_____ (DAYS/WEEKS/MONTHS/YEARS)

CURRENT JOB

C5. What kind of job is that? **INTERVIEWER: USE QSN C6 & C7 TO HELP 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 at 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 C13.**

(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 (LAST Interview was 1999.)

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 workshop 5=volunt			Per Day Week Month Year Period
Sixth Job		Days Weeks Months Years	1=comp job 2=transemp 3=work tr. 4=sheltered workshop 5=volunt			Per Day Week Month Year Period
Seventh Job		Days Weeks Months Years	1=comp job 2=transemp 3=work tr. 4=sheltered workshop 5=volunt			Per Day Week Month Year Period
Eighth Job		Days Weeks Months Years	1=comp job 2=transemp 3=work tr. 4=sheltered workshop 5=volunt			Per Day Week Month Year Period
Ninth Job		Days Weeks Months Years	1=comp job 2=transemp 3=work tr. 4=sheltered workshop 5=volunt			Per Day Week Month Year Period
Tenth Job		Days Weeks Months Years	1=comp job 2=transemp 3=work tr. 4=sheltered workshop 5=volunt			Per Day Week Month Year Period
Eleventh Job		Days Weeks Months Years	1=comp job 2=transemp 3=work tr. 4=sheltered workshop 5=volunt			Per Day Week Month Year Period
Twelfth Job		Days Weeks Months Years	1=comp job 2=transemp 3=work tr. 4=sheltered workshop 5=volunt			Per Day Week Month Year Period

C13. Now, I'd like to know a little bit about how you are 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 Social Security: 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 R. 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. _____	_____	\$ _____
b. _____	_____	\$ _____
c. _____	_____	\$ _____
d. _____	_____	\$ _____
e. _____	_____	\$ _____
f. _____	_____	\$ _____
g. _____	_____	\$ _____

C15. Does anyone help you manage your spending money?

- 1 Yes
- 2 No **(SKIP TO C16)**
- 9 DK/RF/NA **(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
- 8 DK
- 9 RF/NA

C16A. Now, I'd like to know if you have any of these items:

Item	Yes	No	DK/RF
A Library card	1	5	9
A driver's license	1	5	9
A bank card or ATM card	1	5	9
A video rental card	1	5	9

C16B. What about the following? Please just answer yes or no.

	Yes	No	DK/RF
Are you registered to vote?	1	5	9
Are you a member of KEY consumer group?	1	5	9
Do you belong to the YMCA or other similar organization?	1	5	9
Do you belong to NAMI?	1	5	9
Are you a member of a book club?	1	5	9
Do you participate in organized sports, such as a bowling league or a ball team?	1	5	9
Do you belong to any self-help groups, like AA or weight-watchers?	1	5	9
Do you own and care for a pet?	1	5	9
Do you have a cell phone or pager?	1	5	9
Do you volunteer regularly in the community?	1	5	9
Do you have a hobby?	1	5	9
Do you use a computer?	1	5	9

C16C. If yes, to using a computer, ask:

Do you own your own computer?	1	5	9
Do you use the internet?	1	5	9
Do you use e-mail?	1	5	9
Do you use Instant Messenger?	1	5	9
Do you use chat rooms on the computer?	1	5	9

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 Reformed
 - 2 Conservative
 - 3 Orthodox
 - 4 Reconstructionist

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 AMERICAN
- 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
- 19 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
- 29 LUTHERAN, DON'T KNOW WHICH

PRESBYTERIAN

- 31 PRESBYTERIAN CHURCH IN THE US

- 32 UNITED PRESBYTERIAN CHURCH IN THE USA 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 OR 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 UNITED PENTECOSTAL CHURCH
- 74 DISCIPLES OF CHRIST

LIBERAL

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

91 CHRISTIAN (NO OTHER DENOMINATION SPECIFIED)

94 OTHER (SPECIFY): _____

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. (IF R PARTICIPATES IN RELIGIOUS SERVICES) How welcoming is your congregation/temple to people with mental health problems like yours?

