

CONFIDENTIAL

Patient Schedule
Wave 2

**Indiana Consortium for Mental Health
Services Research**



**THE CENTRAL STATE HOSPITAL
DISCHARGE STUDY**

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CASE ID: INTERVIEWER: _____
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WAVE 2 INTERVIEW SCHEDULE -- PART A

DATE: _____

SECTION A - INTRODUCTIONS

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 Central State anything you say. However, if you get sick during the interview, we may need to talk about the situation with the mental health center 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 easier for you. Each part is about 40 minutes long, depending on how much you have to say. You may do more than one part today if you want.

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? How? (PROBE FOR SPECIFICS)

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....

currently married....1	] >	C1a. Is/was that your first marriage?
divorced.....2		YES...1 (SKIP TO C2)
separated.....3		NO....5

		C1b. How many times have you married? _____
widowed.....4	] >	(SKIP TO C2)
cohabitating/living with someone.....5		
never married.....6		

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

YES.....1
 NO.....5 (SKIP TO C3)
 DK/RF/NA....9 (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?

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

C3a. What is his or her name? _____

ASK ONLY IF NOT CLEAR:

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

C3c. Where did you meet this person?

AT CENTRAL STATE.....1
 AT ANOTHER MENTAL HOSPITAL OR FACILITY.....2
WRITE IN; LEAVE CODES BLANK
 OTHER (SPECIFY: _____

_____)
 1ST: |__|__|__| 2ND: |__|__|__|

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)

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

→ SKIP TO C5

SKIP TO C10

↓
C4a. (IF 09-12) ASK: How long? SKIP TO C10

_____ (DAYS/WEEKS/MONTHS/YEARS) | | | | |

C5. What kind of job is that?

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

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) [] [] [] [] [] []

C9. How much money do you earn on this job?
_____ (PER DAY/WEEK/MONTH/YEAR) [] [] [] [] [] []

C10. Is your current job the **best paying** job you have ever had?
YES....1
NO.....5

C11. How many jobs have you had since you left the hospital? _____ IF 0 SKIP TO C30

(REPEAT THIS SECTION FOR EACH OF THE JOBS HELD SINCE THEY LEFT THE HOSPITAL)

C12. Around when did you start the first job?

C13. How long did you work there?
_____ (DAYS/WEEKS/MONTHS/YEARS) [] [] [] [] [] []

C14. What kind of job was the first job?
COMPETITIVE JOB (JOB IN REGULAR MARKET).....1
TRANSITIONAL EMPLOYMENT (PAID JOB THROUGH VOCATIONAL
REHAB/TRAINING).....2
WORK TRAINING.....3
SHELTERED WORKSHOP.....4
VOLUNTEER POSITION.....5

C15. What was that job called?

C16. What did you actually do in that job? Tell me, what were some of your main duties?

C17. How much money did you earn on that job?
_____ (PER DAY/WEEK/MONTH/YEAR) [] [] [] [] [] []

C24. Around when did you start the **third** job?

C25. How long did you work there?

_____ (DAYS/WEEKS/MONTHS/YEARS) | | | | |

C26. What kind of job was the third job?

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

C27. What was that job called?

C28. What did you actually do in that job? Tell me, what were some of your main duties?

C29. How much money did you earn on that job?

_____ (PER DAY/WEEK/MONTH/YEAR) | | | | |

IF NECESSARY, ASK AGAIN AND CODE ON BLANK SHEETS OF PAPER

C30. 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)

ITEMIZE SOURCES OR ACTIVITIES USED TO GET MONEY MENTIONED ABOVE AND LIST THEM SEPARATELY. IF INDIVIDUALS INDICATE A PERSON, ENTER BOTH THEIR NAME AND RELATIONSHIP TO THE FR. THEN FOR EACH SOURCE ASK:

C31. 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: _____	|_|_|_|_|	\$|_|_|_|_|

C32. Does anyone help you manage your spending money?

- YES.....1
- NO.....5 (SKIP TO C33)
- DK/NA/RF.....9 (SKIP TO C33)

C32a. What kind of help do you receive?

1st: |__|__|__| 2nd: |__|__|__| 3rd: |__|__|__|

C32a. Who helps you with that?

- SPOUSE/PARTNER.....01
- HOSPITAL/MENTAL HEALTH CENTER.....02
- PARENT.....03
- SIBLING OR OTHER RELATIVE.....04
- DK/RF/NA.....99
- OTHER (SPECIFY: _____) |__|__|

ASK ALL, DO NOT INFER.