C22. How religious are you? Would you call yourself a very strong (R's RELIGION NAME), a strong (R's RELIGION NAME), a moderate (R's RELIGION NAME), or not so strong a (R's RELIGION NAME)?

- 1 VERY STRONG
- 2 STRONG
- 3 MODERATE
- 4 NOT SO STRONG
- 8 DK/NOT SURE
- 9 NA/RF

C23. 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

C24. Do you participate in a prayer or study group? (RECOVERY QS)

- 1 Yes
- 5 No
- 9 DK/RF

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 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? Are you:

- 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 1

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
- 2 Somewhat appropriate
- 3 Somewhat inappropriate
- 4 Not appropriate at all
- 9 DK/RF/NA

D11a. IF 3 OR 4: 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 WITHOUT 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 a 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
- 9 DK/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 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 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 at end of booklet.

WAVE 3 INTERVIEW SCHEDULE—PART B

CASE ID: _____

INTERVIEWER Name: _____ Number: _____

DATE: ____ / ____ / ____

START TIME: ____ AM/PM

SECTION A—INTRODUCTIONS

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

(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 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**

SECTION B—QUALITY OF LIFE

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

- | | Bad | OK | Good | DK/NA/RF |
|---|------------|-----------|-------------|-----------------|
| 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

- | | | | | |
|---|---|---|---|---|
| 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/NA/RF

B15. The way you spend your days.....1.....2.....3.....9

B16. Your current employment status.....1.....2.....3.....9

DO NOT ASK, SIMPLY CODE B17 BASED ON C4 IN SECTION A.

B17. DO YOU CURRENTLY HAVE A JOB?

1 YES

5 NO

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=====> ASK FOR DETAILS

2 NO

9 DK/RF/NA

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

1 Constantly

2 Occasionally

3 Never

9 DK/NA/RF

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

1 YES=====> ASK FOR DETAILS

2 NO

9 DK/RF/NA

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

1 YES=====> ASK FOR DETAILS

2 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 you 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/NA/RF

B28. How satisfied are you with your current psychological condition?

- 1 Not at all
- 2 Average/Somewhat
- 3 Very satisfied
- 9 DK/NA/RF

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/NA/RF

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

- 1 YES
- 2 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/NA/RF

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/NA/RF

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

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

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/NA/RF

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/NA/RF

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/NA/RF

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

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

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

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

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/NA/RF

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/NA/RF

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/NA/RF

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

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

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.

after each question, How many times has this happened since you left CSH? 1=many times, 2=a few times, 3=once or twice, 9=DK/NA/RF

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----- How many times has this happened since you left CSH?

- 1=many times
- 2=a few times
- 3=once or twice
- 9=DK/NA/RF

5 NO
9 DK/NA/RF

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----- How many times has this happened since you left CSH?

- 1=many times
- 2=a few times
- 3=once or twice
- 9=DK/NA/RF

5 NO
9 DK/NA/RF

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----- How many times has this happened since you left CSH?

- 1=many times
- 2=a few times
- 3=once or twice
- 9=DK/NA/RF

5 NO
9 DK/NA/RF

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----- How many times has this happened since you left CSH?

- 1=many times
- 2=a few times
- 3=once or twice
- 9=DK/NA/RF

5 NO
9 DK/NA/RF

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

1 YES----- How many times has this happened since you left CSH?

- 1=many times
- 2=a few times
- 3=once or twice
- 9=DK/NA/RF

5 NO

9 DK/NA/RF

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

1 YES----- How many times has this happened since you left CSH?

- 1=many times
- 2=a few times
- 3=once or twice
- 9=DK/NA/RF

5 NO

9 DK/NA/RF

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

1 YES----- How many times has this happened since you left CSH?

- 1=many times
- 2=a few times
- 3=once or twice
- 9=DK/NA/RF

5 NO

9 DK/NA/RF

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 B. NOTE SOME QUESTION HAVE BEEN DELETED: DO NOT RENUMBER**

SA A D SD DK RF

E2. The decision to close CSH was a good one.
Do you:1.....2.....5.....7.....8.....9

E5. The people who were released from CSH will probably end up living in the streets of Indianapolis.
Do you:1.....2.....5.....7.....8.....9