C33. How do you describe your sexual orientation right now?
Is it...

- Straight or Heterosexual.....01
- Bisexual.....02
- Gay, Lesbian, or Homosexual.....03
- Something Else (SPECIFY: _____)|__|__|
- DK.....98
- RF/NA.....99

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

C34. Do you have a religious preference? Are you Catholic, Protestant, Jewish, some other religion or no religion?

CATHOLIC.....	01	(SKIP TO C37)
JEWISH.....	02	(SKIP TO C35)
PROTESTANT.....	03	(SKIP TO C36)
OTHER (SPECIFY: _____)	04	(SKIP TO C37)
NONE.....	05	(SKIP TO C40)

C35. Are you: 01...Reform Judaism → (SKIP TO C37)
 02...Conservative
 03...Orthodox
 04...Reconstructionist

C36. Can you tell me what specific denomination that is?

BAPTIST

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

METHODIST

AFRICAN METHODIST EPISCOPAL CHURCH.....	11
AFRICAN METHODIST EPISCOPAL ZION.....	12
UNITED METHODIST CHURCH.....	13
OTHER METHODIST (SPECIFY: _____)	14
METHODIST, DON'T KNOW WHICH.....	19

LUTHERAN

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

PRESBYTERIAN

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

EPISCOPAL CHURCH.....41

LATTER DAY SAINTS, MORMONS.....51

CHRISTIAN SCIENTIST.....52

FUNDAMENTALIST

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

LIBERAL

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

CHRISTIAN (NO OTHER DENOMINATION SPECIFIED).....91

OTHER (SPECIFY): _____94

NO DENOMINATION GIVEN OR NON-DENOMINATIONAL
 CHURCH.....93

REFUSED.....99

C37. What is the name of the church/temple that you go to (or
 would go to) for services? (RECORD EXACTLY; GET STREET
 ADDRESS)

C38. 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)?

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

C39. How often do you attend religious services?

NEVER.....	01
LESS THAN ONCE A YEAR.....	02
ABOUT ONCE OR TWICE A YEAR.....	03
SEVERAL TIMES A YEAR.....	04
ABOUT ONCE A MONTH.....	05
2-3 TIMES A MONTH.....	06
NEARLY EVERY WEEK.....	07
EVERY WEEK.....	08
SEVERAL TIMES A WEEK.....	09
DK/RF/NA.....	99

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 THE WARD TODAY. RECORD IN D1b.

D1. Do you live alone or with other people?

- Alone.....1 (SKIP TO D2)
- With others.....2

D1a. How many other people do you live with? _____ (SKIP TO D2)

D1b. HOW MANY PEOPLE ON THIS 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.



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

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

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

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

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

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

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

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

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

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

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

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

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.



a. the amount of room/space:

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

b. the people you live with/living alone:

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

c. the neighbors:

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

d. the landlord:

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

e. the amount of privacy:

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

f. the price or cost:

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

g. the staff where you live:

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

h. any other things:

(specify) _____	
Very satisfied.....	1
Somewhat satisfied.....	2
Neither satisfied nor dissatisfied.....	3
Somewhat dissatisfied.....	4
Very dissatisfied.....	5
DK/RF/NA.....	9

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

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

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

- Very Appropriate.....1 (SKIP TO D13)
- Somewhat Appropriate.....2 (SKIP TO D13)
- Somewhat Inappropriate...3
- Not Appropriate at all...4
- DK/RF/NA.....9

D12. Why not? _____

D13. If you could move, would you?

- YES.....1
- NO.....5 (SKIP TO D15)
- DK/RF/NA....9

D14. If so, to where? (ASK OPEN-ENDED) ,

- Hospital.....1
- Nursing home.....2
- Group home/halfway house.....3
- Community care home.....4
- One room w/out a kitchen.....5
- Apartment or home.....6
- Family home.....7
- Foster family home.....8
- Temporary shelter.....9
- Other (specify):_____

D15. Tell me how true these things are for your neighborhood:

HAND
CARD
J

a. Street noise/heavy traffic:

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

b. Streets always need repair/open ditches

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

c. Neighborhood crime

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

d. The presence of odors, smoke or gas

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

e. Verbal harassment on the street

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

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.

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

D16. How many staff members do you have where you live?_____

D17. How many staff members are usually present at any given time? _____

D18. Do you feel that the amount of supervision you receive is too high, too low, or just about right for you?

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

D19. Do you have more freedom now than at Central State Hospital?

- More Freedom.....1
- Same Amount.....2
- Less Freedom.....3
- DK/RF/NA.....9

SECTION E - Client Rating of Choice in Housing

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

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

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

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

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

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

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

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

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

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

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

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

- E6. How important is it for you to have a choice over who you live with?
- Not at all important.....1
 - A little important.....2
 - Somewhat important.....3
 - Fairly important.....4
 - Very important.....5
 - DK/RF/NA.....9
- E7. How much choice did you have over who you live with (living alone)
- No choice at all.....1
 - Almost no choice.....2
 - Some choice.....3
 - A fair amount of choice.....4
 - A great deal of choice.....5
 - DK/RF/NA.....9
- E8. How much did others influence you in your choice over the place you live in?
- Others made the choice.....1
 - A lot of influence.....2
 - Some influence.....3
 - I made the choice.....4
 - DK/RF/NA.....9
- E9. Did you receive help in finding a place to live?
- YES.....1
 - NO.....5
 - DK/RF/NA.....9
- E10. How do you feel about the help you received?
- It was far too much.....1
 - It was too much.....2
 - It was just enough.....3
 - It was not enough.....4
 - It was by far not enough.....5
 - DK/RF/NA.....9

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.

INTERVIEWER, NOTE THAT DK HAS A SEPARATE CODE

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

YES.....1
NO.....5
DK.....8
RF/NA.....9

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?

More.....1
Same Amount.....2
Less.....3
DK.....8
RF/NA.....9

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

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

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

YES.....1
NO.....5
DK.....8
RF/NA.....9

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

YES.....1
NO.....5
DK.....8
RF/NA.....9

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

YES.....1
NO.....5

DK.....8
RF/NA.....9

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

YES.....	1
NO.....	5
DK.....	8
RF/NA.....	9

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

YES.....	1
NO.....	5
DK.....	8
RF/NA.....	9

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

YES.....	1
NO.....	5
DK.....	8
RF/NA.....	9

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.

HAND CARD K

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

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

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

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

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

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

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

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

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

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

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

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

F16. I often feel bored where I live now.

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

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

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

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

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

**OPTIONAL FIRST STOPPING POINT. CHECK IF YOU STOPPED HERE.
SKIP TO PAGE 78 FOR STOP INSTRUCTIONS UNLESS YOU ARE TAKING ONLY
A SHORT BREAK. IF YOU DID NOT RESUME IN THIS SITTING, FILL OUT
PAGES 78-80. GET RECEIPT SIGNED AND GIVE 1/3 OF FEE.**

CASE ID: | | | | | | | | INTERVIEWER: _____
--

BASELINE INTERVIEW SCHEDULE -- PART B

DATE: _____

SECTION A - INTRODUCTIONS

START TIME: _____

AM/PM

(READ) As I explained last time we talked, this project is researching how you feel about the closing of Central State Hospital and what you expect to happen after you leave. 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 experience as the hospital closes.

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 PAGE 28, 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
B1. Your life in general?	1.....	2.....	3
B2. How you get along with other people in general?....	1.....	2.....	3
B3. The amount of friendship in your life?.....	1.....	2.....	3
B4. The amount of fun you have?.....	1.....	2.....	3
B5. How comfortable and well- off you are financially?....	1.....	2.....	3

	Yes	No
B6. Are there survival needs (food, clothing, etc.) you have to do without?.....	1.....	2

	Bad	OK	Good
B7. The neighborhood where you live now?.....	1.....	2.....	3
B8. Your current type of housing?.....	1.....	2.....	3
B9. The amount of privacy where you live?.....	1.....	2.....	3
B10. The amount of space you have where you live?.....	1.....	2.....	3
B11. The amount of freedom you have?.....	1.....	2.....	3
B12. The food you usually eat?.....	1.....	2.....	3
B13. How you are getting along with your family?.....	1.....	2.....	3

B14. How often do you talk with your family?