E6. The problems at CSH 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 CSH 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 CSH is better when they are treated in the community. Do you:1.....2.....5.....7.....8.....9

E12. Overall, people from CSH are better off being cared for in the community.
Do you:1.....2.....5.....7.....8.....9

SECTION F—SOCIAL NETWORKS, IMPORTANT MATTERS

Now, I'd like you to tell me 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 your 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 anymore? 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 G1 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 G1 OF THE NETWORK DATA FORM)

G4. Have there been any important changes recently in the people you talk to about mental or physical health? That is, are there people who you used to talk to about important matters that you don't talk to anymore? 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 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. GET DETAILED REASONS.

NAME:

REASONS FOR LEAVING OFF:
(PROBE FOR ALL REASONS)
WHY IS THAT? Please tell me more about that.

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.

GET DETAILS ON REASON FOR CHANGE/LOSS; THIS IS IMPORTANT!!!!

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, 9=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. Is the current situation (closing of CSH) causing problems in your relationship with (NAME)? 1=A lot, 2=Some, 3=Not much, 8=NA/DK/RF~~
- ~~11. Is (NAME) presently employed? 1=Yes, 2=No, 9=DK/NA/RF~~
- ~~12. What is (NAME)'s state of health? 1=Good, 2=Fair, 3=Poor, 9=DK/NA/RF~~
13. **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 IN THE COLUMNS (3-12) ON THE APPROPRIATE NETWORK DATA MATRIX FORM

Replace Q10, 11, 12 with:

How long have you known NAME? [1=<6mos, 2=6mos-1yr, 3=>1yr-2yrs, 4=>2yrs-3yrs, 5=>3yrs
How did you meet? (skip if family/staff)
How much does NAME know about your Mental Health problems? 1= a lot, 2= a little, 3 = nothing.

LIST THE NAMES IDENTIFIED IN QUESTIONS, G1-G4, Health Matters, IN THE SPACES ON THE NETWORK MATRIX FORM BELOW. IF LESS THAN EIGHT NAMES, LIST ALL NAMES. IF THERE ARE MORE THAN 8 NAMES ACROSS THE 4 SECTIONS, BALANCE THE NAMES FROM SECTION G1 (THE POSITIVE WORK TIES) WITH THOSE NAMES FROM SECTIONS G2 AND G3 (THE NEGATIVE WORK TIES). FOR EXAMPLE IF THERE ARE 6 POSITIVE TIES AND 6 NEGATIVE TIES LISTED, INCLUDE THE FIRST 4 NAMES ON EACH LIST. IF THERE ARE ONLY 2 POSITIVE TIES AND 8 NEGATIVE TIES, USE THE 2 POSITIVE TIES AND FILL IN THE REMAINING 6 SLOTS WITH THE NAMES FROM THE NEGATIVE TIE LIST.

Now, I would like to ask about the relationship among some of the people you just mentioned.

FOR EACH PAIR OF NAMES, ASK: How close are (NAME X1) and (NAME X2) to one another? Would you say, very close, sort of close, not close at all, or they don't know each other? **CONTINUE UNTIL MATRIX IS COMPLETE.**

1=Very Close, 2=Sort of Close, 3=Not very Close, 4=Don't Know Each Other, 9=DK/RF/NA

		X2	X3	X4	X5	X6	X7	X8
	NAME/ID							
X1								
X2								
X3								
X4								
X5								
X6								
X7								
X8								

SECTION J: SUBJECTIVE HEALTH STATUS AND PERCEIVED STRESS

Next, I am going to ask some questions about your health and 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 three months
- 2 Yes, for three 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	MT	MF	DF	NS	DK/RF/NA
a. I am physically ill	1	2	3	4	8	9
b. I am physically healthy as anyone I know	1	2	3	4	8	9
c. My physical health is excellent	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 things that you normally like to do?