Seldom or never.....1
 Once a month.....2
 Two or three times a month.....3
 Once a week.....4
 Daily or almost daily.....5

	Bad	OK	Good
B15. The way you spend your days?.....	1.....	2.....	3
B16. Your current employment status?.....	1.....	2.....	3

INTERVIEWER: DO NOT ASK B17. CODE BASED ON ANSWER TO C4 IN SECTION A

	Yes	No
B17. DO YOU CURRENTLY HAVE A JOB?.....	1.....	2

	Bad	OK	Good
B18. The protection you have against being robbed or attacked?.....	1.....	2.....	3
B19. Your health in general?....	1.....	2.....	3

	Yes	No
B20. Do you have any specific health problems (e.g., dental work that needs to be done, sore feet, stomach problems)?.....	1.....	2

	Constantly	Occas- ionally	Never
B21. How often are any physical problems on your mind?.....	1.....	2.....	3

- | | Yes | No |
|--|--------|----|
| B22. In the last six months have you been assaulted or physically attacked?..... | 1..... | 2 |
| B23. In the last six months have you been robbed or had something stolen?..... | 1..... | 2 |

- | | Very worried | Somewhat worried | Not at all worried |
|---|--------------|------------------|--------------------|
| B24. Are you worried about being able to buy the things you will need in the future?... | 1..... | 2..... | 3 |

- | | Extremely bothered | Somewhat bothered | Not at all bothered |
|---|--------------------|-------------------|---------------------|
| B25. In all, considering your life situation now, how bothered are you by your problems?..... | 1..... | 2..... | 3 |

- | | Almost always | Sometimes | Never |
|--|---------------|-----------|-------|
| B26. How often do your problems prevent you from doing the things you would like to do?..... | 1..... | 2..... | 3 |

- | | Not at all | Average/
Somewhat | Very satisfied |
|--|------------|----------------------|----------------|
| B27. How satisfied are you with yourself on the whole?..... | 1..... | 2..... | 3 |
| B28. How satisfied are you with your current psychological condition?..... | 1..... | 2..... | 3 |

- | | Less than most | About same | More than most |
|---|----------------|------------|----------------|
| B29. Compared to most people, how much enjoyment from life do you get?..... | 1..... | 2..... | 3 |

B30. Where do you get your clothes?

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

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

None.....0
 One full meal.....1
 Two full meals.....2
 Three full meals.....3
 Other (Specify: _____) ...|_|_|

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

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

B33. Compared to when you were living at Central State Hospital, would you say your life now is:

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

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

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

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.

HAND CARD A

- | | 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 |

SA A M D SD NA/RF/DK

- 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...

- | | Yes | No | NA/
RF/DK |
|---|-----|----|--------------|
| a. Is it easier for you to be friends
with people who have been psychiatric
patients?..... | 1 | 5 | 9 |
| b. Would you avoid the kind of person who
looks down on people who have been in
a mental hospital?..... | 1 | 5 | 9 |
| c. Would you apply for a job if you knew
the employer was going to ask about
your history of mental
hospitalization? | 1 | 5 | 9 |
| 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 | 5 | 9 |
| e. Would you apply for a job if you knew
the employer didn't like to hire
former mental patients?..... | 1 | 5 | 9 |
| f. Do you sometimes avoid people because
you think they might look down on
people who were in a mental hospital?.... | 1 | 5 | 9 |

	Yes	No	NA/ RF/DK
g. Do you sometimes hide the fact that you were a patient in a mental hospital?.....	1	5	9
h. Do you think it is a good idea to keep your history of mental hospitalization a secret?.....	1	5	9
i. Would you advise a close relative who had been treated for a mental illness not to tell anyone about it?.....	1	5	9
j. Do you wait until you know a person well before you tell them you have been a patient in a mental hospital?.....	1	5	9
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	5	9
l. After being hospitalized for mental illness were people uncomfortable around you?.....	1	5	9

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.

	Yes	No	NA/ RF/DK
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	5	9
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	5	9
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	5	9
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	5	9
e. Since you left Central State, do you believe that many people are afraid of people who have been in mental hospitals?.....	1	5	9
f. Since you left Central State, have you been avoided by people because they knew you were hospitalized in a mental hospital?.....	1	5	9
g. Since you left Central State, have people used the fact that you were in a mental hospital to hurt your feelings?.....	1	5	9

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. Here's a card to help you answer.