- 1 Yes, for more than three months
- 2 Yes, for three 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

J10. Has a doctor ever told you that you have any of the following: **CIRCLE ALL THAT APPLY.**

	Yes	No	DK/NA/RF
High blood pressure	1	5	9
Hardening of the arteries (arteriosclerosis)	1	5	9
Rheumatism	1	5	9
Emphysema	1	5	9
Arthritis	1	5	9
Diabetes/high blood pressure	1	5	9
Heart disease	1	5	9

Section K. Confidence

We would like to know how confident you are about your ability to help yourself deal with those things that commonly influence our lives. For each item, indicate how confident you are that you could do something to help yourself right now.
 [GIVE RESPONDENT HAND CARD L]

How confident are you right now that you can:	Very unconfident	Unconfident	Slightly unconfident	Slightly confident	Confident	Very confident	dk/rf
Be happy	1	2	3	4	5	6	9
Feel hopeful about the future	1	2	3	4	5	6	9
Set goals for yourself	1	2	3	4	5	6	9
Get support when you need it	1	2	3	4	5	6	9
Boost your self esteem	1	2	3	4	5	6	9
Make friends	1	2	3	4	5	6	9
Stay out of the hospital	1	2	3	4	5	6	9
Face a bad day	1	2	3	4	5	6	9
Deal with losing someone close to you	1	2	3	4	5	6	9
Deal with feeling depressed	1	2	3	4	5	6	9
Deal with feeling lonely	1	2	3	4	5	6	9
Deal with nervous feelings	1	2	3	4	5	6	9
Deal with symptoms related to your mental illness diagnosis	1	2	3	4	5	6	9
Say no to a person abusing you	1	2	3	4	5	6	9
Use your right to accept or reject mental health treatment	1	2	3	4	5	6	9
Advocate for your needs	1	2	3	4	5	6	9

Section L. Daily Activities

Now I'm going to ask you about some activities you might do every day. First, tell how many hours per day during the week you spend on average in each of the following activities and then tell me how many hours a day you spend on average on a weekend.

Activity	Average hours on Weekdays	Average hours on Weekends	Don't Do at all
Mental health treatment (individual appointments, group meetings, support activities)			
Grooming (dressing, teeth brushing, bathing, combing hair, etc.)			
Housework (shopping for housewares or groceries, cleaning house, lawn work)			
Paid work			
Volunteer work			
Schooling (GED, university, technical training, etc.)			
Eating/preparing meals			
Sleeping			
Active leisure (sports, walking, exercise, shopping, etc.)			
Passive leisure (TV, reading, movies)			
Socializing			

Note to interviewer: If R has difficulty, begin with hours of sleep. Suggest calculation by counting hours between bed time & getting up time, then go on to work or school. Activities with regular schedules will be easier to figure out.

WAVE 3 INTERVIEW SCHEDULE—PART C

CASE ID: _____

INTERVIEWER Name: _____ Number: _____

DATE: / /

START TIME: AM/PM

SECTION A—RECORD TIME AND COMPLETE INTERVIEW.

**SHORTENED PART B & PART C HAVE BEEN ADDED TOGETHER, BUT
OLD NUMBERING SCHEME MAINTAINED FOR ANALYSIS PURPOSES.**

**INTERVIEWER NOTE: REMEMBER IF RESPONDENT SEEMS TIRED,
OFFER A BREAK OR TO COMPLETE LATER, EVEN IF THE INTERVIEW IS
NOT AT THE OPTIONAL STOPPING POINT. THAT IS JUST A GUIDE. USE
STOP 2 IF YOU NEED AN EXTRA STOP.**

B1. After you left Central State Hospital, a “gatekeeper or community mental health center” was assigned to you to help you get the services you need. Are you still using services from ASSIGNED GATEKEEPER?

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

Is that agency your main provider of services?

- 1 YES
- 2 NO =====> Where do you get services? _____
- 9 DK/RF/NA

Now, I would like to ask you some questions about the services that you have been receiving from (ASSIGNED GATEKEEPER)? 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
g. How helpful are staff 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

B2. 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/RF/NA

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 -----> How many different medications do you take? _____
- 2 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
- 2 NO
- 9 DK/RF/NA

IF R ANSWERS NO OR DK/RF/NA TO C1A AND C1B, SKIP TO D1, ELSE ASK:

C2. Tell me what they are.

FOR EACH ASK: a) What is its name? What is it called?

b) How much and how often are you supposed to take it?

c) Is it expensive?

d) How often do you take it? 1=almost always 2=sometimes 3=rarely

e) What side effects have you had because of this medication? **IF NONE, WRITE NONE.**

f) How much does it help you? 1=a lot 2=some 3=a little 4=not very much 5=not at all

Name	Dosage/How much/Often	Expensive	Often	Side effects	Help you
_____	_____	Y N DK	1 2 3 9	_____	1 2 3 4 5 9
_____	_____	Y N DK	1 2 3 9	_____	1 2 3 4 5 9
_____	_____	Y N DK	1 2 3 9	_____	1 2 3 4 5 9
_____	_____	Y N DK	1 2 3 9	_____	1 2 3 4 5 9
_____	_____	Y N DK	1 2 3 9	_____	1 2 3 4 5 9

F3. Now, how about moving? Here a list of addresses we have for you for the last 2 years. Have you lived anywhere else over the last two years? (USE PROVIDER CHECK SHEET FOR COMPARISONS. PROBE DISCREPANCIES TO GET DATES AND ADDRESSES OF MOVES.)

F4 IF HEALTH SHEET IS BLANK, ASK FIRST VERSION OF QUESTION & CHECK LINE. IF NOT BLANK GO TO F4a.

Next, I have a few questions about your specific health. Have you been admitted to any hospital over the last year for any reason, either physical or mental health?

F4a. Next, I have a few questions about your specific health. Here is a list of times you have been in the hospital over the last two years. Have you been in the hospital any other time during the last 2 years for any reason? (USE PROVIDER CHECK SHEET FOR COMPARISONS. PROBE DISCREPANCIES.)

F5. IF POLICE SHEET IS BLANK, ASK FIRST VERSION OF QUESTION & CHECK LINE. IF NOT BLANK GO TO F5a.

Now, how about any police contacts? Have you had any contact with the police over the last two years? _____

F5A. Now, how about any police contacts? Here is a list of times you have had contact with the police in the last two years. Have you had any other contacts?

(USE PROVIDER CHECK SHEET FOR COMPARISONS. PROBE DISCREPANCIES. WHAT HAPPENED? WILL YOU TELL ME ABOUT IT?)

PROBES: SOMETIMES RECORDS ARE WRONG & WE'D LIKE TO GET THEM FIXED. DO YOU REMEMBER..

WE KEEP ALL THESE RECORDS CONFIDENTIAL, AND I WON'T TELL ANYONE OUTSIDE THE IU RESEARCHERS ABOUT THIS.

BE SURE TO FILL IN THE DETAILS (LENGTH OF VISITS, REASONS FOR VISITS, HEALTH ISSUES, ETC. GET DESCRIPTION OF WHAT HAPPENED IN POLICE ENCOUNTERS, ETC.)

IF RESPONDENT FEELS UNCOMFORTABLE OR DOESN'T WANT TO DISCUSS POLICE OR HOSPITAL VISITS, DO NOT PRESS.

CASEID: _____

SECTION G—INDEPENDENCE IN EVERYDAY LIFE

G1. Now, let's talk about some things that you do most days of the week. I want you to think back about how you felt or behaved last week and tell me if you had no say at all, only a little say, some say, quite a bit of say, or very much say about the following events:

	No Say at All	A Little Say	Some Say	Quite a Bit of Say	Very Much Say	DK/ RF
First, last week, how much say did you have about what time you got up in the morning?	1	2	3	4	5	9
Last week, how much say did you have about what you would do during the day?	1	2	3	4	5	9
Last week how much say did you have about how much of your money you could spend?	1	2	3	4	5	9
How about the amount of time you could spend with other people last week?	1	2	3	4	5	9
During the last 7 days, how much say did you have over the programs that you could watch on TV?	1	2	3	4	5	9
Finally, last week, how much say did you have over the food that you ate?	1	2	3	4	5	9

G2. Now, let's get back to you and your experiences with treatment. I want you to think about your experiences of:

INTERVIEWER READ ONLY ONE; CHECK LINE FOR OPTION CHOSEN

- _____ going to the mental health center for treatment
- _____ receiving treatment here in the group home
- _____ receiving treatment here in the hospital

(INTERVIEWER, READ IF R IS TAKING MEDS, ELSE SKIP PHRASE; CHECK IF READ)

_____ and taking medications over the past six months. Think about all of the things people might have done to keep you getting mental health treatment as prescribed. Then tell me how you feel about the following statements. Do you **strongly agree, agree, neither agree nor disagree (or feel mixed) disagree, or strongly disagree?**

	Strongly Agree	Agree	Neutral or Mixed	Disagree	Strongly Disagree	DK/R F
In the last 6 months, I felt free to do what I wanted about going to treatment	1	2	3	4	5	9
People tried to force me to go to treatment	1	2	3	4	5	9
In the last 6 months, I chose to go to treatment.	1	2	3	4	5	9
I had enough of a chance to say whether or not I wanted to go to treatment	1	2	3	4	5	9
In the last six months, I got to say what I wanted about going to treatment	1	2	3	4	5	9
In the last 6 months, someone threatened me in order to get me to go treatment	1	2	3	4	5	9
In the last 6 months, it was my idea to go to treatment	1	2	3	4	5	9
In the last 6 months, someone physically tried to get me to go for treatment	1	2	3	4	5	9
In the last 6 months, no one seemed to want to know whether or not I wanted to go for treatment	1	2	3	4	5	9
In the last 6 months, I was threatened with commitment	1	2	3	4	5	9
In the last 6 months, people told me that they would make me go to treatment	1	2	3	4	5	9
In the last 6 months, no one tried to force me to go to treatment	1	2	3	4	5	9
In the last 6 months, my opinion about going to treatment didn't matter	1	2	3	4	5	9
In the last 6 months, I have had a lot of control over whether or not I went to treatment	1	2	3	4	5	9
In the last 6 months, I have had more influence than anyone else on whether or not I went to treatment	1	2	3	4	5	9

SECTION G—ALCOHOL, DRUGS

In this last part of the interview, I am going to ask some personal questions about drug use and alcohol. 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 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 drink 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 everyday
- 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 DK/RF/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 DK/NA/RF

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 DK/RF/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 DK/RF/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 DK/RF/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 DK/RF/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 DK/RF/NA

G13. In the past 30 days, about how often did you smoke cigarettes or cigars? 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 G15)
- 9 DK/RF/NA (SKIP TO G15)

G14. On those days when you did smoke, about how many cigarettes or cigars did you actually smoke? (20 CIGARETTES=1 PACK; 10 PACKS TO A CARTON)

_____ cigarettes (NA=999)

Now, I'd like to remind you that you do not have to answer any questions you don't want to.

G15. In the past 30 days, about how often did you take drugs that were not prescribed by a doctor? 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 STOP 3)
- 9 DK/RF/NA (SKIP TO STOP 3)

FOR THOSE WHO HAVE USED ANY NON-PRESCRIBED DRUGS EVER, ASK:

G16. What kinds of drugs did you take? **FOR EACH DRUG** How did you take them? How much and how often?

DRUG	METHOD	AMOUNT/FREQUENCY

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 DK/RF/NA

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.. 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 R SIGN RECEIPT AND HAND R PAY ENVELOPE.) IF INTERVIEW WAS COMPLETED IN SECTIONS, GIVE REMAINDER OF FEE AND GET RECEIPT FOR THE REMAINING PART.**

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

FINISH TIME: AM/PM

INTERVIEWER: YOU MUST COMPLETE THE MINI CHART REVIEW AS WELL AS THE INTERVIEWER OBSERVATIONS.

INTERVIEWER OBSERVATIONS:

THE GLOBAL ASSESSMENT OF FUNCTIONING SCALE (GAF)

The scale is divided into ten equal intervals which are anchored with brief descriptions. To select the initial target range, you should reflect on the respondent's situation and choose the range which includes the respondent's worst overall level of functioning during the previous week.