HAND
CARD
B

SA A D SD DK RF

E1. Overall, people from Central State Hospital are better off being cared for in the community. Do You:.....1...2...3...4...8.....9

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 you can 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)

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 H--NETWORK DENSITY

LIST THE NAMES IDENTIFIED IN QUESTIONS G1-G3 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 FOUR SECTIONS, BALANCE THE NAMES FROM SECTION G1 (THE POSITIVE HELPERS) WITH THOSE NAMES FROM SECTIONS G2 AND G3 (THE NEGATIVE HELPERS). FOR EXAMPLE IF THERE ARE SIX POSITIVE TIES AND SIX NEGATIVE TIES LISTED, INCLUDE THE FIRST FOUR NAMES ON EACH LIST. IF THERE ARE ONLY TWO POSITIVE TIES AND EIGHT NEGATIVE TIES, USE THE TWO POSITIVE AND FILL IN THE REMAINING SIX SLOTS WITH NAMES FROM THE NEGATIVE TIE LIST.

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 will be 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 I2.

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 < ===

I2. 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.)

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:

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

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

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

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?

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

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)?

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

J6. 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.

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 as physically healthy as anyone I know..... | .1 | .2 | .3 | .4 | .8 |9 |
| d. My physical health is excellent.. | .1 | .2 | .3 | .4 | .8 |9 |
| e. Physically, I have been feeling bad lately..... | .1 | .2 | .3 | .4 | .8 |9 |

J7. In general, would you say your mental health is:

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

J8. How much mind pain have you had during the past month?

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

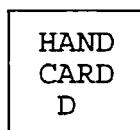
J9. Does your mental health keep you from working at a job, doing work around the house, going to school, participating in scheduled activities, or doing other things that you normally like to do?

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

J10. How much of the time, during the past, month, has your mental health limited your social activities (like visiting with friends or close relatives)?

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

This last series of questions ask you about your feelings during the last month.



J11. In the last month, how often have you felt that you were unable to control the important things in your life?

Never.....	0
Almost never.....	1
Sometimes.....	2
Fairly often.....	3
Very often.....	4
DK/RF/NA.....	9

J12. In the last month, how often have you felt confident about your ability to hand your personal problems?

Never.....	0
Almost never.....	1
Sometimes.....	2
Fairly often.....	3
Very often.....	4
DK/RF/NA.....	9

J13. In the last month, how often have you felt that things were going your way?

Never.....	0
Almost never.....	1
Sometimes.....	2
Fairly often.....	3
Very often.....	4
DK/RF/NA.....	9

J14. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

- Never.....0
- Almost never.....1
- Sometimes.....2
- Fairly often.....3
- Very often.....4
- DK/RF/NA.....9

OPTIONAL SECOND STOPPING POINT. CHECK IF YOU STOPPED HERE. SKIP TO PAGE 81 FOR STOP INSTRUCTIONS UNLESS YOU ARE TAKING ONLY A SHORT BREAK. IF YOU DID NOT RESUME IN THIS SITTING, FILL OUT PAGES 81-83. HAVE RESPONDENT SIGN RECEIPT AND GIVE 1/3 OF FEE.

CASE ID: | | | | | | | | | | INTERVIEWER: _____
--

BASELINE INTERVIEW SCHEDULE -- PART C

DATE: _____

SECTION A - INTRODUCTIONS

START TIME: _____ AM/PM

(READ) 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 PAGE 51, DO NOT READ SECTION A, BUT DO FILL IN DATE AND TIME!

B1. Are you currently receiving mental health psychiatric services?

- YES.....1
- NO.....5 (SKIP TO C1)
- DK/NA/RF....9 (SKIP TO C1)

B2. What type of facility is that?

- A MENTAL HEALTH CENTER.....1
- ANOTHER STATE MENTAL HOSPITAL.....2
- OTHER (SPECIFY: _____) .. | | |
- DK/NA/RF.....99

B3. Now, I would like to ask you the same series of questions about the services that you have been receiving from (CURRENT SERVICE PROVIDER)? Again, you can use **Card E** to help you with your responses.

HAND
CARD
E

		Very	Somewhat	Not	DK/NA/RF
		at all			
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 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. Are there other things that you wish the (FACILITY NAME) staff could do for you?

YES.....1 (RECORD VERBATIM BELOW)
NO.....2 (SKIP TO B5)

B5. What do you like best about the (FACILITY NAME) program?
(RECORD VERBATIM BELOW)

B6. What do you like least about the (FACILITY NAME) program?
(RECORD VERBATIM BELOW)

B7. 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)

B8. Would you say the care you are receiving is:

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

C3. (IF DOES NOT RESPOND "ALWAYS" TO HOW OFTEN TAKES ALL MEDICINES, ASK:) Could you tell me why you don't always take your medicines? I'm going to read a list of reasons and you can just answer "yes" or "no"

- a. You don't feel you need the medicine.....Y...N
- b. You are avoiding bad side effects.....Y...N
- c. You ran out of your prescription.....Y...N
- d. You can't afford to pay for it.....Y...N
- e. You forgot you were supposed to take it.....Y...N
- f. You went away and left medication at home.....Y...N
- g. You don't like the side effects.....Y...N
- h. You felt it wasn't working.....Y...N
- i. Someone suggested you not take it.....Y...N
- j. Any other reason you don't always take it?.....Y...N

(RECORD VERBATIM AND LEAVE CODES BLANK)

_____	_ _ _
_____	_ _ _
_____	_ _ _
_____	_ _ _

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)?

	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.

HAND CARD A

		SA	A	M	D	SD	DK/ RF/ NA
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. Are you covered by Medicare now?
REFER TO AGE ON FACE SHEET; PROBE IF RESPONDENT IS OVER 65 AND REPORTS NOT BEING COVERED.

COVERED.....1
 NOT COVERED.....5
 DK/RF/NA.....9

F1a. During the past six months, has Medicare paid for treatment of your mental disorder?

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

F1b. If so, what percentage of these treatment costs have been covered by Medicare? **IF DK/RF/NA CODE 999**

|_|_|_|%

F2. Are you covered by Medicaid now?

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

F2a. Does Medicaid pay for treatment of your mental disorder?

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

F2b. Is so, what percentage of these treatment costs are covered by Medicaid? **IF DK/RF/NA CODE 999**

|_|_|_|%

F3. Over the past six months, were your medical costs covered by any other public assistance program (besides Medicaid)?

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

F3a. Does this program pay for treatment of your mental disorder?

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

F3b. If so, what percentage of these treatment costs are covered by this program? **IF DK/RF/NA CODE 999**

|_|_|_|%

F4. Are you covered by any (other) health insurance plan (including an HMO) that pays hospital bills, doctor bills, or surgeon bills?

IF YES, PROBE: Don't include any health insurance that pays only for accidents, only for specific diseases like cancer or stroke, or only provides extra cash while in the hospital.

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

F5. Do you use special transportation?

- YES.....1
- NO.....5 (SKIP TO F7)
- DK/RF/NA.....9 (SKIP TO F7)

F6. About how many times per week or month does you use special transportation?

_____ (DAYS/WEEKS/MONTHS/YEARS) [][][][]

F7. Do you have meals delivered or provided by an agency or organization like Meals on Wheels or the Wheeler Mission?

- YES.....1
- NO.....5 (SKIP TO F9)
- DK/RF/NA.....9 (SKIP TO F9)

F8. About how many times per week or month does this happen?

_____ (PER DAY/WEEK/MONTH/YEAR) [][][][]

F9. Do you usually pay for your groceries yourself?

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

F9a. Does anyone, other than you, regularly pay for your groceries?

- YES.....1
- NO.....5 (SKIP TO F10)
- DK/RF/NA.....9 (SKIP TO F10)

F9b. If so, what is your relationship with this person?

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

F10. Do you usually pay for your clothing yourself?

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

F10a. Does anyone, other than you, regularly pay for your clothing?

YES.....1
 NO.....5 (SKIP TO F11)
 DK/RF/NA.....9 (SKIP TO F11)

F10b. If so, what is your relationship with this person?

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

F11. Do you usually pay for your housing (rent or mortgage) yourself?

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

F11a. Does anyone, other than you, regularly pay for your housing (rent or mortgage)?

YES.....1
 NO.....5 (SKIP TO F12)
 DK/RF/NA.....9 (SKIP TO F12)

F11b. If so, what is your relationship with this person?

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

F12. Do you usually pay your medical bills (other than prescription costs) yourself?

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

F12a. Does anyone, other than you, regularly pay your medical bills (other than prescription costs)?

YES.....1
 NO.....5 (SKIP TO F13)
 DK/RF/NA.....9 (SKIP TO F13)

F12b. If so, what is your relationship with this person?

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

F13. Do you usually pay for your prescription medicines yourself?

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

F13a. Does anyone, other than you, regularly pay for your prescription medicines?

YES.....1
 NO.....5 (SKIP TO F14)
 DK/RF/NA.....9 (SKIP TO F14)

F13b. If so, what is your relationship with this person?

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

F14. Do you usually pay for help around the house or personal care?