Follow the general guidelines below:

Code	Description
100 91	Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her positive qualities. No symptoms.
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 judgment (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/ Inadequate information.

Keep in mind that the vast majority of the general population will have a GAF rating above 70. However, sometimes individuals in these upper ranges also seek mental health treatment, so PLEASE BE CAREFUL NOT TO BE INFLUENCED BY KNOWLEDGE OF WHETHER OR NOT THE INDIVIDUAL IS IN TREATMENT.

*THE KEY: The key to assigning a GAF rating is not the number of symptoms but rather the effect of the symptoms on the overall life functioning of the respondent.

CURRENT GAF:

Interviewer thumbnail sketch: Use this space below to describe the interview situation and anything that will help us to 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 OKAY—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 difficulty
3. A fair amount of difficulty
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

OK, we'll finish up next time!

Thank you very much for your time and help today.

There are a few things we need to do to wrap this section up. **IF BREAK IS FOR LESS THAN A DAY, YOU MAY WAIT AND GIVE R THE FEE ALL AT ONCE, BUT IF R WANTS PARTIAL FEE NOW, GO AHEAD. BE SURE TO GET SIGNED RECEIPT.**

1. Here's a business card with a telephone number if you would like to contact us before we meet again to finish the interview. **(HAND RESPONDENT BUSINESS CARD). I need to schedule a time to finish the interview.**
2. Finally, I need you to sign this sheet which says that you in fact received the \$5.00 for participating in this section of the study. **(HAVE R SIGN RECEIPT AND HAND R PAY ENVELOPE.)**

Thanks again. I am looking forward to finishing up the interview. Have a good day!

STOP TIME. AM/PM

IF YOU USED THIS STOP, BE SURE TO INDICATE WHERE YOU STOPPED IN INSTRUMENT.

INTERVIEWER OBSERVATIONS:

THE GLOBAL ASSESSMENT OF FUNCTIONING SCALE (GAF)

The scale is divided into ten equal intervals which are anchored with brief descriptions. To select the initial target range, you should reflect on the respondent's situation and choose the range which includes the respondent's worst overall level of functioning during the previous week. Follow the general guidelines below:

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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)
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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 judgment (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/ Inadequate information.

Keep in mind that the vast majority of the general population will have a GAF rating above 70. However, sometimes individuals in these upper ranges also seek mental health treatment, so PLEASE BE CAREFUL NOT TO BE INFLUENCED BY KNOWLEDGE OF WHETHER OR NOT THE INDIVIDUAL IS IN TREATMENT.

*THE KEY: The key to assigning a GAF rating is not the number of symptoms but rather the effect of the symptoms on the overall life functioning of the respondent.

CURRENT GAF:

Interviewer thumbnail sketch: Use this space below to describe the interview situation and anything that will help us to 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 OKAY—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 difficulty
3. A fair amount of difficulty
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 1

OK, we'll take a break now.

Thank you very much for your time and help today. Let's decide when we will finish the interview.

There are a few things we need to do to wrap this up. **IF BREAK IS FOR LESS THAN A DAY, YOU MAY WAIT AND GIVE R THE FEE ALL AT ONCE, BUT IF R WANTS PARTIAL FEE NOW, GO AHEAD. BE SURE TO GET RECEIPT.**

1. 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 \$5.00 for participating in this study. **(HAVE R SIGN RECEIPT AND HAND R PAY ENVELOPE.)**

Thanks again. I am looking forward to finishing the interview. Have a good day!

STOP TIME AM/PM

IF YOU USED THIS STOP, BE SURE TO INDICATE WHERE YOU STOPPED IN INSTRUMENT.

INTERVIEWER OBSERVATIONS:

THE GLOBAL ASSESSMENT OF FUNCTIONING SCALE (GAF)

The scale is divided into ten equal intervals which are anchored with brief descriptions. To select the initial target range, you should reflect on the respondent's situation and choose the range which includes the respondent's worst overall level of functioning during the previous week. Follow the general guidelines below:

Code	Description
100 91	Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her positive qualities. No symptoms.
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).
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