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

F14a. Does anyone, other than you, regularly pay for your help around the house or personal care?

YES.....1
 NO.....5 (SKIP TO F15)
 DK/RF/NA.....9 (SKIP TO F15)

F14b. If so, what is your relationship with this person?

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

F15. In the last month, how many days, including paid vacation and sick leave, did you work for pay, either full- or part-time?

_____ DAYS

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

F16. What were your wages or salary before deductions (for taxes or anything else) at this job?

_____ (PER DAY/WEEK/BI-WEEK/MONTH/YEAR)

F17. (IF ANSWER TO F16 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? (CODE ALL THAT APPLY)

Could not find work.....1
Retired/too old.....2
Unable to work because of mental illness.....3
Unable to work because of other
illness or disability.....4
On temporary layoff.....5
Going to school.....6
Other (SPECIFY _____) ...
DK/RF/NA.....99

F18. Did you receive any treatment for your mental disorder in the past month?

YES.....1
NO.....5 (SKIP TO F22)
DK/RF/NA.....9 (SKIP TO F22)

F19. Do you know what the total charge was for care in the past month for these service?

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

F.20 Did you or anyone in your family pay anything for these services? (Do not count any amounts that will be subsequently reimbursed.)

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

F.21 How much did you or anyone in your family pay?

_____ | | | | |

F.22 How do you usually get to the place where you usually go to receive treatment for your mental disorder?

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

F.23 About how many **minutes** do you spend traveling to your usual source of care?

_____ | | | | |

F.24 If you arrive on time for your appointment, about how long do you have to wait before seeing a therapist/doctor? **RECORD IN MINUTES**

_____ | | | | |

F.25 During the past month did you need, but not get, mental health services or psychiatric counseling?

- YES.....1
- NO.....5 (SKIP TO F27)
- DK/RF/NA.....9 (SKIP TO F27)

F.26 Did you **try** to get this care?

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

F.27 During the past month did you need, but did not get, any prescribed medicines for your mental disorder?

- YES.....1
- NO.....5 (SKIP TO F29)
- DK/RF/NA.....9 (SKIP TO F29)

F.28 Did you **try** to get this medicine?

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

F.29 Has a doctor ever told you that you have any of the following: CIRCLE ALL THAT APPLY.

- High blood pressure.....1
- Hardening of the arteries
(arteriosclerosis).....2
- Rheumatism.....3
- Emphysema.....4
- Arthritis.....5
- Diabetes/high blood sugar.....6
- Heart disease.....7
- RF/DK/NA.....9

F.30 What was your personal income, from all sources and before taxes, during 1994?

|_|_|_|_|_|_|_| (PER DAY/WEEK/MONTH/YEAR)

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 people in your situation might need.

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. Which of the following four statements is true of you?

- I have not experienced a problem with drugs or alcohol in the last six months.....1
- I have had problems with alcohol in the last 6 months.....2
- I have had problems with drugs in the past 6 months....3
- I have had problems with both drugs and alcohol in the last 6 months.....4

G2. Are you a drinker?

- Definitely no, never.....1
- Mostly no.....2
- Mostly yes.....3
- Definitely yes.....4

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

- Definitely no, never.....1
- Mostly no.....2
- Mostly yes.....3
- Definitely yes.....4

- G4. Has your family or anyone else ever complained about your behavior when you drink alcohol?
- Never.....1
 Once in a great while.....2
 Sometimes.....3
 Frequently.....4
 Quite often.....5
- G5. Have you ever tried to stop or cut down on your drinking of alcohol?
- Never.....1
 I've thought about it but haven't done anything.....2
 I've tried a couple of times, but not very seriously...3
 I've tried to stop several times.....4
 I struggle with quitting nearly every day.....5
- G6. Have you ever been in an accident during or after drinking?
- Never.....1
 Once or twice.....2
 Several times.....3
 Quite often.....4
- G7. Have you ever been injured while under the influence of alcohol or other drugs?
- Never.....1
 Once or twice.....2
 Several times.....3
 Quite often.....4
- G8. During the last 6 months, did you drink or use drugs other than medications prescribed for you, to relieve your symptoms?
- YES.....1
 NO.....5 (SKIP TO G10)
 DK/RF/NA....9 (SKIP TO G10)

G9. **If respondent answers yes:**

What symptoms do you try to reduce by using drugs or alcohol? (Check all that apply.)

- Hearing Voices or Seeing Things (Hallucinations)
 - Feeling Nervous or Agitated
 - Feeling Scared
 - Feeling Angry
 - Feeling Lonely
 - Feeling Bored
 - Helps to reduce side effects of medications my doctor gives me
 - Are there any symptoms I haven't mentioned that get better when you drink alcohol or use drugs not prescribed for you by your doctor?
-

G10. During the last 6 months, have most of your close friends drank or used drugs?

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

G11. During the last 6 months, have you borrowed money to buy alcohol or drugs?

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

G12. During the last 6 months, have you missed eating regular meals during periods of drinking or drug use?

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

G13. During the last 6 months, have you not paid bills in order to use the money for alcohol or street drugs?

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

G14. During the last 6 months, have you been referred by the courts for alcoholism or drug treatment?

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

G15. During the last 6 months, have you gotten into any physical fights while you were drinking or taking drugs?

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

G16. During the last 6 months, have you gotten into any verbal arguments while you were drinking or taking drugs?

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

G17. During the past month, would you say you have been drinking alcohol:

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

G18. Have you ever gone to anyone for help because you were experiencing problems because of drinking alcohol?

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

G19. In the past 30 days, about how often did you drink beer?
Would you say it was about:

Everyday.....0
5-6 days a week.....1
3-4 days a week.....2
1-2 days a week.....3
Less often than weekly.....4
Not at all.....5 (SKIP TO G21)
RF/DK/NA.....9 (SKIP TO G21)

G20. 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:

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

G21. In the past 30 days, about how often did you drink wine?
Would you say it was about:

Everyday.....	0
5-6 days a week.....	1
3-4 days a week.....	2
1-2 days a week.....	3
Less often than weekly.....	4
Not at all.....	5 (SKIP TO G23)
RF/DK/NA.....	9 (SKIP TO G23)

G22. 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:

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

G23. In the past 30 days, about how often did you drink hard
liquor? Would you say it was about:

Everyday.....	0
5-6 days a week.....	1
3-4 days a week.....	2
1-2 days a week.....	3
Less often than weekly.....	4
Not at all.....	5 (SKIP TO G25)
RF/DK/NA.....	9 (SKIP TO G25)

G24. 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:

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

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

G30. How often do you use a needle that another person already used?

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

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

G31. In terms of drug abuse, would you say you had:

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

SECTION H: SEXUAL HIV/AIDS RISK BEHAVIORS

H1. How worried are you about getting AIDS? Would you say:

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

H2. 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?

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

during the past month?

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

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

ASK R ABOUT HETEROSEXUAL CONTACTS FIRST, THEN HOMOSEXUAL CONTACTS.

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? |_|_|_|_|

H3. 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.

HAND CARD H

	during the past year?					during the past month?				
	DK /RF /NA					DK /RF /NA				
	N	1-2	3-4	5+		N	1-2	3-4	5+	
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.

Please sign this receipt here for 1/3 (OR 2/3 OR ALL OF IT
DEPENDING ON HOW MANY PARTS THEY COMPLETED IN THIS SITTING) of
your fee. **(HAVE R SIGN RECEIPT)**

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

FINISH TIME: _____ **AM/PM**

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:

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

Please estimate the respondent's understanding of the interview

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

How cooperative was this respondent?

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

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

Yes.....1
 No.....5

STOP 1**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 first part of the interview. I will be contacting you again very soon to do the second part of the interview.

Please sign this receipt here for 1/3 of your fee. **(HAVE R SIGN RECEIPT)**

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

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

STOPPING PAGE: |__|__|**FINISH TIME: _____ AM/PM**

INTERVIEWER OBSERVATIONS

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- SOMEWHAT POOR - suspect some major inconsistencies.....4
- VERY POOR - major inaccuracies evident.....5

Please estimate the respondent's understanding of the interview.

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

How cooperative was this respondent?

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

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

- Yes.....1
- No.....5

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 (\$10.00 IF THEY HAVE JUST COMPLETED TWO PARTS OF THE INTERVIEW). I need you to sign this sheet which says that you in fact received the \$5.00 (\$10.00) 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

INTERVIEWER OBSERVATIONS

GLOBAL ASSESSMENT OF FUNCTIONING SCALE (GAF SCALE)

INTERVIEWER CONSIDER THE RESPONDENT'S 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:

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

Please estimate the respondent's understanding of the interview.

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

How cooperative was this respondent?

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

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

Yes.....1
 No.....5